Advance Practice Registered Nurses:

Access to Quality, Affordable Health Care in Missouri

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Missouri House of Representatives (2007-2010)

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Status of APRNs in Missouri

- APRNs have had legal authority to practice in Missouri since 1974.
- Physicians groups worked during early 80s to prevent APRNs from practicing; the physician licensing board accused 2 APRNs of practicing medicine without a license which led to a court case.
- The case eventually went to the Missouri Supreme Court in 1983:
  - Sermchief v. Gonzales - the court rules in favor of the APRNs and their collaborating physicians finding that their acts were authorized under the Missouri nurse practice act. The court recognized the intent of statutory language to "avoid statutory constraints on the evolution of new functions for nurses delivering health services."
- Physicians continued efforts in late 80's to restrict APRNs from practicing

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Status of APRNs in Missouri

- 1992 work began on legislation to clarify collaborative practice and add prescriptive privileges for APRNs
- 1993 **HB 564** passed giving statutory authority for APRNs to work in a collaborative practice agreement with a physician. One requirement of HB 564 was that three boards (physician, nursing and pharmacy) "may" write rules covering 3 areas: **review of services, geographic distance and methods of treatment.**
- The three boards met from December 1993 to August, 1994 with the process full of political strife. Rules were drafted and public hearings were held in 1995 where nurses voiced their opposition to the rules, which in their view were not evidenced-based and would limit access to care for Missourians. **At that time 50 counties in Missouri were Health Professional Shortage Areas.**

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Status of APRNs in Missouri

- 2008 - Legislation was passed after 3 years of effort giving APRNs limited ability of prescribe controlled substances (Schedule III to V).
  - It took 3 years to write rules due to ongoing efforts to prevent APRNs access to BNDD numbers needed for prescribing
- From 2011 to 2015 - ongoing efforts were made to revise the collaborative practice rules via piece-meal approaches with no success.
- 2016 – Using the Better Access Better Care Coalition, HB 1866 sponsored by Rep. Huebrecht was latest effort to turn Missouri into a **GREEN** state.
- Numerous other bills were submitted to revise specific sections of the rules that would allow increased access to care for Missourians and residents in nursing homes and assisted living.

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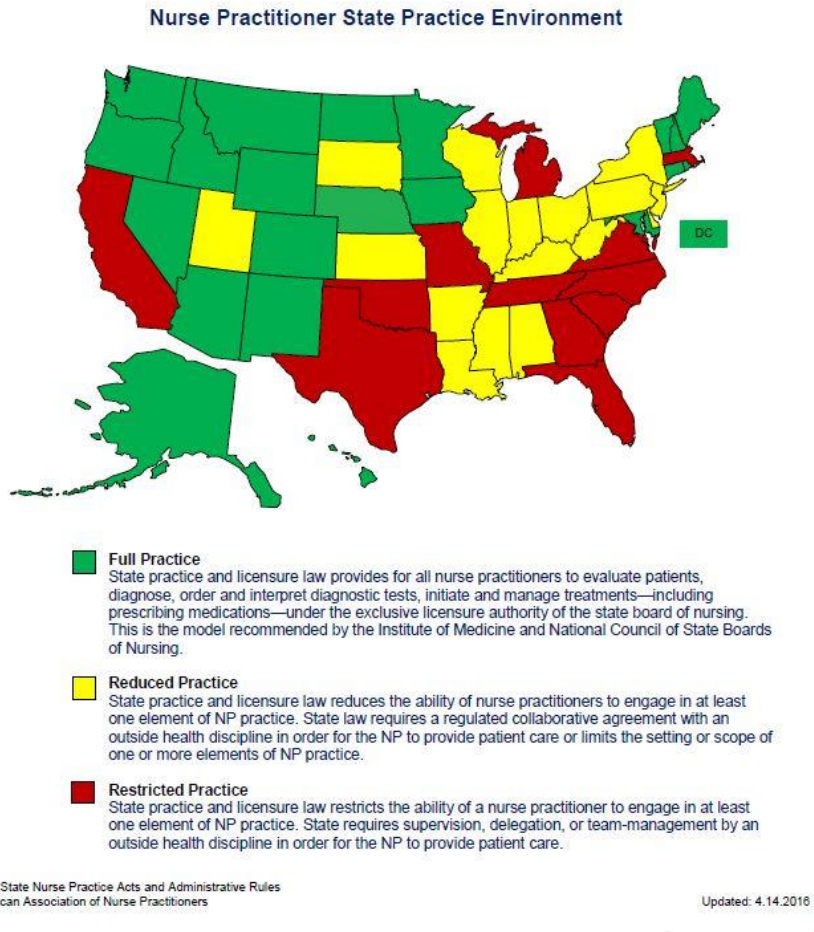
What is a GREEN state?



