

NP RECOGNITION EXPANDS ACCESS FOR NEW YORKERS

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Beginning Thursday, the state's 16,000 nurse practitioners will see a new degree of autonomy, thanks to a long fought for law that takes effect in 2015.

The Nurse Practitioners Modernization Act eliminates the requirement for experienced nurse practitioners to have a written practice agreement with a physician. Under the agreements, a physician would review a certain number of charts, collaborate on cases, ostensibly oversee the practice and, in any disagreement over medical care, have the final word.

The agreements were pro forma, several nurse practitioners said, as physicians did not have to be on site and only reviewed select charts. But they were also burdensome, nurse practitioners said, and a barrier to setting up a new practice.

“I was dependent on a physician to sign a written practice agreement and if I didn't I would not be able to see my patients,” said Margaret (Peg) O'Donnell, a nurse practitioner in Lynbrook. “Now I don't have to worry about that. It's a huge burden off the nurse practitioner's back.”

If the physician retired, died or lost their license, the nurse practitioner couldn't operate. Practically, this didn't happen very often, but the specter haunted N.P.s who said they felt their business was not in their hands. It was particularly worrisome for those in upstate rural areas where there are fewer physicians who can sign an agreement.

“We've had examples where nurse practitioners set up practices, had their collaborative agreement, only to have something happen to the physicians,” said Stephen Ferrara, executive director of the Nurse Practitioner Association.

Nurse practitioners are registered nurses certified to practice in one or more specialties such as adult care, family health or pediatrics, after completing advanced education classes.

The new law requires a written practice agreement only for those nurses with less than 3,600 practice hours, which equates to about two years.

The Medical Society of the State of New York, which represents physicians, opposed the law, testifying before the Legislature that N.P.s have less education and therefore require greater supervision.

“Nurse practitioners have been trying for many years to expand their scope of practice to allow them to perform the same functions as a physician, even though their graduate level education consists of two to four years with no residency and a total of 500 to 720 hours of total patient care hours required through training,” Elizabeth Dears, senior vice president and chief legislative counsel for the medical society, [wrote in a memo](#) to legislators. “This compares with four years of medical school, three to seven years of residency and 12,000 to 16,000 hours of total patient care required through training for the physicians to which they claim to be equivalent.”

Education is a concern, said Dr. Matthew Weissman, chief medical officer and acting president and C.E.O. of Community Healthcare Network. A nurse practitioner might spend 3,600 hours training in one specialty but decide to open a practice in another.

Weissman, who supports the new law, said C.H.N., a not-for-profit that runs federally qualified health centers in the city, is planning to create a residency program “to give people some formalized instruction in the first year so they are even better qualified (to offer) urban primary care.”

The law, which was passed as part of Governor Andrew Cuomo's executive budget, sunsets in June 2021.

Beyond making it easier for nurse practitioners to open and run a practice, it is unclear what long-term benefits this will have on the health care system as a whole. One hope is that N.P.s will open practices in rural areas where there are fewer physicians, and a higher percentage of Medicaid patients. These areas are traditionally underserved and would benefit from an influx of primary care providers.

“I think we will see nurse practitioners fill that void,” Ferrara said.

In 2010, the Institute of Medicine [recommended](#) removing scope-of-practice regulations to address health care access issues across the country.

“(G)iven the great need for more affordable health care, nurses should be playing a larger role in the health care system, both in delivering care and in decision making about care,” the report said. “Quite simply, there are not enough primary care physicians to care for today’s aging population, and the patient load will dramatically increase as more individuals gain insurance coverage. The experience of states that have led these changes offers important reassurance to physicians who continue to believe that patient care may be adversely affected or that expanded nursing practice autonomy threatens the professional and economic roles of physicians. States with broader nursing scopes of practice have experienced no deterioration of patient care.”

Expanding the scope of practice for nurse practitioners is an idea that has support in the public health community. Earlier this year, Dr. Ram Raju, president of the city's public hospital system, told Capital he thought allowing people to practice at the top of their license is one way to improve primary care, especially in low-income areas where the majority of residents are on Medicaid and might have trouble finding a primary care physician.

Nurse practitioners, the theory goes, might be more willing to accept Medicaid patients because they have less expectation of earning the same kind of salary as a medical doctor.

It was one reason the bill was brought to the floor, according to the legislative sponsors.

“Given the education, training and advanced certification of N.P.s, written collaborative agreements no longer serves a clinical purpose,” [the bill's authors wrote](#). “Instead, the

requirement serves as a barrier to practice and a disincentive to advanced certification, and it restricts access to health care for individuals and families in underserved areas of the state.”

Former state health commissioner Nirav Shah was another proponent, [telling the Syracuse Post-Standard](#) one possible solution to the shortfall of primary care doctors is allowing nurse practitioners to operate more independently.

Doctors, Shah said, “need to stop drinking the Kool-Aid of 20 years ago,” and that many spent too much of their time treating common ailments that could be handled as well, if not better, by a nurse practitioner.

But MSSNY representatives said this will not solve physician shortage, and the new law could endanger patient safety.

“These proposals would seriously endanger the patients for whom they care,” Dears testified during the budget hearing. “Moreover, expansion of scope of practice for non-physician providers without an adequate educational base will inevitably increase health care costs, not decrease them. Nor will such proposals address our physician workforce shortage. Non-physician practitioners wish to practice in the very same regions of the state in which physicians now practice.”

The new law still requires a collaborative agreement with a physician, but it only says a nurse practitioner needs to keep a signed form for their records. The law does not require identifying the physician.

“The collaborative model will never go away,” said Denis Tarrant, a nurse practitioner in Manhattan. “The written practice agreement which makes or breaks whether I can practice, I’ll be happy to get rid of.”