# ADVANCED PRACTICE NURSES:

# IMPROVING ACCESS TO HEALTH CARE AND CONTAINING COSTS

**An Action Plan for the State of Florida**

**November 2008**

**Florida Coalition of Advanced Practice Nurses**

# FLORIDA COALITION OF ADVANCED PRACTICE NURSES

**Florida Association of Nurse Anesthetists**

**Florida Chapters of the American College of Nurse Midwives**

**Florida Nurses Association**

**Florida Nurse Practitioner Network**

# TABLE OF CONTENTS

# EXECUTIVE SUMMARY

Florida is facing a health crisis of critical proportions. Forty percent of Floridians do not have adequate access to basic health care. Twenty-one percent of all Floridians, and forty-six percent of low-income women, do not have health insurance. As a result of the large numbers of uninsured and underinsured citizens, many Floridians receive health care services in emergency rooms and hospitals, at much greater cost than if they had regular access to preventive and primary care in other settings. The cost of providing health care to the uninsured and underserved population is ultimately borne by all Floridians through higher health insurance premiums and higher taxes.

Advanced Practice Nurses (APNs) are registered nurses who have advanced education, certification and clinical training, and serve as health care providers in a broad range of primary care, acute care and outpatient settings. In Florida, most Advanced Practice Nurses are licensed as "Advanced Registered Nurse Practitioners" (ARNPs). ARNPs were first recognized under Florida law in 1975. There are now more than 13,000 ARNPs practicing in Florida.

There are three categories of ARNP licensure in Florida: Nurse Practitioner, Certified Nurse Midwife, and Certified Registered Nurse Anesthetist. In addition, the Florida Nurse Practice Act provides for licensure of Clinical Nurse Specialists as another type of APN.

Numerous studies have concluded that the quality of care provided by Advanced Practice Nurses compares favorably with the care provided by physicians and other health care professionals.

**Barriers Preventing Full Utilization of Advanced Practice Nurses:**

In Florida law, there are several significant barriers which prevent full utilization of Advanced Practice Nurses. As a result, APNs cannot practice to the full extent of their education, training and experience, and Floridians cannot receive the full benefit, in terms of more timely access to health care and lower cost, of services provided by APNs. The barriers to APN practice in Florida include:

- ARNPs are able to prescribe a wide range of medications, but not controlled substances. Similarly licensed nurses in nearly every other state have this ability.

- Many insurance plans, HMOs and Medicaid do not provide direct payment for services provided by APNs and decline to directly contract with or empanel APNs.

- ARNPs are not able to obtain medical staff privileges in many hospitals and other facilities.

- ARNPs are subject to strict professional liability (malpractice) insurance requirements, while physicians are able to "go bare."

- The laws governing ARNP practice are outdated and need to be revised to reflect current education, training, and experience.

**Recommended Solutions:**

- Grant ARNPs in Florida the authority to prescribe controlled substances, schedules II – V. (See Florida Senate Interim Report 2009-117, which recommends the Legislature consider extending controlled substance prescriptive authority to ARNPs.)
    - Amend Florida Statutes § 893.02(20) to include ARNPs in the list of licensed health care professionals who may prescribe controlled substances.
- Identify statutory references, outside of Chapters 458, 459, 460, 461, 462, and 466 to services traditionally rendered by physicians which are appropriate to be furnished by ARNPs, and amend those references in order to improve Florida's citizens' access to health care, including but not limited to the following:
    - Amend the Physical Therapy Act, Florida Statutes § 486.021 to authorize an ARNP to review and sign a plan of care for physical therapy;
    - Amend Florida Statutes § 382.008(2)( a) to allow ARNPs to file a certificate certifying the cause of death.
- Support increasing access to payer panels for APNs, including those under Medicaid Managed Care.
    - Amend appropriate sections of the Florida Insurance Acts to mandate inclusion of APNs as providers of health care.
- Update Florida Statutes § 464.012 to accurately reflect the ARNP's ability to serve Florida's citizens based on their current education, training and experience.
- Support extension of medical staff privileges to ARNPs.
    - Strengthen the provisions of Florida Statutes § 395.0191(2)(a) concerning the application for clinical privileges by ARNPs.
- Promulgate regulations which permit ARNPs to provide evidence of financial responsibility utilizing mechanisms available to other types of health care providers and enumerated in Florida Statutes § 458.320.

