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HEALTH CARE

A. Barton Hinkle column: Northam can lead bipartisan reform to make health care more accessible

Jan 16, 2018



Nurse practitioner Fay Parpart checks a patient's eyes during a youth sports physical.
DANIEL SANGJIB MIN/TIMES-DISPATCH



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Virginia's new governor, and its new class of Democratic lawmakers, have an opportunity to improve access to health care in Virginia. But to do so, they might have to go against their partisan instincts.

Gov. Ralph Northam already has made Medicaid expansion one of his top priorities. Republicans don't like the idea. But their recent abandonment of divisive social causes such as abortion and anti-LGBT issues suggests they might be more receptive to compromise on Medicaid as well.

Then again, maybe not. Regardless, Democrats and Republicans should be able to find common ground on two other approaches to expanding health care.

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Roughly half the states in the U.S. already permit advanced-practice nurses to operate independently. A [huge body of research](#) has validated the approach. The Institute of Medicine [recommends](#) it because the rules limiting nurse practitioners “are related not to their ability, education or training, or safety concerns, but to the political decisions of the state in which they work,” and because “most studies showed that NP-provided care is comparable to physician-provided care on several process and outcome measures. Moreover, the studies suggest that NPs may provide improved access to care.”

The Department of Veterans Affairs [adopted the reform last year](#). The Kaiser Family Foundation [endorses](#) it. The Federal Trade Commission also supports expanding the ability of nurse practitioners to perform medicine independently, which would provide “safe, lower-cost competition” to physicians. Likewise, it would increase the supply of medicine in underserved areas, such as rural areas, where there is a [serious shortage of doctors](#), as well as statewide. (By one estimate, Virginia will [need 29 percent more](#) doctors by 2030 to maintain the status quo.)

Other [research](#) has shown that giving nurses a greater scope of practice helps bring costs down by as much as 35 percent, with higher levels of patient satisfaction.

That’s the first reform. The second? Repeal the state’s Certificate of Public Need (COPN) requirements.

Virginia’s COPN regime requires health care providers to get the state’s permission to spend their own money on investments such as new hospital wings or major medical devices such as MRIs and CT scanners. The process is hugely expensive and time-consuming — in large part because market incumbents, such as large hospital chains, are allowed to weigh in on whether the state should permit new entrants to compete with them.



Congress originally imposed the system to deal with a problem caused by federal reimbursement rates for Medicare and Medicaid. Washington eventually changed the reimbursement formulas and lifted the COPN requirement, but many states (including Virginia) kept it in place.

In theory, COPN is supposed to control health care spending through central planning. In practice, it doesn’t. Washington state [found](#), for instance, that “CON has not controlled overall health care spending or hospital costs.” A commissioner for the Federal Trade Commission has [written](#): “Ironically, a government program originally aimed at reducing health care prices is likely inflating them, at least in some situations.”

The FTC and the Antitrust Division of the Justice Department have repeatedly argued

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Northam can lead bipartisan reform

JAN 16 2018
(IMAGE 2 OF 4)

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In fact, large health care providers now argue exactly the opposite: By stifling competition, COPN laws help hospitals generate excess profits that they can then use to pay for indigent care. Virginia sometimes even requires charity care as part of the price for granting COPN approvals. In other words, a program originally imposed to lower costs is now justified on the grounds that it raises them.

Giving nurses greater freedom to practice and repealing COPN would both lower costs and expand access to care. To achieve either, however, lawmakers will have to overcome opposition from powerful physician and hospital lobbies. Gov. Ralph Northam’s views on the issues are opaque, but as a pediatric neurologist he might have concerns that need to be overcome as well. And Democrats, who are philosophically inclined toward more regulation rather than less, might have to overcome their own instincts in that regard. But if they can, patients across Virginia would benefit.

bhinkle@timesdispatch.com

(804) 649-6627

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- Janine Russell**
Nurse Practitioners need to obtain an education and hold licensurs both as a Registered Nurse, and a Nurse Practitioner and have their own malpractice insurance. NPs are very conscientious as they responsibly care for their patients. They work as members of the health care team and are involved with evidence based practice. The physician remains financially harmless should the NP get sued and if an NP needs to consult about a practice, he/she is intelligent enough to seek support. It is in the best interest of our patients to remove the barriers for an NP to practice to the extent of the scope of his/her license, experience and education. We are in 2018 and we need to eliminate this antiquated law. May HB 793 be heard on 2/1 and be supported to remover barriers for the NP to practice.
Like · Reply · Jan 31, 2018 6:35pm
- Robert Livingston**
There are many things that could be done to reduce the cost of health care and provide affordable options for people. But some believe in the expansion of government so much it's like a religion.
Like · Reply · 1 · Jan 17, 2018 2:43pm
- Fred DeMey**
Hinkle makes a good point, eliminating both of these large impediments to expanding healthcare choices is a good idea. Ralph Northham, who greatly embarrassed himself in in his latest speech, should take a hard look at these to regulations, and approve both, that would go a long way to improve healthcare delivery and his now tarnished Governorship.
Like · Reply · Jan 17, 2018 12:18pm
- Bonnie Goodbody Kettlewell** · San Diego State University
Another COPN piece. Again.
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- Fred DeMey**
Yea, the (COPN) requirements are without a doubt interfering with the free market approach to reducing healthcare costs, Bonnie do you have a problem with eliminating these impediments to lowering healthcare costs, breaking up monopolies and improving delivery?

