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Lessons Learned: Gaining Full Practice Authority in Nebraska

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Today's Webinar

- Will describe Nebraska's successful campaign for Full Practice Authority
 - key partners and stakeholders
 - grassroots messaging strategies
- Learn how to adopt Nebraska's strategies in your state's negotiations for full practice authority



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FNP-BC, FAANP
Senior Strategic Policy
Advisor
Center to Champion
Nursing in America**

You can find the recording, webinar summary, additional resources, and a copy of the slides by going to: www.campaignforaction.org/webinars.

Today's Speakers

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MSN, APRN-NP,
ANP-BC, BC-ADM, CDE
Diabetes Case Manager,
Lincoln Lancaster County
Health Department
Adjunct Faculty Member,
Clarkson College



Renee Dahring,
MSN, APRN,
CNP
President,
Minnesota APRN
Coalition



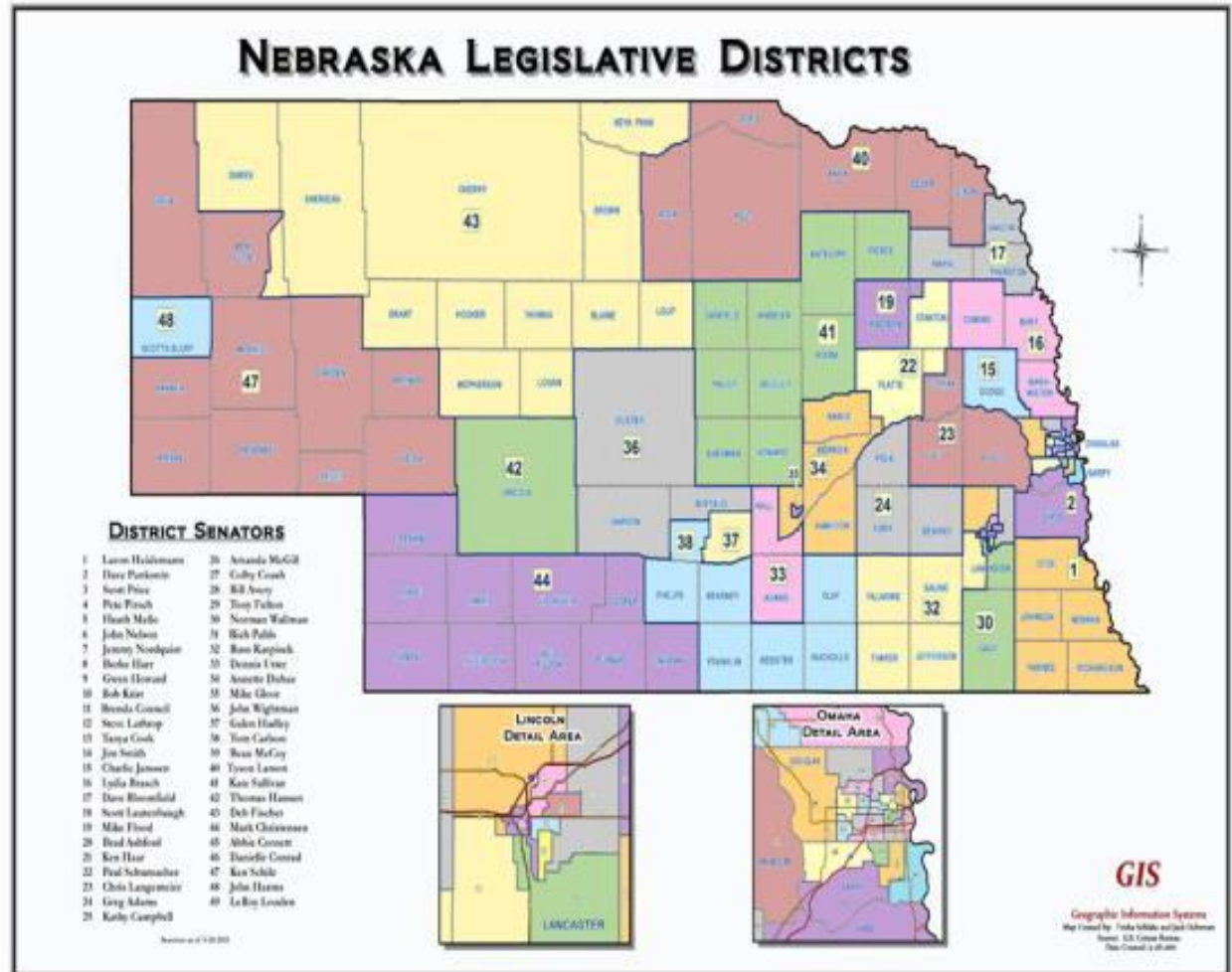
Julie Sabo,
PhD, RN, APRN,
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Minnesota Board
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Associate Professor
in Residence
UNLV School of Nursing

