A conversation with Dr. Winifred Quinn and Peter Reinecke, June 3, 2015

Participants

- Winifred Quinn, PhD – Co-Director, Center to Champion Nursing in America, AARP Public Policy Institute
- Peter Reinecke – Principal, Reinecke Strategic Solutions, Inc. and Consultant, AARP
- 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. Winifred Quinn and Peter Reinecke.

Summary

The Open Philanthropy Project spoke with Dr. Quinn and Mr. Reinecke of AARP as part of its shallow investigation into expanding advanced practice registered nurses’ (APRNs’) scope of practice. This investigation is part of Open Philanthropy’s shallow investigation into health care reform, and it is related to other shallow investigations into occupational licensing. Conversation topics included the joint initiative between AARP, the AARP Foundation, and the Robert Wood Johnson Foundation (RWJF) called “The Future of Nursing: Campaign for Action” (The Campaign), sources of opposition to the effort to modernize scope-of-practice laws for APRNs, existing funding gaps, and how best to fill those gaps.

The Future of Nursing: Campaign for Action

The Future of Nursing: Campaign for Action is a national initiative working to ensure that everyone in America can live a healthier life, supported by a system in which nurses are essential partners in providing care and promoting health. Through this lens, part of AARP’s participation includes working to modernize scope-of-practice laws to ensure that all nurses in the U.S. are able to practice to the full extent of their education and training. The Campaign launched shortly after the Institute of Medicine (IOM) released its report The Future of Nursing: Leading Change, Advancing Health in 2010.

Evidence

The IOM’s report found that the quality of care provided by APRNs was equivalent to that of their physician counterparts. The IOM report also found that consumer access to care could be increased by removing statutory barriers that keep APRNs from practicing to the full extent of their education and training.

Support

Advocacy groups working to modernize scope-of-practice laws include the Campaign for Action network, AARP, insurers, employers, retail clinics, and professional nursing organizations.
The nonpartisan National Governors Association published a white paper on the topic of modernizing scope-of-practice laws for APRNs as a way to meet the increasing demand for primary care, entitled *The Role of Nurse Practitioners in Meeting the Increasing Demand for Primary Care* in 2012.

Modernizing scope-of-practice laws for APRNs has the support of various political groups. Americans for Prosperity supported modernizing scope-of-practice laws in Nebraska, Florida, and South Carolina. The Tea Party also supported a state legislator who is in favor of modernizing scope-of-practice laws for nurses in South Carolina. Nebraska, a state with a Republican legislature and governor, and Maryland, a state with a Democratic legislature and a Republican governor, have both modernized scope-of-practice laws for APRNs.

Diverse think tanks, including the Cato Institute, the American Enterprise Institute, the Bipartisan Policy Center, the Center for American Progress, and the Brookings Institution support modernizing scope-of-practice laws for APRNs.

Some health care providers (Blue Cross, Blue Shield, and Anthem) and businesses (Walgreens), have promoted the modernization of scope-of-practice laws in some states.

**Strategy**

The Campaign focuses on the consumer and business cases to modernize scope-of-practice laws for APRNs.

**Consumer case**

The Campaign emphasizes the increased access to primary health care services consumers would experience if scope-of-practice laws for APRNs were modernized.

**Business case**

Approximately three years ago, the Campaign’s strategic advisory committee—which is made up of business leaders, physicians, nurses, and others—advised the Campaign to create a business case for modernizing scope-of-practice laws for APRNs. The nursing case and consumer case for modernizing scope-of-practice laws had been clearly articulated, and a business case could help increase support for modernizing these laws.

In response to this recommendation, the Campaign conducted off-the-record round table conversations with C-suite level leaders from businesses and large health care provider and payer organizations and held a public-facing AARP Solutions Forum to understand positions from retail clinics, insurers, and large employers on the modernization of scope-of-practice laws. The Campaign also partnered with the Bay Area Council Economic Institute, which produced a replicable business case model that states can use to identify the amount of money businesses in their state would save if their scope-of-practice laws were modernized. The Bay Area Council Economic Institute combined its business case model with the positions collected by the Campaign to produce four state-level papers articulating how modernizing
scope-of-practice laws for APRNs could increase access to health care while controlling costs.

**Progress**

The rate at which states have fully modernized their scope-of-practice laws has increased dramatically since the launch of the Campaign. During the 40 years prior to the launch of the Campaign, 13 states and the District of Columbia modernized their scope-of-practice laws. Since the launch of the Campaign nearly five years ago, 8 states have fully modernized their scope-of-practice laws and several other states incrementally improved their laws. Scope-of-practice laws still need to be fully modernized in 29 states and Puerto Rico.

**Opposition**

In many states, medical associations oppose modernizing scope-of-practice laws for APRNs. For example, in 2013 the American Medical Association (AMA) spent $10 million to defeat scope-of-practice legislation in California, while the legislation’s supporters spent $100,000.

**Reducing opposition**

The Campaign attempts to reduce opposition to modernizing APRN scope-of-practice laws by transforming the conflict between doctors and nurses to a discussion highlighting the benefits to consumers and businesses. Allowing APRNs to utilize the full extent of their education and training improves consumers’ access to primary health care and controls health care costs. It also allows physicians to spend more time utilizing the full extent of their education and training, as they would no longer be required to spend time completing unnecessary supervisory paperwork for APRNs.

The Campaign also highlights how modernizing APRN scope-of-practice laws would help states retain more of the APRNs trained at their public schools. Keeping more APRNs in state after graduation would increase the value these training programs bring to their respective states.

**Funding gaps**

Additional funding for the modernization of scope-of-practice laws could be used to:

- Make the case for modernizing these laws to stakeholders
- Pay for state lobbyists
- Supplement the Campaign’s ability to organize diverse stakeholders
- Commission opinion surveys to inform messaging in support of a campaign

**Making the case for modernizing scope-of-practice laws**

At least 10 groups of nurses working to modernize scope-of-practice laws in their respective states could use additional funding to underwrite state-specific reports illustrating the business case for modernizing these laws. Budgets for these reports
may range from $5,000 - $10,000 each to $50,000-$100,000 each, depending on the organization hired to write the report and the level of detail and quality required. Quinn suggested convening state business leaders, policy makers, and consumer organizations to contribute to the report and hear its authors speak to its findings.

Additional funding could also be used to underwrite more extensive white papers illustrating the total economic impact of modernizing scope-of-practice laws. These white papers could include both the business case for modernizing scope-of-practice laws and additional information, such as the impact these modernized laws could have on disparities on access to health care or on costs of health care.

**Paying for state lobbyists**

Well-connected state lobbyists could be hired to support legislative efforts to modernize scope-of-practice laws.

**Supplementing the Campaign's ability to organize diverse stakeholders**

Currently, organizations such as Action Campaigns typically coordinate various stakeholders to support scope-of-practice legislation, but they are typically unable to allocate substantial resources to overt political advocacy. Funding advocacy stakeholder organizations to prepare materials and provide support for legislative efforts to modernize scope-of-practice laws could help supplement the Campaign’s efforts to organize diverse stakeholders. In small states, hiring just one or two full time employees to coordinate stakeholders could make a meaningful difference in the ability of these groups to effectively support scope-of-practice legislation.

**Conducting surveys**

Groups could conduct opinion surveys and hire political campaign specialists to help states develop effective messaging promoting the benefits of modernized scope-of-practice laws.

*All Open Philanthropy Project conversations are available at*

[http://www.givewell.org/conversations](http://www.givewell.org/conversations)