

Senate Bill 481

The Michigan Department of Community Health Task Force on Nursing Practice and the Institute of Medicine of the National Academies have both recommended removing barriers that prevent Advance Practice Registered Nurses (APRNs) from practicing to the fullest extent of their training and education (enclosed).

It has been shown that access to healthcare is better for citizens in states that permit APRNs a scope of practice reflective of their training and education. In addition, this healthcare is much more affordable.

A recent estimate projects underutilization of nurse practitioners costs the nation nearly \$9 billion annually due to practice restrictions in state laws and other denied access for consumers that are keeping the cost of basic healthcare inflated.

SB 481 SEEKS TO IMPROVE ACCESS TO A HEALTH CARE PROVIDER FOR CITIZENS ACROSS THE STATE BY ALLOWING ADVANCED PRACTICE REGISTERED NURSES TO PRACTICE FULLY WITHIN THE SCOPE OF THEIR EDUCATION.

States with granted prescriptive authority for APRNs & providers per 100,000 population:

Washington DC	164
New Hampshire	111
Alaska	102
Vermont	84
Wyoming	82
Maine	79
Hawaii	69
Oregon	64
North Dakota	63
Rhode Island	62
Colorado	62
Kentucky	61
Maryland	59
Washington	54
Montana	54
Arizona	54
Iowa	49
New Mexico	48

Compared to Our State with No Prescriptive Authority Granted to APRNs:

Michigan 30

LEAST RESTRICTIVE STATES ALLOW MORE HEALTH CARE PROVIDERS.

Currently, the Michigan Public Health Code does not define the scope of practice for Advanced Practice Registered Nurses; Senate Bill 481 was introduced by Senator Mark Jansen to:

✓ Amend the Public Health Code to DEFINE the scope of practice for Advanced Practice Registered Nurses who are licensed as a 1) Certified Nurse Midwife, 2) Certified Nurse Practitioner, or a 3) Clinical Nurse Specialist-Certified.

✓ Create an Advanced Practice Registered Nursing Taskforce composed of current members of the Michigan Board of Nursing to provide recommendations to the full board regarding disciplinary action, reinstatement of licensure, and notices of intent to deny licensure for APRNs.

✓ Allow prescriptive authority within an APRNs defined scope of practice if certain conditions are met such as: necessary coursework, clinical and contact hours in pharmacology, for APRNs who have obtained a specialty prescriptive drug certificate and controlled substance license from the Michigan Department of Community Health and the United States Drug and Enforcement Agency.

✓ Allows a Certified Nurse Midwife, a Certified Nurse Practitioner, or a Clinical Nurse Specialist-Certified to provide all healthcare services within their scope of practice for which they are educationally and experientially prepared and requires consultation or referral of patients, as appropriate.

Senate Bill 481 WILL NOT:

○ Will not require new or additional third-party reimbursement or mandated workers compensation benefits.

○ Will not require or mandate increased reimbursement rates for healthcare services from healthcare insurers.

○ Will not allow APRNs to form a Professional Limited Liability Company (PLLC) or a Professional Services Corporation (PSC). Currently, a physician can form a PLLC or PSC and a physician's assistant can with collaboration with a physician. "Independent patient care" simply refers to practice without direct supervision by a physician. Nurse managed care centers are not owned by nurses – they just run them. They are owned by another entity (like a health system or university). Therefore, the passage of this legislation will not allow APRNs to 'hang out their own shingle' for practice.

○ Will not interfere with current or future healthcare insurers requirements for direct reimbursement (i.e. physician collaboration agreements).

○ Will not interfere with current or future practice arrangements made with employers and employees (APRNs).

The language in SB 481 was developed to reflect a uniform APRN National Consensus Model created by the National Council of State Boards of Nursing and endorsed by 42 National Organizations.

Michigan Department of Community Health

Task Force on Nursing Practice

Final Report and Recommendations

Summary

April 2012

Foreword

Nursing Practice and the Health and Safety of Michigan's People

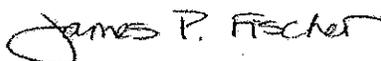
Nurses are the largest licensed health professional group in the state - Michigan has nearly 170,000 licensed nurses. Nurses provide the majority of healthcare services to the people of Michigan and the nation. Nursing practice - the professional healthcare services of nurses - is the foundation upon which quality healthcare and patient safety are built.

