Future of Advanced Practice Nursing 2018
- Full Practice Authority in Kansas
- Patient-centered, family-centered care
- Entrepreneurial practices
- Minute clinics will thrive - APRN directed
- APRN Hospitalists and specialists
APRN Taskforce

- Mission:
  - Facilitate legislative changes
  - Remove barriers to full practice authority APRNs
  - Remove barriers to develop innovative health care delivery systems
  - Safe and compassionate health care for all Kansans

Our Message

- The National Council of State Boards of Nursing (NCSBN) developed the APRN Consensus Model in 2008
  - Entry level education Masters or higher
  - Certification
  - Independent prescriptive authority

Our Message

- SB 326 updates APRN statutes
- Current statutes are outdated and contain unsubstantiated barriers that prevent APRNs from working to the full scope of their education and training – “Full practice authority”
- Proposed changes do not expand APRN scope of practice
Increase Access to Health Care

- 2011 Institute of Medicine (IOM) report
- National Governors Association 2012 report
- Federal Trade Commission
- 92 of 105 Kansas counties designated health professional shortage areas (KDHE, 2014)
- 100 of 105 counties designated mental health professional shortage areas (KDHE, 2014)
- Increased demand from Patient Protection and Affordable Care Act

Federal Trade Commission
March 2014

- Charge: preventing unfair or deceptive acts affecting commerce
- Physician supervision requirements raise concerns
- Physicians can restrict (APRNs) access to the healthcare market
- Thereby denying health care consumers the benefits of greater competition

- Additional supervision requirements impair the development of new models of health care delivery
- ADDS to health care costs
- Effective collaboration does not require physician supervision and does not require a fixed model of team-based care
- Concur with IOM Report
APRNs
- Help to alleviate provider shortages
- Expand health care services for medically underserved populations
- FTC agrees with the expert research concluding APRNs are safe and effective as independent providers within their scope of training, licensure, certification and practice

Add Economic Value
- Allows entrepreneurial APRNs to start their own business, grow the economy
- APRNs have developed innovated alternative settings for health care delivery
- Numerous studies have shown that the cost of services provided by nurse practitioners is generally less than the cost of the same services provided by a physician (Bauer, 2010)

Maintain Quality and Protect Public Safety
- 30 years of studies
- Low malpractice claims and adverse actions (National Practitioner Data Bank; ratio APRNs 1:166 compared to 1:4 for physicians-Pearson, 2011).
- 19 states plus D.C. allow APRNs to practice to the full extent of their education and training, with no changes documented in quality of care. (AANP, 2014)
SB 326 Does Not Change:

- Professional collaboration
- APRNs will continue to collaborate, work with and refer to physicians and other health care providers as this is a professional expectation

Highlights of Statute Changes

1. **Provide a current and updated definition of an Advanced Practice Registered Nurse (APRN)**

   The definition of APRN is needed to identify those elements of practice that are designated as advanced practice nursing functions and is consistent with national expectations.

2. **APRNs will be required to have malpractice coverage.**

   The proposed bill will require an APRN to maintain and provide proof of malpractice insurance at the time of licensure and renewal. This is similar to the requirement for other healthcare professionals in the state.
Highlights of Statute Changes

3. APRNs will be required to have national certification.
   - Requirement of national certification is a standard of competency that helps protect the public
   - Grandfather clause

4. Removal of the written protocol language.

5. For APRNs with less than 2,000 hours of experience as an APRN, they must complete a "Transition to Practice" requirement. This professional obligation focuses only on the new APRN graduate. The "Transition to Practice" language mandates the new graduate APRN have a structured collaborative practice relationship with a licensed physician or APRN, and that they must include evidence of 2000 hours of practice in this collaborative relationship.
Highlights of Statute Changes

6. Added a provision for the APRN, working within the scope of practice, to sign forms as the provider of care when the form uses the word ‘physician’.

Highlights of Statute Changes

7. The profession “Advanced Practice Registered Nurse” was added to allied health statutes.
This designates that other health professions (i.e. Pharmacy, Physical Therapy, Respiratory Therapy, etc.) can accept orders of diagnostics and treatments from APRNs. The bill is lengthened as each of those statutes needs to be amended to allow providers to act on orders from APRNs as they can under current law.

