

To: Federal Trade Commission, Economic Liberty Task Force

From: Deborah Johnson, MSN, PMHNP-BC, University of Arizona Doctoral Student

Subject: Streamlining Licensing Across State Lines: Initiatives to Enhance Occupational License Portability

Date: July 16, 2017

Executive Summary

Thank you for addressing this important issue. Removing barriers to professional practice may have more far-reaching benefits to the public than any other aspect of healthcare reform.

Nurse Practitioners (NPs) are registered nurses with postgraduate education and board certification, licensed to treat specific patient populations (National Council of State Boards of Nursing [NCSBN], 2017). NPs in California are prepared to provide increased access to affordable care in communities with limited access to the range of services we provide. The majority of the psychiatric mental health nurse practitioner (PMHNP) students we teach at UCSF plan to serve in public settings where the need is greatest. However, current restrictions on NP practice make it difficult for PMHNPs to meet the needs in communities that don't already have a psychiatrist. For rural communities, the barrier poses unnecessary challenges that other states don't face. Often, NPs must pay physicians to collaborate in order to serve a community with few resources.

When NPs in California have the same freedom to practice as those in our neighboring states, patients will have access to the option of seeing an NP without these market restrictions. An area where this could make a significant difference is child/adolescent psychiatry. Despite the serious shortage of providers, our graduates have limited opportunity to serve the population under current policies.

Background

- *NPs have provided exceptional healthcare for nearly 50 years.* This track record is supported by with over four decades of research demonstrating the consistent quality and safety of NP-provided healthcare with *at least comparable* outcomes to physicians (Bauer, 2010; Newhouse, et al., 2011; National Governor's Association Center for Best Practices, 2012; Oliver, Pennington, Revelle, & Rantz, 2014; American Association of Nurse Practitioners [AANP], 2015).
- *Scope of practice regulations restrict NPs from practicing at the full level of competence,* creating barriers to providing needed medical care and increasing cost (Bauer, 2010; Weinberg & Kallerman, 2014; The Commonwealth Fund, 2015). Oliver, et al. (2014, p. 445-446) compared state health outcomes, reporting higher health rankings and lower hospitalization rates of Medicare and Medicaid beneficiaries in states with full NP practice than states with reduced or restricted practice. Bauer, a medical economist, advises "*economic and clinical gains can be realized by allowing NPs to be independent caregivers and delivery team leaders for a large number of health services in a wide variety of settings.*" (p. 228).
- *Healthcare reform and access to care* remain subjects of state and national concern. The Institute of Medicine [IOM, 2010] initiative on the future of nursing addressed legal barriers prohibiting nurses from practicing to the full scope of their education and training, recommending state regulatory reform to reflect the full extent of APRN education and training, as outlined by the NCSBN (2012). This correlates with greater efficiency and quality of care, and reduction in unnecessary hospitalization by as much as 50% (Kane, et al., 2003; Bauer, 2010; Spetz, Parente, Town, & Bazarko, 2013; AANP, 2013; Oliver, et al., 2014)
- *Aligning with educational training and scope,* policies supporting full practice authority of APRNs correlate with increased primary care capacity, improved health care utilization, and overall reducing cost (Health Policy Briefs, 2012; Kuo, Lorestro, Rounds, & Goodwin, 2013; Spetz et al., 2013; Oliver et al., 2014). A systematic review of the impact of state SOP on healthcare regulations delivery revealed that states with full SOP regulations (independent practice and prescriptive authority) demonstrated a) growth in NP workforce, b) improved access to care and health care utilization, and c) reduced health care costs (Xue, Ye, Brewer, & Spetz, 2016). Also significant to Texas, states with full practice authority report growth in their number of NPs compared to states with moderately or significantly restrictive laws (Reagan & Salsberry, 2013).

- *Restricted SOP of any one profession by another* is unethical and may adversely impact public access to care. Qualifications, standards and educational oversight are the responsibility of each profession’s licensing and board certification entity. Academic, clinical and continuing education requirements establish competence and safety of APRNs as with other health professions. In a policy paper addressing competition and the regulation of APRNs, the Federal Trade Commission [FTC] (2014) concludes there was no evidence that mandatory physician supervision or contracted collaboration improve quality of care. The Commission cautioned against interprofessional “gatekeeping,” restricting public access to care and limiting creative practice solutions through economic self-interest imposed from one professional group upon another.
- *Coordination of resources and multidisciplinary, team-based care* must recognize both overlapping and unique roles between various professionals, and best utilize team and individual strengths. (Dower, Moore, & Langelier, 2013; FTC, 2014). One well-proven, successful and cost-saving model is the nurse-led clinic, providing primary care with an emphasis upon care coordination and health promotion (Naylor & Kurtzman, 2010; Health Policy Briefs, 2012; Van Vleet & Paradise, 2015; National Nursing Centers Consortium, 2016).