## I. OVERVIEW

### Florida's Health Care Crisis

The current state of Florida's health care system has been well documented. According to a recent report of the American Academy of Family Practice Physicians, two out of five Floridians have inadequate access to basic health care.[1] Twenty-one percent of Floridians are uninsured,[2] and eight million Floridians are medically disenfranchised.[3] Millions of Floridians need access to quality care. Health care in Florida is at the breaking point. It is imperative that the state fully utilize all of its available health professional resources in order to meet the health care needs of its citizens.

A brief summary of the facts facing Florida's health policy makers highlights the problems:

- Florida ranks 49th in the nation for practice environment and consumer health care choice.[4]
- All counties in Florida have medically underserved areas.[5]
- Florida exceeds the national average for avoidable hospitalizations for diabetes, asthma, pediatric gastroenteritis, and congestive heart failure. [6]
- Florida has relatively high numbers of low income residents and high numbers of uninsured and underinsured families.
- There are decreasing numbers of family and general medical practitioners, decreasing reimbursement for providers, and cost-prohibitive malpractice insurance.[7]
- There are insufficient numbers of practitioners willing to serve in rural and underserved areas and this shortage results in poor health outcomes.
- Six counties in Florida have extreme levels of poverty and very limited access to health care. These counties are Escambia, Glades, Marion, Okaloosa, Santa Rosa, and Suwannee.[8]
- Almost half (46%) of low-income women are uninsured, which is significantly more than the national average.[9]
- One in four (24%) of all women are uninsured.[10]
- Many Floridians are hospitalized as a consequence of inadequate preventive care. The sequelae of this void in health care include increased costs to state funded and private insurance programs.
- The lack of access to preventive care results in increased costs to all Floridians.

**Advanced Practice Nurses: Improving Access to Health Care and Containing Costs**

The Pew Commission has recommended increased utilization of Advance Practice Nurses (APNs) as one solution for the increasing shortage of primary care physicians.[11]

Advanced Practice Nurses are available to immediately meet the needs of medically underserved and disenfranchised Floridians, and expand the health care delivery capability of the state. Advanced Practice Nurses work in a variety of settings and with all patient populations. APNs are more likely to work in underserved areas than primary care physicians.[12]

Research consistently shows that Advanced Practice Nurses provide high quality, safe, effective, and affordable health care. Studies show that the care given by Advanced Practice Nurses is of the same high quality as physician care.[13] Despite APN education, training, and experience, outdated state regulations and insurance rules prevent Advanced Practice Nurses from practicing to the full scope of their education, training and experience while caring for Floridians, thereby perpetuating the current health care crisis.

Advanced Practice Nurses or "APNs" are registered nurses who have advanced education, certification and clinical training, and serve as health care providers in a broad range of acute care and outpatient settings. The titles given to APNs vary from state to state.

In Florida there are four general categories of APNs:

1. Nurse Practitioner (NP) – provide primary care in a variety of clinical settings.
2. Certified Nurse Midwife (CNM) – provide obstetrical and gynecological care.
3. Certified Registered Nurse Anesthetist (CRNA) – provide anesthesia care and pain management services.
4. Clinical Nurse Specialist (CNS) – provide clinical expertise to effect system-wide changes to improve health care programs and improve outcomes of individual patients.

Within these categories there may be subspecialties based on the APN's training, the patients to be served, or the conditions to be treated by the APN. In Florida, three of the four categories of APNs: NP, CNM, and CRNA, are licensed with the title of "Advanced Registered Nurse Practitioner." Clinical Nurse Specialists are APNs, but not Advanced Registered Nurse Practitioners (ARNPs) under Florida law.

Nursing education and practice have evolved in recent years to meet the needs of the health care delivery system. The regulated profession of advanced practice nursing is a relatively new one which began in the 1960s in response to a nationwide physician shortage. The requirements to be recognized as an APN have been enhanced significantly since that time. States independently regulate the practice of nursing, and there is considerable variation among the states as to APNs' scope of practice and the limitations placed on their practice.

Education for APNs includes advanced studies and intensive clinical experience tailored to the APN's area of practice. In addition to nursing, an APN may perform medical acts of diagnosis, treatment, prescription, and operation under specified circumstances. APNs usually practice in collaboration with physicians and other health care practitioners. The required level of physician

involvement in an APN's practice varies from state to state, although few states require direct supervision. In Florida all ARNPs must have a written protocol which documents their relationship with a supervising physician.