Nebraska Legislature

Unicameral
Non-partisan
49 Senators



Legislative Trajectory

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1984

LB724

“Specific Medical Functions”



1995-1996

LB414

Integrated Practice Agreement (IPA)



2008

LB753

FAILED TO ADVANCE



2009

LB230

FAILED TO ADVANCE



Piecing...Respiratory Therapy Orders, Death Certificates, Acute Care



2012-2013

407 Scope of Practice Credentialing Review



2014

LB916

GUBERNATORIAL VETO



2015

LB107

Full Practice Authority

- Definition – an executive review process
- Removal of Integrated Practice Agreement was viewed as SOP change
 - Not required by statute but state senators unlikely to consider legislation without it
- Application is a proposal consisting of responses to a series of required questions
 - Responses will necessarily include data and research ***evidence.***

- **Three phases**

- Technical Review Committee (TRC)
 - Recommended: Transition to practice for new grads
- Board of Health
 - Recommended: Additional competency evaluations
- DHHS-Chief Medical Officer
 - Recommended: “Ideas that might be helpful”
 - NP Residency
 - Clinical doctorate
 - Practice agreement for new NPS
 - Make the current practice agreement work

Clearly Articulate the Proposal

- **Describe in detail the functions typically performed by practitioners of this occupation**
 - Identify what if any specific statutory limitations have been placed on these functions
 - If possible, explain why the Legislature created these

Clearly Articulate the Proposal

THE ASK and STATUTORY CONTEXT



*The change sought in this Credentialing Application is **removal of the Integrated Practice Agreement** pursuant to section 38-2310 of the Nurse Practitioner Practice Act (Appendix F).*

KEY DESCRIPTION, VALID AUTHORITY



*The American Academy of Nurse Practitioners (AANP) [now known as American Association of Nurse Practitioners] provides the following description of the functions of the NP in their Standards of Practice, identified as **The Process of Care**.*

DEFINITIONS and CONSTRUCTS



***Physician supervision** restricts practice and ignores the ability of NPs to function **autonomously** within a defined **scope of practice**.*

FUNDAMENTAL TENETS



***Scope of practice will not change**...Restriction of practice is a **barrier to the access** of much needed services in the state.*

“Please allow me to set the record straight. LB107 is not about a nurse practitioner’s scope of practice or who has more clinical hours or nurse practitioners pretending to be physicians.... The Integrated Practice Agreement limits competition and access to our healthcare system.”

Senator Sue Crawford, Sponsor LB916 and LB107
Opening remarks HHS Committee Hearing, LB107, pg. 26.
(January 2015). <http://www.legislature.ne.gov/FloorDocs/104/PDF/Transcripts/Health/2015-01-22.pdf>

See With a Historic Optic

Examples from NE Legislative History

- **Definition of Supervision:** The last remaining issue was the definition of supervision in the practice agreement, “the ready availability of the collaborating physician for consultation and direction of activities” (Nebraska State Legislature, 1996, p. 9580)
- **Implied Physician Liability:** Transcripts of the debate in the legislature describe the senators’ perception that physician supervision implied liability for the activities of the NP, and that liability afforded the patient a higher standard of care (pp. 9598-9599).
- **No Evidence:** Following LB 414, there have been two additional bills submitted to the Health and Human Services Committee requesting removal of the Integrated Practice Agreement.... Opponents again failed to cite any evidence in those hearings that physician supervision afforded patients any measurable benefit on the outcomes of care delivered by NPs in this, or any other states.“

See with a Historic Optic

*“...the 1996 insertion of the Integrated Practice Agreement, the IPA, into LB414 was not predicated on evidence-based practice, nor was it a validated mechanism to assure safe care to Nebraska citizens. **The IPA was an expedient political compromise...**”*

