

A conversation with Taynin Kopanos, June 30, 2015

Participants

- Taynin Kopanos, DNP, NP – Vice President of State Government Affairs, American Association of Nurse Practitioners
- Ben Hoffman – Research Analyst, Open Philanthropy Project

Note: These notes were compiled by the Open Philanthropy Project and give an overview of the major points made by Dr. Kopanos.

Summary

The Open Philanthropy Project spoke with Dr. Taynin Kopanos of the American Association of Nurse Practitioners (AANP) as part of its shallow investigation into expanding advanced practice nurses' scope of practice. Conversation topics included AANP's work, other organizations working in this space, gaps in the advocacy landscape, and obstacles to reform.

AANP's work

Modernizing licensure laws

Educating key players

AANP aims to help states modernize their licensure laws, and part of this work involves educating key players about nurse practitioners and providing them with resources that will help them to influence policy changes. AANP has worked on this with some national groups that influence state policy, including:

- National Governors Association (NGA)
- National Conference of State Legislatures (NCSL)
- Other national stakeholder groups
- National Business Group on Health (NBGH)
- National Hospital Association

At the state level, AANP has worked with:

- State nurses associations
- State legislators
- Other stakeholders in this space

Policy support

AANP provides key strategic policy support to nurse practitioner associations and nursing organizations that are seeking state legislation on licensure reform. This policy support includes:

- Legislative language review
- Oversight and guidance in drafting policy and legislation
- Key messages and talking points
- Grassroots advocacy
- Support tools

- Testimony in support of state legislative efforts

AANP currently does not fund political action committee (PAC) contributions to state legislators.

Advertising campaign

AANP is running an advertising campaign in all 50 states and the District of Columbia using print, radio, and television components to increase awareness among policymakers and the general public. Last year, it began a targeted media outreach campaign in 10 key states that have proposed legislation consistent with the Consensus Model for Advanced Practice Registered Nurse (APRN) Regulation.

Other organizations working on nurse practitioners' scope of practice

Other organizations working to expand nurse practitioners' scope of practice include:

- Professional organizations
- Specialty-focused nurse practitioner associations
- State Nurse Practitioner Associations
- Patient advocates including AARP, Inc. (formerly the American Association of Retired Persons) and state-level advocacy groups
- Businesses and business groups
- Center to Champion Nursing in America (CCNA), part of Future of Nursing: Campaign for Action, a national advocacy organization created by AARP and the Robert Wood Johnson Foundation (RWJF)

AARP has worked on several state-level campaigns, offering both formal lobbying letters of support and outreach to the general public.

Businesses and business groups have engaged both as employers trying to ensure that their employees have adequate access to and choice of healthcare providers, and as employers of nurse practitioners. In addition to traditional health care delivery sites, business groups that employ nurse practitioners include the Convenient Care Association's retail clinics, CVS's MinuteClinic, and Take Care Health Systems.

The Center to Champion Nursing in America (CCNA) works to guide implementation of the recommendations of the Institute of Medicine (IOM) on a broad range of subjects including education, nurse leadership in the hospital, and scope of practice. CCNA focuses on different IOM recommendations in different states. In states where it focuses on scope of practice issues, it coordinates closely with AANP.

State-level patient advocate groups

Patient advocate groups work at the state level to increase access to care for patient populations that are underserved or receive care at an unnecessarily high cost. Some of these groups are specialty interest groups, such as the Alzheimer's Association's Northern Nevada Chapter, which supported legislation to improve access to nurse practitioner services because it believed that this would help its patients and caregivers get better and more timely access to care.

Most of these groups primarily engage this issue by sending letters of support for legislation, and occasionally send individual patients or families to testify in support. These stakeholders typically lack the resource capacity to do more formal lobbying, outreach, or media advocacy.

Gaps in the advocacy landscape

Research

There is strong research supporting the safety and quality of care provided by nurse practitioners, but there is less published research on differences between states that have different regulatory environments, although some such research is ongoing. Some policymakers would like to see more research before taking steps toward licensure change.

