

BARRIERS TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES

POSITION

The American Nurses Association (ANA) supports the removal of barriers and discriminatory practices that interfere with full participation by advanced practice registered nurses in the health care delivery system.

BACKGROUND

The Balanced Budget Act of 1997 (P.L. 105-33) expanded reimbursement opportunities for advanced practice registered nurses (APRNs) by removing geographical and practice site restrictions for Medicare Part B reimbursement. However, APRNs continue to face significant barriers presented by other changes in the health care delivery system. These barriers include restrictive reimbursement policies of both the Medicaid program and of private insurer as well as numerous state laws and regulations. Among the latter are those which limit prescriptive authority, require supervision by or collaboration with another health care provider, limit direct reimbursement, prohibit or limit institutional privileges, and make it difficult to obtain liability insurance.

As managed care organizations have grown to dominate health care delivery, increasing numbers of managed care organizations have become multi-state corporations that establish their own set of rules. These rules include the exclusion from access to managed care organization provider panels and the imposition of additional practice restrictions. In addition, organized medicine has recently launched an aggressive campaign to limit scope of practice for APRNs through federal and state legislative and regulatory initiatives. If successful, these efforts to impose physician control over nursing practice will create additional barriers and limit access to APRN services for patients and reduce their choice of providers.

New strategies need to be developed and implemented to promote the recognition of APRNs as cost-effective valuable providers, to counteract these additional barriers and to counteract the increased efforts by organized medicine to limit APRN practice. ANA believes that the solution to the removal of these practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care.

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RATIONALE

The removal of arbitrary practice restrictions is crucial to achieving universal access and coverage of health care services. The full participation of registered nurses in the health care system will make access to health care affordable, available, acceptable, and accountable.

ANA has consistently supported reimbursement and practice policies to ensure that all nurses are able to participate in health care systems without artificial barriers preventing their ability to practice and to be paid for those services.

ANA supports legislation that prohibits discrimination by individual health plans based on the type, license, class, or speciality of a health care provider. Health plans must be required to make public, in advance, the criteria used to select participating providers and must have a sufficient mix of providers to ensure enrollees adequate access to covered services. States must not have the authority to impose on any class of health care professionals arbitrary practice restrictions that are not based on the licensure of those professionals. Specific language should direct states to eliminate practices that prevent registered nurses from delivering health care within the scope of their education, abilities, and competence.

ANA supports initiatives that remove arbitrary practice restrictions or prohibit policies that promote barriers for APRN practice including any laws, regulations, or policies that limit or prohibit prescriptive authority, require supervision by another health care provider, limit direct reimbursement, prohibit or limit institutional privileges, and make it difficult to obtain liability insurance. ☺

HOME HEALTH PLAN OF CARE DESIGNATION

POSITION

The American Nurses Association (ANA) supports the ability of advanced practice registered nurses (APRNs) to certify homebound status, and to develop and sign the plan of care for Medicare patients receiving home health services.

BACKGROUND

Medical advances have made it possible for a growing number of chronically ill and terminally ill patients to receive care in the comfort of their own homes. Homecare allows many patients the ability to live normal lives during the course of their therapy, and allows terminally ill patients precious time with their families and loved ones. In many cases, homecare is more cost effective than institutionalized care. For these reasons, the Medicare home health benefit has grown considerably since the early 1990s. In 2004, 2.8 million Medicare patients received home health services.

In order to receive home health services, Medicare beneficiaries must be certified as “homebound.” This means that patients must leave their homes infrequently and only with considerable and taxing effort. In addition, patients must require at least one skilled nursing or therapy service, and a plan of care must be developed and submitted to Medicare. Today, only physicians and podiatrists may sign plans of care or certify a patient as homebound.

APRNs—including nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists—are health care practitioners who furnish the same services traditionally provided by physicians, including diagnosing illnesses, performing physical exams, ordering and interpreting laboratory tests, and determining treatment plans. In most states, APRNs are able to practice independently or in collaboration with physicians. Medicare law allows APRNs to be paid directly for many of the services that they provide.

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RATIONALE

ANA believes that APRNs should be able to certify patients for home health services and to develop and sign their plans of care. APRNs represent a growing proportion of the health care workforce. APRNs most often practice in rural and other underserved areas, where physicians are scarce. Numerous studies have shown that APRNs are able to provide care that is at least as high in quality as that provided by physicians.