Northam can lead bipartisan reform

JAN 16 2018
(IMAGE 3 OF 4)

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lowering healthcare costs, breaking up monopolies and improving delivery?

Like · Reply · Jan 17, 2018 12:20pm



John King

Great article!

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HIT & RUN Blog

How to Make Health Care More Affordable: New at Reason

Reason Staff | Jan. 17, 2018 12:00 pm



Not all solutions to health care access involve more government intervention. Some involve less.

A. Barton Hinkle writes:

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Nurse Practitioner modernization bill will help Roanoke's health care system

JAN 19 2018

(IMAGE 1 OF 3)

Wilson: Nurse practitioner modernization bill will help Roanoke's health care system

Nancy DeVilbiss Wilson Wilson is a Family Nurse Practitioner-Board Certified in Roanoke. Jan 19, 2018 (3)



Nancy Wilson



By Nancy DeVilbiss Wilson

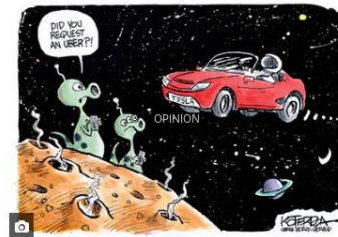
Wilson is a Family Nurse Practitioner-Board Certified in Roanoke.

As members of the healthcare industry in Roanoke, we strive to ensure that the needs of all of our patients are met. Unfortunately, state laws prevent us from doing our job as we were educated and trained, but a bill (HB 793) that is making its way through the General Assembly could change that.

If passed, HB 793 — introduced by Del. Roxann Robinson (R-Chesterfield) — would remove restrictions on board certified nurse practitioners (NPs), as recommended by the Institute of Medicine and the Federal Trade Commission, moving Virginia closer to Full Practice Authority. Under this new legislation, board certified 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 bill will first be reviewed by the House Health, Welfare and Institutions Committee and, if approved, would go for a vote on the House floor.

As a nurse practitioner, I have cared for a vast number of patients and have committed long hours, often working after everyone else in the office has gone home to make sure the needs of my patients are met. I have been a nurse practitioner for more than 30 years. There have been many changes in our health care system over that time period. The passion that nurse practitioners have

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changes in our health care system over that time period. The passion that nurse practitioners have to take care of the needs of their patients and to advocate for them has remained constant.

I have worked in various clinical settings including public health, college health and family practice. In one particular position, in employee health, I began working just as the physician retired and had to wait two months before a replacement physician was hired to begin taking care of those employees.

Sometimes I cannot help —not because I don't know how, but because I am legally barred from doing so. I cannot practice without being tethered to a physician.

This is the frustrating reality for many NPs practicing in states with outdated statutes. Currently, NP practice requires a collaborative "practice agreement" between NPs and a designated physician. We are unable to practice to the full extent of our education, which causes a host of issues, including longer wait times, a lack of medical help for patients and more expensive healthcare.

Twenty-two other states and Washington, D.C., including the entire Veterans Health Administration, have seen the benefits of allowing nurse practitioners to practice to the full extent of their training and education. Virginia is one of the remaining states lagging behind with an outdated practice statute. Elimination of this statute would increase access to healthcare for Virginians.

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. I studied hard to be qualified to care for those in need.

I received my Bachelor of Science in Nursing from the University of Virginia and my Masters of Science in Nursing and Certificate as a Family Nurse Practitioner from Virginia Commonwealth University's MCV School of Nursing.

I am urging everyone to reach out to their legislator about HB 793 to expand access to care. I would have more freedom and less restrictions to practice in another state — as many of our younger graduates have found — but Virginia is my home and I want to continue to provide my services here.

Please help us truly be fully-practicing partners and use our skills and knowledge to help with the healthcare needs of Virginians.



Tags Nurse Practitioner Medicine Education Hospital Health Care System Work Competency Virginia Requirement Accreditation Physician

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Edward Saint-Ivan · Golden Gate University
Nobody denies some ARNP and PA-C programs are excellent but others need to be shut down. Until ARNP

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Nobody denies some AHN⁺ and PA-C programs are excellent but others need to be shut down. Until AHN⁺ and PA-C standards improve the public should be TERRIFIED of quacks that never took an advanced class in anatomy or biochemistry.