Advanced Registered Nurse Practitioner ("ARNP") is the title used for most Advanced Practice Nurses under Florida law. ARNPs are registered nurses who, by virtue of graduate level educational preparation, advanced clinical training, and experience, are authorized to perform a wide variety of health care functions that historically were within the practice of medicine.

The Florida Legislature initially authorized advanced practice nursing in 1975. The Nurse Practice Act (Chapter 464, Florida Statutes) directs the Board of Nursing to adopt rules authorizing ARNPs to perform acts of medical diagnosis and treatment, prescription, and operation. Under Rule 64B9-4.009, F.A.C., ARNPs may monitor and alter drug therapies, initiate appropriate therapies for certain conditions, and order diagnostic tests and physical and occupational therapy. The rule further provides that the scope of practice of ARNPs includes functions which the ARNP has been educated to perform, according to established protocols and consistent with the practice setting. Although Florida ARNPs may prescribe medications in accordance with a protocol, they are not authorized to prescribe controlled substances. ARNPs may perform medical acts under the general supervision of a medical physician, osteopathic physician, or dentist within the framework of standing protocols that identify the medical acts to be performed and the conditions for their performance. Florida ARNPs are licensed and regulated by the Board of Nursing, but ARNP practice is also governed by rules developed by a Joint Committee of the Board of Nursing and Board of Medicine. These rules, setting forth the standards for ARNP protocols, have been adopted by both Boards.

To be certified as an ARNP in Florida, a nurse must hold a current license to practice professional nursing (RN license) and submit proof to the Board of Nursing that he or she meets one or more of the following requirements as determined by the board: satisfactory completion of a formal postbasic educational program of specialized or advanced nursing practice; certification by an appropriate specialty board; or completion of a master's degree program in the appropriate clinical nursing specialty. Certified Registered Nurse Anesthetists and Nurse Practitioners are required to have a Master's Degree as a condition of state licensure. ARNPs are also required to obtain national certification in order to obtain Florida ARNP licensure.

A licensed RN who has a master's degree in a clinical nursing specialty, and either holds current certification in a clinical nursing specialty from a nationally recognized certifying body, or affirms 1000 hours of clinical experience in a certain specialty field for which no certification exam is available, may be licensed as a Clinical Nurse Specialist in Florida. However, Clinical Nurse Specialists are not included as ARNPs under Florida law.

## Nursing Numbers

According to the Department of Health as of September 12, 2008, the current number of licensed nurses in Florida in various categories is as follows:

| | |
|---|---|
| Total active RNs: | 202,137 |
| Total ARNPs: | 13,206 |
| Nurse Practitioners: | 9,112 |
| Certified Registered Nurse Anesthetists: | 3,469 |
| Certified Nurse Midwives: | 620 |
| Clinical Nurse Specialists: | 22 |

## Malpractice Liability/Financial Responsibility

Malpractice results when a health professional fails to exercise the appropriate degree of knowledge, training, and skill when treating a patient when compared to reasonably prudent health care professionals with the same level of knowledge, training, and skill. To establish a malpractice claim against an ARNP or other provider, a plaintiff must establish duty (that a provider-patient relationship exists), breach (provider failed to meet a standard of care owed to patient), causation (facts that show that the actions of the ARNP or provider caused the plaintiff's injuries), and injury.

Florida ARNPs are required to maintain professional liability (malpractice) insurance coverage of at least $100,000 per claim, with a minimum annual aggregate of at least $300,000. Alternatively, an ARNP may obtain an irrevocable letter of credit in the amount of $100,000 per claim with a minimum of $300,000 in the aggregate, with some exceptions. Sec. 456.048, Florida Statutes; Fla. Admin. Code Rule 64B9-4.002. Many hospitals require ARNPs to carry malpractice liability coverage in excess of the statutory minimums as a condition of obtaining clinical staff privileges.

Allopathic and osteopathic physicians must maintain malpractice insurance or demonstrate financial responsibility in the same amounts as ARNPs. However, physicians also have the option of going "bare" (uninsured) for medical malpractice liability on the condition that the physician gives notice of this fact to his or her patients by posting a sign prominently displayed in the reception area and clearly noticeable to all patients, or by providing a written statement to any person to whom medical services are being provided. As a result of significant increases in malpractice insurance premiums in recent years, many physicians have elected to go "bare," and many hospitals have waived malpractice insurance requirements for certain types of physicians. This has led to situations in which an ARNP with mandatory malpractice coverage becomes the "deep pocket" in a professional liability lawsuit because the physicians with whom the ARNP is working have no insurance coverage.

