# NEBRASKA NURSE PRACTITIONERS

*Providers Educators Leaders*

Nebraska Nurse Practitioners
providers • educators • leaders
www.nebraskanp.com

## 2014 Legislative Agenda

### REMOVAL OF THE INTEGRATED PRACTICE AGREEMENT

The Nebraska Nurse Practitioner Practice Act[1] requires Nurse Practitioners (NPs) to maintain an Integrated Practice Agreement (IPA) *(38-2310)* with a physician in order to maintain licensure and provide health care services in Nebraska. The IPA requirement prevents NPs from attaining and maintaining licensure to provide much-needed services. The proposed removal of the practice agreement will:

1. Allow NPs to provide health care services to Nebraska patients, particularly in rural areas where it is often difficult to secure an IPA.
2. Enable continuation of NP services when an IPA is withdrawn and cannot be reestablished e.g., consequent to physician relocation or retirement.
3. Improve access to primary and mental health care services for rural and underserved populations in the state where there are insufficient physician providers.
4. Remove a barrier to utilization of NPs in the development of new and innovative care delivery models.

*The Integrated Practice Agreement (IPA) poses a significant barrier to the ability of nurse practitioners (NPs) to offer much-needed health care services to rural and underserved populations in Nebraska.*

### FULL PRACTICE AUTHORITY

**Removal of the IPA will provide NPs in Nebraska with full practice authority.** Full practice authority is the collection of state practice and licensure laws that allow NPs to practice to the full extent of their education and training.[2]

**Full practice authority is not independent practice.** Removal of the IPA will not change current statutory provisions for Collaboration *(38-2308)*, Consultation *(38-2309)* and Referral *(38-2314)* to other health care professionals. NPs will continue to work with other health care providers to provide the services that patients need.

*Full practice authority supports the practice of NPs in both existing and new models of health care delivery.*

**Full practice authority will not change scope of practice.** NPs function within a defined Scope of Practice *(38-2310)*[1] or, the "rules, the regulations within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice..."[3] **The scope of practice of a healthcare professional is the assurance of the safety of the services it provides to consumers.**

**Full practice authority will not disrupt existing functional and effective practice models.** NPs employed by and/or working closely with physicians in settings that do not rely on an IPA, e.g., hospitals, clinics or private practices, will not experience any perceptible difference in their relationships. There will be no changes in the delivery of the services that are currently provided in these models.

**Full practice authority is fully compatible with the implementation of new and innovative team-based health care delivery models.** NPs are educated and uniquely qualified to work as leaders and members of interdisciplinary teams to assure the best outcomes for patients. Collaborative, team-based models of care have consistently been demonstrated to provide highly effective primary care, chronic disease management and transitional care services.[4]

## What are Nurse Practitioners (NPs)?

NPs are Advanced Practice Registered Nurses (APRNs) who have completed graduate education in Nursing Science—at either the Masters or Doctoral level.

### FUNCTIONS

NPs function in an expanded nursing role to provide health care services for patients including:

- Assessment of health status
- Diagnosis
- Development of a treatment plan
- Implementation of the plan, including prescribing medications and treatments
- Follow-up and evaluation of the patient [5]

### HEALTH CARE PROVIDERS

NPs are health care providers. A health care provider is a "provider of medical or health services...who furnishes, bills, or is paid for health care in the normal course of business."[6]

### DISTINCTIONS

NPs are distinguished from other health care providers according to:
**Nursing Model of Care:** Prevention, wellness, continuity of care and patient education are priorities in the delivery of health care by NPs.
**Role Authority:** NPs are autonomous providers—they bear full responsibility and accountability to consumers for the patient care decisions that they make. [7]

### PROFESSIONAL ASSOCIATION REPRESENTATION

Nebraska Nurse Practitioners (NNP) represents approximately 50% of licensed NPs in the state.

## Education and Practice

### EDUCATION

All Nebraska NPs are educated at the Masters or Doctoral level in nationally accredited NP programs. Students focus on a specific population early in the course of their graduate program. Eighty-nine percent (89%) of NPs are prepared to care for adults and families in primary care settings.[8]

*Nurse practitioners have met all the requirements of fully accredited graduate education programs and national board certification to obtain licensure and enter practice.*

### CERTIFICATION

For licensure in Nebraska, all NPs must pass a national board certification examination in at least one area of specialty practice including families, infants, children, the aging adult, hospital care, women's health or psychiatric/mental health.