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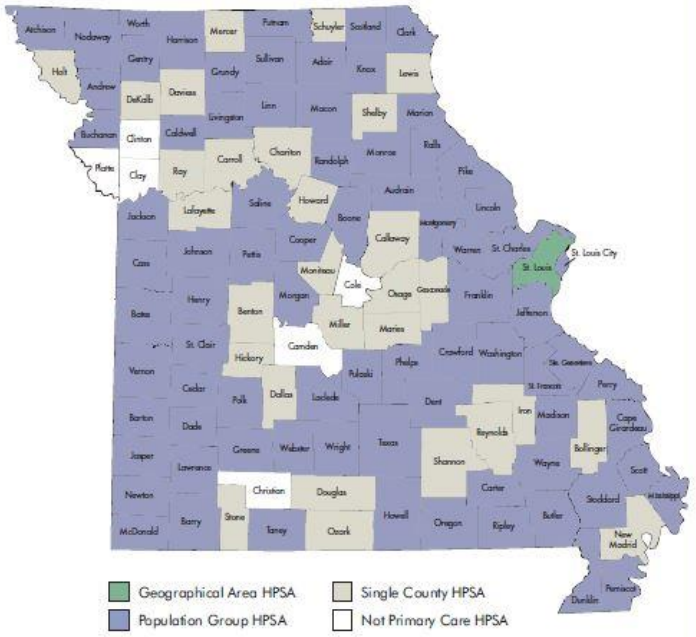
Physician shortage has intensified

HPSA — Primary care HPSAs are based on a physician to population ratio of 1:3,500. In other words, when there are 3,500 or more people per primary care physician, an area is eligible to be designated as a primary care HPSA. Applying this formula, it would take approximately 8,000 additional primary care physicians to eliminate the current primary care HPSA designations nationwide.[7]

Primary Care HPSAs In Missouri



Source: U.S. Department of Health and Human Services Health Resources and Services Administration, Office of Information Technology From the HRSA Data Warehouse. Retrieved on May 13, 2014 from http://datawarehouse.hrsa.gov.

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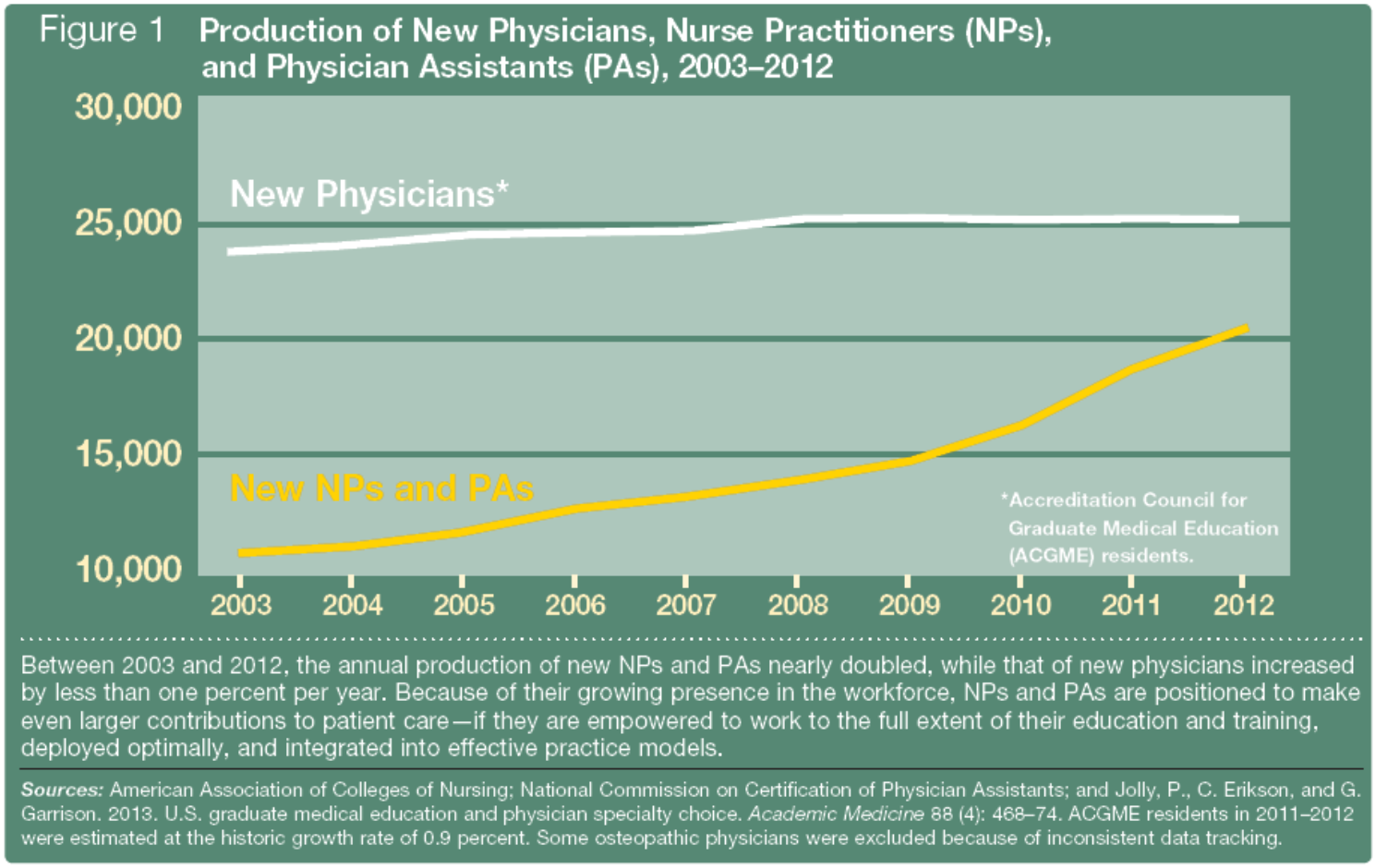
APRNs Can Fill the Primary Care Void