This document, the Final Report of the Michigan Department of Community Health -- Task Force on Nursing Practice (TFNP), considers current and future nursing practice in the context of a rapidly changing healthcare environment, including the ways in which: a) nursing practice is critical in maintaining and improving the health and safety of the people of Michigan; b) healthcare institutions and healthcare regulators incorporate nursing practice into healthcare; and c) Michigan's population and healthcare stakeholders, technologies, and regulators impact the practice of nursing. The vision of the TFNP is that: *Michigan's nurses provide the public with safe high-quality health care by practicing to the full extent of their education and competencies.* Realization of this vision will require changes in Michigan regulations, nursing education and practice, and healthcare systems.

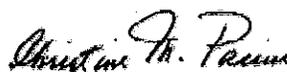
Nurses practice their profession in a healthcare environment that was transformed between 1950 and 2000 by healthcare research, technological advances, and a Michigan population in which over 90% had public or private health insurance to pay for care. Nursing practice today requires greatly increased scientific knowledge, clinical decision-making competencies, and patient care approaches that demand continuous learning of new technologies and supervision of assistive personnel, as well as the caring principles that ground the nursing profession.

The post-2000 healthcare environment is in the early stages of yet another transformation, one based on growing need as Michigan's population ages, rising healthcare costs, a declining portion of residents with adequate health insurance, and fewer healthcare professionals (per capita) to provide care. The TFNP recommendations are made within the 2011/12 context of rising demand and diminishing supply. The demographics of our nation and state are inescapable, requiring difficult decisions and changes if care is to be available to all.

This report from the MDCH-TFNP includes recommendations to the Director of MDCH and others for improvement of nursing practice through modernization of nursing regulations and policies and therefore improvement of healthcare access, safety, and quality. The people of Michigan will benefit from implementation of these recommendations.



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Michigan Department of Community Health-Task Force on Nursing Practice Recommendation Abstracts

To improve access to safe, high quality healthcare for Michigan residents and in alignment with Gov. Snyder's 2011 *Health and Wellness* message, Government and nursing regulators must change statutes and regulations, and nurses and nurse-employers must make changes to the nursing practice environment to:

1. **Improve Practice for Advanced Practice Registered Nurses** - Remove barriers to full independent practice for Advanced Practice Registered Nurses [APRNs]. APRNs must practice in Michigan to the full extent of their required education and competencies.
2. **Modernize Registered Nurses' Scope and Standards of Practice** - Enable all Registered Nurses (RNs) in Michigan to practice to the full extent of their required education and competencies.
3. **Clarify Delegation of Nursing Functions** - Ensure a clear definition of nursing delegation to healthcare personnel. Remove the nursing delegation conflicts in Michigan statutes and regulations.
4. **Delineate the Practice and Role of Licensed Practical Nurses** - Regulate all nursing titles, definitions, roles, delegation, and practice under the Nursing Section of the Michigan Public Health Code.
5. **Update Regulation of Nursing Assistive Personnel** - Require that Nursing Assistive Personnel [NAPs] perform nursing functions under the delegation and supervision of a Registered Nurse. Regulate NAP titling, education, and roles under the Nursing Section of the Michigan Public Health Code only.
6. **Mitigate Human Factors in Patient Care Quality and Safety** - Nurses and nurse-employers must collaborate to ensure patient care is provided in care environments that take human factors into account. Government must ensure that care environments are safe for both patients and nurses.
7. **Increase Practice Efficiencies in Nursing & Healthcare** - Nurses must be leaders, decision makers, and active participants in planning and restructuring care processes and operational systems to ensure patient care efficiencies. Modernize Federal and State statutes and regulations to improve efficiency.
8. **Advance Technology in Nursing Practice and Healthcare** - Ensure Healthcare Technology [HT] supports the delivery and documentation of nursing patient care by making nurses active decision makers in selection, design, development, implementation, and evaluation of HT-based systems and devices.
9. **Enable Competition and Entrepreneurship in Healthcare Markets** - Ensure that the profession of nursing is identified in the MPHIC as a "learned profession", and therefore that professional nurses may own and operate a professional limited liability company or professional services corporation offering healthcare services, and receive direct payment or reimbursement for those services.
10. **Establish the Michigan Nursing Practice Council** - Ensure that the Michigan Department of Community Health - Office of the Chief Nurse Executive is directed to establish and maintain the Michigan Nursing Practice Council, an overarching leadership group with staff resources to support planning, implementation, and evaluation of TFNP recommendations.