Linda Lazure, PhD, RN, Associate Professor Emerita, Creighton University
Past President Nebraska Nurses Association, Past President Board of Health.
Testimony HHS Committee Hearing, LB107, pg 35. (January 2015).
<http://www.legislature.ne.gov/FloorDocs/104/PDF/Transcripts/Health/2015-01-22.pdf>

Illustrate the Problem

Illustrate the Problem

- Integrated Practice Agreements (IPAs)
 - are difficult to acquire and maintain
 - multiple inconsistencies in interpretation and administration
- The waiver option (38-2333) does not work
- Nebraska loses qualified NPs to other states where there are no IPA requirements
- Fees paid to physicians offer no measurable return to the consumer
 - Unnecessary and burdensome expenditure practice and business owners

Illustrate the Problem

“You know this issue before the committee is exactly what you’re talking about four years ago when we had the hearing [2009—LB 230]....it was the nurse practitioner in the north central part of the state....she paid \$10,000 a year and she never saw a doctor. And I think that’s when a number of us started saying, you know, we’ve got to change the system in terms of how do we get at those issues. And apparently, even through this 407 [Credentialing Review] process, we didn’t get, perhaps, a suggestion from the medical side as to how they would change it....Any other comments?”

**Evidence is not difficult
to amass
Translation is Paramount**

Distortions

- Education
- Team-based care
- Malpractice/Liability
- Diagnostic acumen
- Unnecessary referral vs. consultation-collaboration

- **IOM Future of Nursing**
- **AANP Position Statements and Papers**
- **Later...NGA Report, FTC Report, State Economic Studies**
- **State AC—CCNA Learning Collaborative**
- **State Board of Nursing—NCSBN Consensus Model—Maureen Cahill**
- **NSO-CAN Studies**
- **Commissioned Advice Letter, Carolyn Buppert**
 - <http://nebraskanp.com/legislation/credentialing-review-nnp-2012-2013.html>
- **HRSA-HPSA Designations**
- **Nebraska Workforce Data**
 - UNMC College of Public Health, Center for Health Policy
 - Bhuyan, S.S., Deras, M., Cramer, M.E., Cuddigan, J.E. & Stimpson, J.P. (2013)
 - Primary care nurse practitioners in Nebraska. <http://www.unmc.edu/publichealth/chp/research/primary-care-np.pdf>
 - DHHS Office of Rural Health
 - Rauner, T. & Sanford, M. (2009). Nebraska family physician survey report. http://dhhs.ne.gov/Documents/FP_SurveyReports2009.pdf
 - Nebraska Center for Nursing
- **Other States' Workforce Studies**
 - Arizona AHEC. (2011). Arizona Rural Health Workforce Trend Analysis. http://crh.arizona.edu/sites/default/files/u25/AZ_Workforce_Trend_Analysis_2007-10_0.pdf
 - Kuo, Y-F, Loresto, F.L., Rounds, L.R. & Goodwin., J.S.(2013). States with the least restrictive regulations experienced the largest increase in patients seen by nurse practitioners. Health Affairs, 32(7), 1236-1243.
 - Emerging...
 - Nevada BON workforce data
 - Minnesota metrics

No assumptions

“So I’m a pilot; you’ve got to put it in simple terms....You are forced to pay a physician for that physician’s signature, and that physician never sees the patients...”

Senator Bob Krist, HHS Committee Hearing, LB916, pg. 32. (January 2014).
<http://www.legislature.ne.gov/FloorDocs/103/PDF/Transcripts/Health/2014-01-31.pdf>

- Discuss clinical research/data in ordinary language
 - Explain significance, systematic review, meta-analysis and Cochrane Review
 - Define terms like statistical power
 - Explain the hierarchy of acquired knowledge
- Back up written with spoken and visa versa
 - Say, “I don’t know, but I will find out and get back to you.”
 - Thank listener for the opportunity to speak/testify and briefly reiterate key points
 - Cannot assume everything has been read, heard and/or recorded
 - Testimony is time limited
 - Add scholarly citations and links to a written copy
 - Submit written counterpoints when just can’t think that fast or forum does not allow response or discussion

Make issues non-issues

Committee questions...

- “When Nurse Practitioners take ‘**on-line**’ **courses** how can we know how much contact time they’ve had with patients, directly?”
- “How much **clinical time** does a typical Nurse Practitioner student receive during their education and training?”
- “How does nurse practitioner **curriculum** compare with that of other health professionals such as physicians, for example?”

