

# **NURSE PRACTITIONERS & APRN COLLEAGUES: MOVING HEALTH POLICY FORWARD**

**ANGELA THOMPSON DNP, FNP-C, BCADM, CDCES, FAANP**

# DISCLOSURE

No industry conflicts to report.  
AANP wants NPs and APRN  
colleagues to succeed!



American Association of  
NURSE PRACTITIONERS®

# PEARL



**AANP's Mission** is to empower all NPs to advance accessible, person-centered, equitable, high-quality health care for diverse communities through *practice, education, advocacy, research and leadership.*

# HEALTH CARE CHALLENGES

 **308 Billion**

2021 Total health spending



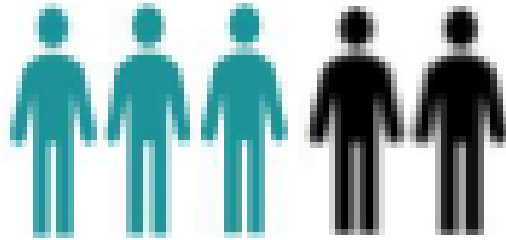
**19.7%**

Percentage of US Gross Domestic Product

**Per capita national health expenditures: \$11,582**

# HEALTH CARE CHALLENGES

**3 in 5**



Americans have at least ONE chronic illness

**20.5%** of Ohioans adults report having two or more chronic diseases

**\$31.9 B** Economic impact of chronic disease in Ohio

<https://odh.ohio.gov/know-our-programs/chronic-disease/chronic-disease-conditions>

# HEALTH CARE CHALLENGES



- **99 Million** Americans live in primary care shortage areas
- Need 18K more providers to meet need

**2.3M** Ohioans live without adequate access to care

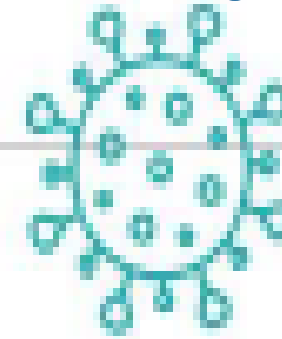
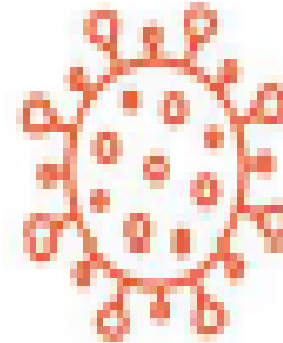
# HEALTH CARE CHALLENGES

