

FUTURE OF NURSING™

Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA



Robert Wood Johnson Foundation

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Recommendation 4

CAPITALIZING ON NURSES' POTENTIAL

Recommendation #4 CAPITALIZING ON NURSES' POTENTIAL

All organizations, including state and federal entities and employing organizations, should enable nurses to practice to the full extent of their education and training by removing barriers that prevent them from more fully addressing social needs and social determinants of health and improving health care access, quality, and value. These barriers include regulatory and public and private payment limitations; restrictive policies and practices; and other legal, professional, and commercial impediments.

#	Sub-Recommendation
4.1	Changes to institutional policies and laws adopted in response to the COVID-19 pandemic should be made permanent.
4.2	Federal authority should be used where available to supersede restrictive state laws
4.3	Health Care Regulator Collaborative should work to advance interstate compacts and the adoption of model legislation

4. CAPITALIZING ON NURSES' POTENTIAL

4.1 By 2022, all changes to institutional policies and state and federal laws adopted in response to the COVID-19 pandemic that expand scope of practice, telehealth eligibility, insurance coverage, and payment parity for services provided by APRNs and RNs should be made permanent.

1. Key Strategic Stakeholders

Health Care Organizations

Major Payers; Health Care Systems

Federal Government

All Government Entities making relevant policies

State, Local Government

Legislative Councils

Education

Research Partners/Evaluators

Other

Consumer Groups

2. Top 3-5 Actions for 2021

- A. Begin with a “yellow light” strategy-- we just aren’t sure that all of the changes described had a positive impact.
- B. Careful evaluation of the changes and their impact in order to assess priorities. At the same time, some of these emergency changes may be essential to preserve to protect patient well-being/safety.
- C. Advocate for study of these new rules will challenge the idea that we should just “snap back” to normal.
- D. Research strategy must above all be grounded in health equity. It must be clear from the start that we are attempting to use this new data to understand what is best for patients.
- E. Explore unintended consequences of these policy changes, even ones that might make nurses look bad.
- F. Take a first look at a political strategy so that we will be ready to take action once we know more -- who made what decisions and how?

3. Top 3-5 Actions for 2022

- A. Explore the results of the “yellow light” research process.
- B. Build an appropriate political for each entity, which may mean using soft power and indirect means to accomplish our goals. This may not be a loud public campaign.
- C. There was discussion in our group about whether advocating for making these rules permanent would reinforce a fee-for-service model that we want to move away from. So whatever our strategy, it needs to be reconciled with a long-term vision for public health.
- D. Leave behind the old version of this conflict that pits physicians vs. nurses.
- E. Rethink many aspects of our system in the name of health equity. Even if we don’t get everything we want, it should be clear that we are thinking about these problems differently.

4. Success Indicators

- Health equity, not the short-term interests of the nursing profession, is the win.
- Changing the discourse around these issues is an independent measure of success.
- Other stakeholders, from physicians to legislators, understand that this is a new style of nurse advocacy primarily focused on health equity in the aftermath of the pandemic.

4. CAPITALIZING ON NURSES' POTENTIAL

4.2 Federal authority (e.g., Veterans Health Administration regulations, Centers for Medicare & Medicaid Services [CMS]) should be used where available to supersede restrictive state laws, including those addressing scope of practice, telehealth, and insurance coverage and payment, that decrease access to care and burden nursing practice, and to encourage nationwide adoption of the Nurse Licensure Compact.

1. Key Strategic Stakeholders

Health Care Organizations

Health Professional Organizations; National Council of State Boards of Nursing; Nursing Unions; Payers (Medicaid, private); State Boards of Nursing

Non-profit Organizations

Magnet program; The Joint Commission

Federal Government

Legislators

State, Local Government

State Governors

Education

Academic Institutions

Other

Accreditors; Consumer groups

*Group has concerns about this strategy. May not be well received in states and create resistance. Need to make state-specific case as to the benefits of any new federal mandates.

