

Challenges to Systems of Health Professions Regulation: United States Perspective

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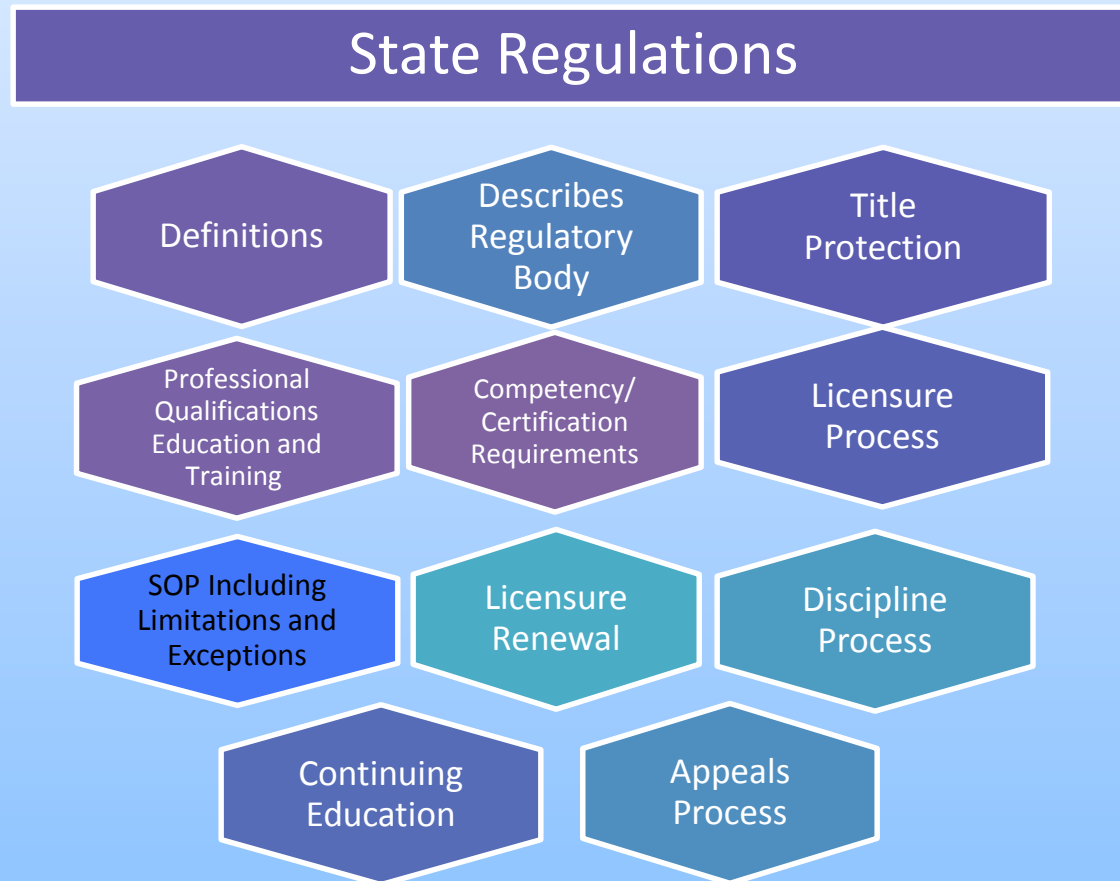
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In the U.S., States Are Primarily Responsible for Regulating Health Professions

- Required education and training
- Licensure
- Supervision requirements
- Legal scope of practice
- Disciplinary process

Scope of Practice Is an Important Aspect of Health Professional Regulation by States



Interest in Scope of Practice Regulation is Increasing

- Key goal of health reform in the U.S. is expanded access to health insurance
- Anticipated growth in demand for high-quality, cost effective basic health care, particularly for underserved populations
- Restrictive scopes of practice are sometimes seen as a barrier to effective and efficient use of health workers

History of Health Professions Regulation in the U.S.

- Among the first countries to regulate health professions
- Medicine was the first regulated profession
 - Granted physicians unqualified authority to treat any ailment
 - Prohibited non-physicians from treating these ailments

History of Health Professions Regulation in the U.S. (con't)

- Scopes of practice for other professionals were 'carved' in piecemeal fashion, while medicine retained comprehensive authority
 - Dentists – oral cavity
 - Podiatrists – the feet
 - Optometrists – the eyes
- Other professions practice under the direction, delegation and supervision of physicians
 - Registered nurses
 - Physician assistants

What Are the Issues With State-based Health Professions Regulation?