## Prescriptive Authority

ARNPs are registered nurses who, by virtue of advanced educational preparation at the graduate level and rigorous clinical training, are authorized to perform certain functions that historically have been within the practice of medicine. In Florida, ARNPs have been authorized to prescribe non-controlled medications since 1988. Advanced Practice Nurses in 47 states currently have the authority to prescribe controlled substances.[1] However, Florida ARNPs are not included in the list of providers in Chapter 893, Florida Statutes, who are authorized to prescribe controlled substances. Controlled substances are drugs or substances whose general availability is restricted by federal and state laws because of their potential for abuse or addiction, including narcotics, depressants, stimulants, and hallucinogenic drugs. A recent interim report of the Florida Senate Committee on Health Regulation examined the issue of whether ARNPs should be authorized to prescribe controlled substances. Florida Senate Interim Report 2009-117. The Senate Report contains the following conclusions and recommendations:

> ARNPs are skilled nursing professionals with advanced clinical training that prepares them to provide primary care services. Giving ARNPs the authority to prescribe controlled substances will enhance the ability of ARNPs to manage their patients' care and reduce delays and costs for patients in obtaining needed medications.
>
> Advanced Practice Nurses do not appear to be any more susceptible to diversion or inappropriate prescribing than any other prescribing practitioners. If ARNPs may independently prescribe controlled substances for their patients rather than rely on a consultation with a prescribing physician or dentist, any malpractice exposure will be the responsibility of the ARNP.
>
> Although there are still ARNPs currently in practice who were educated through programs that granted a certificate, today the minimum requirement to practice requires the attainment of a masters degree or higher to obtain certification in the specialty area of practice. The current certification requirements appear to sufficiently protect the public to give qualified ARNPs the authority to prescribe controlled substances.
>
> Senate professional staff recommends that the Legislature consider extending authority to Florida-licensed ARNPs who have attained certification in a nursing specialty from a nationally recognized certifying entity to prescribe controlled substances under protocols and within the scope of practice for their specialty.
>
> Florida Senate Interim Report 2009-117, p.10.

[1] In a 48th state, Hawaii, legislation has been passed to permit the appropriate regulatory body to promulgate rules to permit APNs to prescribe controlled substances. However, the rules are still in development, so APNs in Hawaii are not actually prescribing controlled substances yet.

## Reimbursement for APN Services

Reimbursement for services provided by Advanced Practice Nurses remains a major barrier to full and efficient utilization of APNs in Florida. In certain private insurance plans, for example, APNs are not listed as providers. Patients therefore have difficulty accessing care by APNs. A Certified Nurse Midwife may provide the prenatal care for a particular patient, but the patient may have to choose the physician in the same practice as her provider since the CNM is not listed as a provider under the plan. A Certified Registered Nurse Anesthetist may not be reimbursed for sedation provided at an outpatient procedure because the CRNA does not contract directly with the health plan, which only reimburses physicians who provide the exact same service. As a result, many patients find it difficult or impossible to access timely and cost-effective health care services provided by APNs.

# II. NURSE PRACTITIONERS

## Overview

Nurse Practitioners are health care providers who practice in a variety of health care settings that include primary care, outpatient, acute and long term care. Nurse Practitioners have graduate education and training in both the nursing and medical models for the diagnosis and treatment of acute and chronic diseases affecting diverse populations. Nurse Practitioners practice under the rules and regulations of the Nurse Practice Act of the state in which they work. In Florida, they may also perform acts that are approved by a joint committee which includes members of the Board of Nursing and the Board of Medicine. The scope of practice for Nurse Practitioners is defined in The Nurse Practice Act, Florida Statutes §464.012. As of 2006, Nurse Practitioners must hold at least a master's degree to qualify for initial certification and are required to hold national certification to enter practice. Nurse Practitioners are recognized as expert health care providers who provide complete, accessible, affordable quality health care.

Nurse Practitioners provide health care to a diverse population and focus on the whole person while performing a wide array of clinical services, including performing histories and physicals, diagnosing and treating health conditions, ordering and interpreting diagnostic studies, x-rays, lab tests and rehab services. In addition, Nurse Practitioners also prescribe medications, treatments, and non-pharmacological therapies. A review of 15 studies concluded that between 75-80% of adult primary care and up to 90% of pediatric care services could be performed by Nurse Practitioners.[14]

In addition to providing primary health care, the Nurse Practitioner's approach to care emphasizes health promotion through disease prevention and focuses on increasing the patient's participation in his or her own care, primarily through patient and family education.

