Strategies and Tactics for Successful Legislation to Remove Barriers to APRN Practice and Care

Webinar Summary
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Participants:

Andrea Brassard, DNSc, MPH, FNP, Senior Strategic Policy Advisor, AARP Public Policy Institute

Constance B. Kalanek, PhD, RN, FRE, Executive Director, North Dakota Board of Nursing

Billie Madler, DNP, FNP, Graduate Program Director, University of Mary, President, Nurse Practitioner Association of North Dakota

Susan Delean-Botkin, MSN, CRNP, Owner, Family Care of Easton, Past President, Nurse Practitioner Association of Maryland

Hank Greenberg, State Director, AARP Maryland

Peter Reinecke, AARP Consultant

> Across the country, there is a movement to advance the field of nursing so that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. This national level Future of Nursing: *Campaign for Action* is a result of the Institute of Medicine's landmark 2010 report on the Future of Nursing: *Leading Change, Advancing Health*.

Background

This webinar was sponsored by AARP. As **Andrea Brassard** points out, the Institute of Medicine released a report in 2011 that has become a landmark blueprint for transforming the nursing profession to enhance the quality and value of health care in ways that meet future needs of diverse populations.

The IOM says nurses play an important role in the changing health care environment, and it is critical that they practice to the full extent of their education and training. Often that means removing scope of practice barriers to advanced practice registered nurse (APRN) care through changing legislation or passing new legislation in individual states.

This webinar tells states how North Dakota and Maryland went about removing barriers to APRN practice, how they partnered with and communicated with groups to gain momentum and how activists in both states changed legislation or shepherded new legislation to its final passage.

Webinar Goals

- Identify strategies and tactics utilized for successful legislation in North Dakota and Maryland
- Consider how these strategies and tactics may be implemented in other states
- Become involved with the learning collaborative for removing barriers to APRN practice and care

Webinar Overview:

Many states are working on ways to remove restrictive physician collaboration requirements that prevent nurses from diagnosing and prescribing without physician oversight.

North Dakota and Maryland colleagues described successful strategies and tactics for removing legislative barriers to APRN practice and care. In 2011, the North Dakota Board of Nursing (BON) became one of the first to implement the National Council of State Boards of Nursing's advanced practice registered nurse (APRN) model rules to become fully aligned with the APRN Consensus Model. The process was successful due to the collaborative efforts of the BON and the North Dakota Nurse Practitioner Association. This achievement consummated more than two decades of work by the BON and other stakeholders to allow APRNs to work to their full scope of practice.

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

Institute of Medicine report 2011

In 2010, Maryland replaced a 19-page collaborative agreement with a one-page attestation statement.

A handout in this webinar lists what general themes/areas states are working on to remove barriers that prevent APRNs from practicing to the full extent of their training and education.

During the webinar, an online poll revealed that 60 percent of states represented in the webinar audience require a collaborative agreement with a physician to diagnose, treat and prescribe. More than half of the webinar participants polled expect legislation to remove barriers to APRN practice and care will be introduced in 2013.

North Dakota Case Study on APRN Legislation

North Dakota has a small population (672,591) in a large area (69,000 square miles) (U.S. Census Bureau, 2010). The state is prosperous because of the diversity of farming, oil, and gas industries. North Dakota also boasts a balanced budget with a surplus. However, the rural areas remain underserved: 60.8% of the population (U.S. Census Bureau, 2010) resides in rural communities, and 74% of physicians reside in the cities of Bismarck, Fargo, Grand Forks, Mandan and West Fargo. Only 26% of physicians are in rural areas (Hart, Klug, & Peterson, 2012, "Availability of Direct Patient Care Physicians in North Dakota" available at

www.ruralhealth.und.edu), though 40% of APRNs practice in rural areas (North Dakota Board of Nursing Database, 2012).

Kalanek said the only restriction for APRNs in North Dakota was they did not have prescriptive authority.

Preparedness

It was important to move very quickly once the legislative session started, so nurses and nursing organizations needed to be well prepared in advance.

"We weren't exactly sure what kind of whirlpool we would fall into below," said **Madler**.

Before initiating legislation, the North Dakota Nurse Practitioner Association (NDNPA) sought the approval of the Board of Nursing (BON). After the BON provided regulatory support, NDNPA began a massive statewide public education campaign. APRNs in all counties of the state were mobilized to articulate the position that the requirement for physician oversight of APRN prescribing was unnecessary and should be eliminated. APRNs informed their legislators at the local level about the bill. There was also contact with stakeholders, including leadership from healthcare organizations and other state and national professional groups, such as AARP, North Dakota Leadership Council, and discussions with North Dakota Board of Medical Examiners and North Dakota Medical Association.

Willingness

North Dakota advocates spent more than a year getting support even from some nursing organizations. Some nurses were leery of change, said **Madler**, because they had working relationships with physicians, especially in the rural areas. But eventually they gave their support to the legislation.

Strategies

- Selecting a well respected, veteran legislator who is knowledgeable and has a record of supporting health related legislation.
- Securing a lobbyist who is versed in healthcare regulatory environments and familiar to the legislative process and familiar with individual legislators.
- Preparing succinct and consistent messages that were meaningful and powerful. They accomplished this by communicating with NPs in the frontlines from all across the state. They also provided real life examples of the barriers the current law created for NPs and the citizens from individual legislators' districts. They gathered written support from professional organizations, special interest organizations, county commissions, healthcare administrators, and supporting physicians.

