POLICY PERSPECTIVES

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Policy Perspectives is an internal newsletter intended exclusively for membership use and insight. The publication reports on international, national and regional developments bearing on nursing regulation, including key groups and individuals influencing the direction of NCSBN policy and action.

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Education
The American Academy of Family Physicians (AAFP) has contacted the Centers for Medicare and Medicaid Services to insist that “CMS take concrete steps to ensure that a Graduate Nurse Education Demonstration project helps address the current shortage of primary care health professionals by actually producing advanced practice registered nurses (APRNs) that will work in primary care.” Under the Affordable Care Act, $200 million was allocated to prepare APRNs “with clinical skills necessary to provide primary care, preventative care, transitional care, chronic care management and other services appropriate for Medicare beneficiaries.” To ensure APRNs are being trained in primary care, AAFP has recommended that CMS require participating APRNs to practice as a member of a health care team, require participating APRNs to commit to providing primary care, limit the demonstration curriculum to primary care, and exclude nurse anesthetists, nurse midwives and clinical nurse specialists from participating. Read more.

Baystate Medical Center in Springfield, Massachusetts, will offer a new nurse residency program to provide nurse graduates with experience and greater marketability. “We’re looking to the residency program so that we can take a new graduate, bring them into the hospital for a year, [and] give them a very broad experience across the whole organization.” The aim is that these hospital trained nurses will also be prepared to work in a home care setting. The residency program will begin this fall and train six to ten nurses. Read more about the program.

Missouri State University announced its intention to begin offering a DNP degree in lieu of a master’s. “Those who now have a master’s degree in nursing and want a doctoral degree in nursing from MSU can do so via online coursework starting this summer. Those with a bachelor’s degree in nursing who want a doctoral degree in nursing from MSU will do so via a combination of online and in-the-classroom work starting in the summer of 2013.” Read more.

To increase the number of doctorally prepared nurses in Mississippi, William Carey University and the University of Southern Mississippi both intend to begin to offer doctorates in nursing. William Carey plans to enroll roughly 20 students this fall for a PhD degree in nursing education and administration. In January, the University of Southern Mississippi will offer a DNP degree in nurse anesthesia to 20 students. USM, Carey to Start PhD Nursing Programs.

In Minnesota, more nurses are opting for a four year degree. “Nurse educators say two-year degree programs are not enough to keep up with the increasing demands on the profession.” Similarly, more schools are offering advanced nursing degrees and hospitals are requiring a four-year degree for employment. One reason for the push for four-year degrees is the added element of learning about leadership and management within the context of nursing. Read about education and employment trends.

APRNs
In April, Kentucky Governor Steve Beshear sent a letter to the Centers for Medicare and Medicaid Services indicating his intention to opt-out of the federal rule that requires the physician supervision of CRNAs. He stated, “it is in the best interest of Kentucky’s citizens to opt-out of the current federal physician supervision requirement in order to improve access to critical services.” This makes Kentucky the 17th state to opt-out of the federal requirement. Read more.

In Colorado, the debate about the governor’s 2010 decision to opt-out of the federal requirements for physician supervision of CRNAs has moved forward in the state court. The suit was filed by the anesthesiologist and medical societies who argued that the governor did not have the authority to opt-out because Colorado law did not permit the unsupervised practice of CRNAs. Initially, a judge dismissed the case, finding that CRNAs could practice without supervision under Colorado law. Upon appeal, the medical societies have stated that it’s a matter of patient safety, emphasizing the differences in education between physicians and nurses. Read more about the case.

In support of the state medical society, the Louisiana House of Representatives’ Health and Welfare Committee voted against a bill that would have allowed nurse practitioners to work without a collaborative agreement in underserved areas. Under the bill, a nurse practitioner would have had to have worked “under” a physician for three years prior to being eligible to practice independently. Instead of expanding the ability of nurses, the state medical societies argued that public policy should focus on training more family physicians. Read about the bill.
The Federal Trade Commission (FTC) issued a staff letter in support of Louisiana House Bill 951, which “would remove a requirement that certain APRNs who practice in medically underserved areas or treat medically underserved populations have written ‘collaborative practice’ agreements with physicians before they can offer health care services within the APRN’s scope of practice.” The staff letter was drafted upon the request of two state legislators. In their review of the bill, the FTC found that “removing undue restrictions on APRNs ‘may improve access and consumer choice for primary care services, especially for rural and other underserved populations, and may also encourage beneficial prices competition that could help contain health care costs.’” Read the entire FTC release.