See the full TFNP Final Report for the full text of the TFNP Recommendations.

MDCH - Task Force on Nursing Practice - List of Members – December 2010 to April 2012

<i>Voting Members</i>	<i>Titles & Organizations¹</i>
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Regina Crooks, BSN, RN	Personal Health Manager Calhoun County Public Health Department
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Professor, The University of Michigan School of Nursing;

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Chief Operating Officer and Chief Nurse Executive

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Dean Emerita, College of Nursing

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Director, Bureau of Health Professions

Michigan Department of Community Health

End Notes¹ Listed as per December 2010² Orthopedic Staff Nurse, Spectrum Health Blodgett Hospital.³ Staff LPN, St. Joseph Health System – Home Care and Hospice.⁴ TFNP Member through December 2011. Currently, Chief Nursing Officer, Sheridan Hospital, Sheridan, Wyoming.⁵ Nurse Practitioner, Veterans Affairs Clinic – Traverse City, Michigan.⁶ Clinical Operations Specialist, Blue Cottage Consulting; formerly, Director of Quality Improvement, The University of Michigan Health System.⁷ Clinical Decision Unit Staff Nurse, St. John Macomb.⁸ Director, Nursing and Allied Health, Northwestern Michigan College⁹ Formally, Dean, Northern Michigan University College of Nursing¹⁰ Registered Nurse, Macomb Township Surgery Center, St. John Providence Health System¹¹ Critical Care Clinical Nurse Specialist, Educator, & Consultant; ADVANCING NURSING LLC.¹² Currently, Director, Healthcare Market Talent, Michigan Workforce Development Agency.¹³ Certified Registered Nurse Anesthetist, Port Huron Hospital; Clinical and Didactic Instructor.¹⁴ Certified Registered Nurse Midwife, Bronson Women's Services and Henry Ford West Bloomfield Hospital.

Background: Licensure and Education of Nurses in Michigan

Licensure: To protect the health and safety of the people of Michigan, licensure of physicians, nurses, and 21 other health professions is required by the Public Health Code, Public Act 368 of 1978 as amended. Licensure of health professions is performed by the Michigan Department of Licensing and Regulatory Affairs (MDLARA), Bureau of Health Professions (BHP) upon the recommendation of the board of a specific health profession. Michigan nurses have been licensed since 1909 (Public Act 319 of 1909). The Michigan Board of Nursing (MBON), consistent with other health professions boards, is composed of volunteers appointed by the Governor and operates in accordance with the Public Health Code and MBON Administrative Rules.

In this report, the word “nurse” when used without modification or amplification means a person licensed by the State of Michigan as a Registered Nurse (RN) or Advanced Practice Registered Nurse (APRN). APRNs hold RN licensure plus specialty certification based on 1) advanced education (a nursing master’s degree or nursing doctoral degree) and 2) meeting the standards of national advanced practice nursing organizations through examination and continuing education.

Education: Registered Nurses (RNs) are educated in either an Associate Degree in Nursing (ADN) program or a Bachelor of Science Degree in Nursing (BSN) program. For example:

- An approved ADN program includes basic science, mathematics, and writing prerequisites, plus social sciences and communications courses, physical science courses including chemistry, biology, anatomy, physiology, microbiology, pharmacology, psychology, mental health, pediatrics, and nursing courses such as fundamentals in nursing care I & II, maternity nursing care, chronic and acute nursing care, healthy lifestyles, human growth and development, and clinical experience.
- An accredited BSN program includes higher-level pre-nursing courses in algebra, statistics, chemistry, biology, science-writing, anatomy, physiology, nutrition, pathophysiology, microbiology, psychology, ecology, and social sciences. The nursing curriculum includes: pharmacology; health assessment and therapeutics; scholarly nursing practice; acute nursing care of adults; mental health/psychiatric nursing; care of the childbearing family; nursing care of children, adolescents, and families; community health and population nursing; nursing leadership; and clinical experience.