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Jackie Baer · University of South Carolina

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Cherie Tripp Lejeune

Agree totally, need to write / contact your local legislators and Health, Welfare Committee

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Nurse Practitioner modernization bill will help Roanoke's health care system

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Northam can lead reform for health-care accessibility

A. Barton Hinkle Jan 21, 2018 🗨️ (0) 📄 3 min to read



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Virginia's COPN regime requires health care providers to get the state's permission to spend their own



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Northam can lead reform for health-care accessibility

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A. Barton Hinkle is a writer for the Richmond Times-Dispatch. Contact him at bhinkle@timesdispatch.com or (804) 649-6627.

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Everett: Virginia, Modernize Nurse Practitioner Laws

Move would increase public's access to health care services

By PHYLLIS C. EVERETT Jan 21, 2018 (3)



As members of the health care industry in the Lynchburg area, we strive to ensure that the needs of all our patients are met. Unfortunately, current state laws impede us from doing our job as we were educated and trained, but a bill (HB 793, <http://bit.ly/2DrHjSz>) that is currently making its way through the General Assembly could change that.

If passed, HB 793 — introduced by Del. Roxann Robinson, R-Chesterfield — would remove restrictions on board-certified nurse practitioners (NPs), as recommended by the Institute of Medicine and the Federal Trade Commission, moving Virginia closer to full practice authority. Under this new legislation, board certified 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 bill will first be reviewed by the House Health, Welfare and Institutions Committee and, if approved, would go for a vote on the House floor.

As a nurse practitioner, I have cared for a vast number of patients and have committed long hours, often working overtime to make sure the needs of my patients are met. As the owner of, and provider in a primary care practice, I come in early, stay late, work in the evening at home, work weekends and have visited patients at their home and places of business.

In the experience of starting my practice, I have become more acutely aware of the barriers we face in providing access to care. This is the frustrating reality for many NPs practicing in states with outdated statutes. Currently, NP practice requires a collaborative “practice agreement” between NPs and a designated physician. A portion of what is collected from patients and insurance companies is then paid to the physician to maintain this relationship. These fees can be burdensome as there is no regulation of this policy. This occurs in large hospital systems and in private practice. In settings where we are unable to practice to the full extent of our education, there are additional issues, including longer wait times, a lack of timely care for patients and more expensive healthcare.

Currently, 22 other states and Washington, D.C., including the entire Veterans Health Administration, have seen the benefits of allowing nurse practitioners to practice to the full extent of their training and education. Virginia is one of the remaining states lagging behind with an outdated practice statute. Elimination of this statute would increase access to health

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Virginia, Modernize Nurse Practitioner Laws

JAN 21 2018

(IMAGE 1 OF 4)

(EST.) MONTHLY VISITS:

375K

(EST.) COVERAGE VIEWS:

1.79K

DOMAIN AUTHORITY:

66



3

practice statute. Elimination of this statute would increase access to health care for Virginians.

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. I studied hard to be qualified to care for those in need, but my education did not stop after I received my Post-Masters Certificate in 2005. To maintain my certifications and skills, I attend conferences, attend webinars, read articles, write articles, make presentations and participate in research projects. This is not just a job to me but a commitment to my patients to be the best I can be and to inspire others to do the same.



I am urging everyone to reach out to their legislator about HB 793 to expand access to care and help fill the void in the provider shortage. Based on ongoing conversations and my relationship with my representative in the House of Delegates, Del. Matt Fariss, he has come to appreciate the role of the nurse practitioner and has signed on as co-sponsor of this bill. You too, can be a positive influence for change and I request that you do so. Nurses work hard on your behalf and we ask that you help us move our practice forward so that we can do even more.

Everett, a resident of Huddleston, is owner of Sapient Health Services which operates Huddleston Health and Wellness. She wrote this commentary for The News & Advance.



Tags Nurse Practitioner Work Politics Hospital Medicine Competency Patient Accreditation Provider Virginia Practice

3 Comments Sort by Newest

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-
- Geneviève Clavreul**
I am in favor of a more independent NP but of course they must be from an accredited school.
Like · Reply · Feb 5, 2018 4:20pm
-
- Edward Saint-Ivan** · Golden Gate University
How many PA-C schools have been shut down or are on probation? How many ARNP programs are so bad students don't have to take anatomy or biochemistry?
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- Edward Saint-Ivan** · Golden Gate University
Nobody would deny ARNPs and PA-Cs that studied at established institutions are competent to see patients but what about fly by night shady for profit schools?
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JAN 21 2018

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Opinion/Commentary: Modernization bill will help Virginia's health-care system

Kimberly S. Bednar Jan 21, 2018 (0) 2 min to read



A nurse administers an injection at a hospital. A bill now in the General Assembly would allow highly trained nurses to perform more medical duties without the supervision of a physician, after proving their competency during a probationary period. Such a change could extend health-care services to patients at lower cost.

AP File



As members of the health-care industry in Virginia, we strive to ensure that the needs of all of our patients are met. Unfortunately, current state laws prevent us from doing our job as we were educated and trained to do. But House Bill 793, which is currently making its way through the General Assembly, could change that.