The Perryman Group, a financial analysis firm, prepared an economic report on behalf of the Texas Team Advancing Health Through Nursing in which it was found that “giving advanced practice registered nurses in Texas an expanded role in health care through legislative changes next year could increase the state’s economic output by $8 billion annually and create nearly 100,000 permanent jobs.” Savings would be seen through gains in efficiency, the lower expense of training and using nurses to provide services and the benefits of preventative care. The specific expansion studied was collaborative prescribing. Read more about the report.

The American Academy of Nurse Practitioners (AANP) is initiating a campaign to familiarize the public with nurse practitioners. The campaign will use advertisements, public service announcements and events to raise awareness of nurse practitioners with the public and state lawmakers. The AANP is hoping that nurse practitioners will be “out at health fairs, church groups, rotary clubs and other events to get the word out about the work they do, and the role they hope to fill as health insurance coverage expands.” Read more.

The Centers for Medicare and Medicaid Services published the final rule Reform of Hospital and Critical Access Hospital Conditions of Participation. The purpose of the rule is to streamline the conditions of participation and reduce administrative burdens. The final rule allows for non-physician practitioners to be appointed to medical staff and be granted privileges if “determined as eligible for appointment by the governing body in accordance with State law, including scope-of-practice laws.” The final rule also addresses changes to care plans for nursing services and changes the definition of clinical nurse specialist (CNS). Under the rule, a CNS is “a registered nurse and is licensed to practice nursing in the State in which the clinical nurse specialist services are performed in accordance with state nurse licensing laws and regulations; and holds a master’s or doctoral level degree in a defined clinical area of nursing from an accredited educational institution.” Read the final rule.

- **Regional Action Coalitions**
  The number of state action coalitions that have been created in response to the IOM’s Future of Nursing: Campaign for Action has grown to 48 in total. Recently added states include: Alabama, Arizona, Connecticut, Iowa, Maine, Nevada, New Hampshire, North Dakota, Oklahoma, South Dakota, Tennessee and Vermont. Read more.

- **Workforce and Shortages**
  The American Nurses Association (ANA) president, Karen Daley, testified before the House Subcommittee on Labor, Health and Human Services, Education and Related Agencies, to promote funding for nursing workforce development. The ANA estimates that 1.2 million nursing jobs will go unfilled within the next ten years. She also noted “nurses are essential to the nation’s health care system, and Title VIII funding is needed now more than ever as a large cohort of RNs is expected to retire in the coming years.” Along with workforce funding, Daley stressed the need for nurse faculty funding. Read more about Daley’s testimony.

In Visalia, California, graduating nurses are expected to have difficulty finding employment at a major medical center. The three area nursing schools anticipate having over 200 registered nurse graduates; however, the largest area medical centers have no intention of hiring the new grads. “About 70 percent of graduates from [College of the Sequoias’] registered nursing program are expected to find employment in their first year out of school but it will not likely be at an acute-case hospital where they can get the majority of their hands-on experience.” Most of these graduates are expected to find work at nursing homes, hospices and other care centers. Read more.
**Practice**

In response to the IOM’s Future of Nursing report, the newly updated second edition of the *John Hopkins Nursing Evidence-Based Practice: Model and Guidelines* has been published. “The updated edition includes new and fully-revised tools and provides more detail and clarity to the model so nurses and nurse educators can implement evidence-based practices immediately.” The revised model also includes “examples, a question development tool, an evidence-rating scale, appraisal forms, evidence summary documents and project management tips.” [Read more about the new Model and Guidelines.](#)

