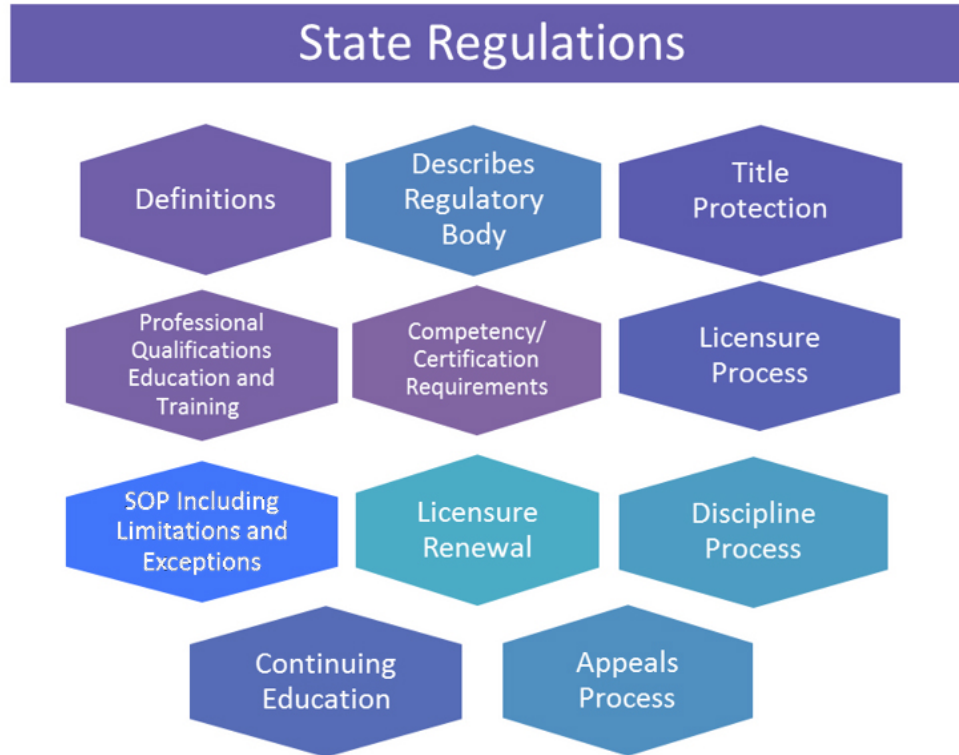


Governance and Regulation



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



Issues with State Based Health Professions Regulation

- Mismatches between professional competence and state-specific legal scopes of practice
- State-to-state variation in profession-specific scopes of practice
- Adversely impacts:
 - migration of health professionals across states
 - provision of interstate telehealth services
 - availability of consistent state level data for health workforce planning

State to State SOP Variation: Nurse Practitioners



View the interactive version online:

www.bartonassociates.com/np-laws

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DISCLAIMER

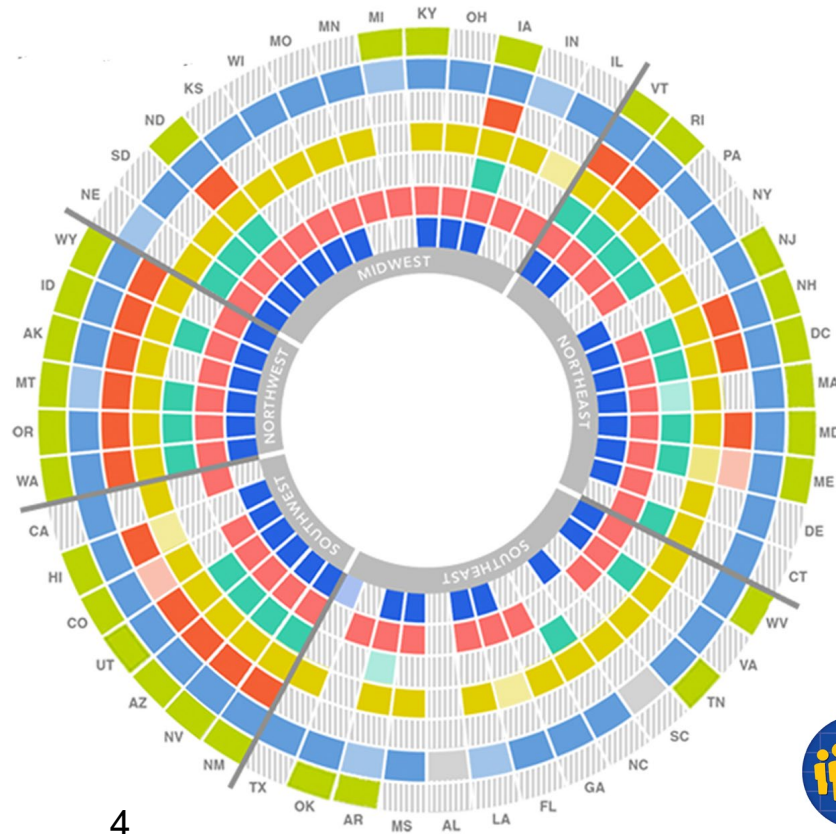
This chart is for informational purposes only and is not for the purpose of providing legal advice. You should contact the applicable nursing board or your attorney for specific legal advice.