Support

- Kansas State Board of Nursing (February 2014)
- National Council of State Boards of Nursing
- Kansas Action Coalition
- Kansas Graduate Schools of Nursing- KU, WSU, Washburn, Fort Hays, Pittsburg State, Newman
- VA Health System
- Federal Trade Commission
- American Red Cross - disaster relief
- Americans for Prosperity
http://kslegislature.org
- Contact information for senators and representatives
- Track status and content of bills
- Agendas
- Committee members and schedules

Additional internet sites
- Search for your representative and contact information:
  http://kslegislature.org
  http://openkansas.org - also creates petitions for elected officials
  http://capwiz.com/aanp/dbo/officials - Do not log in, just put in your zip code + 4 in the "Elected Officials" "Search by Zip Code"
  www.ksnurses.com – quick link to APRN Task Force
  www.championnursing.org and Kansas Action Coalition
  Lobbyist: maryellen@boniteconsulting.com

What can you do?
Multiple communication venues:
- Establish relationships with your legislators
- Testimony
- Letters, e-mail, phone calls from public, patients, APRNs, supporters
- Personal conversations
- Join APRN Task force! Communication between APRN Task Force and grassroots supporters is essential
What can you do?

- Build relationships with your legislators
- Demonstrate interest and respect for the job that legislators do
- Speak as the knowledgeable expert you are
- Share your personal story “How does requirement for collaborative agreement impede your practice”
  “Examples of patients you care for”
- Show that real people from their legislative districts support the bill
- Follow up with a thank you note or e-mail

Communication tools

- Bill explainers – general, physician colleagues
- Sample e-mail, letters, communication
- Members of Senate and House Committee members
- Press release
- Kansas Health Institute article, Jan. 27, 2014
  http://www.khi.org/news
- Like pages, add comments, share with your friends or other organizations
- Send editorials to local papers, comment on inaccurate and misleading statements

How can you help?

- We need your financial support - $27,500 a yr for lobbyist and possible administrative support ($8,000/yr)
  - Long term effort – need monthly contribution of $50 by 75 APRNs (donations are not tax deductible)
  - Pledge form – send via secure FAX 316-854-5644
- Phone credit card donation to: Marci at Advanced Mobile Healthcare 316-312-0002
- Make check, corporate matches, or other gifts to:
  - KS APRN Task Force
  - Mail to: c/o Advanced Mobile Healthcare, 1515 N. Skyview St., Wichita, KS 67216-1746
References


Advanced Practice Registered Nurse (APRN) Statute Proposed Legislation

Rationale for Legislative changes:

Increase Access to Care
- Institute of Medicine Report (2011) stated if nurses could legally practice to the full extent of their education and training this would increase access to health care, particularly in historically underserved areas; this was also supported by a National Governors’ Association report in 2012; (Note – Gov. Brownback was a committee member)
- Healthcare access needs in Kansas:
  - 90 of 105 Kansas counties designated health professional shortage areas (KDHE, 2014)
  - 100 of 105 Kansas counties designated mental health professional shortage areas (KDHE, 2014)
  - Only 68% physicians participate in Medicaid programs (Galewitz, 2012)
  - More medical graduates choosing specialty careers compared to general practice (Naylor, 2010)
  - B. Healy, M.D. - “We simply lack sufficient primary-care doctors...nurses are moving into a gap rather than pushing out existing physicians...As in the past, nurses are recasting their profession to meet pressing needs, not by morphing into M.D.ˈs but by being nurses plus. (U.S. News & World/ Apr. 2010)

Add Economic Value:
- Removes Business Barriers to Practice (Does not expand Scope of Practice)
  o Allows entrepreneurial APRNs to start their own business and grow the economy;
  o Currently, many APRNs running a business must pay physicians a fee for a “collaborative agreement” - Studies of states that have removed barriers to APRN practice, i.e. “responsible physician language” - have not found any differences in the degree of safety to the public
- Federal Trade Commission states that “responsible physician language” laws are a restriction of trade, add to health care costs, and impairs development of new innovative health care systems. (FTC, 2014)