The Nurse Practitioner role originated in the mid-1960s in response to physician shortages. Many of the governing statutes enacted at that time now reflect outdated regulations. Nursing practice and education have evolved in recent years to meet the ever growing needs of the health care delivery system. Outdated laws and regulations prevent Nurse Practitioners from practicing to the full extent of their education, training and experience, and negatively effect health care costs, access and quality. These outdated regulations deny individuals access to health care services in areas where physician availability is extremely limited.

- **Access**

  The results of a study conducted by the American Academy of Nurse Practitioners demonstrate the profession's commitment as health care providers to increasing access to health services for those who typically would otherwise go without treatment.[15] This may be one of the driving factors behind the prevalence of Nurse Practitioners working in underserved areas and with vulnerable populations. Nurse Practitioners work in urban and rural settings, in public housing communities, community health centers, schools, nursing homes, hospitals, physician offices and in business. Of special note, there are

nurse-managed community health centers whose specific mission is to improve the health of communities through neighborhood-based health care. The centers provide a full range of health services to over one million low-income, underinsured and uninsured people nation wide.[16] There are more than 105,000 Certified Nurse Practitioners nationally, with 9,112 practicing in Florida.

- **Affordability**

Multiple local and national studies demonstrate the cost effectiveness of Nurse Practitioners as primary health care providers.[17] The Office of Technology Study reported that the Nurse Practitioner cost per care episode was at least twenty percent less than traditional medical provider cost with the same population.[18]

Generally, Nurse Practitioners can manage a patient/client caseload for one-half the cost of adding another primary care physician.[19] In terms of practice revenue, Nurse Practitioners cost 40% less than physicians and were particularly cost-effective in preventive care with their expertise in counseling, patient education, and case management.[20] Not surprisingly, a recent survey also found that when more Nurse Practitioners were employed in a managed care organization, physician workload requirements decreased.[21]

- **Quality Outcomes**

In the over 40-year history of the Nurse Practitioner profession, a multitude of studies, including an analysis by the Congressional Budget Office have demonstrated that Nurse Practitioners have performed as well as physicians with respect to patient outcomes, proper diagnosis, management of specified medical conditions, and level of patient satisfaction.[22]

As a result of care delivered by Nurse Practitioners, several studies report high achievements on specific indicators of quality and improved health outcomes. A one year study, comparing a family practice physician managed practice and a Nurse Practitioner managed practice within the same managed care plan, found that the Nurse Practitioner managed practice had:

- 57 percent fewer total emergency department visits, and
- 62 percent less inpatient days.[23]

- **Reimbursement and Enrollment**

Congress authorized the Medicare program to reimburse Nurse Practitioners in the Balanced Budget Act of 1997, at 85% of the physician rate. TRICARE and the Federal Employees Health Benefits Plan also reimburse for Nurse Practitioner services. However, many insurance programs including Florida Medicaid and Florida Medicaid Managed Care plans do not directly contract with the Nurse Practitioner as a primary care provider.

The plans require reporting and payment through a collaborating or supervising physician despite the fact that the services provided are within the Nurse Practitioner's scope of practice.

Provider panel directories are misleading because they list the employing or supervising physician and not the Nurse Practitioner when it is the NP's services that are frequently more readily available. A specific provider panel may also be closed because the clinician to patient ratio is being calculated based only on the physician in the practice, thereby unnecessarily restricting patient access to health care services. A practice may be prohibited from accepting additional patients because the ratio is calculated solely on those seen by the physician.

NPs directly contracting with plans will:

- Facilitate comprehensive care through direct communication between patients and the Nurse Practitioner, including follow-up information for referrals, testing, diagnosis and treatment.
- Permit accurate tracking of provider quality and outcome data.
- Increase cost containment through the provision of Nurse Practitioner cost-sensitive care.

