

Agenda Item 10: Nurse Practitioners in California

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Nurse Practitioners in California

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Who is a nurse practitioner?

- Registered Nurses first
- Unique NP education and training
 - One of 4 types of advanced practice registered nurses
 - General knowledge + specific population focus
- Recognized in all states, territories, & D.C.
- In California:
 - 27,703 licensed in mid-2022
 - 582 of these were dually licensed as NPs & nurse-midwives
 - 1,479 new graduates from California-based programs in 2022-23

What does an NP do?

- Evaluate and manage health conditions and responses to illness
- Professional ethics of care
- Overlap among professions is necessary & common
 - Oral surgeon – Dentist
 - Psychiatrist – Psychologist/LCSW/MFT
 - Physical Medicine & Rehab – PT
 - Orthopedic surgeon – podiatrist
 - Physician – nurse practitioner
- Consultation and collaboration between professionals is standard practice

How are NPs educated?

- Master's degree or Doctor of Nursing Practice (DNP)
- Specialty is selected upon admission
- Education programs are subject to national accreditation and certification
 - NONPF
 - Certification corporation standards
 - WASC/CCNE standards
- Graduates take a national certifying exam in their specialty

Types of Specialization of NP Education Programs

Specialty	Percent of Grads 2022-23
Family Primary Care	55.1%
Psych-Mental Health	28.5%
Pediatric Primary Care	1.5%
Adult-Gero Primary Care	4.3%
Women's Health	0.8%
Acute Care – Adult/Gero	7.0%
Acute Care – Pediatric	1.1%

What is “scope of practice”?

Who can do **what**,
under what **circumstances**,
and be reimbursed for activities

Full Practice Authority

- “Full practice authority” references the alignment of scope of practice with national professional standards, including practice that is independent from the oversight of medicine
- Physician supervision and mandatory collaborative practice agreements chip away at full practice authority and necessarily increase the burden to practice
- An evidence-based approach ensures that scope of practice is consistent with whether the profession can safely and effectively provide the service

National and state organizations recommend that NPs have full practice authority

- Institute of Medicine (2011)
- Federal Trade Commission
- National Governors Association
- American Enterprise Institute
- CA Future Health Workforce Commission
- Why?
 - No evidence that mandated physician collaboration has any beneficial effect for patients or the population.
 - Dozens of studies find that allowing NPs to practice without supervision expands access to care.

California Scope of Practice pre-2023

- Until 2023, Nurse Practitioners functioned only under RN scope of practice that was expanded to perform “overlap functions” with medicine via Standardized Procedures
- “Overlap functions” include diagnosis and treatment
- Models of supervision
 - Telephonic or other electronic means
 - In the building in the event of needed additional assistance
 - With the physician (e.g., surgery and first assistant)

California Scope of Practice

“A person is practicing medicine if he does one or more of the following:

- (1) Offers or undertakes to diagnose, cure, advise or prescribe for any human disease, ailment, injury, infirmity, deformity, pain or other condition, physical or mental, real or imaginary, by any means or instrumentality;
- (2) Administers or prescribes drugs or medicinal preparations to be used by any other person;
- (3) Severs or penetrates the tissues of human beings.”

CA BPC § 2052

AB 890, passed 2020

- Addressed and resolved bureaucratic issues
- Codified activities of who can do what, under what circumstances
- Aligned with desire to ensure NPs are well-prepared to practice

California Scope of Practice

AB 890 granted NP a defined scope of practice without Standardized Protocols; created two NP categories.