20% of all health care workers quit during pandemic

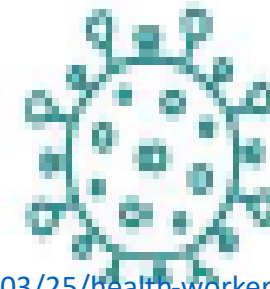
19% APRN Ohioans are over the age of 55



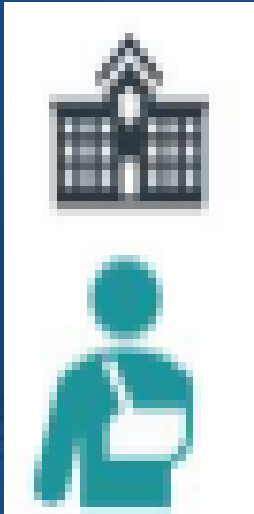
## Covid, Burnout and Retirements



43% unemployed APRNs are not interested in nursing jobs



# HEALTH CARE CHALLENGES



28 Days (national)

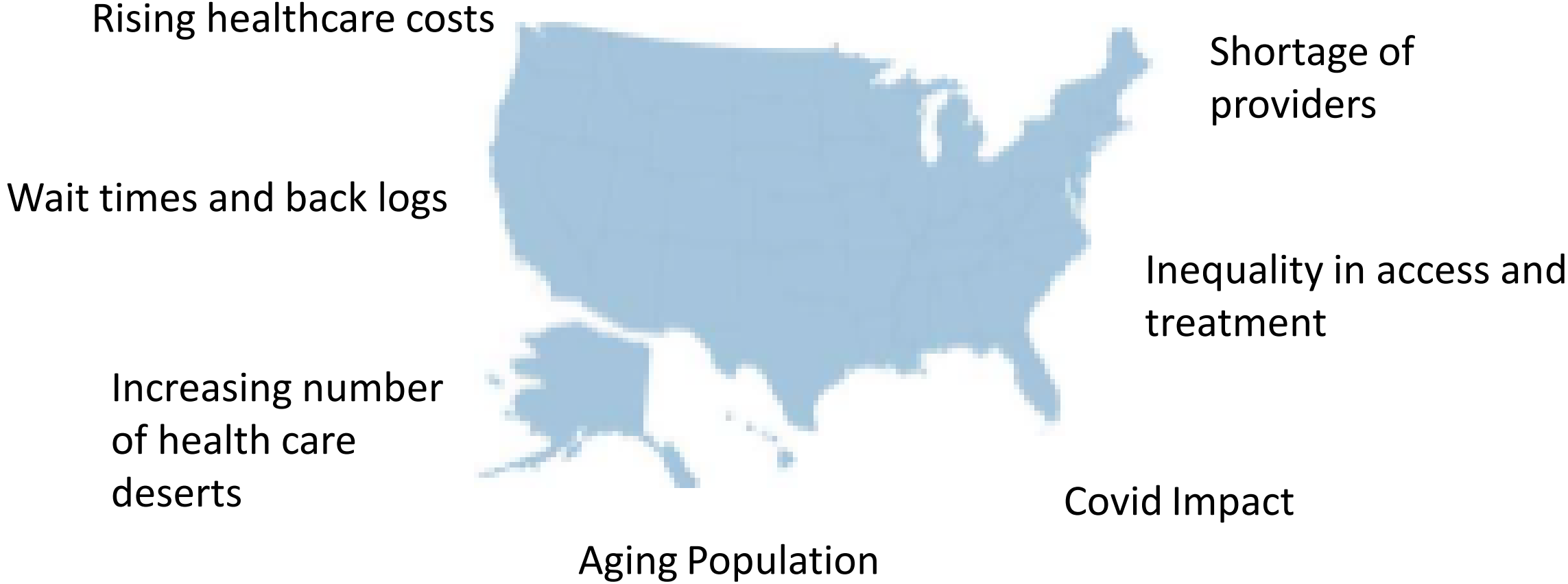
8% increase since 2018

Average Waiting Time for Health Care Appointment

OHIO- 39 Days



# HEALTH CARE CHALLENGES



# STATE OF THE STATES

## Removing Barriers to Practice

# STATE POLICY PRIORITIES

## Removing Barriers for NPs & Their Patients (support APRNs)

- Modernizing licensure laws.
- Streamlining care delivery with signature recognition.
- Promoting flexible and sustainable reimbursement.
- Including NPs in all health care delivery models.
- Improving public health.
- Supporting funding for NP education.



# WHAT IS FPA?

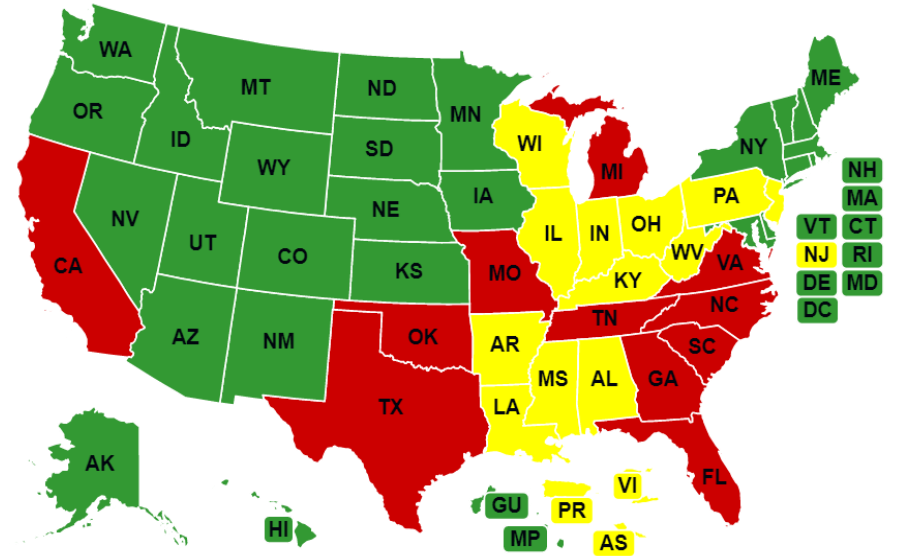
## CAN VS MAY

Can: Ability

- Hold active license as an RN
- Graduate from national accredited NP (CNS, CNM, CRNA) program
- Pass National Board Certification Exam