The long-standing cost benefits of Nurse Practitioner-specific interventions in a managed care environment are substantial. It has been argued that fully utilizing Nurse Practitioners could save 20 percent of the cost of primary care, a savings of up to 8.75 billion dollars nationally each year.[24]

# III. CERTIFIED NURSE MIDWIVES

## Overview

The regulated profession of nurse midwifery was established in Florida in 1970 as a means to reduce maternal and infant mortality rates in vulnerable populations by improving access to quality health care through utilization of Certified Nurse Midwives. Nurse midwifery had proven itself to be an invaluable tool in improving maternal-child health after nurse midwifery services in New York and Kentucky radically improved maternal/fetal outcomes in vulnerable populations.[25]

Since its inception, nurse midwifery has flourished in the state of Florida. In 2006, Florida's Certified Nurse Midwives (CNMs) attended 25,918 births—10.9% of all hospital births.[26]

In Florida, Certified Nurse Midwives are licensed as Advanced Registered Nurse Practitioners. Therefore, laws and regulations germane to ARNPs are applicable to all CNMs as well.

Under section 464.012(4) (b), the Certified Nurse Midwife "may to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the Certified Nurse Midwife's physician backup when the delivery is performed in a patients home . . ." perform a number of delineated tasks, as well as those functions authorized by section 464.012 (3).

Osteopathic physicians, podiatrists, dentists, psychologists, and many other health care providers have struggled over the years to obtain state laws and regulations including their professions in the regulation of health care. Historically, as medical acts were enacted by state legislatures, medical doctors achieved control over all functions deemed as "medical practice" to the exclusion of other providers. Certified Nurse Midwives, along with other Advance Practice Nurses are often prevented from practicing to the full scope of their education, clinical training and experience due to these regulatory barriers. Under Florida's Medical Practice Act, a physician specializing in pathology, has more scope to practice obstetrics (which he/she is not trained to do) than a Certified Nurse Midwife.

- **Access**

  Florida CNMs provide maternity care, neonatal care, and well-woman care to women of all ages. The Certified Nurse Midwife providing maternity care usually provides delivery services in a hospital setting; however, some CNMs operate free-standing birth centers, and a small percentage attend women who choose to give birth at home. Other Florida CNMs work in a variety of office and clinic settings providing well-woman care.

- **Affordability**

  Research has demonstrated the quality care provided by Certified Nurse Midwives. This same research has shown that nurse midwifery care is usually provided at significantly less cost. Nurse midwifery care tends to reduce cesarean section rates, a much more expensive procedure than vaginal birth, while maintaining similar outcomes. Nurse midwifery care generally involves less use of other expensive technologies which overburden strained resources and have not been shown to improve outcomes.[27]

  Nurse midwifery care is one of the best ways to provide cost-effective, quality health care to women and their families. Certified Nurse Midwives often function as primary care providers for women, caring for them through the childbearing years and beyond.

  The increased utilization of Certified Nurse Midwives and other advance practice nurses is one of the Pew Commission's recommended solutions for the increasing shortage of primary care physicians.[28]

- **Quality Outcomes**

  Research has shown that Certified Nurse Midwives provide high quality care and have excellent outcomes. The midwifery model of care, in which the reproductive process is considered a normal biological event, results in a decrease of unnecessary interventions and subsequent reduced morbidity and mortality.[29] In addition, women who experience birth with a CNM have fewer complications during the recovery period.[30] Multiple research studies have shown that care provided by CNMs equals, if not exceeds, the care provided by physicians.[31] These same studies demonstrate high levels of patient satisfaction with midwifery care.

  A study of birth certificate data of infants delivered vaginally after term pregnancies, adjusted for medical risk factors, showed that CNM-delivered infants had 33% lower risk of neonatal mortality, 31% lower risk of low-birth-weight, and 19% lower risk of infant mortality as compared with physician-delivered infants.[32]

  Another study found that CNMs were more likely than their physician counterparts to adhere to the standard of practice advocated by the American College of Obstetricians and Gynecologists.[33]

- **Reimbursement and Enrollment**

  As previously noted, nurse-midwifery care is cost effective. Reimbursement of Certified Nurse Midwives for maternity care is required under Florida Statutes § 627.6406. Unfortunately, there is no requirement for reimbursement for primary care and well-woman services. As with other categories of advance practice nurses, federal reimbursement is mandated under the Medicare and Medicaid programs. However, Medicare reimburses Certified Nurse Midwives at only 65% of what physicians receive for the exact same care. Medicaid in Florida reimburses nurse midwives at 85% of what

physicians receive for providing the same services. As the cost of providing care rises, these inequities in reimbursement may create access to care issues for women preferring nurse midwifery care. The expense of increasing nurse midwifery reimbursement to physician rates for the same services will be offset by the proven cost reductions consistent with nurse midwifery care.

Although Florida law prohibits private HMOs and Preferred Provider Networks from discriminating against ARNPs as a category of health care providers, there is no law insisting that nurse midwives be included on provider panels other than for maternity care.