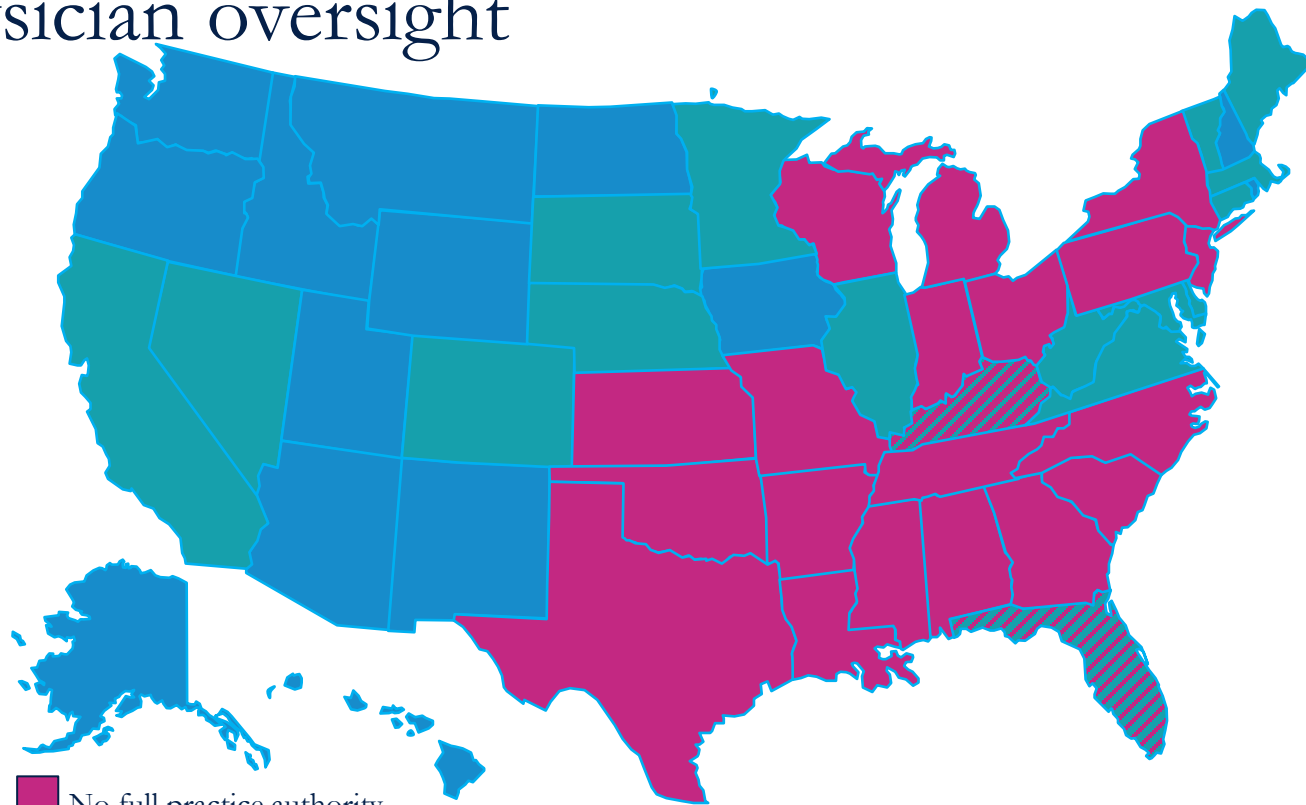
Option 103

- must work in a specific setting (clinic/hospital/hospice/home health);
- pass board exam;
- be nationally certified;
- graduate from BRN-approved program;
- complete transition to practice (TTP) hours (4600h = 3y FT)

Option 104

- for NP owned practices;
- pass board exam;
- be nationally certified;
- graduate from BRN-approved program;
- complete transition to practice hours (4600h = 3y FT);
- have a MS or DNP degree;
- have 3y in practice, not inclusive of TTP

States that allow NPs to prescribe without physician oversight



- No full practice authority
- Full practice authority upon licensure
- Full practice authority after transitional period

State scope of practice regulations are not the whole story

- Health care organizations can be more restrictive than state law
- Hospitals: Some do not allow NPs to admit patients, round, order tests & medications, discharge, etc.
 - Study of 213 hospitals in 34 states found no association between state SOP for NPs and privileging (Pittman, et al., 2020)
 - New Mexico passed a law a few years ago to required hospitals to allow APRN admitting to get Medicaid payments
- Insurance companies are not required to give “primary care provider” status in most states
- Payment rates from Medicaid programs vary: 75%-100% of physician rate
 - Commercial insurance rates vary for NPs, by region, by service
- Federal regulations restrict some NP activities for Medicare (e.g., hospice referral)

2022-23 Survey of California NPs

- Understand the nurse practitioner (NP) workforce in California at the advent of AB890
 - Who are they?
 - Where do they work and what roles do they play?
 - How might their practice change as they can practice independently?
- Survey launched in July 2022 and closed in March 2023

Methods: Sample and response

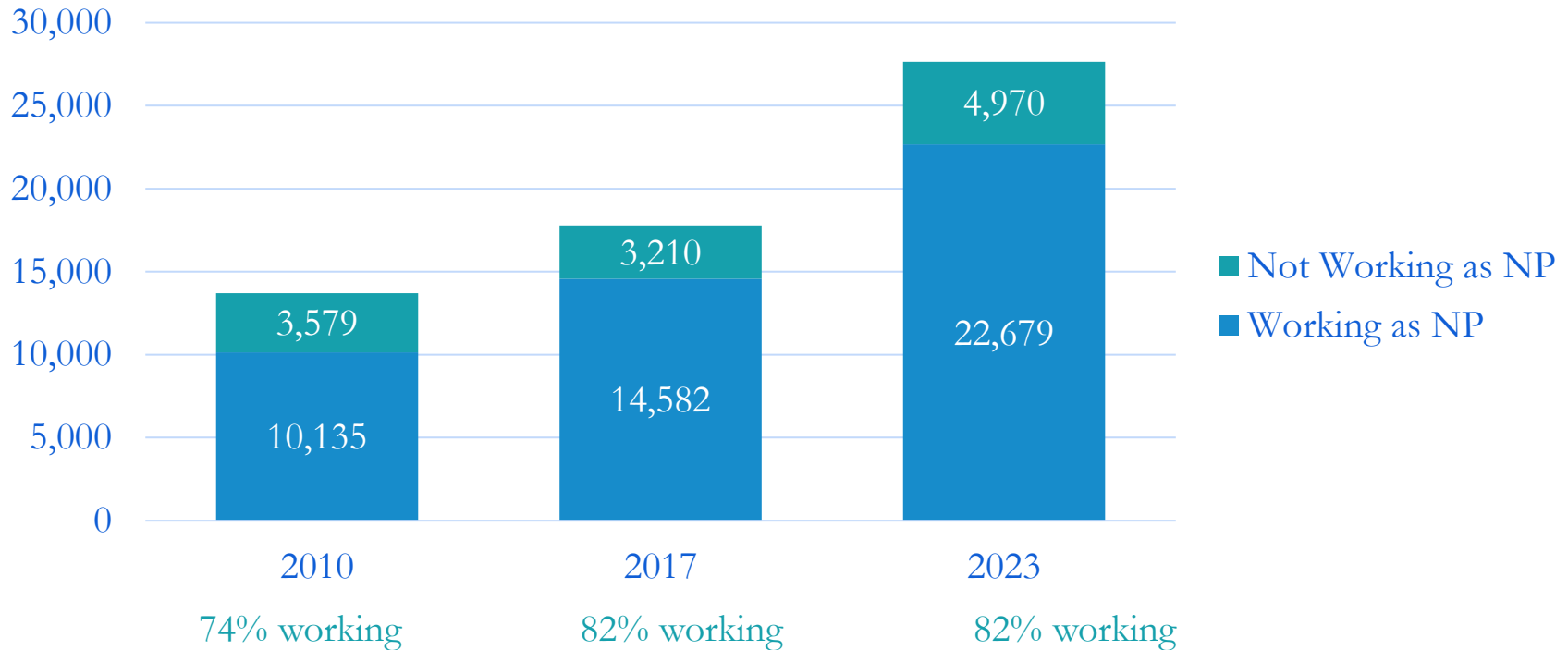
Notes: Some NPs & NMs are dual-licensed

	NP only	NP-Nurse Midwife
Number licensed	27,121	582
Number sampled	3,300	300
Number ineligible	96	10
Number responded	993	118
Response rate of eligible	28.3%	40.7%

Samples were stratified by CHIS region. Data were weighted to account for stratification and differential response, and then raked to match the age distribution of NPs and NMs according to BRN reports.

