



Oregon Nurses Association 2013 Legislative Priorities

HB 2902: Improving Access to Primary Care and Mental Health Services

Nurse Practitioners and Physician Assistants play a critical role in delivering health care to patients in every corner of Oregon. In the face of national health care reform and Oregon's move toward community based care that emphasizes primary and preventive services, our citizens will grow more and more reliant on advanced practice nurses and physicians assistants to provide high-quality, cost-effective care. Oregon should act to retain and grow this important workforce.

Background

In 2009, one of Oregon's largest insurance companies decreased reimbursement rates for mental health services rendered by non-physician providers. Other insurance companies quickly followed suit, resulting in significant reimbursement cuts. This has caused a ripple effect throughout the mental health industry and poses a serious barrier to the ability of providers to maintain their practices and continue to serve Oregonians with mental health needs. Since 2009, when cuts began in mental health, Nurse Practitioners and Physician Assistants in primary care have started receiving notice from insurers that their reimbursement rates would also be reduced. None of the cuts have been based on outcomes or the care provided.

Problem

Cuts in mental health and primary care reimbursement jeopardize patient access to care, the viability of provider-run small businesses and clinics that employ Nurse Practitioners and Physician Assistants, and undercut Oregon's stated goal of shifting to a health care system that focuses on primary and preventive care. For example, eighty two percent of Oregon Psychiatric Mental Health Nurse Practitioners surveyed reported a reduced capacity to provide care to mental health clients as a result of reimbursement cuts. These problems will continue to grow as cuts expand to primary care. When access to health care services is limited, patients tend to enter the system through the emergency room, after conditions have worsened, driving up costs for everyone.

Reimbursement reductions for "non-physician providers" imply that providers such as Nurse Practitioners perform services that are less valuable than their physician counterparts. This is simply not true. Oregon's Nurse Practitioners have a broad scope of practice and, in the majority of cases, provide the same evaluation and management services and bill insurance companies using the same billing/treatment codes as physicians. Additionally, decades worth of research has consistently found that outcomes of patients treated by Nurse Practitioners are comparable to outcomes of patients treated by physicians.

Solution

Proposed legislation would require insurers to reimburse Nurse Practitioners and Physician Assistants the same rate as physicians when they are providing the same primary care and mental health services and billing under the same codes. Equitable reimbursement for these providers would improve access to care for Oregonians, and would provide fair treatment to Nurse Practitioner and Physician Assistant-run small businesses, and clinics that employ Nurse Practitioners and Physician Assistants, and would better align with Oregon's health care reform goals.

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Following are some commonly asked questions about Nurse Practitioners, the role they play in Oregon's health care system, and legislation related to Nurse Practitioner reimbursement.

Question: What is a Nurse Practitioner, and what are they licensed to do under Oregon Law?

Answer: A Nurse Practitioner (NP) is an advanced practice nurse who provides comprehensive services to people and their families. In Oregon, Nurse Practitioners are independently licensed by the Board of Nursing to diagnose, manage and treat illness, to prescribe and dispense medications, and to order and interpret laboratory tests. Nurse Practitioners are trained in health promotion, disease prevention, and patient education. Oregon Nurse Practitioners have earned the right to practice independently, without the supervision of a physician. Nurse Practitioners work in a variety of care settings, including acute care facilities, long term care, home health, primary care, group practices, and private practice.

Question: Isn't the level of care a patient receives from an NP different than they'd receive from a physician?

Answer: Quite simply, no. Decades of data have consistently shown that NP outcomes are equal to physician outcomes. A 2011 systematic review of published literature between 1990 and 2008 found that the outcomes for care provided by advanced practice nurses, including Nurse Practitioners are similar to and in some ways better than care provided by physicians alone. This review underscores that Nurse Practitioners provide effective and high-quality patient care.¹

A 2012 National Governors Association Paper also highlights Nurse Practitioner outcomes and recommends that states expand utilization of Nurse Practitioners in order to increase access to care and meet the growing primary care needs of the population. The paper's recommendations range from eliminating scope restrictions to assuring adequate reimbursement.²

¹ Newhouse, Robin P. et al. (2011) Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review. *Nursing Economics* (Vol 29/No. 5) 1-22. Retrieved from <https://www.nursingeconomics.net/ce/2013/article3001021.pdf>.

² National Governor's Association (2012) The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care. *NGA Paper*. Retrieved from <http://www.nga.org/files/live/sites/NGA/files/pdf/1212NursePractitionersPaper.pdf>.

The recent Institute of Medicine's report on *The Future of Nursing* analyzed data on Nurse Practitioner outcomes, and clearly and strongly recommends that Nurses, including Nurse Practitioners, should practice to the full extent of their training and education, and that barriers to Nurse Practitioner practice should be removed to better equip the nation to address the challenges in our health care system.

Question: Do Nurse Practitioners typically see less complicated patients than physicians?

Answer: This is a commonly held myth. Across Oregon, Psychiatric Mental Health Nurse Practitioners report that they see the same patients as psychiatrists. In group practices that include physicians and Nurse Practitioners, patients are frequently assigned to a provider based on first available appointment, not patient acuity. This holds true in primary care as well. In fact, data presented in the recent Institute of Medicine Report on the *Future of Nursing* shows a minimal degree of variation in the complexity of patients seen by different provider types in primary care.

Question: If Nurse Practitioners and Physician Assistants are reimbursed the same rate as physicians, won't health care costs escalate?

Answer: Nurse Practitioners provide the primary and preventive care that helps keep the population healthy, and help patients avoid more expensive and invasive care later on. This is in line with both state and national health care reforms that aim to prioritize services that keep people healthy. Nurse Practitioners largely provide primary and preventive services which help prevent chronic conditions from developing and have been shown to save money in the long term. Additionally, patients who don't have access to quality primary and preventive care are more likely to end up seeking treatment in the emergency room, which is much more expensive. Finally, consumers pay the same insurance premiums regardless of what type of provider they see for primary care and mental health services.

Question: What training and education are Nurse Practitioners required to have?

Answer: Oregon Nurse Practitioners have extensive training and education. In addition to earning a BSN, Oregon Nurse Practitioners must be Master's prepared, and many go on to complete additional post-graduate doctoral level education culminating in a PhD, Doctor of Nursing Practice (DNP) or other doctoral degree in a related discipline such as behavioral health or nutrition. Training at both the baccalaureate and graduate/doctoral level includes clinical as well as didactic education, and includes clinical rotations spanning a variety of areas such as internal medicine, geriatrics, cardiology, internal medicine, etc. After earning a BSN, nurses typically practice as RNs for a period of time before returning to school to become an NP. All told, a range of 7-12 years of nursing education is typical.

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