Quantifying financial benefits of nurse practitioner care

Nurse practitioner care tends to keep patients out of the hospital, reduce readmissions, improve patient self-care, and reduce the number of total medications that an individual patient may require. It is difficult to quantify the cost of care that was rendered unnecessary by providing improved access to nurse practitioners, improved primary care services, and improved screening. Much of the existing research compares the cost of care to what the out-of-pocket expense would be, which does not take these factors into account. Dr. Kopanos believes that this difficulty in quantifying the monetary value of prevention and the cost savings in avoiding downstream complications and higher cost of care is common to all fields of primary and preventative health.

Dissemination of evidence

Dr. Kopanos would like to see wider dissemination of the current evidence around modernizing nurse practitioners' scope of practice, including clear explanations of the implications of this evidence for legislators, policymakers, insurance providers, and employers. In the future, the healthcare market will be more driven by consumers, so it is important that consumers have information they need to make informed healthcare decisions.

Cultural awareness of the nurse practitioner role

There is a common conception that a physician is necessary for the delivery of good healthcare, and a lack of awareness of the role nurse practitioners can play in healthcare. The general public is not aware of the level of care that nurse practitioners are educated and nationally certified to provide, or the level of services that nurse practitioners are currently providing in each state. Dr. Kopanos would like to see improved efforts around patient literacy and education to the types of care that nurse practitioners and other types of nonphysician healthcare professionals can provide.

Accessing nurse practitioner care through an insurance provider

Given the current system in which health insurance is primarily accessed through one's employer, Dr. Kopanos would like to see a rebalancing of insurance platforms where insurers routinely provide employers the option to include nurse practitioners as

providers in their insurance networks; provide employees' the opportunity to select a nurse practitioner for a primary care provider; ensure that employees are able to access a nurse practitioner directly; and allow employees who select a nurse practitioner as a primary care provider to have the NP listed on their health insurance card. In many states, while a patient may be able to find a nurse practitioner, their insurance will not cover the care, will cover the care only if the NP services are billed under the insurance identification number of a physician, or will only list a physician's name on the employee's insurance card. This can create some inefficiencies in care, such as delays in getting test results and records to the right provider.

Work in this area could also include lobbying for the enforcement of existing federal laws and state insurance laws concerning patient access and insurance coverage of nurse practitioner services, in cases where an insurance company covers the same services when provided by physician providers.

Obstacles to reform

Stakeholder influence

Reform is being impeded by the influence of stakeholders including the American Medical Association (AMA) and state-related physician associations, which have historically opposed licensure reform for healthcare providers whose scope of practice overlaps with a physician's, such as nurse practitioners and pharmacists. When AANP has worked with state groups such as state AARP chapters, Alzheimer's associations, advocates for children with autism, and women's health groups, the volume of supporters is able to overcome longstanding physician opposition to achieve legislative progress. Sometimes stakeholders that are very willing to work with AANP to increase access to nurse practitioners are not able to take a strong public stance for fear of losing referrals from physicians or necessary support from the organized physician community on other legislative issues.

Rural community hospitals have increasingly become more visible in support of nurse practitioner licensure modernization. These entities frequently rely on nurse practitioners and other advanced practice nurses to meet the health needs of the community. In larger and urban settings, hospitals have taken a neutral position on licensure legislation. These institutions rely on both physicians and nurse practitioners to do their work, and they have not been taken a strong public stance on this issue in order to preserve good working relationships with and the support of both professions.

State laws

State laws determine what services a health professional may provide to patients and under what circumstances those services can be provided. The existing patchwork of state laws around nurse practitioners results in varying levels of access that one patient may receive based on their geographic location, and not the education or skill of the nurse practitioner. Currently 21 states and the District of Columbia provide for patients to access the full scope of services that a nurse practitioner has been educated and nationally certified to provide. In the remaining states, the level of access that a patient has is limited. In these states there are additional barriers to access, and these vary by state law. For

example, state laws that require a regulated relationship between a nurse practitioner and a physician before the nurse practitioner is legally authorized to provide patient care are artificially limiting the number of nurse practitioners that can practice in a state and the number of nurse practitioners that a hospital or health institution may employ. Compounding this limitation, a handful of states prohibit each physician from holding these regulated relationships with more than four nurse practitioners.