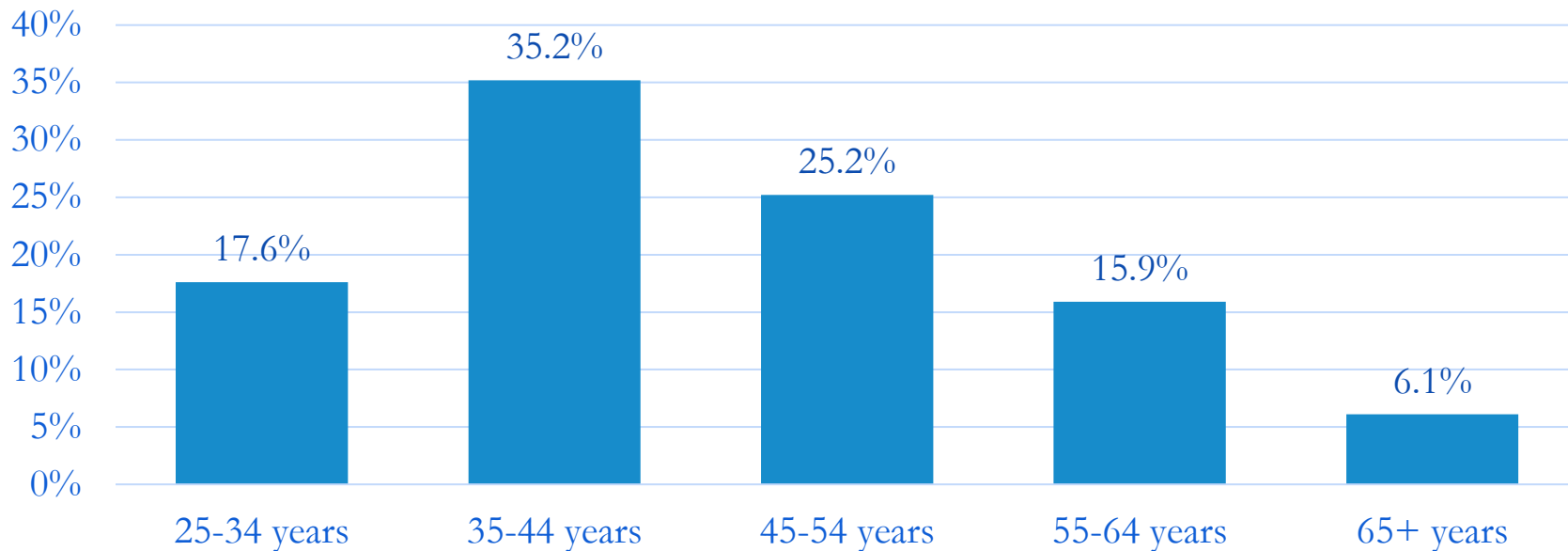
NPs by employment status

Currently working for pay in a job that requires NP certification



Age Distribution of Practicing NPs

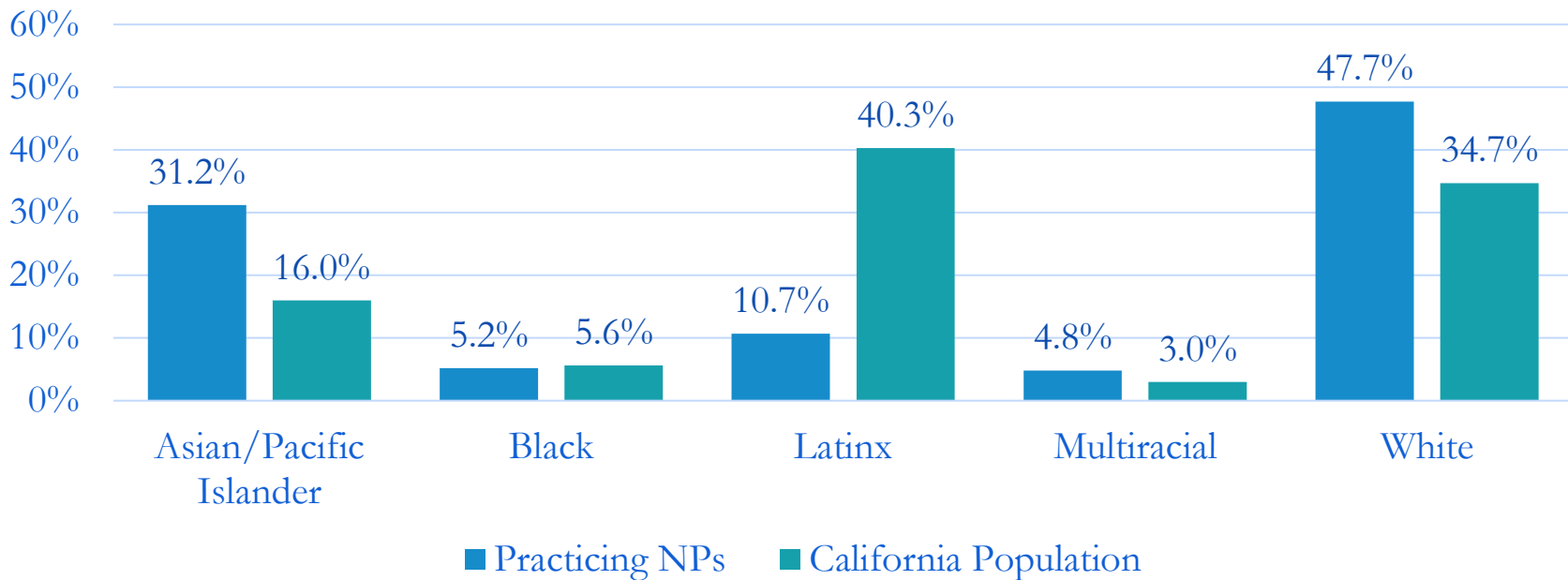
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Median age = 52 years

