

that we have here in addition is that they're subject to direction. And the question is that's a step beyond. In my view, we go pretty far by saying if somebody comes into your office, you're not sure of the situation, not sure what to do, then you have an obligation to call that doctor you've got an agreement with to consult, to seek advice, to find out what they think. If that doctor feels that this is a problem they should look at, then you have an obligation to refer that patient to that doctor and have action taken. And again, all this, the collaboration is to say the doctor, nurse work together in developing when do you call, what's the situation when you need to make that call, when are you able to look at that and make a decision on your own, you don't need to call me on that kind of a circumstance. They will work out the situation between themselves, and I think come to an agreement that allows the nurse to carry out their talents and their training and at the same time protecting the patient by knowing that there's a back-up, that there's going to be a physician back there. This has been characterized as independent practice for nurses. I don't think that's true. I think originally that was true. The original proposal would have been and accurately described as independent. This is not. Even with the language being proposed by Senator Withem, I don't think you can describe it as independent. You're still under the oversight, you're still under the supervision, as the wording says, of a doctor. It's simply the question of can you think for yourself or must you carry out the orders of the doctor? Are you under the direction, the orders of a doctor directly? We think that the advanced practice nurse has the training and the capability of thinking for themselves in more circumstances than they have in the past, making their own judgments, not completely independently. Again, all the statutes are there in the language in this bill to reference again consultation, referral, and collaboration; but it's a balance and that's the balance we've been trying to reach here all along. Physicians are worried about the quality of care. Nurses are worried about the access to care that they think they can provide but they're not able to because of barriers in the statutes.

SENATOR COORDSEN: One minute.

SENATOR WESELY: We want to balance off the access with the quality. We think we've done that. We're very close. We're just working now with a couple of words and they're the key