Issues

- *Safe Practice* - The evidence for APRN safe practice and quality care is overwhelmingly apparent, based on research, patient satisfaction, and the ever-increasing demand for NPs led by both advocates and opponents to full practice authority (FTC, 2014). An annotated bibliography compares physician and NP quality of practice (AANP, 2015) summarizing more than 30 peer-reviewed research reports through 2015.
- *Supervision* - Finding a physician willing to sign an agreement and perform monthly chart review has been reported to cost NPs up to \$120,000/year (Roberts, 2017). This supervisory practice is not correlated with safer or better care, nor timely consultation (Bauer, 2010; AANP, 2013; Oliver, et al., 2014; Xue, et al., 2016.) Instead, it increases cost and reduced access (Spetz, et al., 2013). In practice, NPs – like MDs and other health professionals- consult and collaborate with appropriate specialists and colleagues in the continuum of care and the supervisory individual as much as required on a contractual basis.
- *Access to Healthcare* – Despite ongoing shortage in primary care, a recent study reported 25% MD graduates entered primary care, with 4.8% rural. In contrast, 83.4% of NPs are certified in an area of primary care (AANP, 2016). NPs are more likely to practice among underserved populations than physician colleagues, and requirement for supervision can restrict them if a physician is not agreeable to the terms of supervision (Bauer, 2010; Newhouse, et al., 2011; AHRQ, 2012; Oliver, et al., 2014; HRSA, 2016).
- *Regulatory Oversight* - State Boards of Nursing are best qualified to provide regulatory oversight of APRN practice (FTC, 2014; NCSBN, 2014). Opponents suggest APRNs should be governed by two separate regulatory bodies, a burden not imposed on other professions. Academic degrees, licensure and board certification for a professional guild should be overseen by their own professional board.

Summary

Considering the nationwide move towards regulatory authority for APRNs exclusively under Boards of Nursing, the number of states with updated legislation continues to increase. While streamlining licensure across state lines will not ensure full practice authority, it is a move towards economic liberty for the citizens who deserve access to qualified providers in every state.

The Economic Liberty Task Force is on the right track. Full practice authority across state lines can prevent the current “brain drain” occurring in states with economically-driven licensure restrictions on NPs who are heavily recruited to serve in neighboring states that do not impose exorbitant fees for a signed delegation agreement.

References

- Agency for Healthcare Research and Quality (2012). Primary care workforce facts and states no. 3: Distribution of the U.S. primary care workforce. (January 2012). *AHRQ* Pub. No. 12-P001-4-EF Retrieved from <https://www.ahrq.gov/sites/default/files/publications/files/pcwork3.pdf>
- American Association of Nurse Practitioners (2013). Nurse Practitioner cost effectiveness. Retrieved from <https://www.aanp.org/images/documents/publications/qualityofpractice.pdf>
- American Association of Nurse Practitioners, (2015). Quality of nurse practitioner practice. Retrieved from <https://www.aanp.org/images/documents/publications/qualityofpractice.pdf>
- American Association of Nurse Practitioners, (2016). NP Fact Sheet. Retrieved from <https://www.aanp.org/all-about-nps/np-fact-sheet>
- Bauer, J. (2010). Nurse practitioners as an underutilized resource for health reform: Evidence-based demonstrations of cost-effectiveness. *Journal of American Academy of Nurse Practitioners*, 22:228-231. doi:10.1111/j.1745-7599.2010.00498.x
- Dower, C., Moore, J., & Langelier, M. (2013). It's time to restructure health professions scope-of-practice regulations to remove barrier to care. *Health Affairs*, 32(11): 1971-1976. Retrieved from <http://content.healthaffairs.org/content/32/11/1971.full>
- Federal Trade Commission [FTC], (2014). Policy Perspectives: Competition and the regulation of advanced practice nurses. Retrieved from www.ftc.gov/policy/reports/policy-reports/commission-and-staff-reports
- Health Policy Brief (2012). Nurse practitioners and primary care: Federal and state laws and other policies limit how these professionals can help meet the growing need for primary care, *Health Affairs*. Retrieved from www.healthaffairs.org/healthpolicybriefs
- Health Resources & Services Administration [HRSA], (2016). Nursing Health Workforce Modeling Tool. *HRSA Health Workforce Data: Data & Analytics*. Retrieved from <https://desamprod.hrsa.gov/NursingModel/Account/Login?ReturnUrl=%2fNursingModel%2f>
- Institute of Medicine of the National Academies (2010). The future of nursing: Focus on scope of practice. *Report Brief*. Retrieved from <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Nursing%20Scope%20of%20Practice%202010%20Brief.pdf>
- Kane, R., Keckhafer, G., Flood, S., Bershadsky, B., & Siadaty, M. (2003). The effect of Evercare on hospital use. *Journal of American Geriatrics Society*, 51 (10): 1427-1434.
- Kuo Y., Figaro L., Rounds L., & Goodwin J. (2013). States with the least restrictive regulations experienced the largest increase in patients seen by nurse practitioners. *Health Affairs* 32(7):1236-43. Retrieved from <http://content.healthaffairs.org/content/32/7/1236.full.pdf+html>
- National Council of State Boards of Nursing [NCSBN], (2014). NCSBN Model Act. Retrieved from https://www.ncsbn.org/14_Model_Act_0914.pdf
- National Council of State Boards of Nursing [NCSBN], (2017). APRN Compact. Retrieved from <https://www.ncsbn.org/aprn-compact.htm>
- National Governor's Association Center for Best Practices (2012). The role of nurse practitioners in meeting increasing demand for primary care. *National Governor's Association*, Dec 2012. Washington (DC).

