Legislative Q&A Regarding
Elimination of the Practice Agreement in Virginia

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1 *What is the Virginia Council of Nurse Practitioners?*

The VCNP is a statewide professional organization for more than 7,700 nurse practitioners licensed in Virginia who practice in ambulatory, outpatient, acute care and long-term care settings as primary and/or specialty care providers.

2 *What legislative action is VCNP working toward?*

VCNP has submitted **HB 793** for approval in the 2018 General Assembly. This legislation would end the current NP practice requirement for a "practice agreement" with a designated physician, which has been shown to adversely impact patient access of care and eliminate NP jobs in some cases. This practice agreement is a barrier to care and must be removed for many reasons including the following:

- Nurse practitioners lose their ability to see current patients when a collaborating physician retires or becomes ill. In which cases, this results in closing their practice which is a significant problem in rural or underserved areas where NPs outnumber physicians.
- Key safety net practices, such as free clinics, are unduly burdened with the need for a collaborating physician in order to see patients. Many have experienced a delay in care due to the loss of a collaborating physician.
- There is also the risk of a NP not being able to find a collaborative physician. Many barriers keep trained physicians from partnering with NPs leaving them stuck and unable to move forward with practice.
- Employed physicians are often prevented from collaborating because of employer non-compete clauses.
- In some cases, the physician's malpractice insurance carrier may prevent collaboration with an outside provider.
- The collaborating fee charged by the physician may be too excessive to allow for a sustainable business model. This is an unnecessary expense driving up the cost of healthcare.
- Research also shows that NPs in states with less restricted practice environments are more likely to work in rural and underserved areas, which increases access to healthcare.

3 *What is the legislative solution to this problem?*

The solution to these problems is the elimination of the practice agreement, an outdated nurse practitioner statute in Virginia, which bars NP's from practicing without a written contract with a physician. These contracts/agreements are costly and many times the physician isn't even required to be in the same location as the NP. This can only be granted through legislation approved by the Virginia General Assembly.

For the last ten months, Del. Roxann Robinson has led a workgroup focusing on this topic as a way to build consensus among a multitude of groups that have opinions on this issue. Those attending have included representatives from the Medical Society of Virginia (MSV) and their various specialty groups, the Virginia Hospital and Healthcare Association and several of their hospital members, and VCNP and VNA.

The group has together reviewed sample legislation from other states and VCNP has drafted a bill (**HB 793**) that would move NPs closer to achieving the right to practice to the full extent of their education and training. Under the proposed legislation, NPs would perform advanced practice nursing under a practice agreement with a collaborating provider (physician or nurse practitioner) for 1,040 hours at which time the practice agreement requirement would then be removed. The removal of the practice agreement is considered the removal of a barrier that would allow for better access to care for patients. VCNP is hopeful the legislature will see **HB 793** as a good faith compromise and an incremental step forward regardless of if the other stakeholder groups support it.

Ideally, the reference of a "patient care team" and licensure from both the Board of Nursing and Board of Medicine should be eliminated. All states allowing for Full Practice Authority have moved toward licensure from only the Board of Nursing and acknowledged that NPs always work within a "patient care team," which is part of their training and not something that needs to be legislatively enforced. These are legislative steps that will need to be worked towards in the future.

4 *What would be the outcomes of a legislative solution?*

If the Virginia General Assembly would approve legislation allowing nurse practitioners to practice to the full extent of their education and training, the results would include (*the following studies have proven these points*):

- **More affordable healthcare** (Naylor, M.D. and Kurtzman, E.T. "*The Role of Nurse Practitioners in Reinventing Primary Care*," Health Affairs, May 2010, Vol. 29, No. 5, pp. 893-99; Eibner, C.E., Hussey, P.S., Ridgely, M.S., et al. "*Controlling Health Care Spending in Massachusetts: An Analysis of Options*," RAND Corporation; Mehrotra, A., Wang, M.C., Lave, J.R., et al. "*Retail Clinics, Primary Care Physicians, And Emergency Departments: A Comparison of Patients' Visits*," Health Affairs, September/October 2008, Vol. 27, No. 5, pp. 1272-282.)
- **Greater access to care** (*"Primary Care Workforce Facts and Stats No. 3,"* Agency for Healthcare Research and Quality, January 2012, AHRQ Pub. No. 12-P001-4-EF)
- **Savings to consumers, businesses and public programs** (Paez, RN, et. al. and Allen, RN, et.al. *"Cost-effectiveness of nurse practitioner management of hypercholesterolemia following coronary revascularization,"* Journal of the American Association of Nurse Practitioners, September 2006, Vol. 18, No. 9, pp 436–444; *"The Economic Benefits of More Fully Utilizing Advanced Practice Registered Nurses in the Provision of Health Care in Texas: An Analysis of Local and Statewide Effects on Business Activity,"* The Perryman Group, May 2012.)

5 *How does Virginia compare to other states on this topic?*

Virginia is one of only 12 states remaining that the American Association of Nurse Practitioners (AANP) has designated as having a "restrictive practice environment" requiring supervision, delegation, or team-management by an outside health discipline in order for the NP to provide patient care. There are 22 states plus Washington D.C., and

the entire Veterans Health Administration, that have full practice authority, which is the endgame goal in Virginia, but takes an incremental approach to attain.

6

What educational factors make NPs qualified to practice to the full extent of their education?

NPs are advanced practice registered nurses who have obtained graduate education, including Masters of Science and Doctoral degrees. Educational preparation provides specialized knowledge and clinical competencies to practice in various health care settings, make differential diagnoses, manage and initiate treatment plans and prescribe medications and treatment. National NP education program accreditation requirements and competency-based standards ensure that NPs are equipped to provide safe, high-quality patient care from the point of graduation. Additionally, NPs are required to pass Advanced Practice Clinical Competency National Broad Certification exams prior to licensure and practice.

7

Who opposes eliminating Virginia's outdated statute?

Physician groups oppose NPs on the elimination of this statute due to economic concerns for a loss of income to their practice due to competition. In contrast, there is no evidence to support that this has happened in any Full Practice Authority state.

8

Why do physicians use quality as an issue for not eliminating the practice agreement?

It's not uncommon for physicians to say that NPs have poor outcomes or quality measures in their care, but that is just false. Studies (in Medical Journals, Cochrane Databases, Health Affairs, etc.) of large meta-analyses comparing care provided by NPs and physicians found that ***patient care and health outcomes were no different***. In fact, patient education rates and patient satisfaction rates were higher with NPs.

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What are other factors for why elimination of the practice agreement should happen?

There is a growing shortage of primary care physicians, and NPs can help fill this critical void with expertise in health promotion and disease prevention. Nationally, 89% of the NP population is prepared in primary care and are a vital part of the U.S. primary care workforce, whether in the rural or metropolitan areas.