**State licensure = Can + May**

May: the LEGAL permission for NPs (APRN) to provide services



# WHAT IS FPA?

## *What FPA does not:*

- Mandate entrepreneurship
- Practicing in a vacuum
- Change legal and malpractice responsibilities



# MAKING PROGRESS: TRANSFORMING POLICY, IMPROVING HEALTH


*Why does it matter? Full and direct access to NP care is associated with:*

- Decreased hospitalizations
- Better overall health outcomes
- Fewer emergency room visits for ambulatory sensitive conditions
- Lower health care costs with no difference in quality outcomes
- Better productivity and higher job satisfaction



# MAKING PROGRESS: TRANSFORMING POLICY, IMPROVING HEALTH

## Workforce Trends



**ARIZONA**  
FPA Adopted: 2001

NP workforce doubles across the state and grows **70%** in rural areas within 5 years of adopting FPA.<sup>38</sup>

*The College of Public Health  
Arizona Area Health  
Education Center*



**NORTH DAKOTA**  
FPA Adopted: 2011

NP workforce grows **83%** within 6 years of adopting FPA.<sup>39</sup>

*University of North Dakota*




**NEVADA**  
FPA Adopted: 2013

APRN workforce grows **34%** within 3 years of adopting FPA.<sup>40</sup>

Many moved from more restrictive states

*Nevada State Board of Nursing*



**NEBRASKA**  
FPA Adopted: 2014

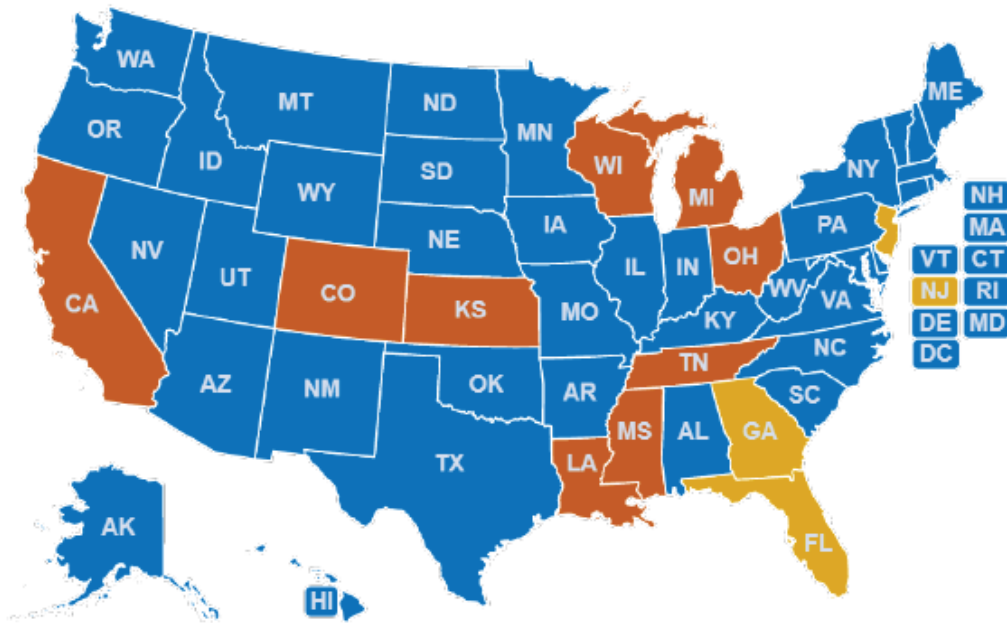
NP workforce grows in **20** state-designated primary care medically underserved areas within 5 years of adopting FPA.<sup>41</sup>

*College of Nursing, University of  
Nebraska Medical Center*



# MAKING PROGRESS: TRANSFORMING POLICY, IMPROVING HEALTH

## NP Authorization to Sign Death Certificates



- Yes: 38 states + Washington, D.C.
- In Limited Circumstances: 3 states
- No: 9 states

10/2022

### AANP State Fact Sheet ARIZONA

**Nurse Practice Act**  
A.R.S. § 32-1601

**Regulatory Structure: Full Practice**  
Arizona practice and licensure laws authorize nurse practitioners (NPs) to evaluate patients, diagnose and prescribe medications and therapeutic measures. **A.R.S. § 32-1601**

