

California State Senate

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TWENTY-SECOND SENATE DISTRICT



SB 323 (Hernandez and Eggman) Full Practice Authority for Nurse Practitioners

Purpose

SB 323 will allow Nurse Practitioners (NPs) to practice to the full extent of their education and training in order to ensure access to the health care delivery system for millions of Californians who now have access to coverage through the Affordable Care Act (ACA).

Primary Care in California

California is home to the largest number of primary care physicians and NPs in the country. However, the state ranks 23rd in the number of primary care physicians per resident. An August 2014 report by the California HealthCare Foundation states that California has only 35 to 49 primary care physicians per 100,000 Medi-Cal enrollees. Federal guidelines call for the state to have 60 to 80 doctors per 100,000 patients. The supply of primary care physicians also varies substantially across California's counties. The number of primary care physicians actively practicing in California counties is, in too many cases, at the bottom range of, or below, the state's need. According to 2011 HRSA data, 29 of California's 58 counties fall at the lower end, or below, the needed supply range for primary care physicians. In other words, half of Californians live in a community where they do not have adequate access to the health care services they need.

The ACA

Under the ACA, about five million Californians have enrolled in either private insurance or Medi-Cal. There are now 12 million Medi-Cal enrollees, about one third of California's population. The newly insured will increase demand for health care from an already strained system. Furthermore, the ACA will change how care is delivered. It provides incentives for expanded and improved primary care, which may affect demand for some health care professionals more than others, and encourages the creation of team-based models of service delivery. Research indicates that health care reform will place higher skill demands on all members of the health care workforce as systems try to improve quality while limiting costs. The scale of change with health care reform is unlike anything that California has previously faced. Studies have found that persons with health insurance use more health care services than uninsured persons, particularly in primary care and preventive services. This was found in Massachusetts, which experienced a substantial increase in demand for primary care services as a result of its 2006 health reform. A February 2, 2015 article in the San Jose Mercury News reported that the primary care physician shortage combined with the millions of newly insured has resulted in significant delays in seeing a doctor and crowded emergency rooms. The article cited a recent report by the California HealthCare Foundation, which found the ratio of patients to full-time primary care doctors participating in Medi-Cal was 35 to 49 physicians per 100,000 enrollees, well below the federal guidelines of 60 to 80. According to the Mercury News article, "... many experts say the problems are so widespread they shouldn't be ignored."

Background on NPs

NPs are advanced practice registered nurses who have pursued higher education, a master's or doctorate degree, and certification as an NP. In order to be more competitive in today's job market, many NPs now pursue additional specialty education and training in specialties like pediatrics, geriatrics, or women's health, while many remain focused on providing primary care. NPs play an important role in the health care delivery system and provide care in a variety of settings such as hospitals, community clinics, and private practice settings including in many medically underserved communities throughout the state. There are approximately 19,000 NPs licensed by the Board of Registered Nursing in California.

The case for SB 323

Numerous California editorial boards have endorsed full practice authority for NPs. A 2013 *New York Times* editorial stated "There is plenty of evidence that well-trained health workers can provide routine service that is every bit as good or even better than what patients would receive from a doctor. And because they are paid less than the doctors, they can save the patient and the healthcare system money."

Californians deserve access to high quality primary care offered by a range of safe, efficient, and regulated providers. NPs have advanced their educational, testing, and certification programs over the past decade. They've enhanced clinical training, moved to advanced degrees, and upgraded program accreditation processes. Other states have recognized advances with NP practice acts that align with professional competence and advanced education. But California has not kept pace.

In California, we have a robust network of providers that are well-trained, evenly distributed throughout the state, and well positioned to pay particular attention to underserved areas. Deploying these professionals in a team-based delivery model where they work collaboratively with physicians will allow us to meet the demands placed on our healthcare systems created by a rapidly aging physician population and expansion of health insurance coverage.

This bill

SB 323 will grant NPs full practice authority, under a specified scope of practice, if he or she has national certification and liability insurance. Specifically, this bill:

- 1) Permits a NP to practice without physician supervision if the NP is certified by a national certifying body, maintains professional liability insurance that is appropriate for his or her practice setting, and is practicing in one of the following settings:
 - A clinic, health facility, or county medical facility;
 - An accountable care organization, as specified; or,
 - A group practice, a medical group, or an independent practice association.
- 2) Specifies the scope of practice for NPs. Specifically, permits an independent NP, in the settings listed above, to perform services that are widely agreed to be the extent of services that NP perform today.
- 3) Requires a NP to refer a patient to a physician and surgeon or another licensed health care provider if a situation or condition of the patient is beyond the NP's education or training.
- 4) Requires these NPs to have medical malpractice insurance.

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