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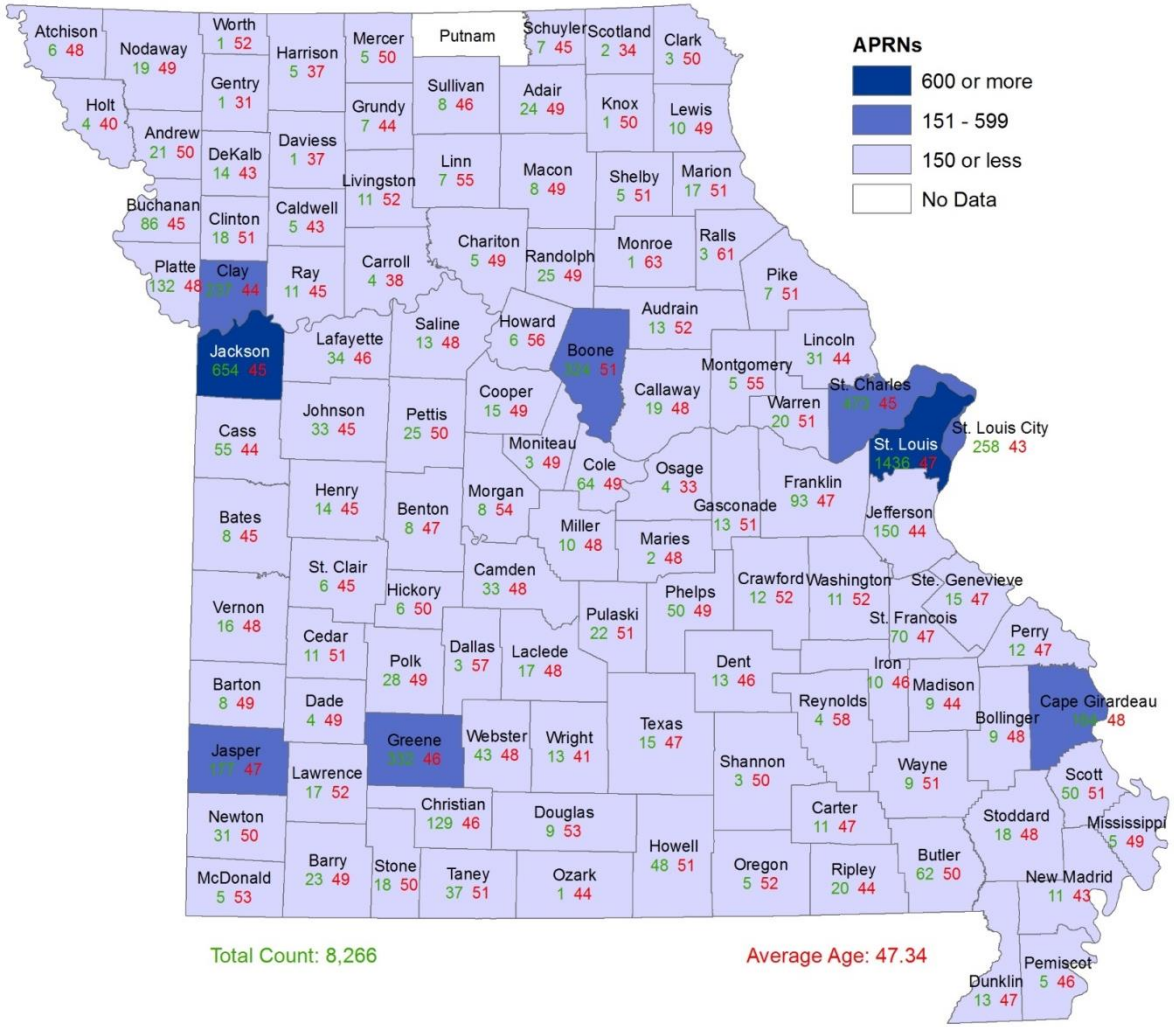
Missouri Advanced Practice Registered Nurses



