

FUTURE OF NURSING™

Campaign for Action



Full Practice Authority for Nurse Practitioners: Increasing Access and Controlling Cost

Webinar Summary

April 30, 2014

Presenters:

Susan Reinhard, PhD, RN, FAAN, Senior Vice President & Director, AARP Public Policy Institute, Chief Strategist, Center to Champion Nursing in America (CCNA)

Susan Hassmiller, PhD, RN, FAAN, Senior Advisor for Nursing, Robert Wood Johnson Foundation; Director, Future of Nursing: *Campaign for Action*

Micah Weinberg, PhD, Senior Fellow, Bay Area Council Economic Institute

Patrick Kallerman, Policy Director, Healthy Systems Project

Webinar Goals:

- To learn about the California study on the benefits of granting nurse practitioners full practice authority to increase access, quality, and cost savings.
- To understand the importance of utilizing medical personnel more effectively and efficiently and increasing the supply of primary care providers under the Affordable Care Act.

This webinar is being recorded and will be archived along with this summary at www.campaignforaction.org/webinars.

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, [The Future of Nursing: Leading Change, Advancing Health](#). The *Campaign for Action's* field-based teams, the [Action Coalitions](#) (ACs), are leading this movement and are equipping themselves with knowledge gained from technical assistance provided by the Center to Champion Nursing in America (CCNA), a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation. Such technical assistance comes in the form of webinars, face to face interactions, and other facilitated engagements with public policy leaders, content experts, consultants, and Action Coalition peers across the country.

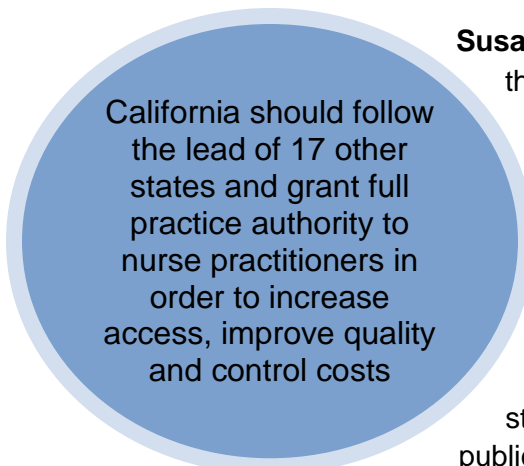
Overview:

This webinar is part of the *Campaign For Action's* Removing Barriers to Practice and Care pillar area. **Susan Reinhard** of

AARP and CCNA said work in this area includes the Practice and Care Learning Collaborative, which has regular calls to feature the great work that many Action Coalitions do in this area; federal level work that AARP conducts with our national level nursing leaders; and products with policy and business thought leaders. This last area includes convenings that we host as well as other products, such as the one featured today.

The full, independent practice of nurses is one of the major priorities for the *Campaign*. Progress on this work is vital to improving the quality, access, and value of health care for consumers. Even today, there are states that restrict the ability of nurse practitioners to practice to the full extent of their training and education, **Reinhard** said.

There is progress, however. States such as Kentucky, New York and Hawaii have adopted legislation removing barriers to practice.



California should follow the lead of 17 other states and grant full practice authority to nurse practitioners in order to increase access, improve quality and control costs

Susan Hassmiller of RWJF said enabling nurses to practice to the full extent of their education and training is one of the key recommendations of the IOM Future of Nursing report and one of the key tenets of the *Campaign for Action*.

The preliminary findings of what is an important new tool on what we call the “business case model for full and open practice” will be discussed today. As most of you know, this is a crucial part of the debate at both the state and national levels as efforts are made to change public policy in this area.

Winifred Quinn of CCNA defined full practice authority as a:

“collection of state practice and licensure laws that allow for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments, including prescribing medications under the exclusive licensure authority of the state board of nursing.”

Quinn told people on the webinar to send her any stories they have about barriers to full practice at wquinn@aarp.org.

Both **Micah Weinberg** of the Bay Area Council Economic Institute and **Patrick Kallerman**, Policy Director, of the Healthy Systems Project, presented some preliminary findings on their project to develop a new tool for measuring the effects of granting full practice authority to nurse practitioners. They based their findings by building on existing research which is listed on slide eight.

The Areas of the Study

They designed the study to gauge the impacts of granting full practice authority to nurse practitioners in three key areas:

- ✓ Increased access, particularly in underserved areas
- ✓ Improved quality through preventive care
- ✓ Cost savings to the system

The primary data source for our analysis was the Area Health Resource File (AHRF) by the Department of Health and Human Services.

Why Choose California for the Study?

The spotlight was on California because:

- ✓ California is the most populous state in the nation and is home to the largest number of primary care physicians and nurse practitioners.
- ✓ On a per capita basis the state ranks 23rd in the number of physicians, raising access challenges.
- ✓ California also had among the highest rates of uninsured, with an estimated four million newly eligible for coverage as a result of ACA.

Current Regulations in California

In California, a nurse practitioner must have a physician involved when she/he diagnoses, treats or prescribes for a patient. They must have a signed collaborative practice agreement with the health care system they are working in.

A bill to grant full practice authority to nurse practitioners stalled in the state legislature in 2013, although there is a commitment to continuing to push for these reforms.

Model Results and Benefits

Increasing Access:

Had practice restrictions been lifted in California, over 4,000 more nurse practitioners would be practicing there, representing a 24 percent increase. In addition, the growth rate of the nurse practitioner workforce would increase by 25 percent.

Increasing Quality:

Granting full practice authority to nurse practitioners would yield nearly an additional two million preventative care visits per year in California, an increase of 10.3 percent. This would result in fewer emergency room visits, better management of chronic conditions and an overall increase in health.

Lowering Costs:

In states with limited nurse practitioner authority, the average cost for a preventative care visit can be as much as \$16 higher than in states with full practice authority. Practice reforms in California would save \$1.8 billion in the cost of preventative care visits alone over the first ten years. This directly translates to decreased burdens on public programs and business spending.

Conclusion

California should follow the lead of 17 other states and grant full practice authority to nurse practitioners in order to increase access, improve quality, and control costs. On its own, this is not a panacea. It is also important to train more medical professionals, in particular more primary care physicians, and to redesign care management in order to get better value for our medical spending and improve health outcomes.

The IOM's recommendations include: the need for more advanced education of registered nurses; nurses leading innovations in health care and being appointed to decision-making bodies; all nurses practicing to the full extent of their education and training; a more diverse nursing workforce and faculty; and more interprofessional collaboration among nurses, physicians, and other members of the health care team in the educational and clinical environments.

For more information from the Center to Champion Nursing in America about this webinar, technical assistance, or other questions related to the Future of Nursing: *Campaign for Action*, please contact Michael Pheulpin at mpheulpin@aarp.org or 202-434-3882.

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