

Good afternoon, Chair Carlson and members of the committee, my name is Doctor Margaret Hammersla, last name spelled HAMMERSLA. I am a doctorate prepared Nurse Practitioner. Professionally, I am an assistant professor at the Mark & Robyn College of Nursing at Montana State University, work clinically at Bozeman Health, and am a governing member of the MNA Council on Advanced Practice.

I am here today as a private citizen and am not representing any of those organizations. In fact, I am here specifically as a consumer of health care in Montana. I am testifying today in opposition to HB 409 on behalf of myself.

As a Montana resident, I encourage this committee to vote no on HB 409. This legislation will drastically and negatively impact health care access in our state, particularly in rural and frontier communities. This negative impact on health care access is due to this bill adding a change in practice and regulation in Montana that adds regulatory red tape and confusion, through a prerequisite of 2,080 practice hours beyond their nurse practitioner program and is **NOT** the standard requirement now. This regulatory hurdle will only prevent otherwise qualified health care providers from being able to deliver quality care to Montanans. Why does this matter to the consumer of health care? Our rural and ranch communities, have less access to health care than those living closer to our urban centers. Veterans in the state face significant access issues. And the disparities of health care for native peoples is horrific. There is a vast body of evidence showing that nurse practitioners provide excellent care with equal outcomes to physicians¹ and can mitigate physician shortages and extend care to disadvantaged populations². In addition, the data shows that in rural and frontier areas the nurse practitioner primary workforce has increased significantly while the physician workforce has remained stagnant or in some places declined³. I support efforts to increase utilization of nurse practitioners and decreasing unnecessary regulatory burden. But adding a new unnecessary barrier to the very health care providers who are caring for this underserved community, simply because other states want us to, will only set Montana back with regard to improving health care access and outcomes.

Please vote NO on HB 409. Thank you for serving and allowing me to speak to this bill.

References

1. Morgan PA, Smith VA, Berkowitz TSZ, et al. Impact Of Physicians, Nurse Practitioners, And Physician Assistants On Utilization And Costs For Complex Patients. *Health Aff (Millwood)*. 2019;38(6):1028-1036. doi:10.1377/hlthaff.2019.00014
2. Alexander D, Schnell M. Just what the nurse practitioner ordered: Independent prescriptive authority and population mental health. *J Health Econ*. 2019;66:145-162. doi:10.1016/j.jhealeco.2019.04.004
3. Xue Y, Smith JA, Spetz J. Primary Care Nurse Practitioners and Physicians in Low-Income and Rural Areas, 2010-2016. *JAMA*. 2019;321(1):102-105. doi:10.1001/jama.2018.17944