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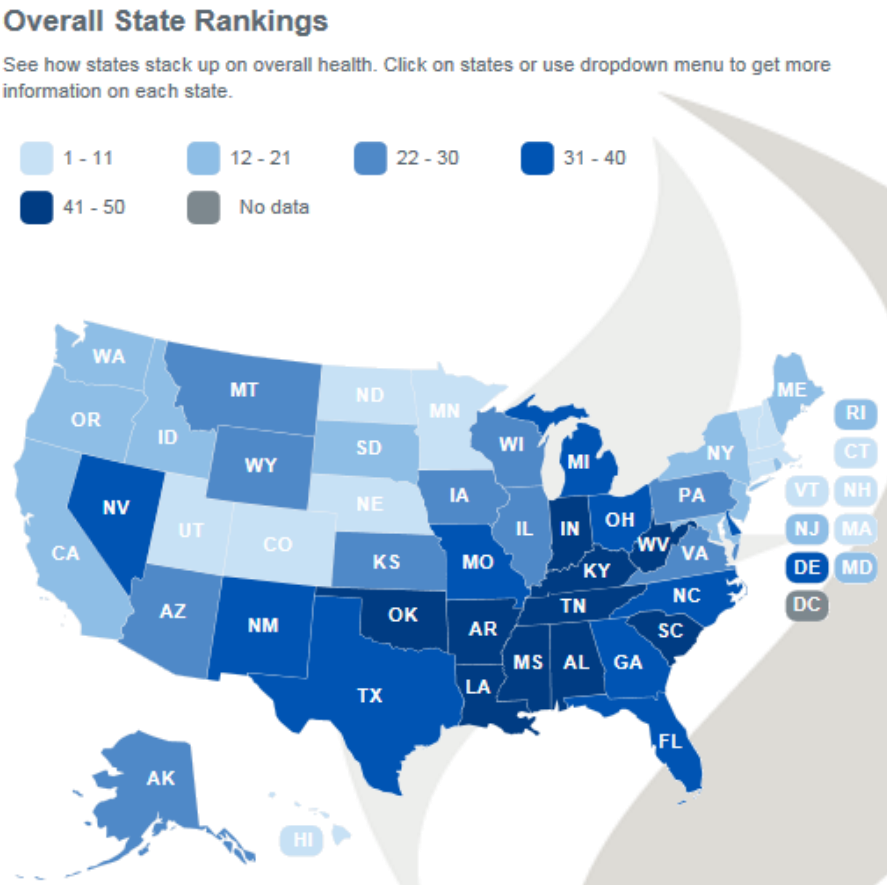
Health Care Outcomes in Missouri