The benefits of a Nurse-Family Partnership (NFP) were touted in an opinion piece for *The New York Times*. The NFP connects registered nurses with at-risk pregnant women. The nurse conducts 50 to 60 home visits with a new mom or mom-to-be until the child is two years old. Studies of the program have shown “sizable, sustained effects on important life outcomes which were replicated across different populations.” Similar programs that have used providers other than nurses were not as successful. This has been attributed to the high level of trust that the public has for nurses, the degree of influence nurses have in encouraging patients to make positive changes and the ability to quickly identify complications. [Learn more about the partnership.](#)

The inspector general of Veterans Affairs is scrutinizing the oversight of nursing standards after patients were killed at VA hospitals. In a review of 29 facilities, the inspector general found that half of the facilities had properly documented nurses’ competencies. “Only half of the 29 facilities included in the new report had complete nurse skill assessment records that met the hospitals’ standards…Of the 349 nurses whose files were examined, paperwork showed that 58 lacked skills in at least one area. And for 24 in that group, there was no evidence that anything was done in response.” The VA assures that they will document nurses’ skills going forward. [Read more.](#)

**Nursing IT**

In a recent survey of nearly 4,000 nurses, researchers found that over 70 percent of nurses use a smartphone on the job. Several hospitals and health care facilities are providing nurses with smartphones to use in caring for patients. *The New York Times* recently commented about the increased use of smartphones by nurses. “The most profound recent change is a move away from the profession’s dependence on committing vast amounts of information to memory. It is not that nurses know less, educators say, but that the amount of essential data has exploded.” [Read more about the trend.](#)

**Politics**

In March, President Obama’s administration launched the Nurses for Obama campaign. The goal of the campaign is to demonstrate how health reform can benefit nurses and solve the nursing shortage. “The Obama administration is committed to educating new nurses, improving the training of today’s nurses, and placing nurses in the parts of the country where they are needed most.” These benefits include an increase in nurse managed clinics, higher employment of nurses in community health centers and more scholarship and loan repayment options through the National Health Services Corps. [Read more about the campaign.](#)

The American Nurses Association (ANA) announced their official endorsement of President Barack Obama in the 2012 election. ANA president, Karen Daley, stated, “increasing access to care and transforming the American health care system from one that focuses on illness care to a system that emphasizes prevention, wellness, and care coordination have been ANA’s priorities for more than two decades. ANA remains committed to supporting President Obama’s efforts to fully implement and fund the Affordable Care Act.” [Read the statement.](#)

For the third time in a year, “about 4,500 nurses as seven Bay Area Sutter Health hospitals walked off the job Tuesday in an effort to force hospital officials to back off proposals such as changing sick leave policies and requiring nurses to pay more of their health care premiums.” The walk-off was led by the California Nurses Association. Hospital administrators argue that the policy changes are needed to compensate for the rising costs of nurse wage. [Read more.](#)
MEDICINE

Education
An increasing number of medical students are opting to pursue dual degrees. In addition to an MD, students are earning degrees in public health, law, business, communication and science. The trend towards dual degrees is being attributed to the idea that “prospective physicians feel they must develop expertise beyond medicine to compete in a dynamic health care market. Combined enrollment nationwide in MD/PhD, MD/JD and MD/MBA programs alone has increased 36%, from 3,921 in 2002 to 5,349 in 2011.” Simultaneously, more schools are offering dual degrees for medical students. Degrees are also being offered in more fields, such as biomedical informatics, biomedical engineering and clinical and translational science. Read more.

Another trend in medical education is the movement away from a four year to three year program. “In response to concerns about nationwide shortages of primary care physicians and rising student debts, several U.S. medical schools are experimenting with programs that allow students to obtain a degree in three years instead of four. These programs, which are geared for primary care, would be significantly less costly for students, who in practice can expect to earn less than other specialties.” Students in the three year programs would no longer be expected to complete specialty clinical rotations. Six schools have applied for federal funds to transform additional programs. Read more.

Physician Supply
More medical schools are seeking to increase the number of physician graduates in an effort meet the supply demands. “The Association of American Medical Colleges (AAMC) unveiled a new survey…showing the number of students entering the nation’s 137 accredited medical schools will surge nearly 30 percent from 2002 levels to 21,376 in 2016.” Critics, however, have noted that medical schools are still graduating specialty physicians and not enough primary care physicians and the demand for primary care physicians will continue to go unmet. Read more.