Race/Ethnicity & Gender of Practicing NPs

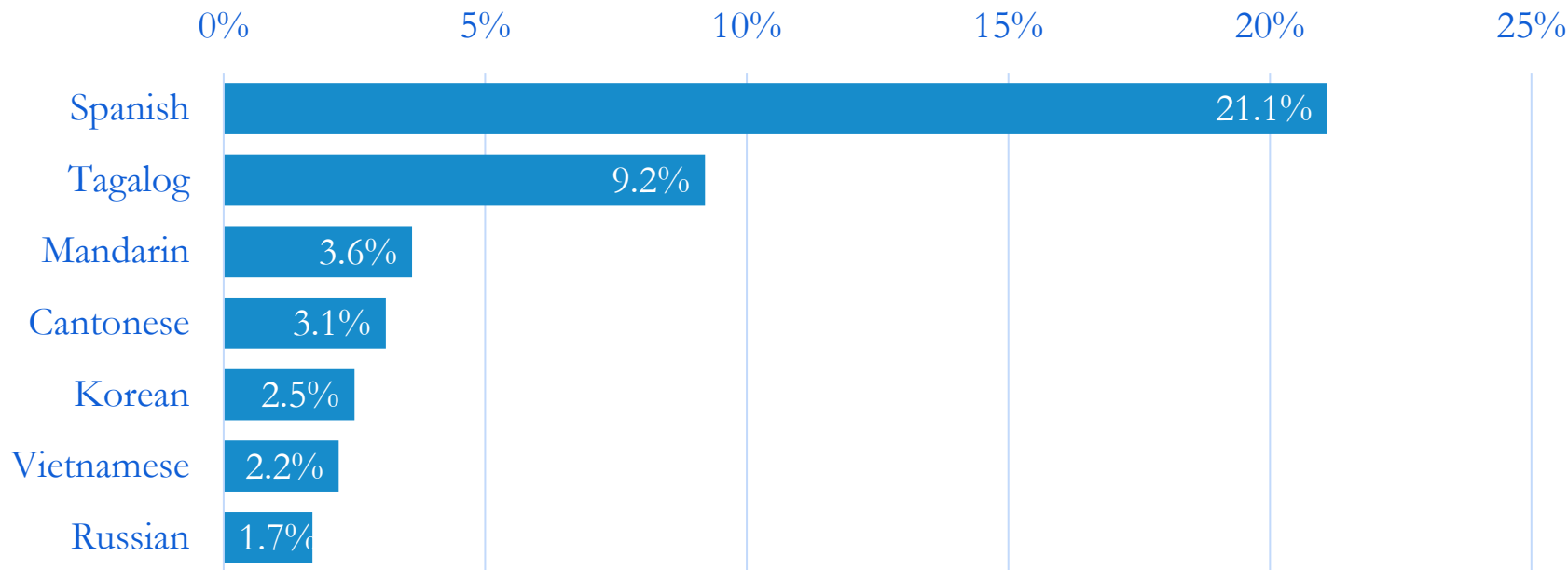
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87% female 13% male <1% trans/non-binary/self-describe

Languages Spoken by Practicing NPs

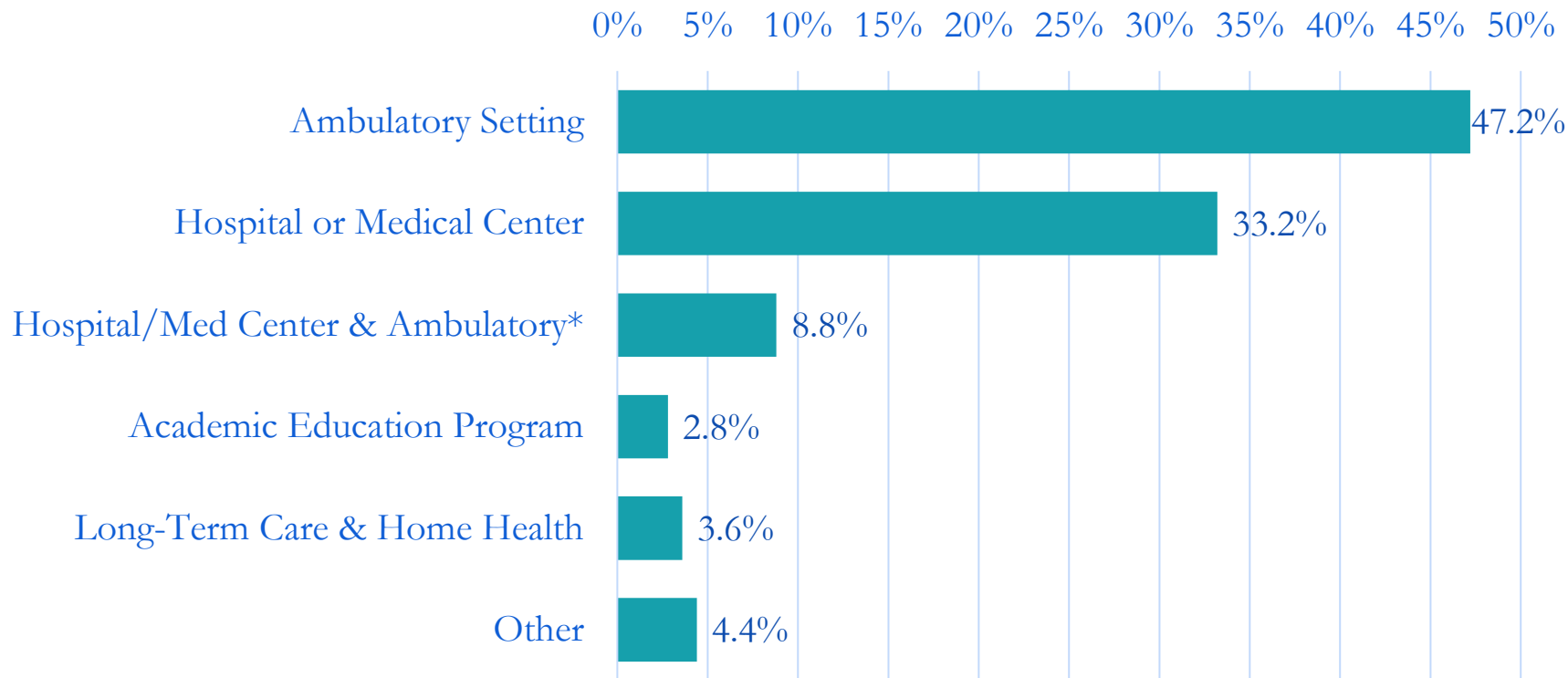
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44% reported fluency in a language other than English