Missouri Ranked 36th in 2014 for Overall State Rankings



Source: http://www.americanshealthranking.org

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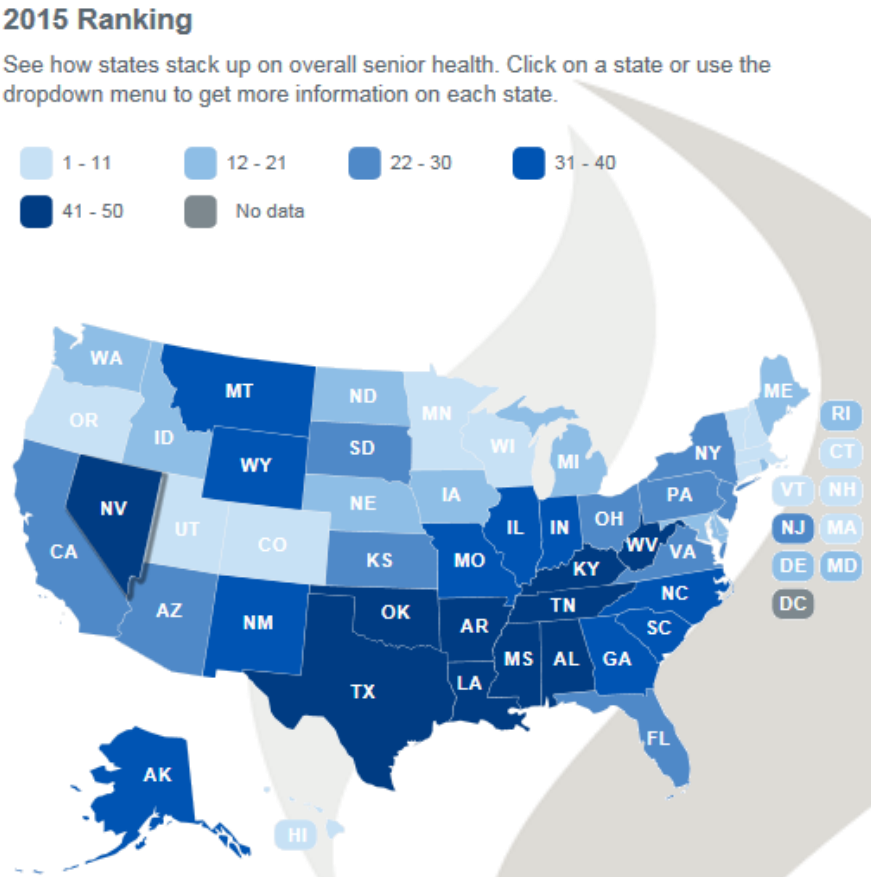
Health Care Outcomes in Missouri

In Senior Health Rankings, Missouri was 38th



Source: http://www.americanshealthranking.org

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Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients

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ABSTRACT

Strengthening health care overall is essential to the health of our nation and promoting access to health care as well as controlling health care costs in a quality cost-effective manner. Nurse practitioners have demonstrated to be effective and cost-effective providers in prior research; however, many states restrict their practice. We examined for a statistically significant relationship between the level of advanced practice registered nurse (APRN) practice (full, reduced, or restricted) allowed and results of recent nationwide, state level analyses of Medicare or Medicare-Medicaid beneficiaries of potentially avoidable hospitalizations, readmission rates after inpatient rehabilitation, and nursing home resident hospitalizations and then compared them with state health outcome rankings. States with full practice of nurse practitioners have lower hospitalization rates in all examined groups and improved health outcomes in their communities. Results indicate that obstacles to full scope of APRN practice have the potential to negatively impact our nation's health. Action should be taken to remove barriers to APRN practice.

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IOM: Future of Nursing: Leading Change, Advancing Health (2010)

Advanced practice nurses play a key role in improving access to healthcare and "that restrictions on scope of practice… have undermined nurses' ability to provide and improve both general and advanced care."

Recommendation 1: Remove scope-of-practice barriers.

Advanced practice registered nurses should be able to practice to the full extent of their education and training.

The Report

The Future of Nursing: Leading Change, Advancing Health

The Institute of Medicine's landmark report is a thorough examination of the nursing workforce.

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National Governors Association: The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care (2012)

- Recommends that states reexamine their scope of practice (SOP) laws for nurse practitioners

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NIHCM: Meeting the Demand for Primary Care: Nurse Practitioners Answer the Call (Iglehart, 2014)

- The shorter and less costly training pipeline for NPs relative to physicians, combined with evidence that NPs provide high quality care and achieve high patient satisfaction, argue in favor of the profession's ability to quickly and effectively meet growing demand for health care services.

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What does the FTC say?

Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses, FTC 2014

- Federal Trade Commission (FTC) staff have consistently urged state legislators to avoid imposing restrictions on the APRN scope of practice unless those restrictions are *necessary* to address well-founded patient safety concerns.
- Based on substantial evidence and experience, expert bodies have concluded that ARPNs are safe and effective as independent providers of many healthcare services within the scope of their training, licensure, certification, and current practice. Therefore, new or extended layers of mandatory physician supervision may not be justified.

