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Finding the right prescription for APRNs

LYDIA COUTRÉ

Joscelyn Greaves, OAAPN president

If Ohio House Bill 177 passes, APRNs will be allowed to prescribe independently without having an agreement with a collaborating physician. But physician groups say the requirement should stay.

Ohio's advanced practice registered nurses (APRNs) have turned to the state legislature to seek autonomy in their ability to prescribe and practice, a move that physician groups in the state strongly oppose.

There have been several unsuccessful attempts in recent years to pass such a bill, but supporters of House Bill 177, which is currently in committee, are hopeful that this time will be different, especially given the Federal Trade Commission's January letter urging the Ohio legislature to adopt the proposal.

Currently, before engaging in practice, APRNs must enter into a standard care arrangement with a collaborative physician who provides oversight of the care provided by these advanced practice nurses.

The Ohio Association of Advanced Practice Nurses (OAAPN) states that lifting the mandatory agreement would help increase access to quality, cost-efficient care. Physician groups have pushed back, saying the current model of physician-led, team-based care is effective and ensures patients receive safe care.

Reginald Fields, spokesman for the Ohio State Medical Association, said he recognizes this is a "delicate" issue. Nurses, nurse practitioners and other professionals play vital roles in health care delivery, but the team needs to remain physician-led, he said, noting physicians have significantly more education, training and experience.

"Physicians and nurses could not be effective without one another, but to essentially want to completely eliminate a physician from a patient's team-based care is ... not a good idea, and it really jeopardizes an individual's safety," Fields said.

FOCUS: HEALTH CARE

The right prescription: If Ohio House Bill 177 passes, APRNs will be allowed to prescribe independently without having an agreement with a collaborating physician. But physician groups say the requirement should stay.

Building a foundation for access: Established in Aurora two decades ago by serial entrepreneur Ray Dalton, The Dalton Foundation is leveraging technology to launch programs that improve access to and the quality of health care in Northeast Ohio and around the world.

A Treehouse grows in Bedford: How the Inspired Treehouse blog on healthy childhood development grew into a nonprofit storefront facility offering free and low-cost developmental playgroups for children of all abilities.

ICHRA redefines employer-sponsored health insurance: Just as the shift from defined-benefit pensions to defined-contribution 401(k) plans altered how Americans save for retirement, the new Individual Coverage Health Reimbursement Arrangement option could have a similar effect on how employers of all sizes fund and manage employee health benefits.

Jeana Singleton — an attorney at Brennan, Manna and Diamond, whose team serves as general counsel for OAAPN — stresses that lifting the mandatory standard care arrangement does not mean ending the collaborative, team-based approach.

As health care leaders encourage providers to practice to the top of their license, the question becomes what is that highest point.

"If APRNs are better able to practice to the full extent of their education, training and abilities, and if institutional health care providers are better able to deploy APRNs as needed, health care consumers are likely to benefit from improved access to health care, lower costs and additional innovation," according to the FTC letter.

John A. Bastulli — vice president of legislative affairs for the **Academy of Medicine of Cleveland and Northern Ohio,** the regional physician organization — argues that APRNs are already there. "They are currently working at the top of their license," he said. "What they are seeking is to expand their scope of practice and to practice independent of a care arrangement with a physician that they have a supervisory agreement with."

The standard care arrangement was instituted in the 1990s, but times have changed since then, Mary Jane Maloney, director of the Government Relations Committee for the OAAPN, argued in prepared testimony for an Ohio House of Representatives Health Committee hearing on the bill in late January. Ohio's growing elderly population, with multiple chronic health problems, and the increase in the insured population have expanded the need for health care services and primary care providers, according to her written testimony.

Joscelyn Greaves, OAAPN president, said the biggest thing the bill will accomplish, if passed, is increasing access to care, which she said is a "huge need" in the state. Kaiser Family Foundation has **identified 155 primary care health professional shortage areas** in Ohio,

predominantly determined by the number of health professionals relative to the population with consideration of high need.

"We have 17,000 APRNs in the state," Greaves noted. "We want to be able to remove that barrier and allow us to be able to go into those areas where there's minimal health care available at this point."

Greaves added that as more health care systems acquire practices, there are fewer physicians available to enter into standard care arrangements because they often aren't allowed to collaborate with APRNs who aren't a part of these large systems.

Fields said he doesn't see a risk of APRNs being unable to access a collaborative physician, claiming there are physicians out in rural areas of the state who are available if APRNs want to practice there under a standard care arrangement.

"It's just an argument that may be true for other states, but it's not true here in the state of Ohio. We don't see that level of shortage," he said.

Roughly half of U.S. states require some form of physician supervision for APRNs, but the specifics vary.

In Ohio, there's a baseline of specific times when APRNs can diagnose and prescribe, Fields said. The agreement with a physician spells out how the two will collaborate on conditions and situations beyond that.

"So the physician essentially serves as really a safety buffer for when you have some higher-level medical attention that's needed," he said.

For example, a nurse practitioner may be able to prescribe something for a basic cold, but for a more medically complicated situation, "there are clear lines where the physician needs to be involved and should be consulted," Fields said.

In its letter, the FTC, which also encouraged Kansas legislatures to pass a similar bill, highlighted concerns about competition in health care, noting that even "well-intentioned" regulations could have overbroad, unnecessary restrictions that limit competition.

"Undue regulatory restrictions on APRN practice can harm patients, institutional health care providers and both public and private third-party payors," the letter stated, citing a 2014 FTC policy paper which said that "state- mandated supervision of APRN practice raises

competitive concerns, may impede access to care and may frustrate the development of innovative and effective models of team-based health care."

Bastulli said physicians are "very willing" to engage with APRNs to address access and cost containment. Previous legislation expanded the number of APRNs in a supervisory agreement and liberalized the formulary of medications they could administer, "while at the same time maintaining physician supervision as part of the health care team," he said.

Inline Play