Following licensure, all RNs and APRNs must engage in lifelong nursing education for re-licensure and recertification; continuing education hours are required for each re-licensure and recertification.

Advanced Practice Registered Nurses (APRNs) generally have a BSN degree, significant nursing experience, and a master’s degree or doctoral degree in a specific area of nursing practice. These degrees require intensive graduate coursework, including sciences, statistics, healthcare policy and research, advanced pharmacology, advanced pathophysiology, and rigorous nursing specialty courses. Nurse Anesthetists, for example, complete 8 anesthesia courses and 5 clinical anesthesia practicums. Clinical Nurse Specialists complete courses in advanced physical assessment and clinical decision-making, plus four semesters of clinical internship. After receiving their master’s or doctoral degree, APRNs must meet the standards of national advanced practice nursing organizations through examination and continuing education.

Competencies are based on a nurse’s education, continuing education, certifications, and clinical experience. Competencies must be both demonstrated and documented.

The *Nursing Agenda for Michigan*, a strategic plan for the future of nursing in Michigan, is available at: www.michigan.gov/mdch/ocne, www.micnwp.org, and www.micomon.org.

The Future of Nursing Leading Change, Advancing Health

Report Recommendations



INSTITUTE OF MEDICINE
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Key Messages

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Recommendations

Recommendation 1: Remove scope-of-practice barriers. *Advanced practice registered nurses should be able to practice to the full extent of their education and training. To achieve this goal, the committee recommends the following actions.*

For the Congress:

- Expand the Medicare program to include coverage of advanced practice registered nurse services that are within the scope of practice under applicable state law, just as physician services are now covered.
- Amend the Medicare program to authorize advanced practice registered nurses to perform admission assessments, as well as certification of patients for home health care services and for admission to hospice and skilled nursing facilities.
- Extend the increase in Medicaid reimbursement rates for primary care physicians included in the ACA to advanced practice registered nurses providing similar primary care services.
- Limit federal funding for nursing education programs to only those programs in states that have adopted the National Council of State Boards of Nursing Model Nursing Practice Act and Model Nursing Administrative Rules (Article XVIII, Chapter 18).

For state legislatures:

- Reform scope-of-practice regulations to conform to the National Council of State Boards of Nursing Model Nursing Practice Act and Model Nursing Administrative Rules (Article XVIII, Chapter 18):
- Require third-party payers that participate in fee-for-service payment arrangements to provide direct reimbursement to advanced practice registered nurses who are practicing within their scope of practice under state law.

For the Centers for Medicare and Medicaid Services:

- Amend or clarify the requirements for hospital participation in the Medicare program to ensure that advanced practice registered nurses are eligible for clinical privileges, admitting privileges, and membership on medical staff.

For the Office of Personnel Management:

- Require insurers participating in the Federal Employees Health Benefits Program to include coverage of those services of advanced practice registered nurses that are within their scope of practice under applicable state law.

For the Federal Trade Commission and the Antitrust Division of the Department of Justice:

- Review existing and proposed state regulations concerning advanced practice registered nurses to identify those that have anticompetitive effects without contributing to the health and safety of the public. States with unduly restrictive regulations should be urged to amend them to allow advanced practice registered nurses to provide care to patients in all circumstances in which they are qualified to do so.

Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts. *Private and public funders, health care organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and health systems. These entities should also provide opportunities for nurses to diffuse successful practices.*

To this end:

- The Center for Medicare and Medicaid Innovation should support the development and evaluation of models of payment and care delivery that use nurses in an expanded and leadership capacity to improve health outcomes and reduce costs. Performance measures should be developed and implemented expeditiously where best practices are evident to reflect the contributions of nurses and ensure better-quality care.
- Private and public funders should collaborate, and when possible pool funds, to advance research on models of care and innovative solutions, including technology, that will enable nurses to contribute to improved health and health care.
- Health care organizations should support and help nurses in taking the lead in developing and adopting innovative, patient-centered care models.
- Health care organizations should engage nurses and other front-line staff to work with developers and manufacturers in the design, development, purchase, implementation, and evaluation of medical and health devices and health information technology products.

