



FACT SHEET: SB 491 UTILIZING NURSE PRACTITIONERS TO INCREASE ACCESS TO CARE

PROPOSED BILL

Senate Bill (SB) 491 will allow nurse practitioners (NPs) to provide services consistent with their training and education without the involvement or supervision of a physician in order to address the provider shortage, which will be exacerbated by the implementation of the Affordable Care Act (ACA). Specifically, SB 491 authorizes NPs to practice to a fuller extent of their education and training, which includes diagnosing patients, performing therapeutic procedures, prescribing drugs and devices and making independent decisions in treating health conditions.

BACKGROUND

NPs are advanced practice registered nurses (APRNs) and caregivers who have a masters or doctorate degree in nursing, have advanced practice expertise and have met the Board of Registered Nursing (BRN) NP certification requirements. Most NPs practice in primary care, but many have additional training/certification in pediatrics, geriatrics, family health, etc. There are approx. 17,000 NPs licensed in California.

According to the Institute of Medicine (IOM) Study, *The Future of Nursing: Leading Change, Advancing Health*, state legislatures should reform scope-of-practice regulations to conform with the National Council of State Boards of Nursing Model Nursing Practice Act and Model Nursing Administrative Rules (Article XVIII, Chapter 18), which would allow NPs to practice to the full extent of their education and training.

The National Governors Association's (NGA) report, *The Role of Nurse Practitioners in*

Meeting Increasing Demand for Primary Care, concluded that expanded utilization of NPs could increase access to care, especially in medically underserved areas.

Further, the AARP Policy Book (AARP-Public Policies 2011-2012) calls on states to amend current scope of practice laws and regulations to allow NPs to practice to the full extent of their education and certification.

One third of the nation has adopted full practice authority licensure and practice laws for NPs. SB 491 is modeled after Arizona's successful NP independent practice act, which was implemented in 2001. Since its enactment, the number of NPs in Arizona has increased 50%, with an increase from 18 to 26 per 100,000 population in rural counties, demonstrating that NPs can make an important contribution in efforts to deliver primary care to underserved areas.

NEED FOR LEGISLATION

ACA Implementation. Up to seven million more Californians will enter the health care system with the implementation of the ACA. The delivery system, which is already strained, will not be able to meet the needs of these newly eligible individuals without expanding access to healthcare providers. Many newly insured Californians will have pent-up demand for services, which will put pressure on the healthcare system, especially in medically underserved areas. SB 491 can assist with this problem by allowing NPs to practice in a wider range of health care settings

Primary Care Workforce Shortage

Less than 1/3 of Californians live in an area where they have access to necessary health care services. According to a California Health Care Foundation report, the number of primary care physicians actively practicing in California is at the very bottom, or below, the state's need based on Council of Graduate Medical Education estimates. These statistics will only worsen with the influx of individuals newly insured under the ACA. SB 491 will allow NPs to play a crucial role in addressing this problem by expanding their ability to provide primary care without physician supervision. Also, NPs could lessen the provider shortage more quickly than physicians going forward, since nurses complete their education and training in six years on average, including graduate degrees, whereas physicians take an average of 11-12 years to complete their training and education.

Fulfilling Patients Needs and Satisfaction.

According to Health Affairs' October 25, 2012 Health Policy Brief, numerous studies comparing quality of care provided by NPs and physicians have shown that clinical outcomes between the two groups are similar. The same brief states that health status, treatment practices and prescribing behavior were consistent between NPs and physicians in a systematic review of 26 studies published since 2000. In addition, patient satisfaction was reported to be higher with care provided by NPs, with NPs doing better with patient follow up, time spent in consultations, and screening, assessment and counseling services.

The empirical research study *Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians: Two-Year Follow-Up*, concluded that there is a growing body of evidence demonstrating the quality of primary care delivered by NPs is the same as the quality of care provided by physicians. Specifically, the researchers studied 1,316 patients randomly being treated at NP-run or physician-run practices and found no clinically significant differences in patient outcomes.

There is abundant research exhibiting NPs' ability to provide high-quality care and deliver services comparable to physicians -- not a single study in over 100 studies on care provided by both NPs and physicians has found that NPs provide inferior services. SB 491 will remove existing practice barriers for NPs, which will allow them to deliver *quality* healthcare to Californians in need, at a time when they need it most.

Benefits. SB 491 assists in providing a rational solution to the primary care workforce shortage and the need for more accessible care in California. It will increase essential healthcare availability, decrease costs, improve efficiency by removing duplication and delays, and maintain quality and patient choice. SB 491 calibrates NPs' scope of practice with their education and training, building on a solid foundation of proficient NP care. With the upcoming implementation of the ACA and all of the challenges associated with it, it is essential to bring primary care to newly insured individuals and underserved areas. SB 491 will ensure that NPs are fully utilized in this collaborative effort.

SUPPORT:

California Association for Nurse Practitioners (CANP)

OPPOSITION:

CALIFORNIA MEDICAL ASSOCIATION (CMA)

FOR MORE INFORMATION:

Contact: Lynne Andres
Phone: (916) 651-4024
Email: lynne.andres@sen.ca.gov