Maintain Quality and Protect Public Safety
- The ability of APRNs to provide safe, cost-effective, high-quality care is well documented in many studies over the past 30 years.
- APRNs have low rates of malpractice claims and adverse actions (National Practitioner Data Bank; ratio APRNs 1:166 compared to 1:4 for physicians-Pearson, 2011).
- 33% of the nation’s states have adopted laws that allow APRNs to practice to the full extent of their education and training, with no changes documented in quality of care.
- “Many advanced-practice registered nurses (APRNs) currently are not able to practice to the full extent of their education and training, due to scope-of-practice barriers.” The recommendation is to “remove barriers that prevent nurses from fully utilizing their skills to meet health care needs in their communities.” (H. V. Fineberg MD, President, Institute of Medicine & R. Lavizzo-Mourey, MD, MBA, president and CEO of the Robert Wood Johnson Foundation, (2013 IOM commentary).

THIS LAW DOES NOT CHANGE:
- Professional Collaboration (just “legal/mandated” Collaboration); APRNs will continue to collaborate, work with and refer to physicians and other health care providers as this is a professional expectation.
APRNs will continue to function within their Scope of Professional Practice as overseen by the KS Board of Nursing. This means APRN Practice is Limited by their area of education and training.

Many APRNs will continue to work as employees in physician and other health care practices.

Highlights of the Statute:

The recommended statute changes provide uniformity and expectations on licensure, accreditation, certification, and education standards developed by a national collaborative (National Council of State Boards of Nursing –NCSBN, 2008). These changes were made to improve access to safe, quality APRN care and establish a set of standards that continue to protect the public.

The proposed changes in the Kansas APRN Statutes will address seven main areas.

1. **Provide a current and updated definition of an Advanced Practice Registered Nurse (APRN)**
   The definition of APRN is needed to identify those elements of practice that are designated as advanced practice nursing functions and is consistent with national expectations.

2. **The APRN will be required to have malpractice coverage.**
   The proposed bill will require an APRN to maintain and provide proof of malpractice insurance at the time of licensure and renewal. This is similar to the requirement for other healthcare professionals in the state.

3. **The APRN will be required to have national certification.**
   The requirement of national certification is a standard of competency that helps protect the public (similar to physicians that are board certified in their area of specialty). Currently, Kansas is one of only three states that do not require national certification.

4. **Removal of the written protocol language.**
   Studies of states that do not have laws that include “responsible physician language” have not found any differences in the degree of safety to the public. This allows APRNs to practice to the full extent of their education and training. The Board of Nursing will continue to authorize prescribing authority to the APRN.

5. **Added language for a “Transition to Practice plan” for the new APRN Graduate or any APRN requesting a license that has less than 2000 hours of practice as a licensed APRN.**
   For APRNs with less than 2,000 hours of experience as an APRN they must complete a “Transition to Practice” requirement. This professional obligation focuses only on the new APRN graduate. The “Transition to Practice” language mandates the new graduate APRN have a structured collaborative practice relationship with a licensed physician or APRN; and that they must include evidence of 2000 hours of practice in this collaborative relationship. This transition to practice serves to help the APRN transition into their new role after graduation. Please note that not all states require a transition to practice program for new APRN graduates. The Board of Nursing will adopt the specific guidelines in Rules and Regulations for the “Transition to Practice” language.

6. **Added a provision for the APRN, working within the scope of practice, to sign forms as the provider of care when the form uses the word “physician”.** The provider of care should sign administrative forms. Forms that have the word physician
   It is a duplication of services and a hardship for patients to find a physician to sign a form when the patient has not seen the physician before. The language was taken from the Maine Nurse Practice Act.

7. **The profession “Advanced Practice Registered Nurse” was added to allied health statutes.** This designates that other health professions (i.e. Pharmacy, Physical Therapy, Respiratory Therapy, etc.) can accept orders of diagnostics and treatments from APRNs.