Clinical Practice Settings of Practicing NPs

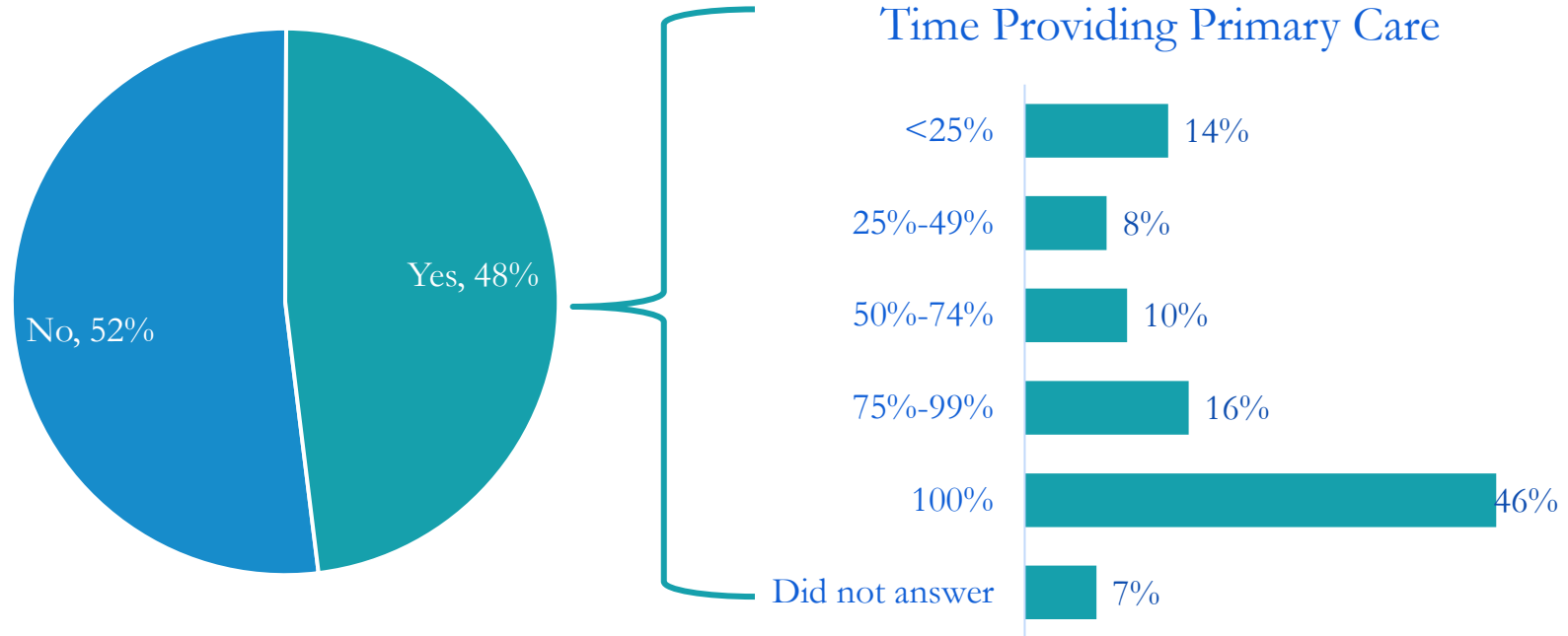
Currently working for pay in a job that requires NP certification



* Some respondents indicated two settings on the paper survey; they could not do so in the web version.