### LICENSURE

Nebraska NPs are licensed by the State Board of Nursing. In order to achieve licensure, all NPs have to maintain board certification, current practice hours and continuing education in pharmacotherapy and health care provision. These requirements help to ensure continued competency. NP licensure requirements meet or exceed the licensure requirements of other licensed health care providers in Nebraska.[9]

### TRANSITION TO PRACTICE

Board certification and licensure assures consumers that graduate NPs have demonstrated fundamental skill sets for entry into advanced practice. There is no evidence that transition to practice requirements for NP graduates are necessary to protect public safety.[10,11]

No other health care professional in Nebraska has statutory transition to practice requirements for new graduates. NP graduates have been licensed without transition to practice requirements for over twenty years in states with no evidence of increased action against licensure or malpractice litigation rates.[12]

### CONTINUING COMPETENCY REQUIREMENTS

Licensure renewal requirements for NPs in Nebraska are in full statutory compliance with ongoing competency requirements in the Nebraska Uniform Credentialing Act.[13]

## *Access to Care*

Access to basic health care services in Nebraska is complicated by the following factors:

- Aging rural population with relatively higher rates of chronic disease and disability [14]
- Increased need for primary care services for all age groups with the passage of the Patient Protection and Affordable Care Act (PPACA).
- Nearly 65% of Nebraska counties are federally designated Health Professional Shortage Areas (HPSAs) for primary care. Psychiatric and mental health services are more severely affected with 94% of counties listed as HPSAs. [15]
- Aging physician workforce[16] and persistent difficulties attracting and retaining physician providers in rural areas of the state.[17]

## *The Challenge*

### PROBLEMS WITH THE INTEGRATED PRACTICE AGREEMENT

Practice agreements can be difficult to acquire and maintain, particularly in rural communities with no or relatively few physicians. The terms of the IPA—joint responsibility, integrated practice, proximity of the collaborating physician, practice specialty and definition of supervision as ready availability—are subject to multiple inconsistencies in interpretation and administration. Fees paid to physicians in association with IPAs have no statutory precedent and offer no measurable return to the consumer in terms of the services provided by NPs.

### HEALTH CARE DELIVERY IS CHANGING

As health care has become increasing complex, overlap of the functions of providers is an inherently natural evolution. The continuing challenge to provide basic, comprehensive care to all individuals can only be met by optimizing resources and supporting the practice of all health care providers to the fullest extent of education and training.

### OTHER STATES

Seventeen (17) states and the District of Columbia, including neighboring Iowa, Colorado and Wyoming allow NPs to practice without physician oversight.[18] Nebraska loses qualified NPs to states with more favorable practice environments where there are no IPA requirements. Six (6) states, including and Minnesota and Kansas, have announced pending legislative initiatives in 2014 to expand practice authority for NPs.

## *Right for Nebraska. Right Now.*

### HIGHLY QUALIFIED PROVIDERS

**Clinical research studies span four decades and have clearly established the ability of NPs to provide high quality, accessible and cost-effective health care services.** NPs provide safe care with patient outcomes that are as good as, and in some cases better than care provided by physicians for equivalent services.[19]

Forty-four percent (44%) of primary care NPs practice in rural areas in Nebraska. The number of NPs entering primary care practice in the Nebraska increased 33% between 2007 and 2011.[20] NPs match or exceed the number of physician providers in approximately a dozen rural counties.[21,22]

The removal of practice restrictions in other states has been shown to increase the number of licensed NPs in rural areas[23], and improve access to basic health care services for Medicare patients.[24]

**Full practice authority for NPs will not change fundamental tenants that assure consumers of safe and highly effective care.** NPs will continue to consult and refer patients to other healthcare providers according to patient needs. NPs will continue to meet educational and practice requirements for licensure, maintain national certification, and remain accountable to the public and the State Board of Nursing to function within scope of practice, meet standards of care and maintain professional conduct.

*The debate is no longer what is the evidence that NPs are highly effective and safe providers, but rather what action is necessary to remove the barriers to practice.*

### OTHER BARRIERS TO PRACTICE

NPs are fully committed to the removal of federal and state statutory and regulatory barriers that impede:

1. Full prescriptive privileges, including durable medical equipment; physical therapy and other restorative services; and, home health care and hospice services.
2. Inclusion in all statutory and regulatory definitions of primary care and/or health care providers.
3. Formation of interdisciplinary care teams. NPs are particularly opposed to initiatives that limit NP licensure and practice to mandated physician-led teams. True interdisciplinary, patient-centered care is ensuring that the consumer has access to the provider that is the most qualified and in the best position to provide the care at the time it is needed.


