CACNS LEGISLATIVE UPDATE... Implications for Clinical Nurse Specialists... where should we go next?

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Cheryl Goldfarb-Greenwood, MN, RNC, CCNS
How a Bill Becomes a Law

Bill is introduced

Committee Hearings

Floor Action

Committee Hearings

If passed (sent to other house)

If passed with amendments

If passed without amendments

Most bills become law January 1 of the next year

Bill goes to Governor

Returned to original house

If original house concurs

http://www.leginfo.ca.gov/billweb.html

3/5/2003
THE ISSUES (FROM NACNS 2017)

- Full Practice Authority
- Scope of Practice
- Consensus Model implementation
- Prescriptive authority
- Health Care Plan
“Everyday Advocacy”

“Only if nurses honor our history and tradition as vigilant advocates for patients will we ensure a leading role for our profession in transforming the health care environment of the future.”


(From NACNS 2017, Session the Clinical Nurse Specialist as an Advocate, Cleveland Clinic)
Variation of CNS Practice across US: 2016

Prescriptive Authority and Independent Practice Progress for the Clinical Nurse Specialist Changes Since 2010,
### Key Findings from the 2014 Clinical Nurse Specialists Census

(Based on responses from 3,370 CNSs)

#### EDUCATION

<table>
<thead>
<tr>
<th>Degree</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS</td>
<td>60.51%</td>
</tr>
<tr>
<td>PhD</td>
<td>19%</td>
</tr>
<tr>
<td>DNP</td>
<td>7.47%</td>
</tr>
<tr>
<td>MA</td>
<td>5.89%</td>
</tr>
<tr>
<td>DNS/DNSc</td>
<td>0.82%</td>
</tr>
<tr>
<td>ND</td>
<td>0.28%</td>
</tr>
<tr>
<td>Other</td>
<td>5.92%</td>
</tr>
</tbody>
</table>

In addition to a master’s degree, more than one in ten CNSs also holds a doctorate. What is the highest nursing degree you currently hold?

#### PRESCRIPTIVE AUTHORITY

- **One in four CNSs is authorized to prescribe medications.**
- State laws address whether or not advanced practice nurses (such as CNSs) can prescribe drugs.
- Are you currently authorized to prescribe drugs?
  - Yes: 24.6%
  - No: 75.4%

Most CNSs who are authorized to prescribe live in a state that requires a pharmacology course.

#### REIMBURSEMENT

CNSs in independent practice, ambulatory care practice, or who have hospital medical board privileges are more likely to bill directly for their services. Do you bill for your CNS services?

- Yes: 13.07%
- No: 86.93%

Private insurance is most often billed for CNS services, followed closely by Medicare.

#### DEMOGRAPHICS

Race/ethnicity:
- White: 88.43%
- Black: 3.37%
- Hispanic/Latino: 2.1%
- Filipino: 1.17%
- Chinese: 0.43%
- Asian Indian: 0.33%
- American Indian: 0.27%
- Japanese: 0.23%
- Korean: 0.2%
- Native Hawaiian: 0.1%
- Vietnamese: 0.07%

Gender:
- Female: 94.9%
- Male: 4.5%

[www.nacns.org](http://www.nacns.org)
“The world of legislation can be very confusing and frustrating for those who live in a world driven by outcomes and results of a potentially life-threatening nature on a daily basis. ...we as CNSs need to understand and move through with a sense of purpose and grace....

“The tools...in this toolkit will assist you in the world of the legislature and regulatory agencies as you endeavor to make policy and practice changes that will impact your patients, your peers, and your employer. ...many changes happening in health care and the CNS role may get lost if we don’t stand up and articulate our contribution to patient outcomes and health system cost savings.
The NACNS Legislative and Regulatory TOOL KIT

“The National Association of Clinical Nurse Specialists (NACNS) provides these selected tools to assist you as you start your journey toward rules and regulations governing the practice of CNSs as Advanced Practice Registered Nurses (APRNs).”