- State-to-state variation in scopes of practice for some health professionals
- Mismatch between competence and legal authority
- Changes to health professions regulation are slow and adversarial
- Resistance to scope of practice changes
 - Expanded roles: pharmacists giving immunizations
 - New workforce models: dental therapists providing basic restorative dental services

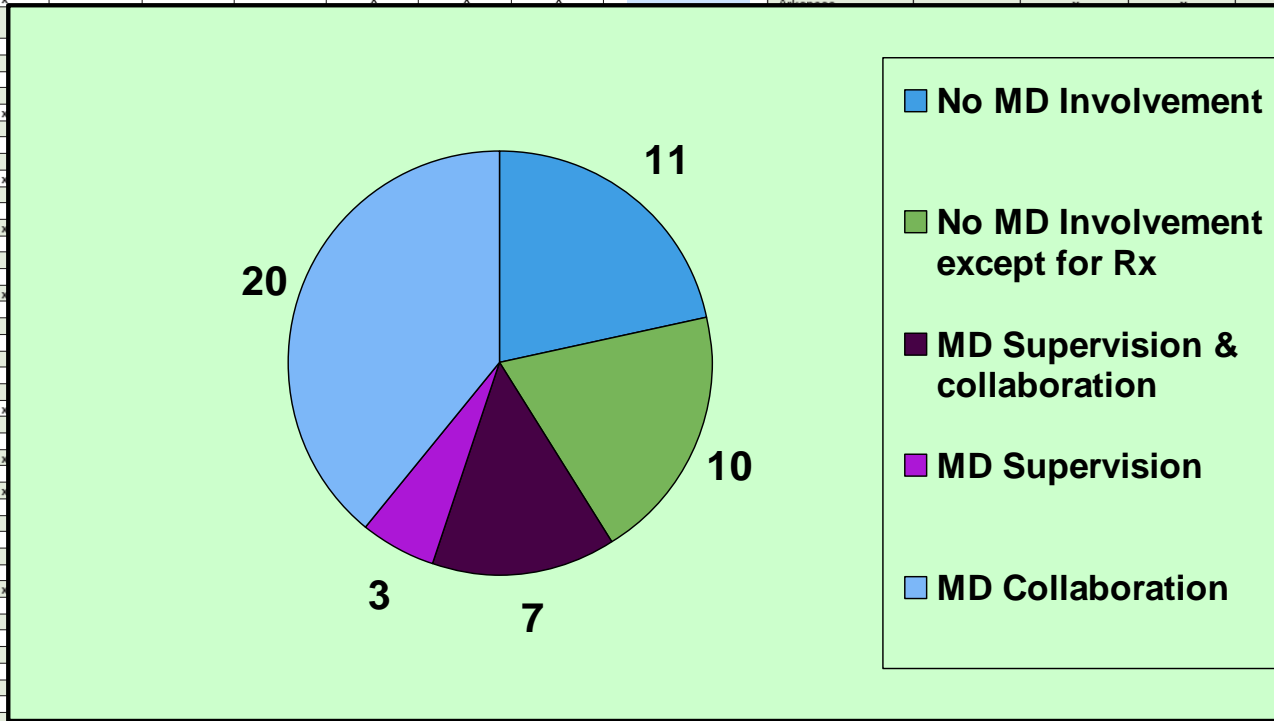
State-to- State Variation in State Scope of Practice Rules and Regulations

- Not all states license all health professionals
 - Only half of states license nuclear medical technologists
- Scope of practice for some health professions vary considerably from state to state
 - NPs have substantial variation
 - Much of the variation focuses on physician involvement in NP practice

Variability in NP Supervision Requirements: Scope of Practice to Competence Mismatch in Many States