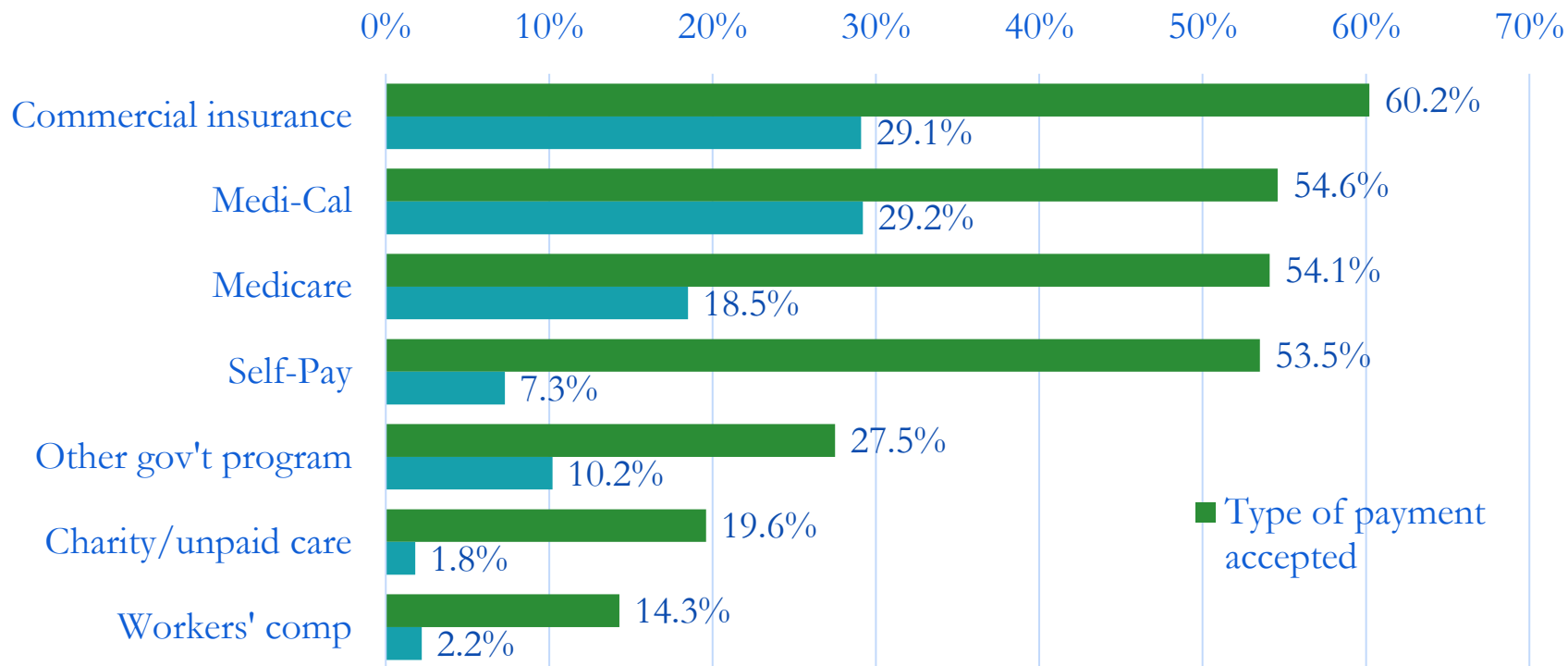
Provision of Primary Care by NPs

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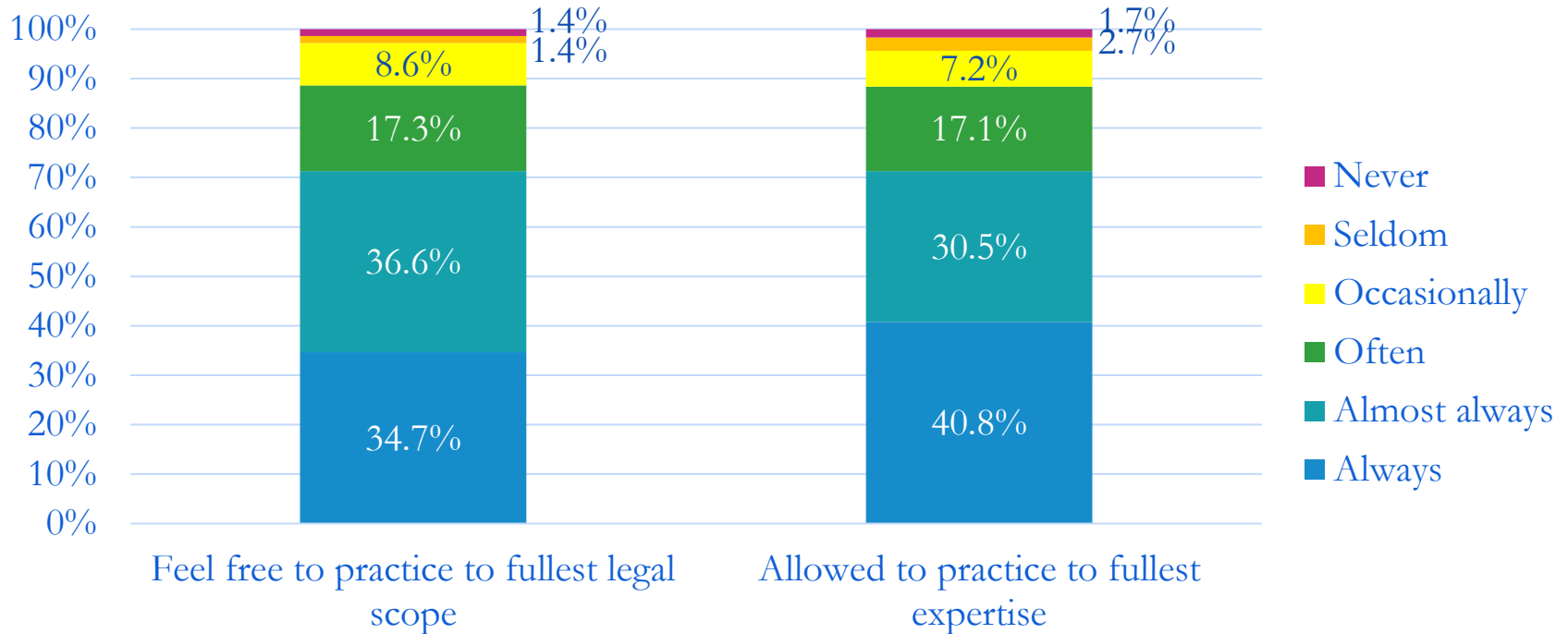
56% of Practicing NPs report they work in an underserved community