Criminal Background Checks
The American Medical Association (AMA) published an article …the need for criminal background checks for physicians. According to the AMA, 46 of the 70 medical boards have the authority to conduct criminal background checks. Fourteen states do not have similar authority. The push for background checks of physicians has been the result of physician applicants not self disclosing past criminal history and the media reports about former physician Michael Swango. “Swango was able to practice medicine in South Dakota and New York despite a 1985 aggravated battery charge for poisoning coworkers in Illinois. He is thought to have fatally poisoned as many as 50 people in the 1980s and 1990s.” Read more.

Online Professionalism
A survey of 68 executive directors of state medical and osteopathic boards has found that, while physician violations of online professionalism occur, “there is no information about oversight by licensing authorities for physician uses of the Internet or disciplinary consequences for violations of online professionalism.” The most common violations reported to boards included: inappropriate patient communication, online misrepresentation of credentials and use of the Internet for inappropriate practice. The most common discipline included: consent orders, sanctions and informal warnings. “Collectively, serious disciplinary outcomes of license restriction, suspension or revocation occurred at 56% of boards.” Researchers recommend that boards separately categorize online violations in order to better understand the problem. Read about the study.
REGULATION

- **In the Courts**
  In a lawsuit that reached the Court of Appeals of Kansas, the court found that “the state board of education had the power to deny a teaching license to an applicant who was earlier convicted and disbarred from the legal profession for felony theft, despite the fact that his criminal conviction had been expunged.” The state board of education had originally denied the applicants application by stating that the applicant failed to prove he had been rehabilitated. And the court held that the board’s decision was justified. [Read about the case.]

- **Massachusetts Medical Board**
  In the wake of a media report that showed the Massachusetts medical board had “routinely omitted and removed thousands of embarrassing records about physicians during the past two decades,” the state Senate approved a bill to require the board to offer a private database for housing criminal convictions and disciplinary actions against physicians. In the past, the board had removed physician conviction and/or discipline information if the physician lost or failed to renew his license. [Read more.]

- **Federal Regulation**
  A major initiative of the U.S. Department of Health and Human Services is to eliminate unnecessary and burdensome regulations. To this end, HHS has published revised Medicare Conditions of Participation and a Medicare Regulatory Reform rule. The former is estimated to save hospitals nearly $940 million a year through the reduction of regulatory burdens. The latter rule is estimated to save $200 million overall through increased efficiency and reduced regulations. “These changes cut burdensome red tape for hospitals and providers and give them the flexibility they need to improve patient care while lowering costs.” [Read more.]

ACCESS

- **Legislation**
  A California bill has been introduced that would allow health care providers licensed in other states to practice on Indian reservations without a California state license. The bill has been promoted as a means to overcome provider shortages on reservations in remote and underserved locations. [Bill Would Boost Indian Reservation Health Care.]

- **In the States**
  Information released by the Robert Woods Johnson Foundation showed a spike in the number of adults who report having unmet medical needs in Tennessee, Florida and Georgia. “Over the past decade, rates of unmet medical needs rose in 42 states. The share of adults receiving routine check-ups fell in 37 states; and the share of adults how had access to dental care declined in 29 states. In all, 49 states experienced a significant decline on at least one of the three measures over the decade.” In Minnesota, officials have contacted the White House to express their concerns about the shortage of physicians, nurses and other types of providers. The Texas Senate Health and Human Service Committee has been charged with drafting recommendations for reforming the state’s mental health system to decrease wait times and increase access to care. [Read more about the RWJF study, Minnesota and Texas.]