*Thank you to NACNS and their Legislative Regulatory Committee that prepared this in 2012: Melanie Duffy, Garrett Chan, Kelly A. Goudreau, Patricia R. Gilman, , Anne Catherine Muller*
Starter Kit for Impacting Change at the Government Level: How to Work with Your State Legislators and Regulators

Resources to assist you in advocating for key issues on the state and federal level.

Table of Contents
1. Introduction – Download here
2. How to Use the Starter Kit for Impacting Change – Download here
3. Fact Sheets
   • Legislative Fact Sheets
     • Guide to Meeting with Congressional and State Representatives
     • Guide to Developing Legislation for CNS Practice
   • Other resources on legislation
     • APRN Handbook for Legislators
     • NCSBN’s Changes in Healthcare Professions’ Scope of Practice, Legislative Considerations
     • FAQ for Consumers Involvement CAC
     • FAQ for Consumers on Scope of Practice CAC
Features in the Legislative Toolkit

Supporting You as You Lead the Way
“...entry into national policy regulation and legislation ... 
While many CNSs may be adept at policy creation and modification in their professional institutions, there is often a knowledge gap related to legislative processes. Once you get involved you will be excited to see how your talent and skills as a CNS transfer to your role as a policy advocate!

“...the NACNS Starter Kit for Impacting Change at the Government Level ... is intended to provide the user with a better understanding of the legislative and regulatory process, to offer suggestions and guidelines on how the users can become involved, and to provide models and resources for quick reference.
How to Use the Starter Kit for Impacting Change at the State Level

“...prepare CNSs to have a strong voice in...the development of legislation and regulations.

“...provides Fact Sheets and Guides to...the process.

“...Guide to Meeting with Congressional and State Representatives... how to prepare, what to say during the visit ...follow-up activities.

“...Guide on developing legislation if there happens to be a need for legislation to protect the practice of CNSs or to enhance the use of CNSs.
The Toolkit also includes:

Examples of what some states have done, including legislation to implement the APRN Consensus Model consensus model:

“...state practice acts...e.g., Oregon, Indiana and Pennsylvania ...”

“...tools that describe the benefit of writing to the editor of your local newspaper and how to get appointed to the State Board of Nursing.”
“Several resources have been added to the Starter Kit:

“...list of states that recognize the title of the CNS and those that provide prescriptive authority. Letters written by the Federal Trade Commission in support of advanced practice nursing and the IOM Report on the Future of Nursing several of which recommendations are supportive of APRNs.

The last section contains articles on the regulation of CNS practice, which provide additional information on working at the state level to influence the practice act for CNS.
CNS Independent Practice Map

NCSBN’s APRN Campaign for Consensus: State Progress toward Uniformity

Independent Practice - CNS

Can CNSs practice independently?

from NCSBN 8/22/16
CNS Independent Prescribing Map

NCSBN's APRN Campaign for Consensus: State Progress toward Uniformity

Independent Prescribing - CNS

Can CNSs prescribe independently?
The Legislative Toolkit notes that:

One of the biggest challenges to CNSs in the states is the **implementation of the APRN Consensus Model**. Each state ... approach this slightly differently and it may involve both legislative and/or regulatory efforts. There are several Guides about how to influence regulations. Background materials on the Model, as well as NACNS’s position are provided.
Fact Sheets

Legislative Fact Sheets

• Guide to Meeting with Congressional and State Representatives
• Guide to Developing Legislation for CNS Practice
• Other resources on legislation
  • APRN Handbook for Legislators
  • NCSBN’s Changes in Healthcare Professions’ Scope of Practice, Legislative Considerations
• FAQ for Consumers Involvement CAC
• FAQ for Consumers on Scope of Practice CAC
Fact Sheets

• **State Regulations Fact Sheets**
  • Guide to Writing Letters to the Editor
  • Guide to Participating in the Regulatory Process
  • Guide to Getting Appointed to the BON
  • Guide Media Advocacy

• **FAQs on Consensus Model**
  • FAQ APRN Consensus Model LACE
  • FAQ APRNs Consensus Model NACNS
4. Model Legislation and Regulations for Scope of Practice and Prescriptive Authority (with tips, “lessons learned”)