2. Top 3-5 Actions for 2021

- A. Form interprofessional coalition to support removing practice barriers and ensuring payment for health equity work.
- B. Develop a strategic plan, grounded in equity, that allows for flexibility within individual states.
- C. Ask nurses to support other providers' (Certified Nursing Assistants, Community-Based Health Workers and Social Workers) ability to work to their full potential.
- D. Get on the agenda of National Governors Association and other influential bodies.
- E. Dialogue with unions and state nursing organizations that oppose Nursing Licensure Compact.
- F. To the extent fee-for-service reimbursement continues, base it on teams rather than individual providers.

3. Top 3-5 Actions for 2022

- A. Make the case:
 - Create an environmental scan with Federal Trade Commission, National Governors Association positions and research supporting removing barriers to Advance Practice Registered Nurse practice.
 - Map overlap of practice barriers and health inequities, access to care issues.
 - Collect consumer stories.
- B. Identify organization or coalition to lead this.
- C. Identify a national champion of health equity and nurses' value nursing in expanding access to care.
- D. Increase awareness among large private payers of nurses' value in value-based care.
- E. Use federal policy to establish incentives for states to adopt full practice authority.

4. Success Indicators

- Track progress on state practice laws related to Advance Practice Registered Nurses, Registered Nurses and Certified Assistive Personnel.
- Track progress in terms of reimbursement for health equity services, such as connecting patients with social services, assessing social needs, and developing policies to serve populations.

4. CAPITALIZING ON NURSES' POTENTIAL

4.3 The Health Care Regulator Collaborative should work to advance interstate compacts and the adoption of model legislation to improve access, standardize care quality, and build interprofessional collaboration and interstate cooperation.

1. Key Strategic Stakeholders

Health Care Organizations

Hospital Information Systems; Medical Associations

Non-profit Organizations

American Nurses Association; Heritage Foundation; National Association of County and City Health Officials; National Case Management Association; National Council of State Boards of Nursing; Professional Nursing Organizations; State AARP Offices; Tri-Council for Nursing; Telemedicine Association;

Federal Government

Centers for Medicare and Medicaid Services; Congressional Champion(s); Congressional Nursing Caucus; National Advisory Council on Nurse Education and Practice; Substance Abuse and Mental Health Services; Veterans Affairs

State, Local Government

Council of State Governments; State Attorney Generals; Governors; State Legislators

Education

Accreditation Bodies

Other

Action Coalitions; Accreditation bodies; Consumer Organizations; Health Care Regulator Collaborative; National Trail Lawyer Associations

2. Top 3-5 Actions for 2021

- A. Learn/unpack and collaborate with the Health Care Regulator Collaborative.
- B. Engage Community partners to understand issues of equity and access pertaining to this initiative.
- C. Engage the Council of State Governments to manage the process of interstate compacts and to draft model legislation.
- D. Examine the impact of the pandemic on current compacts and identify opportunities to move to permanent changes.
- E. Look at current national models (Veterans Affairs, Hospital Information Systems, Prison Systems) for elements to leverage
- F. Review current evidence-based practice – delegation and standing orders, protocols, etc.
- G. Engage different stakeholders, including corporations/employers, to identify synergy and develop a communication strategy.

3. Top 3-5 Actions for 2022

- A. Activate the collaboration and synergy with the Health Care Regulator Collaborative and stakeholders.
- B. Draft model legislation with an equity lens.
- C. Develop evidence-based practice guidelines for standing orders, delegation, etc. to promote, facilitate, and ensure the nurses role in addressing social determinants of health, social needs, access, and quality grounded in equity and social justice across settings (Primary care, schools, public health etc.).
- D. Get endorsements from those running for office regarding the interstate compact - engage nursing and other Professional Advisory Committees to include this issue in decisions for endorsing candidates.
- E. Continue to identify national champions and advance payment (Congressional nursing caucus, Centers for Medicare and Medicaid Services).

4. Success Indicators

- Compacts in place - states adopting compacts – extent of adoption in states and at organization levels
- Federal funding to support
- Increase in access and health equity.
- Larger body of evidence-based practice research supporting model changes.
- Increase in national models.