Care as well as other settings. As shown on this slide, majority of respondents had a master's degree or a Doctor of Nursing Practice.

And in terms of barriers to practice, pre-pandemic, the barriers that were reported most frequently, as shown on this slide, range the gamut in terms of looking at aspects of APRN practice, whether it was home health approval being restricted or hospital admitting privileges or the need to have a collaborating or supervising physician, or the need to have physician co-signature on orders.

These were actually the most frequently reported barriers to practice that existed pre-pandemic. Additionally, requirements for paying collaborative/supervising physician, the ability to have prescriptions needing a physician co-signature, and then supervision of procedures even within APRN scope of practice. And, we know that these continue to exist today.

Other barriers that were identified pre-pandemic is the inability to initiate Do-Not-Resuscitate orders or the ability to sign birth certificates. So we intently looked at the Impact of the COVID-19 Pandemic on APRN practice and saw a number of ways that the pandemic had impacted APRN practice.

And, in fact, APRNs were really showcased well on national media and news with respect to the intent roles that they took upon themselves to really help to improve screening and access a number of ways that they were looking at reconfiguring their roles to having CRNA serve on airway teams, and intubation teams working in intensive care unit settings, working in different settings within their health system network.

Others were identifying factors that they encountered with respect to the pandemic, even looking at being responsible for overseeing that staff knew the correct ways of donning and doffing and protective personal equipment and isolation precautions.

Other ways that APRNs indicated the pandemic impacted their practice was with respect to telehealth visits. Some were asked to do other aspects of duties or being deployed and some had to travel as a result of the pandemic to help with coverage in other areas of their health system or in rural areas.

Other impacts of the pandemic on practice was having to work in other specialty areas due to patient care needs, having altered schedules because of perhaps fewer patients being seen in the clinic setting, or being furloughed or for instance elective surgery stopping and having to relocate and practice as an APRN in another area. Other areas and this I think was really one of the take-home messages for me is that we saw barriers to practice reported in all practice environment states, whether it was reduced, restricted, or full practice authority.

Now, being an APRN myself for over 20 years I think I've always had this perception that in full practice authority states that there are no barriers to APRN practice and that in case was not accurate. We had reports from those practicing in full practice authority states that, in fact, they encountered the same barriers that were reported by colleagues in reduced and restricted practice states.

And those ranged from restricted hospital admitting privileges to restricting such things as home health ordering, still requiring physician co-signature, and even supervision of procedures that were in their scope of practice. As shown here on this slide in all practice environment states reduced, restricted, and full practice authority, APRNs were reporting that they still had difficulties with respect to being able to order supplies, durable medical supplies that were requiring physician signature, prescriptions still needing co-signature.

And oftentimes, that care is impeded due to outdated supervisory requirements. Tennessee is one of only 11 restricted practice states. It requires a collaborative practice agreement with a physician. It requires a monthly collaborative practice fee to the physician. It limits APRN practice with respect certain aspects.

We're only one of four states where APRNs cannot prescribe physical therapy and this was really an eye-opener for me. I had lived and worked for over 15 years in the State of Illinois which is a reduced practice state. And after relocating here to Tennessee, the past seven years, I really see the impact of a restricted practice state in terms of APRN practice and have actively worked to help advocate for removal of those as well.

We were also able to look at specific comments that were made by APRNs with respect to the mental health challenges not only to patients but also to health care providers. So Dr. Carol Myers lead another manuscript that is published in Issues in Mental Health Nursing that just focuses on this aspect.

They were able to really look at with those Tennessee's APRN interviews the impact on mental health. And here are just some of the select findings that the APRNs reported in those interviews were really there was a shortage of psychiatric care. Really the issues in trying to manage patients during the pandemic who were really undergoing quite stressful conditions and truly trying

So we hope that the results can also be used to support APRN Full Practice Authority. That is one of the ways that we're using the data here in the state of Tennessee. In terms of actionable steps, we've actually been able to implement some of these initiatives here within our state and advocate for others to do the same.

Certainly, a first step is to address your State Practice Barriers and then also to learn from those who have successfully removed barriers within their state. So as I indicated, Tennessee is one of those 11 states that has restricted practice. It really is a barrier to practice with respect to having a lifelong supervision of a physician collaborating practice agreement, the requirement to pay a collaborating physician on average within the state, it's about $1,500 to $3,000 per APRN.

And Tennessee is one of those 15 states nationally that has no limits to the number of APRNs that a physician can supervise or oversee or collaborate with. And, on average, physicians are making $74,000 or more with respect to serving as a collaborating practice physician within the state.

So it really is time to address removal of some of these barriers. So as a result of our participation in the survey, we were able to publish in the Tennessee Nurse Association and present twice at their conference to really help disseminate not only the results, but also strategies to our APRN colleagues within the state of Tennessee.

We were also able to create infographics and other messaging to our state legislators and we have actively been outreaching to all of them to share the stories that we have heard within the interviews, but also to share the results of the national survey to our state legislatures. We recently wrote an op-ed in "The Tennesseean", which is our local newspaper, to really highlight the importance of removing outdated restrictions on APRN practice.

Now, within the state itself, we have been advocating since 2015 with legislation and have not been able to have it successfully passed. And most recently in the session currently, we had a bill that was supported and it was discussed within our Commerce Committee.

It did not move out of committee but there definitely has been positive support for removing APRNs. There was a Senate hearing and I just want to share with you a little clip of this because I think it really highlights that legislators are finally realizing here within our state due to the ongoing advocacy, not only of the Tennessee Nurses Association, but of APRNs individually and collectively, that barriers to practice need to be removed.

- [Senator Bailey] All right. Members, we're now back on the calendar item number 24. Senator Lundberg, should we take a break before this deal?

