



*The Voice for Arkansas Nurses*

# Committee for Health Policy Update

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# Interim Study 2013-199

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Interim Study 2013-199, “The Role of the Advanced Practice Nurse” was presented before the Joint Public Health, Welfare, and Labor Committee of the Arkansas General Assembly on November 25, 2014. The study, requested by Representative Kim Hammer (R-Benton) was the result of HB 1190, which failed to pass out of the committee by a single vote in 2013. The bill would have authorized APRNs to be recognized as primary care providers in the state Medicaid program.

## ARNA Champion in the Legislature

The Arkansas Nurses Association (ARNA) and all the nurses in our state are fortunate to have a consistent champion in the legislature, Rep. Kim Hammer (R-Benton). Rep. Hammer has supported patients/consumers and the nursing profession by standing firm for opportunities to educate legislators about who APRNs are, what we do, and how we can help ensure the people of Arkansas will have access to the care that they need, when they need it. Recently, when ARNAs Interim Study Proposal (ISP) presentation before the full Public Health, Welfare, and Labor Committee was nearly rescheduled to a sub-committee, Rep. Hammer ensured that our ISP presentation remained as it was originally scheduled before the full committee on November 25, 2014.

## ISP Presentation Preparation

Preparation for “The Role of the Advanced Practice Registered Nurse in Arkansas” spanned several weeks this fall. Dr. Mary Garnica, Chair of the ARNA Health Policy Committee, organized six working groups to collaborate in an extensive literature search. The most relevant and timely publications were used to develop “talking points” around issues of major importance to APRNs in Arkansas. Sources included the Institute of Medicine’s *Future of Nursing* Report, the National Governor’s Association, and The National Conference of State Legislators. The working groups focused their efforts on six barriers to APRN practice in the state of Arkansas: the mandatory collaborative agreement; full authority for schedule II prescribing; Patient Centered Medical Home team leader; Primary Care Provider status for APRNs; Medicaid reimbursement and reimbursement parity; and APRN hospital privileges. Pipere Brittell of the Catlett Law Firm took the most relevant and essential points from the six areas and created an excellent power point presentation. We couldn't have done this without the hard work of all who helped us find articles and summarize them.

Members of the ISP working groups were:

- Elizabeth Aronson
- Yolanda Bone
- Kimberly J. Carney
- Katherine Darling
- Traci Elliff
- Mary Garnica
- Linda McIntosh
- Cheryl Perry
- Pei Purdom
- Debbie Shelton
- Sharon Stevenson

## It's Always Something...

Just as the best laid plans can go astray, so, too, the plan for the ISP presentation ran into its own difficulties. Several more ISPs were added onto the Joint Committee's agenda in the days just prior to the scheduled meeting. As a result, the Joint Public Health Committee Chair told every ISP group they had only 15 minutes to present--and that included time for questions and answers! It really rushed all the presentations. Even with that limitation, only two presentations had slides, and ARNAs was one. When it was discovered that the presentation would be rushed, ARNAs ISP slides were printed off and provided to each of the Joint Committee members as a handout.

## An Overview of Presentations of Interest to Nursing and Healthcare

In the ISP presentation, ARNA was not specifically asking for anything that "cost," but rather for the committee to take a broader look at the APRN role in the healthcare arena as providers. Michael Carter, DNSc, DNP, Family & Geriatric Nurse Practitioner, and Julie Thibodaux, APRN, Certified Pediatric Nurse Practitioner, both did an amazing job reporting the facts supporting the ISP, which was well written and professionally presented.

Several other ISPs were presented before the Committee, and they are all noteworthy to nursing and healthcare:

- Two presentations on anesthesia
  - Representative Stephen Magie (R- Conway) presented a proposal to create the role of the anesthesia assistant in Arkansas. This role would work under direct supervision of the anesthesiologist so physicians are in support of it. The presentation tried to make it seem that the anesthesia assistant is as qualified as the CRNA. So, it is clear the CRNAs will have some educating to do about their level of education and scope of practice. The anesthesia assistant would require the development of certification and licensure for such a provider.
  - The CRNA presentation was brief; they want to pass a bill to opt out of mandated collaborative agreement. At the Committee meeting, their bill was presented by former Sen. Pritchard. Many questions were asked by Committee members on the differences in collaborative practice and direct supervision to which there were no clear answers given by former Senator Bill Pritchard. Reimbursement for services provided by the CRNA versus the anesthesiologist was also discussed in relation to how and who is reimbursed.
- The community paramedic is being advocated as a role to fill in gaps especially in rural communities where the local hospitals are facing fines for early readmission and high costs of providing care for people who are still without insurance and come to the ER for routine care, and even social service issues. This bill will face opposition from the Committee as the community paramedic will be a new provider to an already taxed healthcare system. Reimbursement for services would have to be addressed and proven to be cost-effective.
- The surgical assistant role was presented, and it was the only other presentation where slides were used. They were making the case for licensure of this new role in Arkansas. There were many surgical technician students from various programs throughout the state present in support of state licensure for their profession.
- Representative Magie also presented on a proposed bill to make hydrocodone combination prescriptions allowable for PAs and APRNs in Arkansas. This came as a result of the recent "up-scheduling" of these drugs to Schedule II, making them currently unavailable to APRNs and PAs to prescribe. In many ways, Rep. Magie, who is a physician, actually used some of our "talking" points—in particular to say that APRNs have prescribed those since 1996, so it's not an increase in scope of practice. However, there is no intent to include anything *other than* hydrocodone combinations—so would not include stimulants or other schedule II pain medications. This proposed change would be part of a collaborative practice agreement that the APRN or PA must have with a physician. Rep. Magie commented that he did not want APRNs to have the right to prescribe all Schedule II medications. More discussion with legislators will be needed to make the case as to why APRNs need the authority to prescribe the full Schedule II. The Winter 2015 issue of *Arkansas Nursing News* will have an article on this topic.

- Another ISP presented by Rep. Magie was to determine the need for new licensure of an assistant physician. The assistant physician would be the individual who has completed medical school, but has not attended a residency. The argument was made that residencies are often hard to find and that perhaps the newly graduated physician could begin work as an assistant physician while waiting on a residency.

## Theme of Improving Access to Care

A definite theme that flowed throughout all the presentations was improving access for those who live in rural communities. Data that clearly shows the vulnerable populations of patients currently being cared for by APRNs must be part of the conversation. The ARNA ISP showed that 75 of counties in Arkansas have full or partial designation as Health Care Professional Shortage Areas (HPSAs). This was very relevant, as the health care provider shortage faced by rural communities was a concern raised by several on the Committee. Following each presentation, legislators raised questions as to how access to care would be affected. The presentation highlighted the success of APRN-led clinics across Arkansas. These VA clinics, known as Patient Aligned Care Team or “PACT” clinics provide primary care for panels of patients ranging in size from 600 to more than 1500. The important role of APRNs in leading practices will need to be clarified and may bring about more discussion with legislators regarding recognition for direct reimbursement and the need for parity.

Most of the interim studies presented at this hearing emerged from “problems” that need to be solved and the various groups were trying to show they have the solution. APRNs have forty years of excellent outcome data regarding quality, safety and cost effectiveness. Advanced practice registered nurses need to stay focused on what *patients/consumers need*—otherwise we just come across as part of the “feeding frenzy,” as Senator Stephanie Flowers called it. Many other relevant questions and concerns came from Senator Stephanie Flowers (D- Pine Bluff). Questions also came from Representative John Burris (R- Harrison), Representative Justin Harris (R- West Fork), Representative Kim Hammer (R- Benton), and Representative Andy Mayberry (R- Hensley).

## Need for Clearly Defined Terminology

Areas emerged in which nursing has a role and responsibility to fulfill:

- The terms collaborative practice/physician supervision must be clearly defined. There was inaccurate information given in relation to these terms and how they are used.
- The importance of recognition as primary care providers and ability to bill for services must be clarified.
- The need to prescribe the full range of Schedule II medications
- A strong grassroots network of nurses who are willing to speak with legislators will be the key to our success.
- A consistent message to legislators is essential to provide a united front in nursing.
- Many APRNs work in remote, rural areas and do not have access to current health policy information that affects their daily practices. Informing APRNs on the current issues at hand remains a responsibility for all.

There are many concerns and much to be excited about as the new legislative season approaches. Everyone has a role and every nurse is needed as we move forward to bring light on the quality health outcomes that are provided daily to many patients throughout the state being cared for by APRNs. Please make it a part of your New Year’s resolution to be active in the political processes that define APRN practice.

**Happy New Year from the ARNA Committee for Health Policy!**