**Regulatory Agency**  
NP licensure is regulated exclusively by the [Board of Nursing](#). **A.R.S. § 32-1601**

**Licensure Requirements**  
Requirements include an RN license, a graduate degree in an NP role and national certification. **A.A.C. R4-19-505**

**Continuing Education (CE)\***  
National certification CE requirements satisfy statute. **A.A.C. R4-19-506**

**Medical Staff Membership†**  
Medical staff composition is subject to a facility's governing body and medical staff bylaws. **A.A.C. R9-10-207**

**Primary Care Providers**  
Arizona NPs are defined as Primary Care Providers. **A.A.C. R9-22-201**

**Signature Recognition on Items of Patient Care**

- **Physical Therapy:** NPs are authorized to refer to physical therapy. **A.A.C. R4-19-508**
- **Parking Permits:** NPs are authorized to provide proof of disability for parking permits. **A.R.S. § 28-2409**
- **DNR:** NPs are authorized to sign Do Not Resuscitate orders. **A.R.S. § 36-3204**
- **Death Certificates:** NPs are authorized to sign death certificates. **A.A.C. R9-19-101**
- **POLST:** Arizona has no statutory authorized single POLST form. See statute for details. **A.R.S. § 36-3209**

\*Contact hours in specific topics may be required. Please contact your state Board of Nursing for current information.  
†Medical Staff Membership refers to governing and voting privileges and is not reflective of clinical or admitting privileges within institutions.  
**DISCLAIMER:** The material contained in this fact sheet is offered as information only and not as practice, financial, accounting, legal or other professional advice. Correspondents must contact their own professional advisors for such advice.

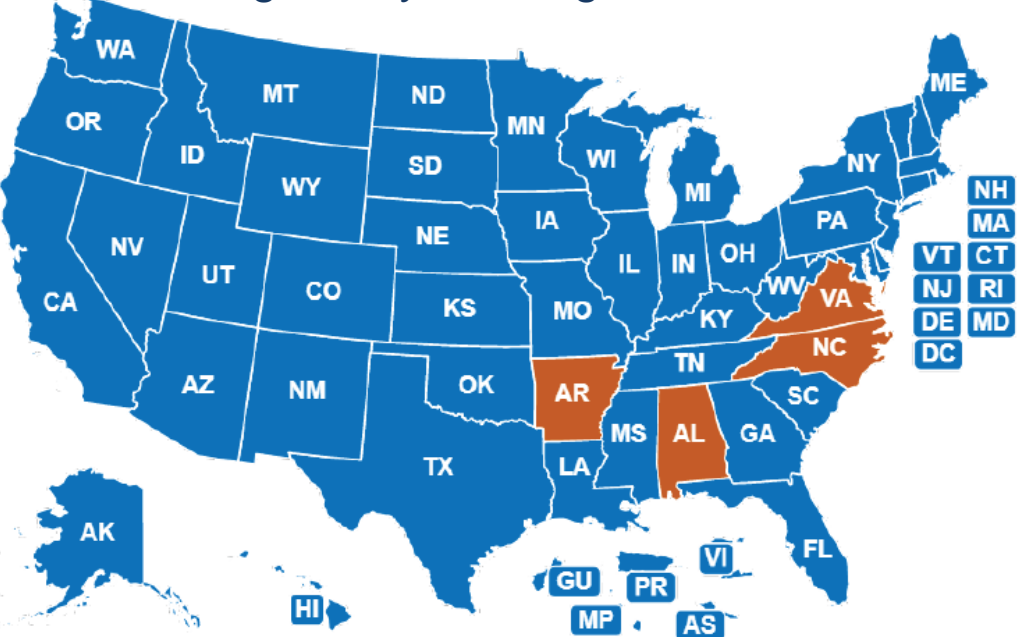
American Association of  
NURSE PRACTITIONERS®

**AANP State Government Affairs**  
1400 Crystal Drive, Suite 540, Arlington, VA 22202  
703-740-2529  
statepolicy@aanp.org

10/2022

# MAKING PROGRESS: TRANSFORMING POLICY, IMPROVING HEALTH

## Regulatory Oversight of NPs



■ Exclusive licensure and practice regulation by Nursing Board: 52 U.S Juristictions (46 states, D.C. + 5 territories)

■ Joint licensure and/or practice regulation by Nursing and other regulatory entity: 4 states

10/2022

### More Calls by AMA That Will Limit Patient Choice and Access to Quality Health Care

NEWS PROVIDED BY American Association of Nurse Practitioners → 15 Jun, 2023, 11:57 ET

SHARE THIS ARTICLE

*American Association of Nurse Practitioners Responds to Latest From American Medical Association House of Delegates*

AUSTIN, Texas, June 15, 2023 /PRNewswire/ -- Today, the American Association of Nurse Practitioners® (AANP) issued the following statement concerning the American Medical Association's (AMA's) call for nurse practitioners (NPs) and other advanced practice registered nurses (APRNs) to be jointly regulated by boards of medicine and boards of nursing.

