

Learning from International Comparison: the U.S.

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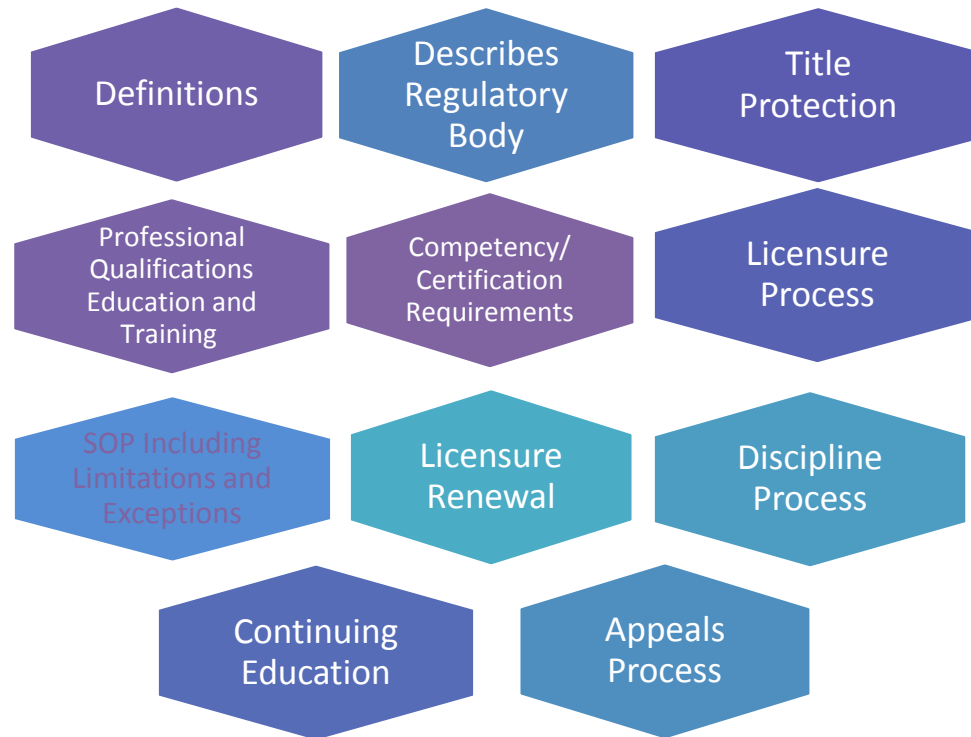
Regulating for Positive Outcomes

Professional Standards Authority
Cumberland Lodge, Windsor Great Park



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

State Regulations



State-Based Health Professions Regulation

- Strengths
 - Supports workforce innovative responsive to local need and circumstance
 - Creates opportunities for states to learn from each other
- Weaknesses
 - State to state variation in conditions for practice
 - Mismatches between professional competence and legal scopes of practice
 - Lack of uniformity in training, qualifications for some professions
 - Limits interstate mobility and innovation (telehealth)
 - Process for changing state regulations is slow, adversarial and costly