“Nurse practitioners do not deny that there are differences in education between NPs and physicians....Comparison of educational models side by side is not the appropriate measure of clinical success or patient safety....Evidence-based medicine is the gold standard of ethically sound, quality driven, and outcome based patient care. Health policy and regulation should follow these same evidence-based standards.”

Julie Sundermeier. Testimony, Credentialing Review Public Hearing. (March 2013). <http://nebraskanp.com/legislation/credentialing-review-nnp-2012-2013.html>

Professional Conduct Matters

- What others hear and observe is more important than what you say
 - Enlist the support of ‘behaviorist’ colleagues
 - Designate attendees just to observe and take notes
- Private confrontation
- Always grace under fire, “Madam, Chair...”
- No cheering or clapping
- Avoid being baited

Use constituent stories to illustrate problems

“I belong here. I have ties to the land, my family, the little K-8th grade school my children attend, our church fellowship, and the surrounding community....Placement of psychiatric mental health nurse practitioners in rural community settings is the realistic solution to shortages of mental health services. We have trained psychiatric NPs waiting and willing to be part of integrated care. I am one of them.”



Murlene Osburn. Constituent Letter 2014 & 2015.

Rancher Walks the Difficult Road to Help Others.

http://app1.unmc.edu/publicaffairs/todaysite/sitefiles/today_full.cfm?match=10725

Doctoring, Without the Doctor.

<http://www.nytimes.com/2015/05/26/health/rural-nebraska-offers-stark-view-of-nursing-autonomy-debate.html>

“If our state hospitals were still in existence, many of my clients would be living there....at least, those individuals that are not incarcerated....I could travel to practice in Wyoming (32 miles) or neighboring Colorado, neither of which have practice agreement requirements. Unfortunately, or fortunately—that is not a solution for those patients in my western Nebraska community that I proudly serve as a skilled and competent Psychiatric/Mental Health provider.”

Ginger “Mother Teresa” Brasuell, NP PMH Practice Owner. Testimony, Credentialing Review Public Hearing (March 2013).
<http://nebraskanp.com/legislation/credentialing-review-nnp-2012-2013.html>

“There are at least eight other individuals and their families in the community with businesses in a growing health care infrastructure that rely on me and my practice agreement. Small communities struggle to grow and maintain their population. Consistent and comprehensive healthcare services are necessary for rural Nebraska communities to thrive.”

Kristi Eggers, NP Practice Owner. Testimony Credentialing Review Public Hearing. (March 2013). <http://nebraskanp.com/legislation/credentialing-review-nnp-2012-2013.html>

Educate and Disseminate

- NPs working with senators ideally would assign one NP constituent to every senator
- Booth sponsor NNA and NHA Fall Conferences
- Speaking engagements NONL, NANDD and CONs
- NNP President NP forums
- NNA
 - Engagement forum sponsored by NNA
 - Nurses' Day at the Legislature
 - “Meet the Candidates” Reception

Talk and keep talking to potential stakeholders

Talk to Stakeholders

- Center for Rural Affairs
- AARP Nebraska
- Nebraska Nurses Association (NNA)
- Nebraska Association of Nurse Anesthetists (NANA)
- American Psychiatric Nurses Association-NE Chapter
- Behavioral Health Foundation
- Elder Care Agencies
- NAC, NNA, CONs, BON—'hearing groupies'

- **HHS Hearing LB916**
 - UNMC Health Professions Tracking Services, College of Public Health
 - Nebraska Hospital Association—letter of neutrality
 - Executive Director Latino American Commission within Nebraska DHHS
- **Gubernatorial Veto 916**
 - From NNP, *“We are disappointed...”*
 - Op-Ed Lincoln Journal Star
 - Reaffirmed opportunity to educate—18 new senators and governor
- **HHS Hearing LB107**
 - One World Community Health Center
 - Friends of Public Health
 - Nebraska Hospital Association
 - Nebraska Association of School Boards
 - Americans for Prosperity

“One of the greatest challenges facing American healthcare industry today is the imbalance between the demand for healthcare services and the shortage of professionals....means reexamining and revising antiquated and outdated laws....originally conceived as a way to protect patients, they’ve created a protectionist barrier that limits patient access and drives up our healthcare costs.”

Matt Litt, Director Nebraska Chapter of Americans for Prosperity. Testimony, HHS Committee Hearing, LB107, pg. 41. (January 2015).

Relationships, Relationships, Relationships.