- Nursing education programs and nursing associations should provide entrepreneurial professional development that will enable nurses to initiate programs and businesses that will contribute to improved health and health care.

Recommendation 3: Implement nurse residency programs. *State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.*

The following actions should be taken to implement and support nurse residency programs:

- State boards of nursing, in collaboration with accrediting bodies such as the Joint Commission and the Community Health Accreditation Program, should support nurses' completion of a residency program after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.
- The Secretary of Health and Human Services should redirect all graduate medical education funding from diploma nursing programs to support the implementation of nurse residency programs in rural and critical access areas.
- Health care organizations, the Health Resources and Services Administration and Centers for Medicare and Medicaid Services, and philanthropic organizations should fund the development and implementation of nurse residency programs across all practice settings.
- Health care organizations that offer nurse residency programs and foundations should evaluate the effectiveness of the residency programs in improving the retention of nurses, expanding competencies, and improving patient outcomes.

Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. *Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.*

- The Commission on Collegiate Nursing Education, working in collaboration with the National League for Nursing Accrediting Commission, should require all nursing schools to offer defined academic pathways, beyond articulation agreements, that promote seamless access for nurses to higher levels of education.
- Health care organizations should encourage nurses with associate's and diploma degrees to enter baccalaureate nursing programs within 5 years of graduation by offering tuition reimbursement, creating a culture that fosters continuing education, and providing a salary differential and promotion.

- Private and public funders should collaborate, and when possible pool funds, to expand baccalaureate programs to enroll more students by offering scholarships and loan forgiveness, hiring more faculty, expanding clinical instruction through new clinical partnerships, and using technology to augment instruction. These efforts should take into consideration strategies to increase the diversity of the nursing workforce in terms of race/ethnicity, gender, and geographic distribution.
- The U.S. Secretary of Education, other federal agencies including the Health Resources and Services Administration, and state and private funders should expand loans and grants for second-degree nursing students.
- Schools of nursing, in collaboration with other health professional schools, should design and implement early and continuous interprofessional collaboration through joint classroom and clinical training opportunities.
- Academic nurse leaders should partner with health care organizations, leaders from primary and secondary school systems, and other community organizations to recruit and advance diverse nursing students.

Recommendation 5: Double the number of nurses with a doctorate by 2020. *Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.*

- The Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission should monitor the progress of each accredited nursing school to ensure that at least 10 percent of all baccalaureate graduates matriculate into a master's or doctoral program within 5 years of graduation.
- Private and public funders, including the Health Resources and Services Administration and the Department of Labor, should expand funding for programs offering accelerated graduate degrees for nurses to increase the production of master's and doctoral nurse graduates and to increase the diversity of nurse faculty and researchers.
- Academic administrators and university trustees should create salary and benefit packages that are market competitive to recruit and retain highly qualified academic and clinical nurse faculty.

Recommendation 6: Ensure that nurses engage in lifelong learning. *Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.*

- Faculty should partner with health care organizations to develop and prioritize competencies so curricula can be updated regularly to ensure that graduates at all levels are prepared to meet the current and future health needs of the population.
- The Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission should require that all nursing students demonstrate a comprehensive set of clinical performance competencies that encompass the knowledge and skills needed to provide care across settings and the lifespan.
- Academic administrators should require all faculty to participate in continuing professional development and to perform with cutting-edge competence in practice, teaching, and research.
- All health care organizations and schools of nursing should foster a culture of lifelong learning and provide resources for interprofessional continuing competency programs.
- Health care organizations and other organizations that offer continuing competency programs should regularly evaluate their programs for adaptability, flexibility, accessibility, and impact on clinical outcomes and update the programs accordingly.

Recommendation 7: Prepare and enable nurses to lead change to advance health.

Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses.

- Nurses should take responsibility for their personal and professional growth by continuing their education and seeking opportunities to develop and exercise their leadership skills.
- Nursing associations should provide leadership development, mentoring programs, and opportunities to lead for all their members.
- Nursing education programs should integrate leadership theory and business practices across the curriculum, including clinical practice.
- Public, private, and governmental health care decision makers at every level should include representation from nursing on boards, on executive management teams, and in other key leadership positions.

Recommendation 8: Build an infrastructure for the collection and analysis of inter-professional health care workforce data. *The National Health Care Workforce Commission, with oversight from the Government Accountability Office and the Health Resources and Services Administration, should lead a collaborative effort to improve research and the collection and analysis of data on health care workforce requirements. The Workforce Commission and the Health Resources and Services Administration should collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible.*

- The Workforce Commission and the Health Resources and Services Administration should coordinate with state licensing boards, including those for nursing, medicine, dentistry, and pharmacy, to develop and promulgate a standardized minimum data set across states and professions that can be used to assess health care workforce needs by demographics, numbers, skill mix, and geographic distribution.
- The Workforce Commission and the Health Resources and Services Administration should set standards for the collection of the minimum data set by state licensing boards; oversee, coordinate, and house the data; and make the data publicly accessible.
- The Workforce Commission and the Health Resources and Services Administration should retain, but bolster, the Health Resources and Services Administration's registered nurse sample survey by increasing the sample size, fielding the survey every other year, expanding the data collected on advanced practice registered nurses, and releasing survey results more quickly.
- The Workforce Commission and the Health Resources and Services Administration should establish a monitoring system that uses the most current analytic approaches and data from the minimum data set to systematically measure and project nursing workforce requirements by role, skill mix, region, and demographics.
- The Workforce Commission and the Health Resources and Services Administration should coordinate workforce research efforts with the Department of Labor, state and regional educators, employers, and state nursing workforce centers to identify regional health care workforce needs, and establish regional targets and plans for appropriately increasing the supply of health professionals.
- The Government Accountability Office should ensure that the Workforce Commission membership includes adequate nursing expertise.

Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine

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REHABILITATION SERVICES
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 SUBSIDIZED HOUSING
 WORKFORCE DEVELOPMENT
 TRANSPORTATION

The Honorable Mark Jansen
 State Senator
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May 22, 2012

Re: Senate Bill 481

Dear Senator Jansen,

You have introduced Senate Bill 481 which will define the scope of responsibilities of a nurse practitioner when providing health care to an individual. Today, nurse practitioners are not differentiated from registered nurses in Michigan's public health code. Because nurse practitioners are required to attain additional levels of education and certification, they should be allowed to practice to the full extent of their education and experience.

Nurse practitioners are essential providers of primary care and fulfill a critical role in the health professional team. By allowing nurse practitioners to practice within their realm of educational and experiential preparedness we will open up broader access to Hope Network consumers in rural and underserved areas. And this is what the goal of health care is all about...access.

There are currently 18 states plus Washington, D.C. that have passed this legislation - it is time Michigan does the same.

Hope Network is supportive of Senate Bill 481.

Should you have any questions or concerns please do not hesitate to contact me.

Thank you,

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February 29, 2012

The Honorable Mark Jansen
State Senator
State Capitol
P.O. Box 30036
Lansing, MI 48909-7536

Dear Senator Jansen,

Attached please find a copy of a letter of support for SB 481 that would define scope of practice for advanced practice registered nurses from the Michigan chapter of the National Association of Pediatric Nurse Practitioners. As you know, it is our hope that the bill will be brought to a vote and passed in support of the 4,200 nurse practitioners in Michigan who wish to provide patient care to the full extent that their education and experience allows.

Nurse practitioners understand the difficulties that lie ahead as the state tries to balance expanded coverage to meet the needs of the uninsured and underinsured with the reality of reduced dollars in revenue to pay for the services. We hope that you will join us by supporting our endeavor to ensure that Michigan's nursing environment is among the best in the nation and that all citizens of the state have improved access to high quality, cost-effective health care.