- Oregon Regulation for CNS
  Oregon Regulation for CNS Prescriptive Authority
- Indiana Nurse Practice Act – one example of regulations that has worked in state
- Pennsylvania Legislation for CNS
  See Section 8.5, however, it is best to not include national certification as a requirement, since this does not exist for all CNSs at this time.
- Pennsylvania Regulations for CNS
  See Certification Requirements for language on certifying CNSs who are not eligible for national certification exam
How? the process

➢ Ideas for a bill~ Research the issue; Survey need? Interest? What is already out there?
➢ Discussions ~ Build support, collaboration, coalition building
➢ Draft language, Legislator/Sponsor(s)
➢ Follow through ~ *language important, does it say what is wanted and needed?
➢ Testifying at hearings
➢ Letter writing
➢ Visits to legislators
➢ Phone calls
➢ Thank you calls and letters
➢ Involvement with implementation
Hi,
My name is [YOUR NAME], I'm a constituent and a Clinical Nurse Specialist, who lives in [YOUR CITY].
I am calling because I want Representative________________ to support Assembly Bill#_________________ regarding ________________________________ (GIVE EXAMPLE, OR ANYTHING TO SUBSTANTIATE SUPPORTING THIS BILL)________
_________________________________________________________________________________.
This bill will increase access to healthcare for the public by______________________________
_________________________________________________________________________________.

Thank you. I shall follow up this call with a letter [email].

(Copy by Credo)
“One person can make a difference, and everyone should try.”

John F. Kennedy
"The time is always right to do what is right".

~Martin Luther King
The American Organization of Nurse Executives (AONE) is the national organization of nurses who design, facilitate and manage care. With more than 9,700 members, AONE is the leading voice of nursing leadership in health care. AONE is a subsidiary of the American Hospital Association.

- Networking
- Legislative briefing
- Training – Soapbox Consulting®
- Congressional Visits
AONE Advocacy Day May 17, 2017

• Funding Public Health Service Act, S.1109: Title VIII Nursing Workforce Development & support for Reauthorization Act 2017 ($244 million): Update to include CNSs among the other APRNs. Over past 50 years – increased number nursing students, faculty and APRNs (companion bill to House version, H.R. 959)

• Funding National Institute of Nursing Research (NINR) ($166 million)

• Support for the Home Care Planning Improvement Act (S.445)

• Preserving coverage and essential benefits in health reform efforts

• Join the Nursing Caucus – bipartisan & educates senators on issues impacting the profession
AONE Advocacy Day – California Nurse Leaders with Senator Dianne Feinstein’s Legislative Assistant, Elisabeth Fox

- Advocacy Mobile App with schedules, bios, documents and feedback
- Hook, Line & Sinker (intro, one story or statistic and unified request)
- Reading the room
- Next year 9/5/2018
Budget Request Fiscal Year 2018: Proposed Cuts

- Title VIII from $229 million 2017 to $83 million. Only fund Nurse Corps Loan Repayment & Scholarship program (eliminate funding to Advanced Nursing Education (ANE) Grants and Traineeships, Nurse Education, Practice, Quality, and Retention Program, Nurse Faculty Loan Program, Nursing Workforce Diversity Grants, Comprehensive Geriatric Education Grants)

- NINR from $150 million to $114 million

- Medicaid funding cut by more than $800 billion over 10 year timeframe

- Center on Birth Defects, Developmental Disabilities, Disability and Health from $137.5 million to $100 million

- Bar Planned Parenthood from receiving Medicaid or Title X family planning program funds
Hi,
My name is [YOUR NAME], I'm a constituent and a Clinical Nurse Specialist, who lives in [YOUR CITY].
I am calling because I want Representative _______________ to support Assembly Bill#_________________ regarding _____________________________________________(GIVE EXAMPLE, OR ANYTHING TO SUBSTANTIATE SUPPORTING THIS BILL)________
______________________________________________________________________________
______________________________________________________________________________.
This bill will increase access to healthcare for the public by__________________________________________________________
______________________________________________________________________________

Thank you. I shall follow up this call with a letter [email].