Table 1: Nurse Practitioner Scopes of Practice in the United States

	Oversight Requirements				Practice Authorities		
	No MD Involvement	MD Supervision	MD Collaboration	Written Practice Protocol	Explicit Authority to Diagnose	Explicit Authority to Order Tests	Explicit Authority to Refer
Alabama			x	x	x	x	x
Alaska	x				x		
Arizona	x				x	x	x
Arkansas (advanced NP only)							
California							
Colorado							
Connecticut							
Delaware							
District of Columbia	x						
Florida							
Georgia							
Hawaii							
Idaho	x						
Illinois							
Indiana							
Iowa	x						
Kansas							
Kentucky							
Louisiana							
Maine							
Maryland							
Massachusetts							
Michigan							
Minnesota							
Mississippi							
Missouri							
Montana	x						
Nebraska							
Nevada							
New Hampshire							
New Jersey							
New Mexico	x						
New York							
North Carolina							
North Dakota							
Ohio							
Oklahoma							
Oregon							
Pennsylvania							
Rhode Island							
South Carolina							
South Dakota							
Tennessee							
Texas							
Utah							
Vermont							
Virginia		x	x	x			
Washington	x				x	x	x
West Virginia			x	x			
Wisconsin		x			x	x	x
Wyoming			x	x			
TOTALS	11	10	27	21	44	20	33



For a fully annotated version of this chart, see http://futurehealth.ucsf.edu/pdf_files/Chart%20of%20NP%20Scopes%20Fall%202007.pdf.
Important: The chart is designed to be referenced from left to right. Thus, if the chart indicates that physician supervision or collaboration is required, then NPs may not diagnose, order tests, or refer patients without physician supervision or collaboration. Absent explicit statutory or regulatory language requiring a separate written agreement, the chart does not indicate that a written prescription drug protocol is required in states that already require NPs to establish written practice protocols with physicians.

Table 1: Nurse Practitioner Scopes of Practice in the United States (continued)

	Prescription Drug Authorities				National Certification Required	Joint Nursing-Medical Board Authority
	Authority to Prescribe without MD Involvement	Authority to Prescribe with MD Collaboration	Written Protocol Required to Prescribe	Authority to Prescribe Controlled Substances		
Alabama		x	x		x	x
Alaska	x			x		
Arizona	x			x		
Arkansas					x	
California						
Colorado					x	
Connecticut					x	x
Delaware					x	
District of Columbia	x					
Florida					x	x
Georgia					x	
Hawaii						
Idaho	x					
Illinois					x	
Indiana						
Iowa	x					
Kansas					x	
Kentucky					x	
Louisiana					x	
Maine					x	
Maryland					x	x
Massachusetts					x	
Michigan					x	
Minnesota					x	x
Mississippi					x	x
Missouri					x	
Montana	x				x	
Nebraska					x	
Nevada						
New Hampshire					x	
New Jersey					x	x
New Mexico	x					
New York						
North Carolina					x	x
North Dakota					x	
Ohio						
Oklahoma					x	x
Oregon					x	
Pennsylvania					x	
Rhode Island					x	x
South Carolina					x	x
South Dakota					x	x
Tennessee					x	x
Texas					x	
Utah					x	
Vermont					x	
Virginia		x	x		x	x
Washington	x				x	
West Virginia		x	x		x	
Wisconsin		x	x		x	
Wyoming		x	x		x	
TOTALS	11	40	34	48	42	17

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Great Variability in Scope of Practice for Nurse Anesthetists

- In New York, nurse anesthetists are authorized providers of anesthesia services, but their scope of practice is not defined in state law
 - They provide a substantial amount of anesthesia services in rural NY
 - Cannot bill Medicaid
 - Must be supervised by a physician
- By contrast, nurse anesthetists in Colorado have a defined scope of practice in state law and practice without physician supervision

Expanded Scope: Pharmacists Providing Immunizations

- Historically limited to physicians and nurses
- Broadened to include pharmacists
- State laws to allow pharmacists to give immunizations have taken over a decade to enact - from 1994 to 2009