Types of Insurance Accepted & Estimated Mix of Patients at NP Setting

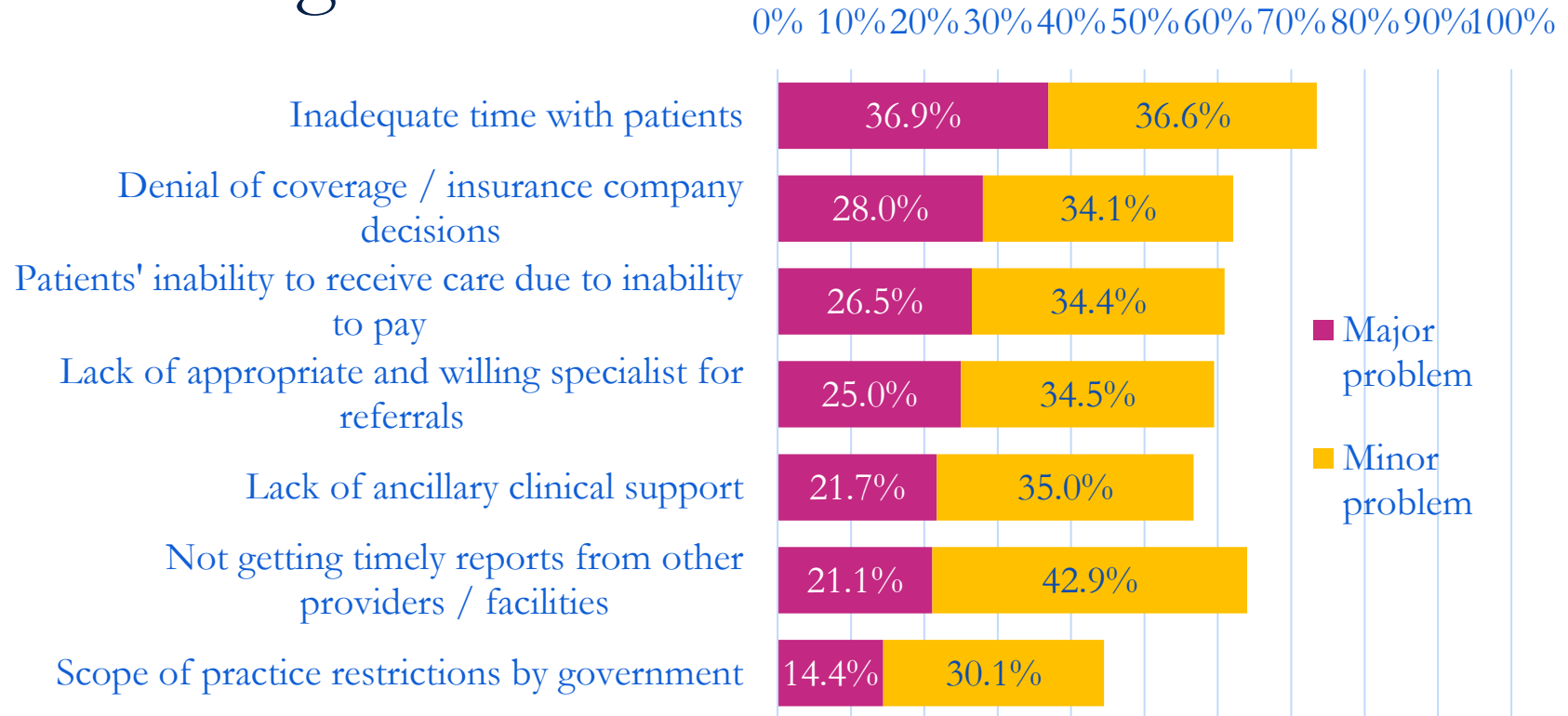


Scope of Practice

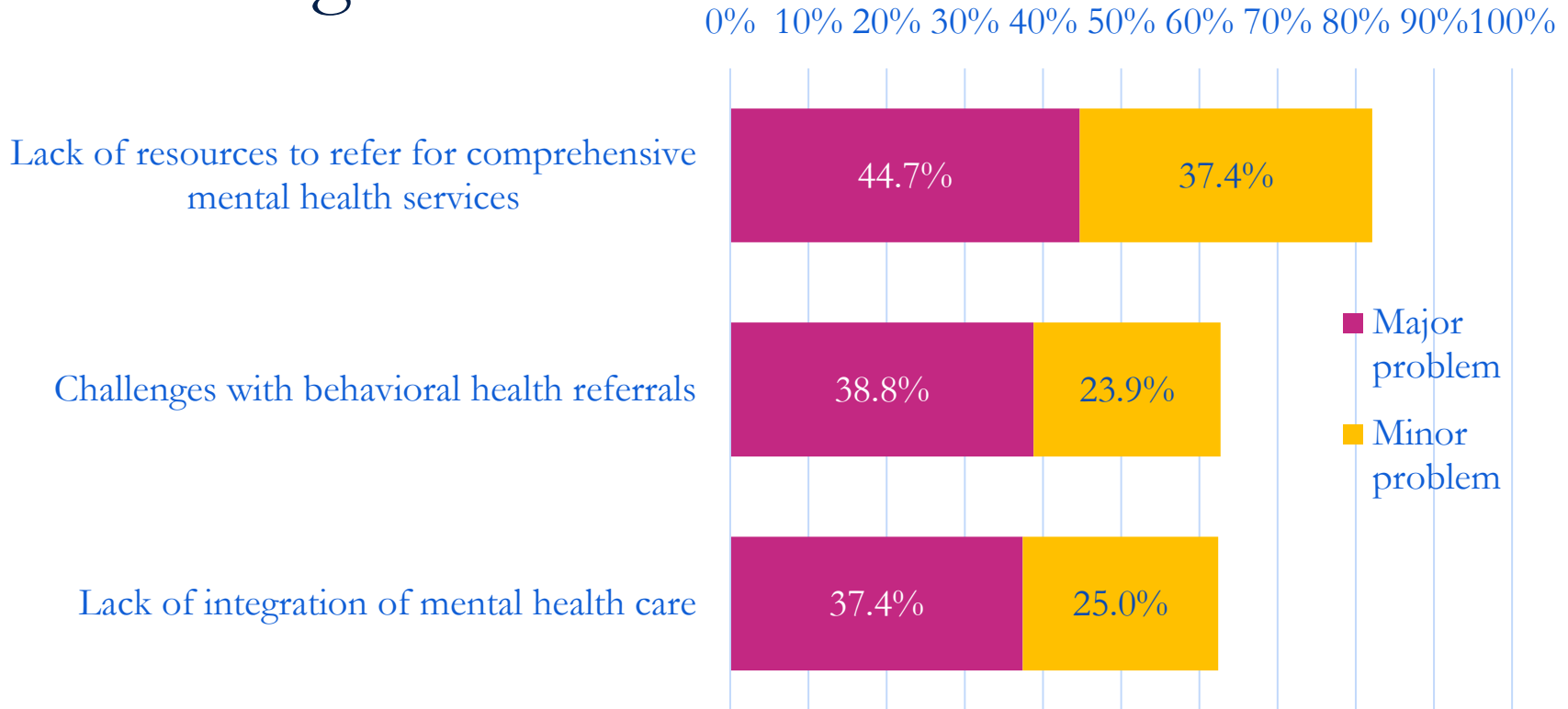
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Factors Interfering with Care Provided by Practicing NPs