- **Federal Disparities Measure**
  The Agency for Healthcare Research and Quality has released data about health disparities between 2002 and 2008. According to their findings, “urgent attention is warranted to ensure continued improvements in quality and process on reducing disparities with respect to certain services, geographic areas and populations.” The results also showed that minority populations are the most underserved and underrepresented in the workforce. [Read more.]
**TELEMEDICINE**

- **Colorado Launch**
  In April, Colorado’s Department of Health Care Policy and Financing expanded telehealth services to certain Colorado Medicaid recipients. To be eligible for receiving telehealth care, the Medicaid patients must: be diagnosed with congestive heart failure, chronic obstructive pulmonary disease, asthma or diabetes; receive care from a home health telehealth provider; require frequent monitoring; live in a home that is compatible with the telehealth technology; and be willing to comply with self monitoring. [Read more about the announcement.](#)

- **Effect on Emergency Department Visits**
  A study of over 200 older Mayo Clinic patients has found that “daily remote monitoring of patients with chronic conditions appears to be ineffective in reducing rehospitalizations and emergency department visits.” Results showed little difference between the patients who were offered telehealth monitoring and those who were not. Researchers concluded that what may make the difference is how the telemonitoring interventions are designed. “A key factor in making telemonitoring work is deciding how best to use all the information that flows in from patients being monitored.” [Read about the study.](#)

- **Virtual Clinics**
  In May, Kaiser Health News published a report on the rise of virtual doctor visits for primary care. It stated that more insurance companies and employers are embracing virtual visits in an effort to reduce health care costs. Critics warn that “getting medical advice over a computer or telephone is appropriate only when patients already know their doctors.” Regardless, the industry is expected to triple in size by 2016 due to high demand. Rite Aid has begun using a virtual NowClinic in two states in lieu of an onsite physician or nurse. The American Telemedicine Association stated that the major obstacle that remains in expanding virtual care is state licensing restrictions. [Read more.](#)

**STATE GOVERNMENT**

- **Shrinking Government**
  Tennessee’s government has shrunk by 1,200 jobs since 2008. The reduced number of state jobs is a part of the Governor Haslam’s efforts in “right sizing” state government. His plan is to eventually eliminate over 2,200 jobs from 22 departments. “One of Haslam’s first initiatives when he took office was to ask every department to conduct a ‘top-to-bottom’ review.” He has also pushed for the enactment of a law that allows for easier hiring and firing of employees. So far, 40 state workers whose jobs were terminated have been reassigned to another position. [Read more.](#)

  In Pennsylvania, the House of Representatives “approved a bill to shrink the General Assembly by 62 seats, sending the constitutional amendment one step farther than past attempts to reduce the number of state lawmakers.” If successful, the measure would reduce the House from 203 to 153 members and would reduce the Senate from 50 to 38 members. Reducing the number of lawmakers would mean that legislative districts would be expanded. Some fear an expansion would harm the rural communities. Others see the move as an opportunity for lawmakers to better communicate amongst each other due to their smaller numbers. To take effect, the measure has to pass in two consecutive sessions and be approved through voter referendum. [Read more.](#)

- **Legislative Transition**
  At the conclusion of this year’s legislative session, Colorado will experience an unprecedented “mass exodus of lawmakers.” Nearly one third of legislators are expected to leave their positions due to “a combination of term limits, new legislative boundaries and political aspirations for higher office.” Many in the state worry that the large number of turnover of legislators could result in a lack of continuity of the political system. When a similar phenomenon happened in years past, “so many people were gone who knew the rules well and how to get things done...Some of the lawmakers who had worked with governors in a different party worked in a more bipartisan manner.” [Read more.](#)
• **Budget Forecast**
  The National Conference of State Legislatures has released the *State Budget Update: Spring 2012*. “State fiscal conditions continue to improve at a slow and steady pace. A spring 2012 survey of state legislative fiscal officers found revenue performance remains positive and expenditures in most states are stable. And for the first time since before the Great Recession, a number of states are projecting to end the fiscal year with small unobligated balances.” [Read the report.](#)

**FEDERAL UPDATE**

• HHS approved 26 innovation projects awarding a total of $122.6 million. To be selected, projects had to be “innovative projects that will save money, deliver high quality medical care and enhance the health care workforce.” One of the selected projects is from Duke University, “where doctors, nurses and patient educators will identify patients with diabetes in Durham and Cabarrus Counties, and work with them to have better clinical outcomes. The program will combine the use of electronic records, mapping, and a corps of community-based health care workers to intensively treat patients.” Read more about the [26 grants](#), the [Duke project](#) and [what’s being done in other states](#).