If passed, HB 793 — introduced by Del. Roxann Robinson, R-Chesterfield — would remove restrictions on board-certified nurse practitioners, as recommended by the Institute of Medicine and the Federal Trade Commission.

Under this new legislation, board-certified NPs would perform advanced-practice nursing under an 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 bill will first be reviewed by the House Health, Welfare and Institutions Committee and, if approved, would go for a vote on the House floor.

A nurse practitioner has been credentialed for a week and has been permitted to treat patients.



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- Photos: The opening ceremonies of the Pyeongchang Olympic Games
- Former resident arrested in NYC fire that displaced 150



Modernization bill will help virginia's health-care system

JAN 21 2018

(IMAGE 1 OF 3)

(EST.) MONTHLY VISITS:

488K

(EST.) COVERAGE VIEWS:

1.92K

DOMAIN AUTHORITY:

72



1

As a nurse practitioner, I have cared for a vast number of patients and have committed long hours, often working overtime to make sure the needs of my patients are met. I spend time calling patients after normal business hours and on weekends to ensure they are feeling well and are not in need of urgent care.

I have worked in both urban and rural communities. For six years of my career, I drove to a rural community to provide primary health care to an underserved population. The drive added four hours to my already busy day, but I did this to make sure that these people in need had access to health care.

Sometimes I cannot help — not because I don't know how, but because I am legally barred from doing so. This is the frustrating reality for many NPs practicing in states with outdated statutes.

Currently, NP practice requires a collaborative "practice agreement" between NPs and a designated physician. We are unable to practice to the full extent of our education, which causes a host of issues, including longer wait times, a lack of medical help for patients and more expensive health care.

Currently, 22 other states and Washington, D.C., including the entire Veterans Health Administration, have seen the benefits of allowing nurse practitioners to practice to the full extent of their training and education. Virginia is one of the states lagging behind with an outdated practice statute. Elimination of the existing statute would increase access to health care for Virginians.

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. I studied hard to be qualified to care for those in need, but my education did not stop after I received my doctorate in 2016. I believe the doctor of nursing practice degree elevates the profession and proves to others that NPs are lifelong learners.

I am urging everyone to reach out to their legislator about HB 793 to expand access to care. I challenge my NP and MD colleagues to use careforva.com to contact their legislators and demand a yes vote on HB 793. This will allow NPs to practice to the full extent of their training and education and will benefit patients by providing more opportunities for them to access affordable quality care.

Kimberly S. Bednar, who holds a doctor of nursing practice degree, works at the University of Virginia Health System. She is the vice president of the Piedmont region of the Virginia Council of Nurse Practitioners. She also serves as government relations chairperson for the Piedmont region.

f t e p b

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10. Tarps over city's Confederate statues removed several times



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Modernization bill will help virginia's health-care system

JAN 21 2018
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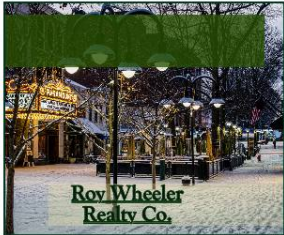
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Modernization bill will help virginia's health-care system

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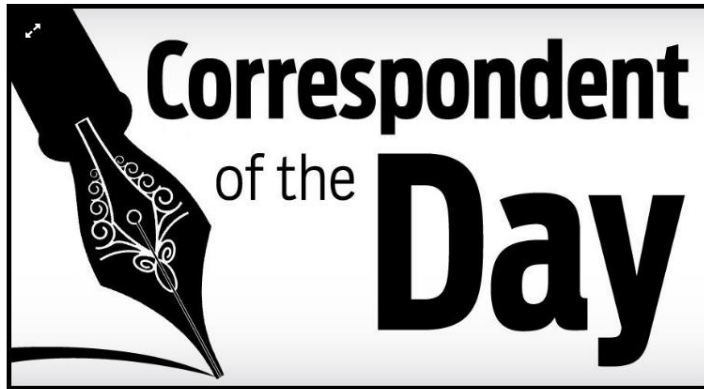
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Welcome! We hope that you enjoy our free content.

COD, Jan. 24, 2018: Nurse practitioners needed in rural areas

Jan 23, 2018



Rural areas need nurse practitioners

Editor, Times-Dispatch:



My compliments to Barton Hinkle. His Op/Ed column, "Northam can lead bipartisan reform to make health care more accessible," identifies an important issue in medical care for Virginians. Independent practice for advanced-trained nurse practitioners will help mitigate the increasing shortage in the area of primary care.



Folks in rural areas, especially Southwest Virginia, are at a distinct disadvantage since many lack access to primary care physicians. One area in particular is located in Wise and surrounding counties. This area has been devastated by the changes in the energy industry away from coal and toward natural gas and wind and solar. The fact that Medicaid has not expanded has left approximately 40,000 people without predictable access to health care. Medicaid expansion would help some, but there would still be a shortage of primary care providers.