Do:

- Open door nursing colleagues
- Engage stakeholders in the process
- Accept invitations to speak to nursing faculty/ leadership
- Guest monthly NAC meetings
- Member-only access website
- Connect 1:1 candidates/legislators
- Written/email thank-you notes
- Distinguish lobbyist-only contacts
- Formal recognition/celebrations

Limit/Caution/Avoid:

- First contacts with legislators only want something
- Consumer letters
- Mass emails vs. limited, strategic contacts
- Consumer messaging – *know your audience*

- Opponents
 - Well funded and funders
 - Power and prestige
 - *Masters of Fear, Doubt, and Uncertainty*
- Competing political agendas and traps
 - Medicaid Expansion
 - Truth in Advertising campaign – “Name tag” bill
- Conflicting member messaging

- Know the players, the rules and the game
- Day to day goings on
- “Right” senator – Order of the ask
- Striking time
- Educate key players 1:1
- Avoid grave strategic errors
- Very capable support staff

- Committed to expenditure of time and incremental change
- Cast and script testimony
 - Order of testifiers
 - LESS IS MORE
 - Visuals and handouts
- Repository of data
- Anticipate questions and opposing arguments
- Ask the right questions

Common Sense and a Lot of Hard Work



Updates from Minnesota



Julie Sabo,
PhD, RN, APRN, CNS
APRN Specialist
Minnesota Board of
Nursing



Renee Dahring, MSN,
APRN, CNP
President,
Minnesota APRN Coalition

- Establishing credibility and visibility
 - Website, logo
 - Membership, Dues
 - Social media
- Communicate
 - Reliable tool – we chose Constant Contact
 - Regular messages and updates
- Lobbyist
 - Meet with your opposition
 - Less conflict will increase your chance of a hearing on your bill



Challenges & Barriers

- Coalition vs NP only
- Selling your message
 - What's at stake?
 - Marketing strategies
 - Brief soundbites are new to us!
- Fund raising
- Media attention



Important to know

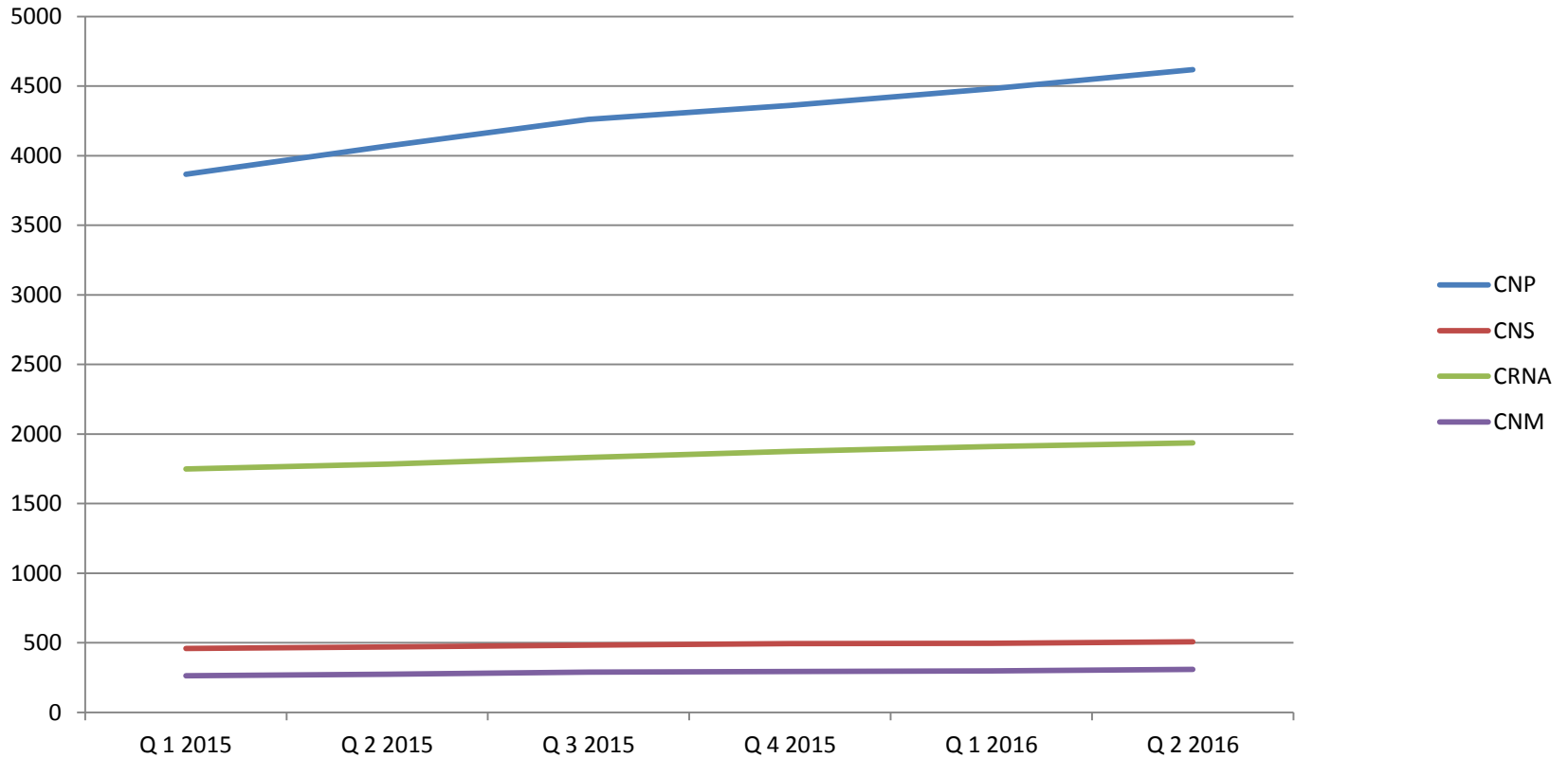
- Call to Action
 - Be specific
 - Give them the tools
- Control your message
- Offense is better than defense