State to State SOP Variation: Nurse Practitioners



View the interactive version online:
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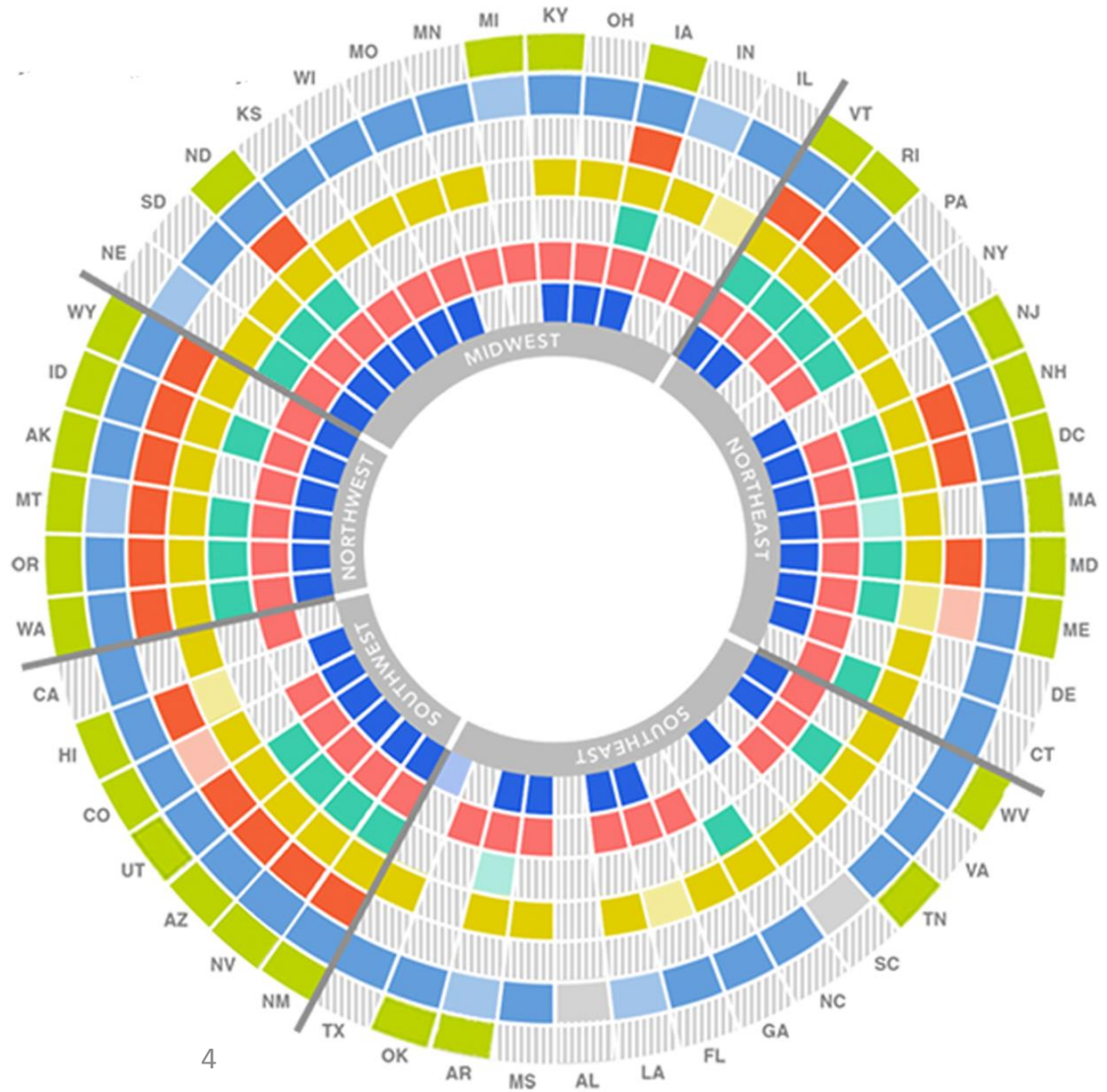
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DISCLAIMER

This chart is for informational purposes only and is not for the purpose of providing legal advice. You should contact the applicable nursing board or your attorney for specific legal advice.

RESOURCES

AANP - www.aanp.org
 The 2012 Pearson Report - www.webnponline.com
 The Nurse Practitioner's 24th Annual Legislative Update - www.tnpj.com



Failures of the U.S. System for Health Professions Regulation

- Restrictive scopes of practice can limit access to care, making services more costly, with diminished capacity
- Failure to consistently apply profession-specific national requirements for education and practice to state professional regulation
- Failure to systematically evaluate workforce innovations

Opportunities

- Health reform
 - Increasing use of interdisciplinary team based models of care
 - Most effective teams have shared responsibilities (scope overlap)
 - Payment reform
 - Moving away from fee-for-service and toward value based payment which focuses on outcomes of care
 - Focus on population health

Thank You