Frequently, APRNs must delay admitting patients into home health due to the need to locate a physician who will allow them to use their name on Medicare paperwork. These delays in care inconvenience patients and their families. In addition, delays can result in increased cost to the Medicare system when patients are unnecessarily left in more expensive institutional settings. ☺

MEDICAID COVERAGE OF ADVANCED PRACTICE NURSING

POSITION

Medicaid should cover all services that advanced practice registered nurses (APRNs) are legally authorized to perform under state law. The American Nurses Association (ANA) urges Members of Congress to cosponsor the Medicaid Advanced Practice Nurses and Physician Assistants Access Act and to support the recognition of all APRNs as eligible providers under the State Children's Health Insurance Program.

BACKGROUND

Advance practice registered nurses (APRNs) are registered nurses (RNs) who have attained advanced expertise in the clinical management of health problems. APRNs include nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists. Typically, an APRN holds a master's degree with advanced didactic and clinical preparation beyond that of the RN. Most APRNs have extensive practice experience as RNs prior to entering graduate school. Practice areas include, but are not limited to: family, gerontology, pediatrics, women's and adult health, neonatology, mental health, midwifery, and anesthesiology.

Federal law requires fee-for-service Medicaid to cover health care services provided by some APRNs (pediatric nurse practitioners, family nurse practitioners, and certified nurse midwives). Some states have also opted to cover the services of certified registered nurse anesthetists and clinical nurse specialists, primarily because these practitioners are willing to provide needed services in physician shortage areas. Multiple studies have shown that the quality of care provided by APRNs is equivalent or better than that provided by MDs.

The Balanced Budget Act of 1997 (BBA, P.L. 105-33) encouraged states to move Medicaid patients into managed care and to use primary care case managers as gatekeepers to care in the fee for service program. The BBA granted the states the option to recognize pediatric nurse practitioners, family nurse practitioners, and certified nurse midwives as primary care case managers, while at the same time allowing them to refuse to recognize these practitioners. In addition, the BBA provided only a very vague reference to the types of providers that must be included in managed care panels. Plans must only show that they provide access to "a sufficient number, mix, and geographic distribution of providers." In effect, the BBA inadvertently allowed APRNs to be excluded as Medicaid providers in primary care case management and managed care.

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RATIONALE

Medicaid beneficiaries should have access to the full range of services provided by APRNs, including case management services. Each year many Americans go without the health care services that they require because physicians simply are not available to care for them. This problem plagues rural and urban areas alike. Medicaid beneficiaries are particularly vulnerable, since in recent years a number of health professionals have chosen not to care for them or have been unwilling to locate to the communities where many beneficiaries live. APRNs are an exception to this trend; they frequently accept patients that others will not treat and serve in provider shortage areas. The proper utilization of APRNs will increase access to health care and decrease expenses related to preventable acute care admissions and emergency room visits. ☺

WHISTLEBLOWING/PATIENT ADVOCACY PROTECTIONS FOR NURSES

POSITION

The American Nurses Association (ANA) supports legislation to protect the nurse's right to speak out about activities, practices, or conditions that threaten the health and safety of their patients or the environment.

BACKGROUND

Whistleblowing is the public disclosure of unlawful or hazardous activities or practices by members of one's own organization. This action often occurs after employees have exhausted existing channels for correcting problems or when employers are unresponsive or have retaliated in the past.

Whistleblowing by nurses usually results from concern about issues that jeopardize the health or safety of patients or place the employee at risk due to occupational safety and health violations. Although nurses are responsible for patient care and well-being, they often are powerless when another health care provider engages in unethical or life-threatening practices. There have been a number of legal cases involving nurses who have "blown the whistle" on their employers. In particular, nurses have been instrumental in identifying violations of research standards and refusal of care to newborns.

In 1989, Congress enacted the Whistleblower Protection Act to protect federal workers. This law was expanded in 1994 to cover workers in veterans' facilities hired under Title 38, as well as government corporation employees. However, current whistleblower laws remain a patchwork of incomplete coverage. Fear of reprisal and lack of protection prevent many employees from taking the risk of speaking out to protect public health and safety. Reprisals may include dismissal, harassment, or blacklisting.

RATIONALE

ANA contends that an over-reliance on individual scrutiny has failed to address the burgeoning system problems that have fostered poor patient care. For registered nurses, patient advocacy is at the heart of their professional commitment. It is a priority of nursing organizations representing the full spectrum of nursing specialties, including advanced practice and staff nurses, whether or not its members engage in collective bargaining: this is because patients depend on nurses to ensure that they receive proper care. Patients must be assured that nurses and other health care professionals, acting within the scope of their expertise, will be able to speak for them without fear of retaliation. 