Minnesota Licensed APRNs by Role

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Minnesota Licensed APRN by Role



Minnesota Average Number of Licenses Issued by Role By Month, February 2015- June 2016

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- Total 80.6
 - CNM 7.5
 - CNP 92.9
 - CNS 7.5
 - CRNA 14.1



Minnesota Number of APRN Licenses Issued by Role as of July 8, 2016

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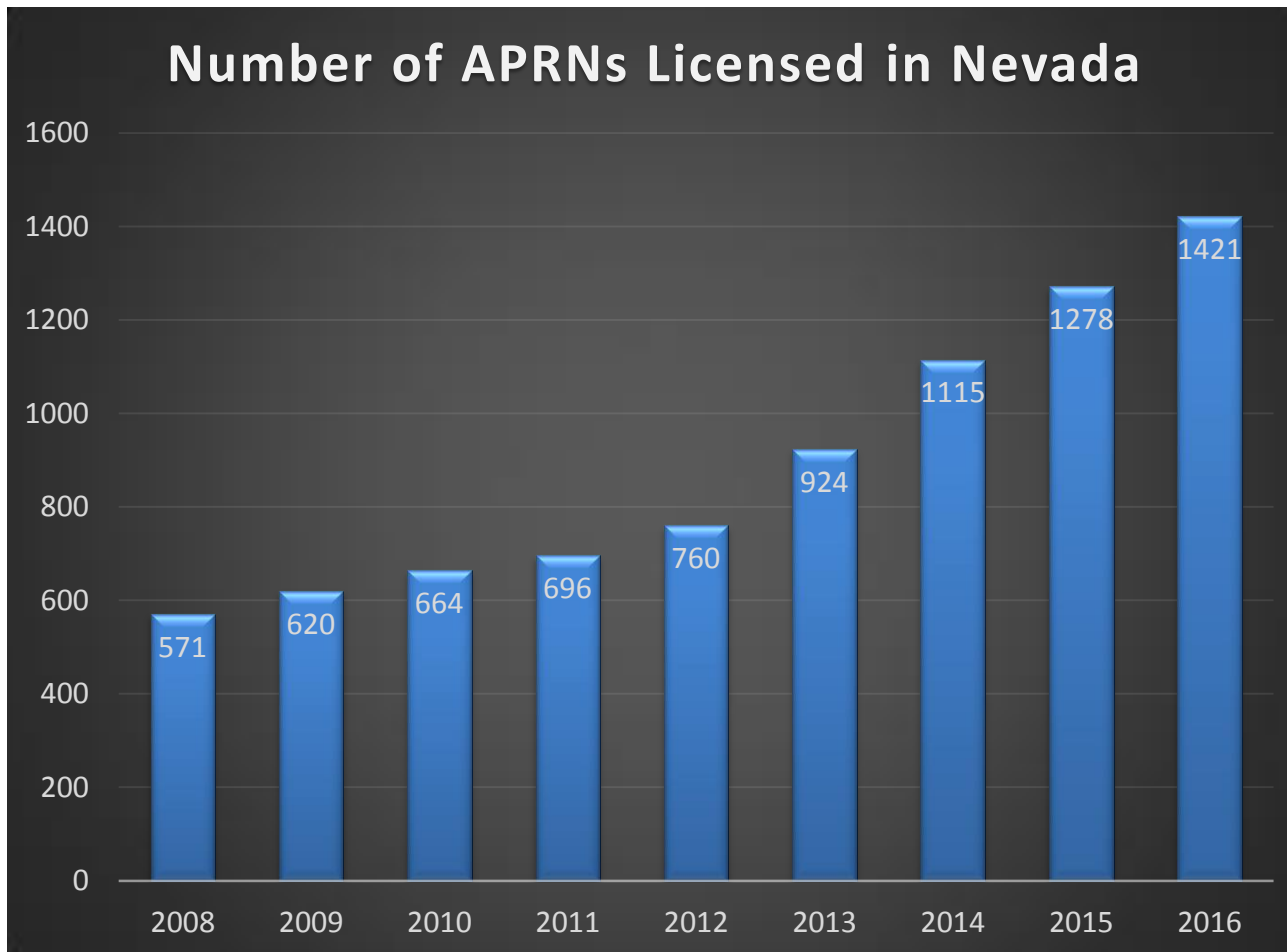
- Total number of licenses issued: 7374
 - CNP licenses issued: 4622
 - CNS licenses issued: 507
 - CRNA licenses issued: 1937
 - CNM licenses issued: 308
- Total of APRNs on Minnesota Registry December 31, 2015 ~ 6700