[1] Nurse Practitioner Practice Act. (2012). Nebraska Department Health and Human Services. Retrieved from: http://dhhs.ne.gov/publichealth/ Documents/Nursing- Nurse%20Practitioner%20Act.pdf. [2] AANP. (2013). Full practice authority. Dallas, TX. Retrieved from http://dhhs.ne.gov/ publichealth/licensure/documents/FullPracticeAuthority.pdf. [3] Pew Health Professions Commission (1995). Reforming Healthcare Workforce Regulation: Policy Considerations for the 21st Century. Report of the Pew Health Professions Commission's Taskforce on Healthcare Workforce Regulation. San Francisco, CA. [4] Institute of Medicine [IOM]. (2010). The future of nursing: Leading change, advancing health. Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. Washington, DC: National Academies Press. Retrieved from: http://www. iom.edu/Reports/2010/The-Future-of-Nursing-Leading- Change- Advancing-Health.aspx. [5] American Association of Nurse Practitioner [AANP]. (2010). 1Standards of Practice for Nurse Practitioners. Dallas, TX. Retrieved from http://www.aanp.org/images /documents/publications/StdsofPracticeforNPs.pdf. [6] Code of Federal Regulations. (2002). Title 45 - Public Welfare. Volume 1, Section 160.103 - Definitions. Retrieved from https://docs.google.com/document/ d/1Ai9LRLrUfDMCyz4i_st52PL6wLM56v_DDziYFc mt. [7] Wolf, K.A. (2009). The slow march to professionalism. In A.M. Barker (Ed.), Advanced \ practice nursing: Essential knowledge for the profession (Chapter 1). Boston, MA: Jones and Bartlett. [8] American Association of Nurse Practitioners [AANP]. Nurse Practitioners in Primary Care. Dallas, TX. Retrieved from http://www.aanp.org/images/documents/publications/primarycare.pdf. [9] Professional and Occupational Licensure Advanced Practice Registered Nurse. (2004). Nebraska Health and Human Services Regulation and LicensureRetrieved from http://www.sos.state.ne.us/rules-and-regs/regsearch/ Rules/Health_and_Human_Services_System/Title-172/Chapter-100.pdf. [10] Johnson, M.P. & Roth Jenkins, J.W. (2011). Evidence based transition to practice, developing a model for North Carolina. NC Med J, 72(4), 282-284. Retrieved from http://www.ncmedicaljournal.com/ wp-content/uploads / 2011/07/72406-web.pdf. [11] Kramer, M., Maguire, P., Halfer, D., Budin, W.C., Hall, D.S., Goodloe, L., ... Lemke, J. (2012). The organizational transformative power of nurse residency programs. Nurs Admin Q, 36(2), 155-168. [12] Nurse Practitioner 2012 Liability Update. (2012). Retrieved from https://www.nso.com/pdfs/db/NP_Claims_Study_2012.pdf?fileName=NP_Claims_Study_2012.pdf&folder=pdfs/db&isLiveStr=Y [13] Statutes Relating to Uniform Credentialing Act. (2012) Nebraska Department of Health and Human Services. Retrieved from http://dhhs.ne.gov/publichealth/Documents/Uniform%20Credentialing%20Act.pdf. [14] Dalla, R., DeFrain, J., & Ratcliffe, L. (2004). Examining Strengths and Challenges of Rapid Rural Immigration. Great Plains Research, 14(2), 231e251. [15] Health Resources and Services Administration [HRSA]. (2013). HPSA by state and county. U. S. Department of Health & Human Services. Retrived from http://hpsafind. hrsa.gov/HPSASearch.aspx. [16] Center for Workforce Studies Association of American Medical Colleges. (2012). Recent Studies and Reports on Physician Shortages in the US. Retrieved from https://www.aamc.org/download/100598/ data/ [17] Rauner, T. & Sanford, M. (2009). Nebraska family physician survey report. DHHS 10 Office of Rural Health. Retrieved from http://dhhs.ne.gov/publichealth/Documents/FP_SurveyReport 2009.pdf. [18] National Governors Association. (2012). The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care. Retrieved from http://www.nga.org/cms/home/news-room/news-releases/ page_2012/col2-content/nurse- practitioners-have-potenti.html. [19] Newhouse, Stanik Hutt, J., White, K. M., Johantgen, M., Bass, E. B., Zangaro, G., et al. (2011). Advanced practice nurse outcomes 1990 2008: A systematic review. Nursing Economics, 29(5), 230-251. [20] Bhuyan, S.S., Deras,M., Cramer, M.E.,Cuddigan, J.E. & Stimpson, J.P. (2013) Primary care nurse practitioners in Nebraska. College of Public Health Center for Health Policy. Retrieved from http://www.unmc.edu/ publichealth/ docs /Primary_Care_NPs.pdf [21] DHHS Office of Rural Health. (2013a). [Map illustrations, March 2013]. Primary Care Nurse Practitioners by Primary_ Practice Location. Courtesy of Rauner, T. Thomas.Rauner@ne.gov. [22] DHHS Office of Rural Health. (2013b). [Map illustrations, March 2013]. Primary Care Physicians by Primary Practice Location. Courtesy of Rauner, T. Thomas.Rauner@ne.gov. [23] Eng., H.J., Tabor, J. & Hughes, A. (2011) Arizona rural health workforce trend analysis. Arizona Rural Health Office. The University of Arizona College of Public Health. [24] 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.