



# Vote YES on HB336

## Nurse Practice Act Amendments

Improve Access to Care,  
Reduce Health Costs and Regulations,  
Keep Utahns Healthy

Utah's Nurse Practitioners have a 50 year history of providing safe, reliable and evidence-based care to patients and families. Five decades of research documents Nurse Practitioner's excellence in patient care and outcomes.<sup>1</sup> Patients cared for by Nurse Practitioners have fewer ER visits and shorter hospital stays.<sup>1</sup>

ISSUE: Utah's Nurse Practitioners are required to contract with a physician for oversight during the first 2 years/2,000 hours of practice when prescribing Schedule II medications. This contract, a Consultation & Referral Plan, can be a costly barrier for some Nurse Practitioners, hampering their ability to find employment, negatively affecting their salary, and preventing them from working full-time.<sup>2</sup>

Did you know?

- No evidence this oversight decreases narcotic prescription distribution<sup>3</sup>
- No requirement for physician to reside in the same geographical area<sup>4</sup>
- No requirement for physician to be in the same specialty area<sup>4</sup>
- Only 14 states in the country have a Consultation & Referral Plan for new NPs

What does a Consultation & Referral Plan do?

- Creates barriers to accessing care, particularly in rural areas<sup>5</sup>
- Impedes competition in the health care market<sup>6</sup>
- Discourages out of state experienced nurse practitioners to come to Utah
- Makes for unnecessary business regulation
- Duplicates prescribing safety evaluations provided by state licensing agency
- *Provides no additional benefit to patient safety*

Proposed Changes to Current Utah Statute/Code:

1. Remove the requirement for a Consultation and Referral Plan
2. Rely on prescribing safety regulations already in place for all health care providers prescribing Schedule II medications
3. Eliminate unfair practice regulation and restrictions that increase costs and do not protect patients

**For more information on this UNP/UNA/UACH initiative contact:**

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## Who are Nurse Practitioners?

Nurse Practitioners, or Advanced Practice Registered Nurses, are highly educated, nationally board certified, and experienced health care providers caring for patients in hospitals and clinics across the state.<sup>7,8</sup>

### Nurse Practitioners:

- Evaluate patients<sup>7</sup>
- Diagnose, order and interpret diagnostic tests<sup>7</sup>
- Initiate and management treatments<sup>7</sup>
- Prescribe medications<sup>7</sup>

### On average, Nurse Practitioners have:

- 4- year undergraduate Registered Nursing degree
- 3-year graduate Nurse Practitioner degree
- 8 years of Registered Nurse experience after bachelor's degree and before graduate school<sup>9</sup>

## Nurse Practitioner Amendments Leading & Supporting Organizations

### Leading Organizations:

Utah Nurse Practitioners	Utah School Nurse Association
Utah Nurses Association	American Association of Nurse Practitioners
Utah Chapter of American Psychiatric Nurses Association	Utah Association of Nurse Anesthetists
Utah Chapter of National Association of Pediatric Nurse Practitioners	

### Supporting Organizations:

Utah Commission on Aging	Libertas
American Association of Retired Persons	Planned Parenthood of Utah

### References:

<sup>1</sup>American Association of Nurse Practitioners. (2015). *Quality of nurse practitioner practice*. Retrieved from <https://www.aanp.org/advocacy/advocacy-resource/position-statements/quality-of-nurse-practitioner-practice>

<sup>2</sup>Utah Nurse Practitioners. (2019). *UNP membership questionnaire*. Unpublished.