Nevada Growth Update

Susan S. VanBeuge, DNP, APRN, FNP-BC,
CNE, FAANP

University of Nevada, Las Vegas
School of Nursing

APRN Growth in Nevada: 2008-2016



Statistical Breakdown

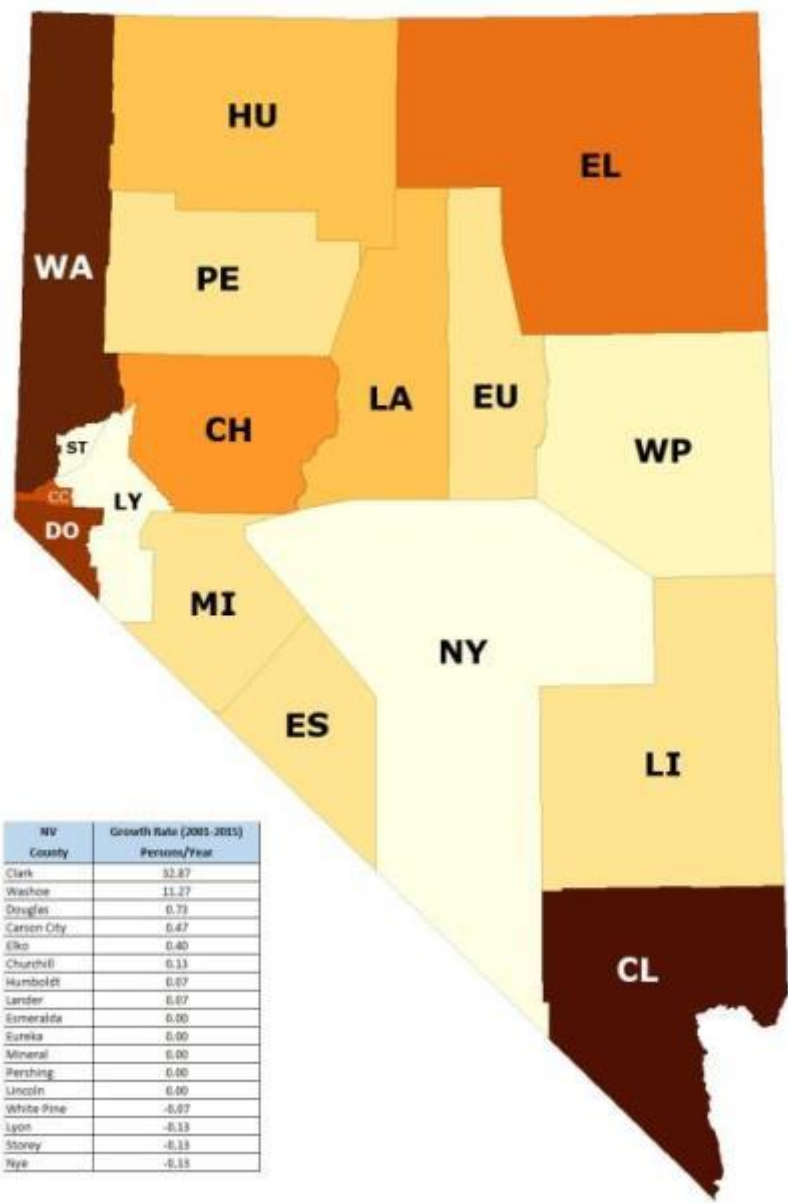
- 2008 = 571
- 2009 = 620 (increase of 49 = +7.9%)
- 2010 = 664 (increase of 44 = +6.6%)
- 2011 = 696 (increase of 32 = +4.5%)
- 2012 = 760 (increase of 64 = +8.4%)
- 2013 = 924 (increase of 164 = +17.7%)
- 2014 = 1115 (increase of 191 = +17.1%)
- 2015 = 1278 (increase of 163 = +12.4%)
- 2016 = 1421 (increase of 143* = +10.06%)