The AMA has once again dusted off its old protectionist playbook and demonstrated its commitment to put profit and powerplays ahead of patients and their access to high-quality health care.

During its recent House of Delegates meeting, the AMA reaffirmed multiple outdated policies that make it harder for patients to access qualified health care providers and called for the unnecessary and harmful joint regulation of NPs and other APRNs by boards of medicine and nursing. NPs practice advanced nursing, not medicine. Boards of medicine lack the requisite nursing experience and expertise to regulate nurses.

**The only appropriate regulatory entities to oversee nursing licensure and practice are state boards of nursing**

[Tweet this](#)

"The only appropriate regulatory entities to oversee nursing licensure and practice are state boards of nursing," said AANP Chief Executive Officer Jon Fanning, MS, CAE, CNED. "Not only is the model proposed by the AMA flawed, but it has also been soundly rejected by 46 states and the District of Columbia. In the handful of states where NP practice is regulated outside the exclusive oversight of the board of nursing, the restrictive involvement of the board of medicine directly contributes to health care access challenges, resulting in continued low health care rankings, geographic disparities in care and unnecessary regulatory cost in these states."

Today, there are more than 355,000 NPs practicing across the United States, strengthening health care access and delivery in nearly every community in the country and every health care setting -- including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse-managed clinics, homeless clinics and home health.

"While the AMA continues its efforts and tactics designed to limit patient access to the health care provider of their choice, AANP and its members remain steadfast in our efforts to ensure that every patient gains equitable access to the health care they need, when and where they need it," said AANP President-Elect Stephen Ferrara, DNP.

"Overwhelmingly, the American public supports policies that give them direct access to the health care provider who they choose."

Unfortunately, the AMA's tactics are not new. AANP will continue to fight for patients. AANP calls on the AMA to stop the rhetoric and resolutions that undermine patient choice, access and truly coordinated care. The AMA's ongoing fearmongering and physician-protectionist resolutions are negatively impacting the health of our nation. It's time the AMA retires its dated tactics and put patients first.

# FEDERAL POLICY UPDATE

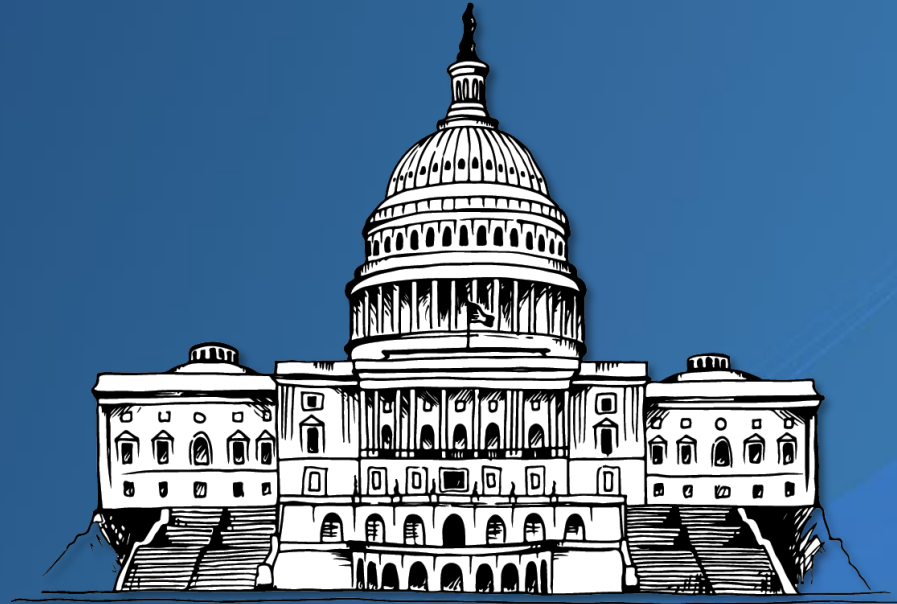
Removing Barriers for NPs (APRN) and Their Patients