- [Senator Lundberg] Mr. Chairman, are you in a yes mood?

- Yes.

- Yes? Then, no, we shouldn't take a break.

- Depends on what the question is. Chairman Lundberg, you're recognized on Senate Bill 0176.

- Thank you, Mr. Chairman. We were here a year ago with the same bill. And a year ago, we talked about Advanced Practice Registered Nurses and the scope of practice. And I would love to tell you that a lot has transpired over the last year. Unfortunately, Mr.

Chairman, that is not the case. So let me go back to telling you what this bill will do. If the bill were passed today, what would change with Advanced Practice Registered Nurses? Nothing. Nothing would change in the scope of practice of what these APRNs are able to do. What it would change is what's called the collaborative care between doctors and nurses.

And this is not an anti-physician bill, not at all. Physicians are a vital, critical, important not only to our health but our economy. But we took what was collaborative care, which was supposed to be a care model, and it became Mr.

Chairman and committee, a business model where these nurses submit their charts for review 30 days after they were reviewed. And, Mr. Chairman, I think that's that's unfair. I'd like to pass something out to the committee if I may, Mr. Chair.

- Yes, you may, sir. One of the clerks can assist us in this.

- And to get the bill before us, I do have an amendment, Mr. Chairman.

- The Chair will move the Senate Bill 0176. Vice-Chair Swann will be second on the motion of Senate Bill 0176. There is an amendment that makes the bill, is that correct Chairman Lundberg? Okay.

This is amendment 015713.

- Yes, sir.

- The chair will move the amendment. Vice-Chair Swan will be second on the motion to the amendment and you're recognized on the amendment, sir.

- Thank you, Mr. Chairman. And just following up, in the conversations we've had with TMA, and when we were here a year ago, Julie Griffin from TMA and I don't know if she's in the audience right now, stood before you and she looked at me and I trust her greatly. I have a very solid relationship, I believe with her. And she said, "You and I will sit and chat."

And you asked us to sit and chat and us being those nurses and physicians. Well, the last meeting we had was December 13th and I came up from Bristol for that meeting. It was a very short meeting, took four minutes because I was irritated that decision makers from the physicians weren't available.

Well, literally four days later, Molly Pratt, representing TMA, called my office and talked to my legislative aide. And at that time, I said, "I want you to write down as close to verbatim that conversation so that I can share it with this committee." Mr. Chairman, that is what you have before you. And here it is, "The doctors are philosophically opposed to this legislation. There is no common ground to be found between the TMA and TNA in this bill. A joint coalition meeting to go through this bill section by section in an attempt to find compromise and common ground would be a waste of your time and that isn't something she wants to do. She does not want to anger you further by having to drive to Nashville for a meeting to hear the same thing from the doctors that was said by lobbyists last week. There is no room for this discussion."

Meanwhile, during the pandemic, we lifted that collaborative care so that that practice could take part. In the amendment you have before you, which is a continuation of that what we did is said, "Okay, let's graduate this in." We took the counties that are identified by ECD as rural counties, and there are 90 of them, and said, "Let's grant full practice authority in those 90 counties right now."

And that's, in general, what the amendment does, Mr. Chairman. And again, whether it's the amendment

- [Senator Watson] Well, I want to say a number of us on this committee have been down this path before with other areas. I remember sitting in a committee talking about Certificate of Need and hearing that the hospitals wouldn't go here and the surgical centers wouldn't go there. At the end of the day, sometimes the arrogance of these groups get out in front of them.

At the end of the day, it is our responsibility to determine what the policies will be. I think while I've read the comments that are on this piece of paper, I think it is up for us to set what the goalposts will be. If the committee chooses to do a task force, I hope I would be able to participate in that because of my experience, having worked on the Certificate of Need process demonstrates that if the legislature decides where they want an issue to go, then they have the ability to guide and direct the different stakeholders in that direction.

And so I think if we go in that direction, I would hope to be a part of it because I've seen how effective that can be when the legislators get in the room and work out the problems, and not leave it to the special interest groups to work them out.

- Members, I will..are there further questions? Seeing none, I will move to send Senate Bill 0176. We're not doing a summer study but we are creating a task force. I'm assuming Chair Watson will be second on that motion. And so you're voting to since, without objection, we'll do this by voice vote.

Those in favor of Senate Bill 0176 going to a created Task Force say aye. Aye. [Inaudible] Ayes have it. Let the party begin, Senator Lundberg.

- Thank you, Mr. Chairman. And, thank you, committee. And if I may, I do appreciate the input and the direction and I think we all want to achieve the same goal.

- So as you can see, in that video clip, there is growing awareness from our state legislatures to really look at removal of barriers. We have been challenged, however, because of resistance from our State Medical Association. But we're hopeful that we can see some positive changes in the next legislative session. Now, one of the other strategies I highlighted was really looking at lessons learned from other states and I was able to have a conversation with Mary Graff, who's a good friend and colleague I served with on the board of the American Nurses Credentialing Center.

And while time does not allow me to play that video clip, I did want to highlight that, you know, Mary has been really an advocate in her state, mobilizing APRNs and others to look at removal of unnecessary restrictions within their state. They started in 2016 with really trying to raise awareness of legislatures. They have weekly visits to the legislature that Mary helps to lead and take others down.

They take information flyers, with take-home messages. They really have helped to be able to showcase to the legislators the importance of removing APRN barriers, and they feel they'll be successful. This next session, they have over 100 legislators that have now signed on to their bill.

So I think we need to really network a bit more in terms of what are strategies that other states are finding useful and replicate those as well. So thank you so much. I look forward to our open discussion. I really want to hear the stories of others with respect to strategies that you have used within your state.

So, thank you so much.