In Wise, there are two saintly, highly trained nurse practitioners who work under the supervision of a retired physician who is approaching 80 years old. They cover a multi-county area, delivering free care to those in need. When the physician finally stops volunteering, the folks in this area may be without health care. This is a future crisis that needs to be averted.

The Medical Society of Virginia is opposed to independent practice but it should be in favor of at least allowing it in medically underserved, poor areas. The state legislature should do the right thing and pass a bill to allow independent practice for well-trained nurse practitioners.

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Ike Koziol, M.D.

Manakin-Sabot.



Tags Nurse Practitioner Medicine Health Board Sport Education

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Edward Saint-Ivan · Golden Gate University

Furthermore fly by night shady physician assistant programs all over America are being shut down or on probation. In Australia, the medical community forced a PA school to shut down. Beside Australia, PAs have been met with enormous resistance in Ghana and Canada.

Like · Reply · Jan 31, 2018 9:07am



Edward Saint-Ivan · Golden Gate University

Some ARNP and PA-C programs are so bad students are not required to take advanced anatomy or advanced biochemistry. Undergraduate anatomy and biochemistry should NOT be enough.

Like · Reply · Jan 30, 2018 9:53am



Greta Callan Shefers · Secty to VP at Celluplastics

Dr. Koziol-s this the sort of program that you had in mind ?

<https://nhsc.hrsa.gov/scholarships/>

Like · Reply · Jan 24, 2018 2:25pm



Norbert Mayr · Works at Retired from Penn State University

Excellent letter, kudos. Surely we are smart enough to find solutions. Allow more students into medical training programs. Pay for their education in exchange for a stipulated number of years in public service in designated areas (the way we do with training military physicians.) How can we claim greatness when we have parts of the country where people can't take their kids to the doctor, where the elderly are left to languish. Where is the much lauded "free market system" in this calamity?

Like · Reply · Jan 24, 2018 4:49am



Steve Price

Years ago we had a system in Virginia where medical students got free tuition in return for committing to practice in underserved areas for some number of years. I don't know if it's still in place, or how well it worked. Most newly minted MDs want to practice within reach of well equipped hospitals, and it takes significant populations for hospitals to be viable. The proposal here is to allow nurse practitioners to practice independently in rural areas. That's a whole lot better than no medical care at all.

Like · Reply · Jan 24, 2018 5:57am



Norbert Mayr · Works at Retired from Penn State University

Steve Price

Quite true, but the letter writer mentions that when the 80 year old physician who "supervises" the NPs dies or retires their work will be at an end. I suppose that the solution lies in training more doctors who are willing to start their practice in underserved areas and provide more help via the NPs. In any case, this should be addressed one way or another.

Like · Reply · Jan 24, 2018 6:12am



E Marshall Buckles · Daddy & Husband at Full Time Daddy and Husband

Norbert, hopefully this won't cause you to have a stroke or heart attack, however, I actually agree with you, in part. Also, one reason a lot of people, in southwestern Virginia, don't get medical care has more to do with finances than with availability of care. You and I probably differ in that I think that these matters could be handled primarily through the private sector with some supplementation by the government.

COD: Nurse practitioners needed in rural areas

JAN 23 2018

(IMAGE 2 OF 3)

(EST.) MONTHLY VISITS:

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by the government.

Like · Reply · Jan 24, 2018 6:44pm



Kenneth Bradford · The University of North Carolina at Chapel Hill

Oh, surely not. Don't we Americans have the best medical system in the world? Why don't these feckless mountain folk just move to civilization? (Wait! Don't those SW Virginia counties vote Republican? How come they haven't gotten the word about our Greatness?)

Like · Reply · 🍌 2 · Jan 24, 2018 3:33am



E Marshall Buckles · Daddy & Husband at Full Time Daddy and Husband

Sorry, been busy this past day and just now seeing this. First, actually, those SW Virginia counties have often voted Democrat in past decades. Second, this feckless hillbilly DID move to civilization! LOL! Many of us do.

Like · Reply · Jan 24, 2018 6:40pm

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COD: Nurse practitioners needed in rural areas

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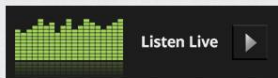
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Shelly Smith | Nurse Practitioners in Favor of HB 793

Posted on January 25, 2018 by sfederico

Nurse Practitioner and Professor at VCU, Shelly Smith, talks with Les Sinclair about House Bill 793, which would remove restrictions on board certified nurse practitioners so they may practice to the full extent of their training and education. More info at www.careforva.com



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Shelly Smith | Nurse Practitioners in Favor of HB 793

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North American soccer World Cup would create \$5 billion in economic activity: study

A tri-nation North American bid to host the 2026 soccer World Cup could create over \$5 billion in economic activity for the area if it wins the right to stage the tournament, according to a study published on Thursday.

1 HOUR AGO IN ENTERTAINMENT

Joaquin Phoenix as the Joker? It could happen

"The Hangover" director Todd Phillips is working on a Joker origin movie and has selected the "Walk the Line" actor as his top choice.