# AANP CARRIES OUR PRO-NP, BIPARTISAN MESSAGE TO ...



The Administration, which is responsible for:

Regulations and Other Agency Actions



Congress, which is responsible for:

Legislation

# ADMINISTRATION OFFICIALS



**Xavier Becerra**  
Health and Human Services  
Secretary



**Denis McDonough**  
Veterans Affairs Secretary



**Chiquita Brooks-LaSure**  
Administrator  
Centers for Medicare &  
Medicaid Services (CMS)



**Carole Johnson**  
Administrator  
Health Resources & Services  
Administration (HRSA)



**Miriam Delphin-Rittmon**  
Assistant Secretary  
Mental Health and  
Substance Use

# KEY REGULATORY DEVELOPMENTS

## COVID-19 Public Health Emergency (PHE) Termination

- COVID-19 PHE Ended on May 11, 2023.
- PHE included Medicare flexibilities for NPs.
- Congress has extended certain Medicare telehealth flexibilities through 2024.
- Drug Enforcement Administration (DEA) has extended teleprescribing policies.
- Eligibility determinations reinstated for Medicaid beneficiaries.
- Changes to coverage of COVID-19 testing and vaccination policies

## Teleprescribing Flexibilities Extended

- On May 9, the Drug Enforcement Administration (DEA) and Substance Abuse and Mental Health Services Administration issued a temporary extension of the public health emergency (PHE) telehealth prescribing flexibilities.
- The temporary rule took effect on May 11, 2023, and extends the full set of telemedicine flexibilities adopted during the COVID-19 public health emergency for six months – through Nov. 11, 2023.
- **10/10/23 UPDATE: The full set of telemedicine flexibilities adopted during the pandemic were extended to any practitioner-patient telemedicine relationships that have been or will be established up to Dec. 31st, 2024. The agencies are currently drafting new permanent telemedicine prescribing which they plan to release in the fall of 2024.**

# KEY REGULATORY DEVELOPMENTS

## Centers for Medicare and Medicaid Services Releases Proposed CY 2024 Medicare Physician Fee Schedule

- Based on the fee schedule updates to the pool of total relative value units (RVUs), CMS estimates NPs will see a 2% increase in the valuation of PFS services they bill for calendar year (CY) 2024.
- CMS is proposing to expand who is authorized to supervise pulmonary rehabilitation, cardiac rehabilitation and intensive cardiac rehabilitation services by adding NPs, PAs and CNSs as practitioners authorized to supervise these services.
  - This provision would fulfill the statutory requirement to implement the changes made in section 51008 of the Bipartisan Budget Act of 2018 (Pub. L. 115-123, enacted Feb. 9, 2018), effective Jan. 1, 2024.
- CMS is proposing revisions to the Medicare Shared Savings Program (MSSP) beneficiary assignment methodology. Modifications to the window for assignment, and new definitions, will allow more opportunities for beneficiaries to be assigned based on their receipt of primary care services provided by NPs.
- The proposed rule delays the implementation of the time-based split (or shared) visit policy.
- CMS is proposing to pay separately for Community Health Integration, Social Determinants of Health (SDOH) Risk Assessment and Principal Illness Navigation services to account for resources when clinicians involve community health workers, care navigators and peer support specialists in furnishing medically necessary care.
- CMS is proposing to implement several telehealth-related provisions of the Consolidated Appropriations Act (CAA), 2023. For CY 2024, CMS is proposing to make payment when practitioners (including NPs) train and involve caregivers to support patients with certain diseases or illnesses (e.g., dementia) in carrying out a treatment plan.

# KEY REGULATORY DEVELOPMENTS

## **SAMHSA Releases Guidance on Removal of the DATA (X-Waiver) Requirement**

- The Consolidated Appropriations Act of 2023 repealed the requirement for providers to receive a Drug Addiction and Treatment Act (DATA) 2000 Waiver for medication-assisted treatment of opioid use disorder (OUD). SAMHSA and the DEA implemented this provision on Jan. 12, 2023. Going forward, a prescription for buprenorphine only requires a standard DEA registration number and there are no longer any patient caps.
- All practitioners who have a current DEA registration that includes Schedule III authority may now prescribe buprenorphine for OUD in their practice if permitted by applicable state law. Effective immediately, SAMHSA will no longer be accepting waiver applications.