Available from: <http://www.nga.org/files/live/sites/NGA/files/pdf/1212NursePractitionersPaper.pdf>

National Nursing Centers Consortium [NNCC], (n.d.). The cost effectiveness of nurse practitioner care. Retrieved from http://www.nncc.us/pdf/Cost-Effectiveness_of_NP_Care.pdf

National Nursing Centers Consortium [NNCC], (2016). Nurse-managed health clinics: Improving access to high quality cost-effective health care. Retrieved from http://www.nncc.us/images_specific/pdf/FactSheetNMHC.pdf

Naylor, M. & Kurtzman, E. (2010). The role of nurse practitioners in reinventing primary care. *Health Affairs* 29 (5): 893-899. Retrieved from <http://content.healthaffairs.org/content/29/5/89>

Newhouse, R., Stanik-Hutt, J., White, K., Johantgen, M., Bass, E., Zangaro, G.,...Weiner, Jonathan (2011). Advanced practice nurse outcomes 1990-2008: A Systematic Review. *Nursing Economics*, 29(5): 230-250. Retrieved from <http://search.proquest.com/openview/8caabf7d53a016262fa31f32f9762ef2/1?pq-origsite=gscholar%3E>

Oliver, G., Pennington, L., Revelle, S., & Rantz, M. (2014). Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients. *Nursing Outlook* 62 (440-447). Retrieved from <http://dx.doi.org/10.1016/j.outlook.2014.07.004>

Pohl, J., Hanson, C., Newland, M., & Cronenwett, L. (2010). Unleashing nurse practitioners' potential to deliver primary care and lead teams. *Health Affairs*, 29 (5):900-905.

Reagan, P. & Salsberry, P. (2013). The effects of state-level scope-of-practice regulations on the number and growth of nurse practitioners, *Nursing Outlook*, 61: 392-399

Spetz, J., Parente, S., Town, R., & Bazarko, D. (2013). Scope-of-practice laws for nurse practitioners limit cost savings that can be achieved in retail clinics. *Health Affairs*, 32 (11): 1977-1984

The Commonwealth Fund (2015). Scorecard on state health system performance: Texas ranking report. *The Commonwealth Fund Health System Data Center*. Retrieved from <http://datacenter.commonwealthfund.org/scorecard/state/45/texas/>

Van Vleet, A., & Paradise, J. (2015). Tapping nurse practitioners to meet rising demands for primary care. *The Henry J. Kaiser Family Foundation*. Retrieved from <http://kff.org/medicaid/issue-brief/tapping-nurse-practitioners-to-meet-rising-demand-for-primary-care/>

Weinberg, M. & Kallerman, P. (2014). Scope of practice: Full practice authority for nurse practitioners increases access and controls cost. *Bay Area Council Economic Institute*. Retrieved from http://www.bayareaeconomy.org/files/pdf/BACEI_NP_Report.pdf

Xue, Y., Ye, Z., Brewer, C., & Spetz, J. (2015). Impact of state nurse practitioner scope-of-practice regulation on health care delivery: Systematic review. *Nursing Outlook* 64: 71-85. Retrieved from <http://dx.doi.org/10.1016/j.outlook.2015.08.005> .