2 HOURS AGO IN NATIONAL

Trump tax cuts trickle across America, bringing glee and skepticism

President Donald Trump's \$1.5 trillion tax overhaul, touted as major tax relief for individuals and corporations, is showing up in bigger paychecks and bonuses awarded to workers by companies whose tax bills are being slashed.

2 HOURS AGO IN NATIONAL

Wall Street on course for worst week in six years

Stocks plunged another 4 percent on Thursday, overturning gains a day earlier and adding to the sense that a broader correction is firmly underway for Wall Street after nine years of almost uninterrupted gains.

2 HOURS AGO IN OLYMPICS, SPORTS

Congress opens second investigation into USA Gymnastics sex abuse scandal

U.S. lawmakers on Thursday began a second congressional investigation into the U.S. Olympic Committee (USOC), USA Gymnastics (USAG) and other gymnastic organizations over a sexual abuse scandal that led to the conviction of the sport's former top medical doctor.

Nurse Practitioners in Favor of HB 793

JAN 25 2018

(IMAGE 1 OF 2)

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Justin Owens (PhD) is a Research Scientist in the Center for Vulnerable Road User Safety at the Virginia Tech Transportation Institute and discusses with Les Sinclair a new report from AAA on the prevalence of drowsy driving in motor vehicle crashes.



Thursday, February 8, 2018

Robert Barba | Most Use Financial Apps on Smartphones

Bankrate.com senior analyst, Robert Barba, joins Les Sinclair to detail the latest survey from Bankrate.com indicating that smartphone users have...



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DOMAIN AUTHORITY:

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2

HEALTH CARE

JC Hernandez column: To improve health care, Virginia has better options than expanding Medicaid

By JC Hernandez Jan 27, 2018



THINKSTOCK



Medicaid was intended to help the most vulnerable Americans like the elderly and the disabled. But in state after state, Medicaid's expansion to able-bodied, childless, working-age adults has created an unsustainable burden on taxpayers and crowded out resources for the truly needy and other priorities, such as roads and schools.

Worst of all, those on Medicaid may be no better off than similar patients who are uninsured.

It's past time to ask if we're getting our money's worth from a program with spending now approaching \$600 billion a year. The answer is clear. We're not.

Researchers from MIT, Harvard, and Dartmouth found that Medicaid recipients receive only about 20 to 40 cents of benefit for every dollar spent. Insurance companies, not low-income citizens, are the biggest winners of Medicaid expansion. Kaiser Health News recently reported that Medicaid insurer profits more than tripled in 34 states and the District of Columbia after Obamacare's Medicaid expansion.

Democrats have become so invested in the single-minded pursuit of expanding Medicaid that they're losing perspective.

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To improve health care, Virginia has better options than expanding Medicaid

JAN 27 2018

(IMAGE 1 OF 4)

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7.68K

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We agree with Gov. Ralph Northam that Virginians should have quality care at an affordable cost. But Democrats have become so invested in the single-minded pursuit of expanding Medicaid that they're losing perspective. When a hospital in rural Virginia closed, Democrats [opposed emergency legislation](#) to speed its reopening in a failed effort to pressure some Republicans to vote for Medicaid expansion. Keep that in mind the next time you hear them talk about expanding access to health care.

If Northam and the General Assembly are serious about doing something to keep Virginians healthier, here are a couple ideas that work better than Medicaid and cost a whole lot less.

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Virginia could join the [22 states](#) (and neighboring D.C.) that have eliminated scope-of-practice restrictions blocking nurse practitioners and physician assistants from fully utilizing their medical training to take care of patients. Nationwide, 234,000 nurse practitioners provided primary care during [1 billion patient visits](#) in 2016, according to the American Association of Nurse Practitioners. With the United States facing a [doctor shortage](#), making better use of all medical professionals would expand the availability of quality care while driving down costs. And [studies](#) have [shown](#) that primary care provided by nurse practitioners and physician assistants is just as effective as that provided by M.D.s.

The commonwealth could also get rid of its certificate-of-need law, which requires health care providers to get state permission before offering new or expanded services. Justified as a way to avoid expensive duplication, in reality they [fail patients](#) by protecting the turf of existing providers and [driving up costs](#). A [study](#) by Mercatus Center researchers Thomas Stratmann and Mathew Baker showed that patients in states with certificate-of-need-law restrictions on medical technology such as MRI, CT, and PET have fewer choices and are much more likely to have to travel out of state for their procedure. That means longer waits and higher costs. Certificate-of-need laws [literally kill people](#).

Expanding Medicaid will leave Virginia taxpayers holding the bag or force us to retrench, as has happened in [state](#) after [state](#) after [state](#). Massachusetts now spends 40 percent of its budget on Medicaid. Ohio's costs for its expansion are double original estimates. And the federal share of these costs is going to decline over the next few years under Obamacare, even absent any other action by Congress to rein in costs, meaning states will pay more.