<sup>3</sup>Buerhaus, P. (2018). *Nurse practitioners: A solution to America's primary care crisis*. Retrieved from <http://www.aei.org/publication/nurse-practitioners-a-solution-to-americas-primary-care-crisis/>

<sup>4</sup>Utah Nurse Practice Act. (2016). Retrieved from [https://le.utah.gov/xcode/Title58/Chapter31b/C58-31b\\_1800010118000101.pdf](https://le.utah.gov/xcode/Title58/Chapter31b/C58-31b_1800010118000101.pdf)

<sup>5</sup>United States Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, & National Center for Health Workforce Analysis. (2016). *National and regional projections of supply and demand for primary care practitioners*. Retrieved from <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-national-projections2013-2025.pdf>

<sup>6</sup>Federal Trade Commission. (2014). *Policy perspectives: Competition and the regulation of advanced practice nurses*. Retrieved from <https://www.ftc.gov/reports/policy-perspectives-competition-regulation-advanced-practice-nurses>

<sup>7</sup>National Governors Association. (2012). *The role of nurse practitioners in meeting increasing demand for primary care*. Retrieved from <https://classic.nga.org/cms/home/nga-center-for-best-practices/center-publications/page-health-publications/col2-content/main-content-list/the-role-of-nurse-practitioners.html>

<sup>8</sup>American Academy of Nurse Practitioners Certification Board. (2018). *Certifications*. Retrieved from <https://www.aanpcert.org/certifications>

<sup>9</sup>Utah Medical Education Council. (2017). *Utah's advanced practice registered nurse workforce, 2017: A study on the supply and distribution of APRNs in Utah*. Retrieved from [www.utahmec.org](http://www.utahmec.org)



## 2 YEAR/2,000 HOUR CONSULTATION AND REFERRAL AGREEMENT

### Utah Nurse Practitioner's (UNP) Rebuttal to Utah Medical Association's (UMA) Arguments against the change in Legislation

Point #1: The previous legislation was created through hours of hard work and should be kept because all physicians consult with Nurse Practitioner's (NP) regarding their prescribing practices.

UNP Response

- a. Healthcare is always changing and when the legislation was created it was recommended to re-evaluate after a couple of years.
- b. According to a recent survey of NPs, 90% of Physicians did not review the NP's chart or medications prescribed. In the same survey, 100% of NPs reported they have never been corrected by a physician on their prescribing. Therefore, there is a need for change.

Point #2: During the first year of a physician's residency (intern year) they are unable to prescribe for patients without oversight from a physician. NPs should be treated the same.

UNP Response

- a. NPs cannot be compared to first year residents because residents (in intern year) don't have a DEA license and cannot prescribe medications. That's why they need physician oversight.
- b. NPs are licensed with the state, have an unrestricted DEA license, are board certified and can be credentialed with insurance companies.
- c. First year residents are NOT board certified and cannot be credentialed with insurance companies.

Point #3: According to "several Physicians," NPs are not fully prepared to see patients when they are recently graduated and need extra training.

UNP Response

- a. NPs are fully qualified to provide patient care in the field that they studied.
- b. NPs are licensed by population (family practice, women's health, psychiatric, etc). Specialty practice physicians are licensed by body system (neurology, cardiology, endocrinology etc.)
- c. In specialty practices, such as neurosurgery, the employer would understand beforehand that the NP has not received specialty training in neurology, and would need additional on the job training.

Point #4: Since NPs, PAs and Physicians are already consulting with one another about patient care, it is not necessary to remove the "Consultation and Referral Plan" (C&R Plan).

UNP Response

- a. It's true that all healthcare providers consult with each other but this doesn't need to be in statute.
- b. The statute refers to consulting about controlled substances which usually doesn't occur in "real life."

Point #5: Utah physicians have *never* charged a fee for a "consultation and referral plan."

UNP Response

- a. Traditionally, physicians *have* charged a fee for this statute (I've paid for it myself), but thankfully due to the change in 2018 legislation this is less common.
- b. If an NP wanted to join a Nurse Practitioner-owned clinic instead of a Physician-owned clinic, it may limit his or her chances of being hired because either the Nurse Practitioner or the clinic would have to cover the cost of the "Consultation and Referral Plan."

Point #6: The "Consultation and Referral Plan" does not put physicians at any increased risk for malpractice.

Those who truly review an NP's prescriptions or schedule II medication approve it but have no liability for their decision. The NP is solely responsible for his/her prescribing.

UNP Response

- a. If Nurse Practitioners are responsible for their own prescribing (which is the way it should be) when it comes to medical malpractice, then there is no point of having a statute.
- b. It isn't right for a physician to have "oversight" power over an NP but have no responsibility for their decisions.