(Copy by Credo)
California BRN APRN Statistics

APRNs Active 2015 - 2017

Active

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<thead>
<tr>
<th></th>
<th>CNS</th>
<th>NP</th>
<th>CRNA</th>
<th>CNM</th>
</tr>
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<tbody>
<tr>
<td>Jun-15</td>
<td>3484</td>
<td>20518</td>
<td>2300</td>
<td>1279</td>
</tr>
<tr>
<td>Sep-16</td>
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<td>22095</td>
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<tr>
<td>Apr-17</td>
<td>3516</td>
<td>23289</td>
<td>2417</td>
<td>1279</td>
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</tbody>
</table>

APRNs Inactive 2015 - 2017

Inactive

<table>
<thead>
<tr>
<th></th>
<th>CNS</th>
<th>NP</th>
<th>CRNA</th>
<th>CNM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun-15</td>
<td>51</td>
<td>213</td>
<td>37</td>
<td>23</td>
</tr>
<tr>
<td>Sep-16</td>
<td>76</td>
<td>183</td>
<td>41</td>
<td>32</td>
</tr>
<tr>
<td>Apr-17</td>
<td>91</td>
<td>165</td>
<td>45</td>
<td>35</td>
</tr>
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STATE OF CALIFORNIA LEGISLATIVE, REGULATORY AND POLICY ISSUES

❖ APRN / CNS Role
❖ Nurses
❖ Healthcare Consumers
<table>
<thead>
<tr>
<th>Advanced Practice Registered Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRN Advanced Practice Committee: Purpose is to provide recommendations to the BRN on issues involving nursing advanced practice.</td>
</tr>
<tr>
<td>NP BRN Regulations: In review by Office of Administrative Law - Estimated final approval July 2017</td>
</tr>
<tr>
<td>CACNS: Proposed drafting changes to BRN Regulations for CNSs.</td>
</tr>
<tr>
<td>CNMA: AB1612 - &quot;The certificate to practice nurse-midwifery authorizes the holder to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn in a variety of settings, including, but not limited to, the home setting.&quot;</td>
</tr>
<tr>
<td>CANP: AB1560 - Allows one physician or surgeon to supervise up to 18 NPs, CNMs or PAs for furnishing purposes</td>
</tr>
<tr>
<td>NURSES</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>SB 799: Requires BRN to deliver a report on a comprehensive plan for approving and disapproving continuing education by 1/1/ 2019. The bill would require an employer, as defined, of a registered nurse to report to the board, within 30 days of the termination, termination for cause, or resignation for cause, of any registered nurse in its employ. Applies to employment agency or nursing registry. Willful failure to report will result in $5,000 fine.</td>
</tr>
<tr>
<td>National Certification B&amp;P Codes 850 &amp; 851 Department of Consumer Affairs Boards do not have authority to require applicants to be nationally certified unless it is stated in a board specific statute.</td>
</tr>
<tr>
<td>HEALTHCARE CONSUMERS</td>
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<tr>
<td>-----------------------</td>
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<tr>
<td><strong>AB224</strong> introduced by Thurmond, Dentistry anesthesia and sedation. The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. Prohibits dentist from ordering or administering general anesthesia in outpatient setting unless the dentist meets certain licensing criteria. Passed in Assembly May 2017.</td>
</tr>
<tr>
<td><strong>SB562</strong> Californian's for a Healthy California Act - establish comprehensive single payer healthcare coverage program</td>
</tr>
<tr>
<td><strong>AB265</strong> Prescription Drugs: Prohibition on Price Discount - Prohibits prescription drug manufacturer to offer discount, rebate, voucher for prescription drug if a lower cost brand or nonbrand name drug is available.</td>
</tr>
</tbody>
</table>
SUMMARY

- Advocacy – state & national level

- Join & Volunteer for CACNS, ANA\C and specialty organizations

- Communicate to professional and personal connections (social media)

- Visit California Association of Clinical Nurse Specialists on Facebook!
Where do we go from here?

Q & A