There are better ways to expand health care coverage. Northam

To improve health care, Virginia has better options than expanding Medicaid

JAN 27 2018
(IMAGE 2 OF 4)

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PREV



NEXT

There are better ways to expand health care coverage. Northam and the Assembly ought to get busy expanding scope of practice and repealing the certificate of need law instead of wasting precious time and money chasing the fantasy of a Medicaid cure-all.

JC Hernandez is Virginia state director of Americans for Prosperity. Contact him at jhernandez@afphq.org.



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- Rex Simmons**
None of the ideas presented by this Tea Party hack would improve health care accessibility for low income people. And he and his Koch Brother funded organization aren't interested in improving roads or schools either. Their mission is to end all government spending so rich people pay no taxes.
[Like](#) · [Reply](#) · [1](#) · Jan 29, 2018 7:01am
- James McCarthy**
Geez, another piece of pap from the Koch's Americans for Prosperity colored as some "free market" idea. Let's eliminate vaccinations so we can all equally get infected!! It's a good thing that hare-brained ideas from AFP have not ceased so all can have the opportunity to examine them.
[Like](#) · [Reply](#) · [1](#) · Jan 29, 2018 6:44am
- Tina Guthrow** · Works at IMB
Clearly, looking at the Medicaid spending needs to be the first step. Better/audited oversight should be next. Very valid points, Mr. Hernandez. We also want to give consideration to what could work in Virginia wouldn't necessarily work in Florida or then Alaska. There can't only be one answer. I'm utilizing a "medical share" insurance program. It's been very effective.
[Like](#) · [Reply](#) · [2](#) · Jan 28, 2018 5:11am
- Bob Harrison** · Virginia Commonwealth University
Someone pays for it...

It's either recoup federal taxes that have been collected already and take Medicaid or the Commonwealth is going to have to raise everyone's taxes...

There are no free lunches....

Bob
[Like](#) · [Reply](#) · [1](#) · Jan 27, 2018 2:03pm
- Mike Lewis** · Charlotte, North Carolina
If Medicaid is reformed rather than expanded costs can be contained and taxes will not have to be raised.
[Like](#) · [Reply](#) · [3](#) · Jan 27, 2018 2:33pm
- Robert Bayless** · Richmond, Virginia
Expanded scope of practice is a good thing, but it hardly reduces the need for Medicaid. Building more MRI, CT, and PET facilities in my neighborhood will increase costs because their doctor-investors will unnecessarily prescribe these services in order to get a good return on their investments. (Maybe these unnecessary scans will cost less though . . .) In any case, as today's RTD editorial points out, Mr Hernandez starts with an invalid premise about those "able-bodied, childless, working-age adults." They are working, but their employers don't provide health insurance or even a livable wage. Count on Americans for Prosperity to slant their facts.
[Like](#) · [Reply](#) · [2](#) · Jan 27, 2018 9:25am
- Walt Pulliam Jr.** · The University of North Carolina at Chapel Hill
Suppose we just remove all regulations on healthcare providers and Big Pharma just as we doing for the consumer protection and firearms ? Let people get all the healthcare they can afford just like justice. Unregulated capitalism is the way to go.
[Like](#) · [Reply](#) · [1](#) · Jan 27, 2018 5:55am
- Kenneth Bradford** · The University of North Carolina at Chapel Hill
"...just like justice." I believe that a common legal motto is "Equal justice under law." Do you really think that under a completely free-market system, everyone would have access to medical treatment of equal quality? If not, is that OK with you?
[Like](#) · [Reply](#) · [1](#) · Jan 27, 2018 6:54am

To improve health care, Virginia has better options than expanding Medicaid

JAN 27 2018
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Steve Price

Kenneth Bradford and Walt Pulliam, Jr. - Do you really think everyone has access to equal quality legal services?

Like · Reply · 1 · Jan 27, 2018 7:18am



George Snead · Virginia Commonwealth University

Careful there, Walt. You have to include an LOL or an emoticon after a satirical post in this forum...Even the brightest sometimes fail to get it.

Like · Reply · Jan 27, 2018 8:47am

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Kenneth Bradford · The University of North Carolina at Chapel Hill

"Medicaid's expansion to able-bodied, childless, working-age adults..." Sorry, but as the Director of RW Propaganda, I can give Mr. Hernandez only a B -- on the language of this piece. He missed several opportunities to use recommended terms such as "hard-working," "hard-earned," "tax burden," and "Big Government." I do, however, give him higher marks in Ideological Conformity, and a high Koch-Kow-Tow Quotient.

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Deborah Gray: Bill would help Virginia's health care system

Jan 28, 2018



Deborah Gray, ODU

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Currently, 22 other states and Washington, D.C., as well as the Veterans Health Administration, have seen the benefits of allowing nurse practitioners to practice to the full extent of their skill and education.

Virginia is one state that is lagging behind, because of outdated state laws on how nurse practitioners are allowed to practice.