Factors Interfering with Care Provided by Practicing NPs



Burnout & Psychological Safety

- 34% of NPs are burned out
 - NPs in ambulatory care were more burned out than in acute care
- Burnout is higher in work environments that have...
 - Low visibility and understanding of NPs' roles
 - Do not support independent practice
 - Have poor NP-administration relationships
 - Have poor NP-physician relationships
- Psychological safety in the workplace mitigates the work environment effects

Health Affairs Scholar, 2024, 2(7), qxae091
<https://doi.org/10.1093/haschl/qxae091>
Advance access publication: July 17, 2024
Research Article

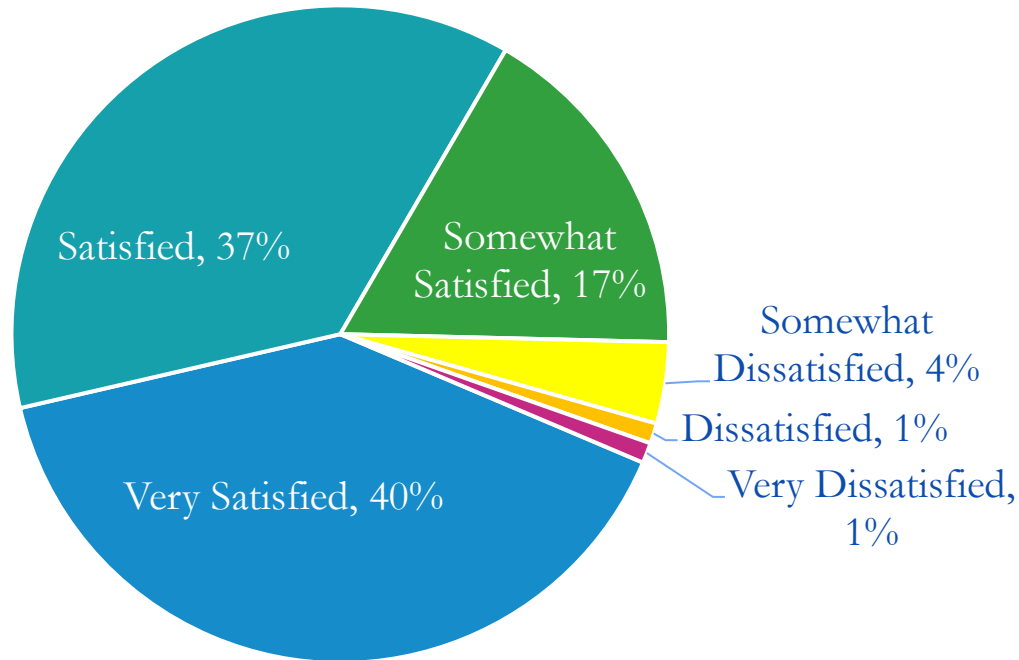


Psychological safety is associated with better work environment and lower levels of clinician burnout

Rosalind de Lisser^{1,2,*}, Mary S. Dietrich^{1,3}, Joanne Spetz⁴, Rangaraj Ramanujam⁵, Jana Lauderdale¹, Deonni P. Stollendorf¹

Satisfaction with NP Career

Currently working for pay in a job that requires NP certification



Post-AB890 Plans

35.9% considering independent primary care practice





42.8% considering serving more Medi-Cal enrollees

Predictors of interest in independent primary care practice

- Black/African American – 27.4 percentage points more likely
- Hispanic/Latinx – 22.3 percentage points more likely
- DNP/PhD – 25.9 percentage points more likely
- Age 50-59 years (13.1 points) & >60 years (18.9 points)

Health Affairs Scholar, 2024, 2(12), qxae153
<https://doi.org/10.1093/haschl/qxae153>
Advance access publication: November 19, 2024
Research Article

Nurse practitioner race and ethnicity and interest in independent primary care practice and serving Medicaid enrollees

Ulrike Muench^{1,2,*}, Amy Quan², Rosalind de Lisser¹, Timothy Bates², Joanne Spetz²

Predictors of interest in serving more Medi-Cal patients

- Hispanic/Latinx – 32.1 percentage points more likely
- Black/African American – 17.6 percentage point more likely
- Mixed race – 14.9 percentage points more likely
- DNP/PhD – 28.6 percentage points more likely

Questions?



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