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Federal Trade Commission: Competition and the Regulation of Advanced Practice Nurses (2014)

- Numerous expert health policy organizations have concluded that expanded APRN scope of practice should be a key component of our nation's strategy to deliver effective health care efficiently and, in particular, to fill gaps in primary access.
- Based on our extensive knowledge of health care markets, economic principles, and competition theory, we reached the same conclusion: expanded APRN scope of practice is good for competition and American consumers.

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MHA: Mapping Missouri's Health Care Workforce (2016)

- Missouri is one of 12 states that restricts the ability of a nurse practitioner to engage in at least one element of N.P. practice, whereas neighboring states of Nebraska and Iowa have approved "full practice" status…
- …high vacancy rates for N. P.s and physician assistants potentially correlate with Missouri's restricted practice…in comparison with neighboring states.

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What about APRN-PMH

- The first APRNs had expert theoretical and practice knowledge to improve patient outcomes and change systems to promote quality care (1955)
- Initially focused on therapeutic milieu and psychotherapy (individual, group and family)
- Development of nurse practitioner role for PMH APRNs, including medication management

http://www.apna.org/i4a/pages/index.cfm?pageid=3866#2

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So what do we need to do?

- Change the collaborative practice statements in the Missouri statute.
- Allow APRNs to practice to their full capabilities like they do in 21 states and District of Columbia.
- Allow APRNs to prescribe a full range of medications, including controlled substances II-V like they do in 37 states and District of Columbia.

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Opposing Views?

- **Claim:** Quality of care will be at risk.
- **Reality:** No one has monopoly on quality; research shows APRNs provide quality and safe care.
- **Claim:** APRNs do not have the numbers of years of education that physicians do.
- **Reality:** Educational preparation does differ between physicians and APRNs, but the yardstick of effectiveness should be patient outcomes; APRN education is competency-based not time-based.
- **Claim:** Cost of care will increase.
- **Reality:** 50 years of research reveals that APRNs provide equivalent or improved medical care at a lower total cost than physicians; projections are that savings could be seen if practice restrictions are removed.

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Better Access, Better Care Coalition

Better Access Better Care Coalition
Recommendations

The Better Access Better Care Coalition (BABCC) is comprised of numerous health care organizations serving long-term care facilities, home-health care agencies and health care providers. BABCC supports proposed legislation to update state statutes relating to advanced practice registered nurses (APRNs) in Missouri.

BABCC supports having a collaborative practice arrangement (CPA) in place, as currently required, to outline practice applications between the physician and the nurse. However, we believe there are unnecessary barriers in current statute and rules and regulations that need to be updated. Removal of several of these barriers were approved overwhelmingly last session by the House of Representatives.

Attached is a comparison of Missouri APRN Scope of Practice regulations to those regulations in Missouri's bordering states.

No other state near us or in the nation requires a road distance limit between the APRN and the physician. Missouri should eliminate the 30/50 mile restriction and allow the physician and nurse to determine that in their CPA.

No other state has a physician/APRN ratio limit. Rep. Lyle Rowland's legislation would have expanded Missouri's ratio from three to five.

No other state requires a patient to be referred back to the collaborating physician in the CPA. In many of the retail clinic settings, the APRN would prefer to refer the patient back to the patient's primary care provider or a specialist.

No other state requires the collaborating physician to examine the patient within two weeks after being treated by an APRN. This is an unnecessary cost to the patient, and often it is impossible to get an appointment with the physician within two weeks.

Regarding the requirement for the APRN to practice at the same location as the physician for one month before practicing at an alternate site should be updated. This should not be necessary if the APRN is not new to the practice setting but the physician is the new provider. Rep. Eric Burlison's legislation would have made this change.

Burlison's bill also proposed to allow chart reviews to be completed electronically or off-site.

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Proposed legislation (Rep. Hubrecht)

- Eliminate mileage restriction for APRN practice (30/50 miles from collaborator)
- Eliminate the physician/APRN ratio limit (3)
- Eliminate the requirement for referral to the collaborating physician (rather than PCP)
- Eliminate the requirement for two-week follow-up
- Eliminate the 30 day requirement for same-location practice
- Allow chart reviews to be electronic or off-site
- Define APRN scope of practice and create license

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Where do we go from here?

What are your questions?

What are your comments?

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Thank you!

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