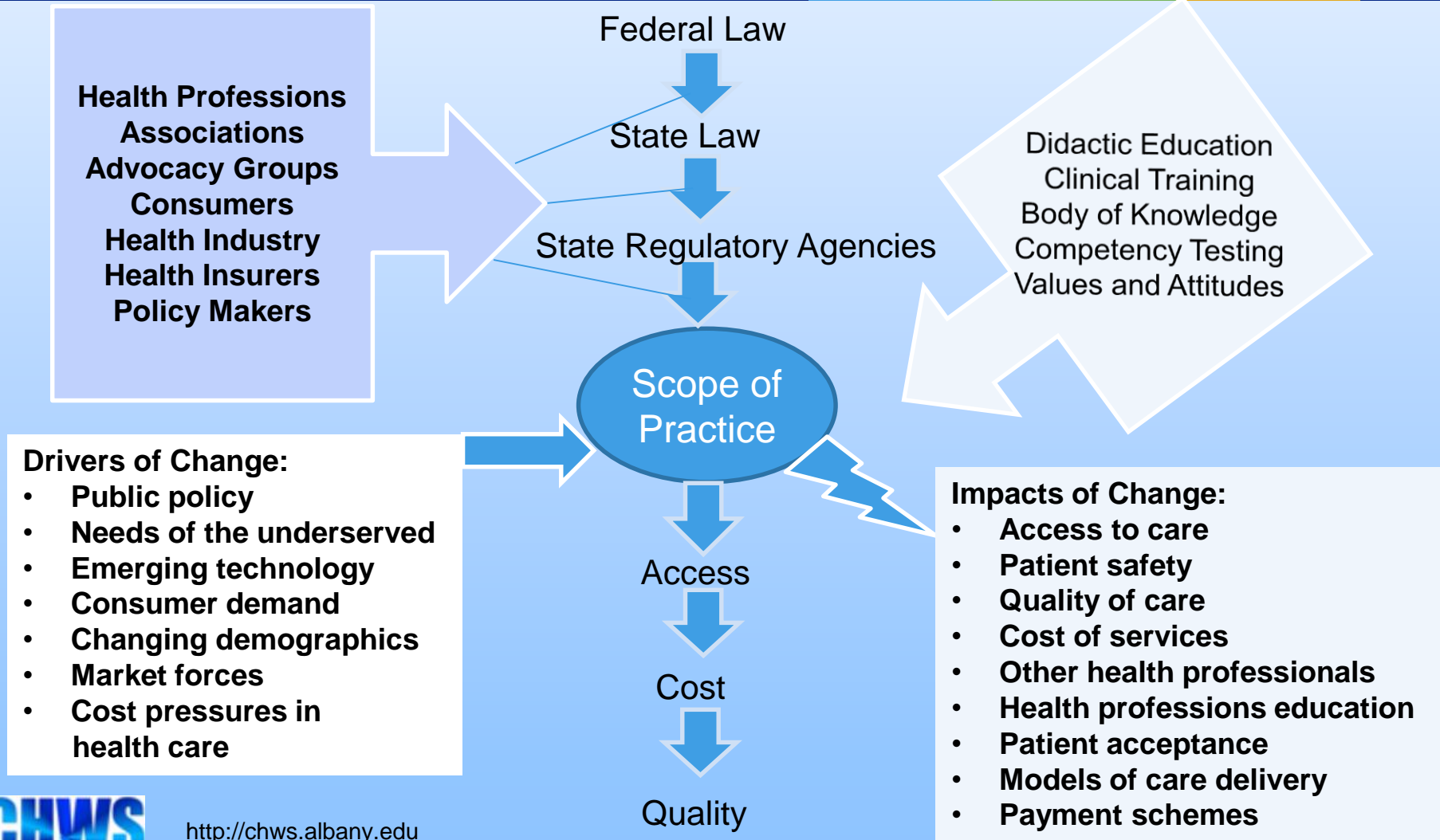
Emerging Workforce Model: Dental Therapists

- New oral health professionals
- Provide basic restorative dental services to underserved populations
- Tremendous resistance from state and national dental associations
- Currently authorized in Alaska and Minnesota for underserved populations

Drivers of Change in Health Professions Scope of Practice

- Health workforce shortages: primary care
- Changing public policy: Affordable Care Act
- Demographics: growing diversity of the population and racial/ ethnic health disparities
- Cost pressures in health care: do more with less
- Technology: telehealth
- Consumer demand for alternative providers, including acupuncturists, massage therapists
- Market forces: Retail clinics

What Influences Changes in Scope of Practice?



Policy Reforms to Strengthen Scope of Practice Decision-making

- Harmonize profession-specific scopes of practice across states
 - Adopt model practice acts
 - Single license for multiple states
- Encourage regulatory flexibility to accommodate emerging roles for health professionals
 - Dental hygienists in public health practice

Policy Reforms to Strengthen Scope of Practice Decision-making

- Base decisions on evidence of **what is in the best interests of patients**
 - Sunrise Model requires description of need for and impacts of statutory/regulatory changes
- Allow time-limited demonstration/pilot programs with comprehensive evaluations
 - California Health Workforce Pilot Projects Program
- Establish a national clearinghouse on scope of practice information and research