As a consequence of the rising liability crisis and the litigious nature of the practice of obstetrics, Certified Nurse Midwives face considerably higher professional liability insurance costs than other advanced practice nurses. As discussed above, Florida law requires ARNPs (including nurse midwives) to carry professional liability in the amount of $100,000/$300,000.

At a time when obstetricians are closing their obstetrics practices due to the rising costs associated with litigation, Certified Nurse Midwives may provide the solution to the looming shortage of providers, but only if affordable liability insurance or alternatives to insurance are available.

# IV. CERTIFIED REGISTERED NURSE ANESTHETISTS

## Overview

Certified Registered Nurse Anesthetists (CRNAs) are Advanced Practice Nurses who administer anesthesia. There are more than 39,000 CRNAs in the United States today, with more than 3,400 practicing in Florida. CRNAs deliver 30 million anesthetics nationally each year.[34] CRNAs are the only nurses who are credentialed to provide anesthesia services in Florida, and are the sole anesthesia providers in most rural hospitals. The practice of anesthesia is a recognized specialty in nursing and medicine.

Nurses were the first professional group to provide anesthesia services in the United States. Established in the late 1800s, nurse anesthesia has since become recognized as the first clinical nursing specialty. Serving as pioneers in anesthesia, nurse anesthetists became involved in the full range of specialty surgical procedures, as well as in the refinement of anesthesia techniques and equipment.

The education and experience required to become a CRNA includes a master's degree from an accredited nurse anesthesia program. All programs include clinical training in university-based or large community hospitals, and following graduation all nurse anesthetists must pass a national certification examination. In order to maintain their certification and as a condition of re-licensure by the state, CRNAs must complete a minimum of 40 hours of approved continuing education every two years.

There are more than 100 accredited nurse anesthesia education programs in the United States today, with 9 programs located in Florida.

- **Access**

  CRNAs administer anesthesia for all types of surgical, diagnostic and therapeutic procedures. CRNAs are trained in all types of anesthetic techniques, and practice in every setting in which anesthesia is delivered.

- **Affordability**

  Many managed care plans include CRNAs to provide high-quality anesthesia care with reduced expense to patients and insurance companies. The cost-efficiency of CRNAs helps to control escalating health care costs. As advanced practice nurses, CRNAs function with a high degree of autonomy and are a sound economic choice.

- **Quality Outcomes**

  A recent report from the Institute of Medicine concluded that anesthesia care today is nearly 50 times safer than it was 20 years ago.[35] Over this time period, there has been a dramatic reduction in anesthesia mortality rates to approximately one in 240,000

anesthetics. Numerous outcomes studies have demonstrated comparable quality of care provided by CRNAs and their physician counterparts.[36]

- **Reimbursement and Enrollment**

  Enacted in 1965, Medicare (Title XVIII of the Social Security Act) reimburses hospitals under Part A for "reasonable costs" of anesthesia services. The Omnibus Budget Reconciliation Act of 1986 established direct reimbursement for CRNAs under Medicare Part B, effective January 1, 1989.

  There is no separate Medicare conversion factor for medically directed CRNA services. The medically directed CRNA and the anesthesiologist are each paid 50% of the case when working in an anesthesia team environment. Almost all Florida insurance companies now directly reimburse the CRNA or their employer for providing the professional anesthesia service. CRNAs also receive Medicaid reimbursement in Florida. However, many managed care plans do not provide direct payment to CRNAs for anesthesia services.

# V. CLINICAL NURSE SPECIALISTS

## Overview

A clinical nurse specialist (CNS) is an Advanced Practice Nurse, with graduate preparation (master's or doctorate) from a program that prepares CNSs. CNSs are clinical experts in the diagnosis and treatment of illness, and the delivery of evidence-based nursing interventions (ANA, 2004). Many CNSs have nationally recognized certifications. CNSs work with other nurses to advance nursing practices, improve outcomes, and provide clinical expertise to effect system-wide changes to improve health care programs. The three domains of CNS practice, known as the three "spheres of influence," are the patient/family, nursing personnel, and system/network organization. The three spheres are overlapping and interrelated, but each sphere possesses a distinctive focus. In each of the spheres of influence, the primary goal of the CNS is continuous improvement of patient outcomes and nursing care.