If you have any questions or require further information on the legislation or other advanced practice nursing issues, please do not hesitate to contact us.

Sincerely,

Olivia Visperas McLaughlin
Executive Director
Michigan Council of Nurse Practitioners
www.micnp.org



Michigan Chapter National Association of Pediatric Nurse Practitioners

February 14, 2012

Dear Senate Health Policy Committee:

The Michigan Chapter of the National Association of Pediatric Advanced Practice Nurse Practitioner's supports the Senate Bill 481. We encourage you to pass this bill, which gives definition of the Nurse Practitioner (NP) within the Public Health Code. Nurse Practitioners have been practicing for over 40 years. In many inpatient and outpatient settings, the quality and safety of Nurse Practitioners care has been well researched and well documented. Fully integrating the contribution and skills of primary care practitioners of all educational backgrounds and, specifically, the contributions of Nurse Practitioners is a vital policy step towards achieving high-value health care. Many times Nurse Practitioners are filling a critical need for health care services where otherwise there would be no health care. In these areas, Nurse Practitioners provide independent care by virtue of their scope of practice, education, training and certification.

The specifics of NP practice recognized nationally are not reflected in Michigan's Public Health code. Michigan Residents will be better served by having regulatory language that accurately describes the current education, certification, and licensure of the NP roles. The impact to society for not recognizing NPs is felt both financially and with decreased access to health care. "Under utilization of nurse practitioners has been estimated to cost society \$9 billion annually" (AACN). Mandatory direction and supervision happens due to the lack of definition in the public health code, and unduly intrudes upon the professional judgment and recognized expertise of NPs.

Multiple barriers to effective NP practice exist in Michigan. These barriers translate into patient care barriers and result in a decreased access to health care in Michigan. Some of these barriers include: the inability to order physical therapy or speech therapy or occupational therapy or even infant formula (which is found on every grocery store shelf). These barriers exist because the Public Health Code does not clearly define the role of the NP.

Successful reform must enlist NPs as skilled health providers, advisors, caregivers, dispensers of medicine, and interpreters of instructions, care coordinators, expert thinkers, planners, advocates, and catalysts for change. The full engagement of the nursing profession is needed for real health care change.

Nurse Practitioners must be recognized as providers of health care to realize a decrease in health care costs, an increase in access to health care and continued quality in the delivery of health care. The simple step of updating the Michigan Public Health Code will help Michigan move toward a healthier state. All providers must be able to practice to their fullest capacity and education preparation. There is no place for limitations or regulations that are not based in evidence. One of the hallmarks of our

profession is the acceptance of responsibility and consequence for all services provided. NPs are accountable to the public, to the patient and to the nursing profession for their scope of practice. Safety, access and quality of care are compromised when patients and their families are confused as to whom is responsible for their care when the family assumes the "delegating" physician has full knowledge of all that has been ordered. This lack of transparency is impeding health care. Delays in an order being completed as the prescription for care is sent back for a "physician's signature", impedes care. Prescriptions for medications sometimes not filled resulting in negative outcome due to the complexities of prescription authority in Michigan. The status quo has created a system fraught with potential vicarious liability, reimbursement liability issues, physician time to re-sign orders and prescriptions as well as to document oversight of the NPs. This has created a health care system with a built in increased cost of delivering health care.

Primary care providers are at a premium today and access to care for many Michigan residents who are poor, non-white, uninsured or under-insured or have special needs is almost nonexistent. Nurse practitioners are filling this critical need for health care services. Fully integrating the contribution and skills of all primary care practitioners and specifically NPs, is a vital step toward achieving high value health care. Laws that prohibit provider discrimination should be enforced so that patients and families have access to the primary care provider of their choice.

The quality and safety of nurse practitioners care has been well researched and well documented. It is time to move away from this debate in order to create a health care system that accepts and embraces all providers of health care. MINAPNAP supports Senate Bill 481 and request that you support it as well. Please vote Yes for SB 481.

Michigan Chapter
National Association of
Pediatric Nurse Practitioners
Board and Member

Victoria Trabucchi

Chapter President
Victoria Trabucchi

*American Association of Colleges of Nursing.
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