RESOURCES

AANP - www.aanp.org

The 2012 Pearson Report - www.webnponline.com

The Nurse Practitioner's 24th Annual Legislative Update - www.tnpj.com



State to State Practice Variation for NPs is Problematic

- Practice variation despite
 - National education program accreditation
 - National certifying boards for clinicians
- Practice variation in
 - Supervision
 - Allowable tasks
 - Prescriptive authority
- Research suggests that broader SOPs for NPs are associated with better patient outcomes

SOP Restrictions Limit Workforce Innovation, Shared Responsibility and Delegation

- Emerging titles
 - Dental therapists
 - Community paramedics
- Shared responsibilities
 - Pharmacists administering flu shots
 - Home health aides administering prepackaged medication

Key Governance and Regulation Challenge

- Developing strategies to support national uptake of workforce innovations that successfully increase access to high quality, cost effective services for underserved populations

Promising Practice

- There is growing interest by states in authorizing and deploying **dental therapists** , often with a focus on serving high need populations

Dental Therapy: New Strategy for Affordable Dental Care

- Recognized in 6 states: Minnesota (2009); Maine (2014); Vermont (2016); Arizona (2018); Michigan (2018); New Mexico (2019)
- Recognized in tribal communities in Alaska, Washington State, and Oregon
- More states considering DT legislation: Florida, Kansas, Massachusetts, North Dakota, Ohio and Wisconsin.
- In some states where DTs are recognized, enabling legislation requires that a certain percentage of the DT's caseload be considered 'underserved'
- Evaluations to date find that DTs provide high quality, safe and cost-effective care.

<https://www.pe.wtrusts.org/en/research-and-analysis/articles/2016/04/5-dental-therapy-faqs>

Barriers to Implementation

- The process for introducing dental therapy legislation in a state is often slow and adversarial
- Educational requirements for dental therapists can vary by state
- Legal scope of practice can vary, particularly for dental hygiene therapists and dental therapists
- This variability can adversely impact cross-state migration of dental therapists

Enablers for Implementation

- There is increasing convergence on educational requirements and scope of practice for dental therapists
- In 2015, the Commission on Dental Accreditation adopted accreditation standards for dental therapy education programs <http://www.ada.org/~media/CODA/Files/dt.pdf>
- The Dental Therapy Model Practice Act was released in 2019 and is available to states contemplating dental therapy legislation
<https://www.pewtrusts.org/en/research-and-analysis/articles/2019/03/29/experts-develop-model-dental-therapy-legislation>

Next Steps

- We need more opportunities for states to learn from each other on the contributions of dental therapists to high quality, cost-effective care for underserved populations
- Research that highlights:
 - Dental team configurations that include dental therapists
 - Assessments of dental therapist productivity (compared to dentists and dental hygienists)
 - Impacts on access – were more patients served? Were wait times reduced? Were ambulatory sensitive emergency department visits reduced?
 - Impacts on outcomes

Key Messages

1

States as incubators – create opportunities to design workforce strategies that consider local need and factors unique to their state

2

States can learn from each other – State based health professions regulation contributes to state-to-state variation in qualifications, training, and scope of practice, but over time there tends to be **more convergence**