Other state laws limit the ability of nurse practitioners to write prescriptions, order diagnostic testing (such as x-rays or scans), or sign forms relating to the daily provision of patient care (such as handicap parking placards, immunization status, emergency utility access). Many of the state laws that limit patient access to nurse practitioner services were either written prior to 1960 when the nurse practitioner role was developed, or are decades old from when states initially recognized the nurse practitioner role as distinct from the role of the registered nurse. Dr. Kopanos believes that the disconnect between the level of health care services that the twenty-first century NP workforce is equipped to provide and the limited level of access that dated health care laws allow patients to access is contributing to geographic maldistribution in health care providers, underutilization of an economically favorable workforce, and needless increases in health care expenditures.

Prospects of success

The current workforce of healthcare providers is insufficient to meet the expanding healthcare needs and increasing costs that states are experiencing. Over the last 5-7 years, many states have been looking for cost-effective ways to manage their existing healthcare needs. More work still needs to be done on this issue, but momentum for nurse practitioner care is growing. Seven states have adopted full practice authority since 2010. Over a dozen states will be considering licensure legislation in the upcoming state legislative session.

Recent legislation

Recent legislative efforts have had mixed results. Bills that would give nurse practitioners full practice authority were introduced in 11 states last year, and 2 of them have passed and been approved by the governor. In 2015, Nebraska and Maryland signed into law legislation authorizing full practice authority for nurse practitioners.

Dr. Kopanos believes that all states would benefit from modernized licensure laws. Nurse practitioner workforce data shows that states with modernized licensure frameworks have increased numbers of nurse practitioners in rural and underserved areas. Since updating the licensure requirements in 2012, the state of Nevada has seen an over 25% increase in the number of nurse practitioners seeking licensure in that state.

States in the southeastern US would likely see some of the most significant health improvements from adopting the national model for nurse practitioner licensure. These states continually perform poorly on measurable health outcomes and quality of life indicators including diabetes, hypertension, obesity, access to care, adequate number of primary care providers, and health insurance coverage. Legislation that has been introduced in these states has not been successful against considerable opposition from the established physician community. A case in point, when a bill consistent with the national model for nurse practitioner licensure was introduced in South Carolina in 2015, the state

medical association introduced a counter bill proposing more restrictive nursing regulations and direct oversight of the Nursing profession by the Board of Medicine. The bill proposed by the physician community was counter to the national movement, the National Council of State Boards of Nursing (NCSBN)'s recommendations, the IOM report, and all evidence of nurse practitioner care. While the counter bill did not pass, the state medical association has been able to wield its influence with this counter bill to stall progress the nursing licensure legislation. Similar organized medical opposition tactics were employed in other states with similar legislative results in 2015.

Other organizations to talk to

- National Conference of State Legislatures
- NCSBN

Other non-physician healthcare providers

Many other nonphysician healthcare providers, such as physical therapists and pharmacists, are also working with state professional associations, stakeholders that represent patients, and other healthcare providers in this space to leverage legislative change. These nonphysician providers use research on their professions to educate legislators and other policymakers about their role and their patient outcomes. Dr. Kopanos has worked in this space as the former Chair of the Coalition for Patients' Rights (CPR).

Telehealth

AANP is working on advocacy in the telehealth space to ensure that patients can access all services that their provider is educated and licensed to provide, regardless of where the patient is located. Dr. Kopanos anticipates conversations now and in the next few years about how to recognize and regulate providers in the telehealth space.

NCSBN has a new APRN Compact that will address some of the regulatory issues related to telehealth across state lines.

*All Open Philanthropy Project conversations are available at
<http://www.givewell.org/conversations>*