CNSs have clinical nursing expertise with a focus on assisting patients in health promotion or the prevention or resolution of illness and with medical diagnosis and treatment of disease, injury and disability.[37] In addition to providing direct patient care, CNSs influence the outcomes of care by providing expert consultation for nursing staff and by identifying and implementing improvements in health care delivery systems. CNSs are an integral part of the health care team and help to coordinate the care received by patients. Traditionally, CNSs have worked primarily in acute care settings, but in recent years, their role has expanded into outpatient settings as well.

High quality and cost-effective care are hallmarks of CNS practice; by focusing their practice on assessing the overall care of patients, they are able to make significant contributions toward the measurement of individual and population health improvements, effective resource utilization and establishment of best practices.

The Clinical Nurse Specialist role and scope of practice in Florida has only been recently defined by statute. In 2007, the Legislature passed SB 248 which created Section 464.0115, Florida Statutes. This section provides a definition of the clinical nurse specialist role and scope, allows the Board of Nursing to license Clinical Nurse Specialists, provides title protection, and delegates rule making authority.

The 2007 legislation was intended recognize the advanced education, training, and experience of the Clinical Nurse Specialist and to facilitate the ability of Clinical Nurse Specialists to receive reimbursement for their services. However, the 2007 legislation limited licensure of CNSs to those who hold national certification.

Since many specialty areas within the Clinical Nurse Specialist role have no certification exam available to them, some Clinical Nurse Specialists did not qualify for licensure under the 2007 statute. A bill was passed in 2008 which provides a second set of criteria for licensure of Clinical Nurse Specialists who do not have a certification exam available to them. These Clinical Nurse Specialists will have the option of providing an affidavit affirming 1000 hours of clinical experience in their role.

- **Access**

  An estimated 69,017 RNs nationally have the education and credentials to practice as a Clinical Nurse Specialist. Of these, approximately 15,000 are qualified to work as both a NP and a CNS.[38] A national survey ranks CNSs as the second largest group of Advanced Practice Nurses. In the state of Florida it has been difficult to accurately determine the number of CNSs as the title was not legally protected until 2007, and the CNS license was not available until mid-2008. The state now requires those using the title of CNS to have educational preparation at the master's or higher level, to be certified in their specialty (if certification exists), or if the CNS practices in a specialty area for which there is no certification available, by demonstrating clinical competency through experience.[39]

  In the 1990s many nurses who sought an advanced practice role became Nurse Practitioners. Consequently, there was a decreased demand for CNS educational programs and fewer positions for CNSs in the job market. Recently, there has been renewed interest in the CNS role within health care institutions. The CNS is seen as a key nursing role to bridge the gap between nursing research results and the implementation at the bedside. The role the CNS plays in cost containment is now more fully appreciated by institutions.

- **Affordability**

  Although CNSs may receive Medicare reimbursement for some services, the CNS's primary contribution is as part of a team approach of care delivery, so it is imperative to evaluate their contribution by examining the fiscal wellness of a health care system. Numerous studies have demonstrated that the care delivered by CNSs is cost effective:

  - Recognition of safe and cost-effective care by a CNS related to the early discharge of very low birth weight infants with follow-up.[40]
  - Demonstration of differences in length of stay and highly significant cost savings with care managed by Clinical Nurse Specialists.[41]
  - Nurse managed inpatient program for patients with chronic mental disorders that resulted in reduction of physician time and pharmaceutical costs.[42]

- **Quality Outcomes**

  Research about Clinical Nurse Specialist practice demonstrates improved outcomes including:

  - Reduced hospital costs and lengths of stay. [43]
  - Reduced frequency of emergency room visits.[44]
  - Improved identification of depression.[45]
  - Improved pain management practices.[46]
  - Increased patient satisfaction with nursing care.[47]
  - Reduced medical complications in hospitalized patients.[48]

- Over 25 studies showing the positive effect CNSs have on improved quality of care, improved resource utilization and increased cost-effective care, were presented at the 2007 National Association of Clinical Nurse Specialists (NACNS) conference.[49]

- **Reimbursement and Enrollment**

  In the Balanced Budget Act of 1997, Congress authorized the Medicare program to reimburse Clinical Nurse Specialists when they performed physician type services within their scope of practice, as long as the CNS holds a state license.

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**Tampa Bay Advanced Practice Nursing Council**

**The Little Clinic**

**The Minute Clinic**

**Take Care Health Care**

**Volusia/Flagler Advanced Practice Nursing Council**

**West Coast Council of Advanced Practice Nurses**

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