*thru July 2016

Reference:

Nevada State Board of Nursing 2009-2015 annual reports
2016 numbers – Nevada State Board of Nursing News

Nevada APRN Growth by County 2000-2015



NV County	Growth Rate (2000-2015) Persons/Year
Clark	32.87
Washoe	11.27
Douglas	0.79
Carson City	0.47
Elko	0.40
Churchill	0.33
Humboldt	0.07
Lander	0.07
Esmeralda	0.00
Eureka	0.00
Mineral	0.00
Pershing	0.00
Lincoln	0.00
White Pine	-0.07
Lyon	-0.13
Storey	-0.13
Nye	-0.13

Growth Rate in Rural Counties

Nevada APRN Count by Residence (2001-2015)
Small and Rural Counties



Questions or Comments?



**Press *1 on your telephone key pad to ask a question
(Please be sure to record your name after the prompt)**

OR

Use the “chat” feature to send “everyone” a question.



If you are having trouble asking a question, please click the “Raise Hand” button on the bottom right of your screen

You can find the recording, webinar summary, additional resources, and a copy of the slides by going to: www.campaignforaction.org/webinars.

Removing Barriers Learning Collaborative

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- 1st Monday of every month, 3-4 PM EST
- On Summer hiatus for August, calls will resume September 12, 2016 (due to Labor Day)
- Please email Madeline O'Brien at mobrien@aarp.org to be added to the listserv

ANA Veterans Access “Thunderclap”

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Please join the American Nurses Association in a Thunderclap [on July 20th](#) to raise awareness of our issue and garner supportive comments before the VA APRN proposed rule open comment period [ends on July 25th](#).

Please go to <https://www.thunderclap.it/projects/44355-va-aprn-rule-long-overdue?locale=en> and sign up for the **Thunderclap [before July 20th](#)** with your organization’s Twitter handle. Also, it would be great if you could share information about it beforehand with your followers.

Campaign Resources

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Visit us on the web at www.campaignforaction.org
For webinar resources:
<http://campaignforaction.org/resources>

Campaign for Action ABOUT ISSUES OUR NETWORK BLOG RESOURCES GET INVOLVED Q

Resources

A LIBRARY AT YOUR FINGERTIPS

Help promote better health through nursing by tapping into hundreds of resources, including studies, toolkits, webinars, and other materials organized in the categories in which the Campaign pushes for action.

ISSUES

- Improving Access to Care
- Transforming Nursing Education
- Promoting Nursing Leadership
- Increasing Diversity
- Collecting Workforce Data
- Fostering Interprofessional Collaboration
- Building Healthier Communities

TOOLS & TIPS

- Academic Progression in Nursing (APIN)
- Advocacy
- Communications and marketing
- Funding opportunities
- Meetings
- Milestones (Dashboard indicators)
- News releases

- Organizational excellence
 - Fundraising
 - Internal operations
 - Stakeholder engagement
- Research
- State Implementation Program (SIP)
 - Grantee projects
 - Grantee resources
- Webinars

keywords Q

BY STATE ▼

RESET X

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