- Testimony planning was critical. Four NPs and two physicians who had a history of being collaborators with NPs as well as the NDBON testified. One NP provided explanation of role and scope of APRNs; one NP shared her personal story of working in rural North Dakota and her practice, one NP owned and operated her own clinic and reviewed documents of support, and one NP testified about national publications/research and NP education. Others who testified in support were bill co-sponsors and a representative who was a nurse practitioner.

- Communication was key. The core group of four NPs working on this piece of legislation was on the phone and email continually with NPs from across the state. They were encouraged, motivated, and empowered to participate in the effort. As a result, NPs became mobilized. Many of these individuals spoke with their legislators. Several invited legislators to their clinics; some met face to face; all shared their passion for providing patient-centered care. In addition, the representative who was a nurse practitioner provided insight to the legislators who needed additional education. She also fielded questions from her colleagues.

Results

Prior to passage, nurse practitioners were required to have a physician-signed affidavit on file with the North Dakota Board of Nursing. This affidavit identified the nurse practitioner's collaborative physician. Nurse Practitioners in North Dakota would not be granted prescriptive authority without this documentation from a collaborative physician.

SB 2148 was introduced to the North Dakota Senate Health and Human Services committee on January 6, 2011. It passed the Senate and the bill was heard in the House committee on February 23, 2011. On March 17, SB 2148 passed the House floor vote and was signed by the Governor on March 31.

The advice to other states is that "It can be done. Being present is good; being visible is better; being patient is necessary." States need to focus on the message, be transparent, foster partnerships and cultivate relationships.

The Maryland Case Study on APRN Legislation

Delean-Botkin and Greenberg discussed the Maryland legislation.

In the end, the 19-page written collaborative agreement was replaced by a one-page attestation statement. The legislation was jointly promulgated by the Maryland Coalition of Nurse Practitioners (MCNP) and the Nurse Practitioner Association of Maryland NPAM) with the Board of Nursing.

"It was important for nurses to speak as one voice," said **Delean-Botkin.**

The two state NP organizations, NPAM, and MCNP, worked closely with the Board of Nursing to write the legislation and find sponsors. Major supporters and groups which testified before the House and Senate in Maryland included the Maryland Nurses Association and the major schools of nursing, Johns Hopkins, University of Maryland, Coppin State, Towson, and Salisbury University, which also provided testimony. Nursing students, NPs in rural and inner city areas, and psychiatric NPs all came forward with stories that showed the potential benefit to the patients and the citizens of Maryland.

The Alzheimer's Association, the Mental Health Association, hospitals, and nursing homes all spoke in favor of the legislation. Allied health professionals, chiropractors, dentists, physical therapists and podiatrists supported the legislation. They had bipartisan support from both the Democrat and Republicans.

Med Chi, the Maryland State Medical Society, is particularly powerful in the legislative arena, and it was only after AARP spoke up that they began serious and fruitful negotiations that resulted in the bill's unanimous passage in 2010.

Greenberg of AARP got involved in the issue as an "honest broker" who was not siding with any group but who spoke on behalf of his organization's 857,000 members who want and need quality health care. "It was a very volatile time," he said. There was no question that they were seeing shortages of health care providers in Maryland. AARP was able to be a substantial influencer because of its strong relationships with legislators.

Many legislators are unfamiliar with the complexities of health care, said **Delean-Botkin.** Real life stories from nurse practitioners resonated with the legislators. "They're still talking about them," she said, "especially the one about a nurse practitioner who had to take a boat out to where a physician was fishing just to get his signature on a death certificate."

Legislative Developments

The Institute of Medicine released a report today (July 17) on Medicare that recommended all APRN barriers be removed, said **Peter Reinecke**, who is an AARP legislative consultant on nursing issues. Reinecke spent more than 20 years working on Capitol Hill. As staff to the Senate Health, Education, Labor and Pensions Committee and as Legislative Director and Chief of Staff to Senator Tom Harkin, he helped write many pieces of health legislation.

The new IOM report, *Geographic Adjustment in Medicare Payment - Phase II: Implications for Access, Quality, and Equity,* can be viewed at www.iom.edu. The new IOM report recommends, "In order topromote access to appropriate and efficient primary care services, the Medicare program should support policies that would allow all qualified practitioners to practice to the full extent of their educational preparation." The IOM committee noted "that nurse practitioners, who often face scope of practice restrictions, are more likely than their physician counterparts to choose to practice in underserved areas."

Reinecke told the audience that the Affordable Care Act requires health insurance exchanges for the self-employed and employees of small businesses to be established and operating in each state by 2014 to allow these groups to purchase health insurance. He also said the federal Department of Veteran Affairs continues to support APRNs and removal of barriers.

Brassard and her AARP colleagues compiled a list of states and what areas they are working in to advance legislation to remove barriers for APRNs (handout).

Brassard also said there are monthly teleconferences planned and quarterly webinars on removing barriers to APRN practice and care.

Resources

For more information about this webinar, technical assistance or other questions, contact Michael Pheulpin at MPheulpin@aarp.org or 202-434-3882.

Andrea Brassard can be reached at abrassard@aarp.org or 202-434-3844.

Visit http://championnursing.org to access webinars and http://thefutureofnursing.org for other related resources.

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