As a family nurse practitioner, my colleagues and I strive to ensure that the needs of all my patients are met. Right now, state laws prevent us from doing our job as we were educated and trained, but HB 793 in the current General Assembly session could change that.

Nurse practitioners have master's and doctoral degrees. They are advanced practice nurses with specialized knowledge needed to practice in ambulatory outpatient, acute hospital and long-term care settings. They can serve as primary care and specialty care providers, and have done so for more than 40 years in Virginia.

Nurse practitioners are highly educated and are nationally board-certified professionals who provide safe, quality, cost-effective care that has been extensively proven to have outcomes no different from physicians — except that nurse practitioners' rates of patient education and satisfaction often are higher than doctors'.

Nurse practitioners' rates of malpractice cases or censure are the lowest of any provider. Studies have shown that the cost of care provided by nurse practitioners is lower not just because they are paid less and charge less, but also because their patients spend less on drugs and comply better with instructions.

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A Texas study determined that greater use of nurse practitioners and other advanced practice nurses would result in immediate savings of more than \$16 billion. That number was projected to increase over time. In an analysis of cost controls in states' health care systems, the RAND Corp. found similar results.

Nurse practitioners are more likely to work in underserved and rural areas, with the largest numbers in states that have fewer restrictions on how they can practice. Restrictions on their practice, especially for those in underserved areas, adversely affect insurance reimbursement rates for nurse practitioners.

The Federal Trade Commission has asked lawmakers in restrictive states such as Virginia to change their policies that now require that nurse practitioners practice with and be supervised by a doctor. These requirements have not provided improved safety or quality of care, and simply restrict competition among health care providers. A lack of competition leads to decreased access to health care as well as higher costs, a lower quality of care and less innovation.

HB 793 — which was introduced this legislative session by Del. Roxann Robinson, a Chesterfield Republican — would reduce some of the restrictions on board-certified nurse practitioners. Newly licensed nurse practitioners would be required to practice under a practice agreement with a collaborating provider for one year, or 1,040 hours. After that, they would be able to provide care without supervision by a doctor and without being forced to join a physician's practice.

The bill must get through the House of Delegates' Health, Welfare and Institutions Committee. If it's approved, it would head for a vote by the full House.

Virginians who are interested in easing the state's shortage of health care providers can help increase patients' access to care by contacting their delegates and state senators and urging them to support HB793.

Deborah Gray is director of the family nurse practitioner program at Old Dominion University in Norfolk. She lives in Virginia Beach.



Welcome to the discussion.

No name-calling, personal insults or threats. No attacks based on race, gender, ethnicity, etc. No writing with your caps lock on – it's screaming. Stay on topic and under 1,500 characters. No profanity or vulgarity. Stay G- or PG-rated. [Read the full rules here.](#)

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Heather Lovestocook

8 days ago

100 years ago, the Flexner report concluded that a minimum of 4 years of training were required to practice medicine. It also led to a ban on proprietary schools that accepted any student who could pay the tuition, a problem that is rife in nurse practitioner training programs. Over the past 100 years, physician training has become even more rigorous. It takes a minimum of 7-10 years of post-college education to become a physician in the United States. This training is so rigorous and ...

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Heather Lovestocook

8 days ago

Nurse practitioners may complete as little as 500 hours of clinical training. Most states, including Virginia, require dog groomers and make-up artists complete more. Unsupervised practice of medicine by nurses with a 1 year master's degree or even a doctorate degree is simply not safe, nor are there any studies to support this.

A recent meta-analysis concluded that the few studies on nurse practitioners were seriously flawed, either by bias, or because they allocated the simplest patients to ...

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Edward Saint-Ivan

updated 8 days ago

Some PA-C and ARNP programs fall far below the standards of both allopathic and osteopathic medical schools. Not one medical school in America would allow undergraduate anatomy and biochemistry as a substitute for advanced anatomy and biochemistry.

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M B

10 days ago

With your experience in the healthcare field as a nurse I am very surprised that you would not have a better understanding of the immense complexity involved in practicing Medicine, regardless of the specialty, as well as the countless number of years required of physicians to ultimately have the privilege of caring for patients. By no means am I saying that Nurse Practitioners have no role to play in the system, but based on the very obvious differences in training they are much better able to ...

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C K

10 days ago

There are so many problems with this post. I realize it is opinion, but there are many fallacies included. First, NPs have had independent practice in some other states for years, and they have proven that they DO NOT go to rural areas. For instance, NPs have been independent in Arizona since 2001. Guess what? Only 11% of them are in rural areas and care for only 15% of that population. In addition, there is absolutely nothing in Virginia law right now that would stop any NP from practicing ...

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James King, Chesapeake, VA

updated 12 days ago

Health care is not a system. The easiest way for the government to commandeer anything is to continually refer to it as "a system." Over a period of time the people are brainwashed into zombie type thinking that a system needs more control. Then it does become a system.....a government system.

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