Rosenberg Corey

From: Simona Borza <simona.borzanp@gmail.com>
Sent: Monday, March 13, 2017 5:09 PM
To: SHS Exhibits
Subject: SB 860

Hello,

I am a Mental Health NP, currently in private practice. I have inpatient and outpatient experience, as well as intensive outpatient treatment experience; I am qualified to treat dual diagnoses and help patients prevent relapse.
I treat patients with a variety of mental health diagnoses, I have over 600 patients in private practice, mostly by word of mouth, being referred by other patients or their families, or by the hospital I worked for years ago. I also get referrals from peer counselors, or mental health nurse practitioners who find certain cases too complex.

I also precept students, and I pride myself with teaching a number of students who have become great clinicians.

I attend conferences at national level that have hundreds pf participants - nurse practitioners and psychiatrists from all over the country; at times, I hear from a number of MD psychiatrists comments such as " I tell them they have to accept they may never get much better", or that express pride in "sticking to the traditional medication regimens, that are, at times, 10-20 years old at best, or that tell patients who experience very uncomfortable side effects to medication "well, what's better, to be suicidal, or to not sleep - nap during the day if you cannot sleep at night", etc. etc.

Yes, I agree, there are good MDs, and not so good MDs, and there are good nurses, and not so good nurses. But it is very revolting to see patients who have been in the care of MDs for 10-15 years and still experience auditory hallucinations, and be told "it is what it is, medicine can do so much", and notice the medication that is, by now, 1st line of treatment of auditory hallucinations was never prescribed, for a change. Or to "inherit" patients who take a concerning polypharmacy of meds, just because an MD or several MDs have not put an extra 5 minutes into care, to maybe try to address several symptoms with one medication.

I consult with MDs involved in medical care of my patients, for coordination of care, and at times suggest medication to better treat patients' imbalanced thyroid function, or neuropathy, even though those are not my areas of expertise, but at times i just don't see effort put into treating those conditions effectively. I have suspected patients of onset Parkinson's D, after they had multiple visits with primary care MDs, or urology specialists, and none of those MDs noticed Parkinson's specific behaviors in those patients. They were eventually diagnosed, after my referrals to specialists, for further tests/assessments.

What I am trying to say, NPs are caring, and pay attention to detail, and investigate, and are well educated, knowledgeable of up-to-date information and practices, do not do just half the job, go the extra mile, resolve issues in a timely manner, advocate for their patients, and take serious responsibility.

I absolutely support the enforcement of the EXISTING OR Mental Health Parity Law. It is absolutely insulting to assume NPs do not care about their patients as much or as well and efficient as MDs; in my opinion, not reimbursing NPs for their quality work, as much as MDs are reimbursed for identical service codes is shameful 18th century practice.

I appreciate your care and effort to support our rights to be treated fair.

In good health,
Simona Borza, PMHNP, MS