## **New DEA Education Requirement**

- A new, one-time education mandate was created that requires any provider who applies for, or renews, their registration with the DEA to complete eight hours of education related to opioid or other substance use disorders. The one-time, eight-hour training requirement must be affirmed on the DEA registrant's next scheduled DEA registration submission — either the initial registration or the renewal — occurring on or after June 27, 2023.
- Upon completion, the affirmation will not be included in subsequent registration renewals.
- The DEA also clarified that both new trainings and previously completed trainings — including the DATA 2000 Waiver training — can count toward the practitioner meeting this requirement if those trainings are on the treatment and management of patients with opioid and other substance use disorders and are accredited by designated organizations, including AANP.
- Qualified training is available in the AANP CE Center.



# KEY REGULATORY DEVELOPMENTS

## Department of Education Final Rule on Total and Permanent Disability Loan Discharges

- Final rule authorizes NPs to certify when a student loan borrower has a total and permanent disability for the purposes of discharge their student loans — effective as of June 2023.

## Department of Veterans Affairs (VA) Life Insurance Rule

- The VA updated the Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI) program regulations. The final rule authorizes NPs to sign a hospital- or facility-approved pass for a member to leave a hospital or treating facility as part of the member's treatment plan.

## CMS Rural Emergency Hospital (REH) Final Rule

- REHs are a new rural Medicare provider type established by Congress in the Consolidated Appropriations Act of 2021 and will begin receiving payments on Jan. 1, 2023. Many of the policies within the CoPs recognize the important role NPs will play in REHs.

# KEY REGULATORY DEVELOPMENTS

## CARES Act Home Health Implementation

- On May 8, 2020, CMS issued an interim final rule permanently implementing Section 3708 of the CARES Act and has issued further guidance to clarify billing and coverage guidelines.
- As of April 2023, 40 states have taken temporary or permanent action to update corresponding state laws and regulations.

## No Surprises Act Implementation

- Included as Section 108 of the Consolidated Appropriations Act of 2021 — most sections went into effect on Jan. 1, 2022. Visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises) for further information.

## ACO REACH Model

- Includes NP services benefit enhancement where participating ACOs can request that participating NPs be authorized to:
  - Certify a patient's need for therapeutic shoes for the treatment of diabetes.
  - Order cardiac and pulmonary rehabilitation.
  - Order medical nutrition therapy.
  - Certify terminal illness for hospice.
  - Create care plan for home infusion services.
- Benefit enhancement will go into effect on Oct. 1, 2023.

# CONGRESSIONAL LEADERSHIP



Majority Leader  
**Chuck Schumer**  
(D-NY)



Minority Leader  
**Mitch McConnell**  
(R-KY)



Speaker  
**VACANT**

Was Kevin McCarthy  
(R-CA)

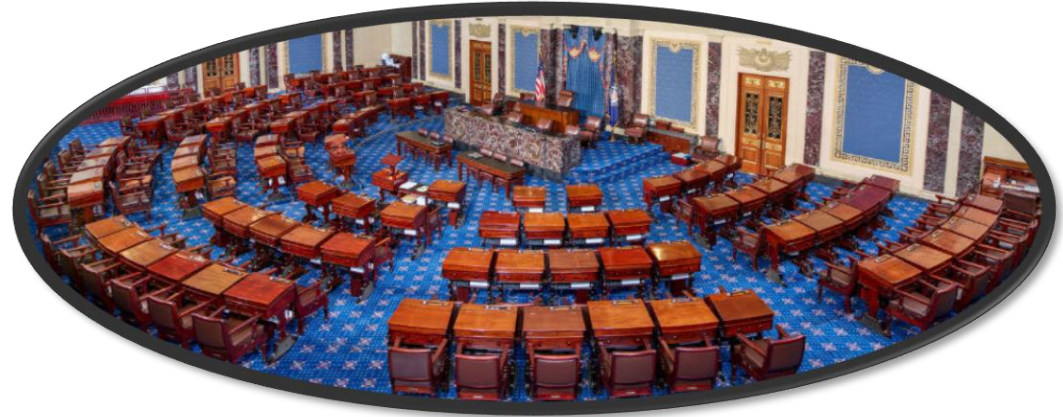


Minority Leader  
**Hakeem Jeffries**  
(D-NY)

# MAKEUP OF 118TH CONGRESS

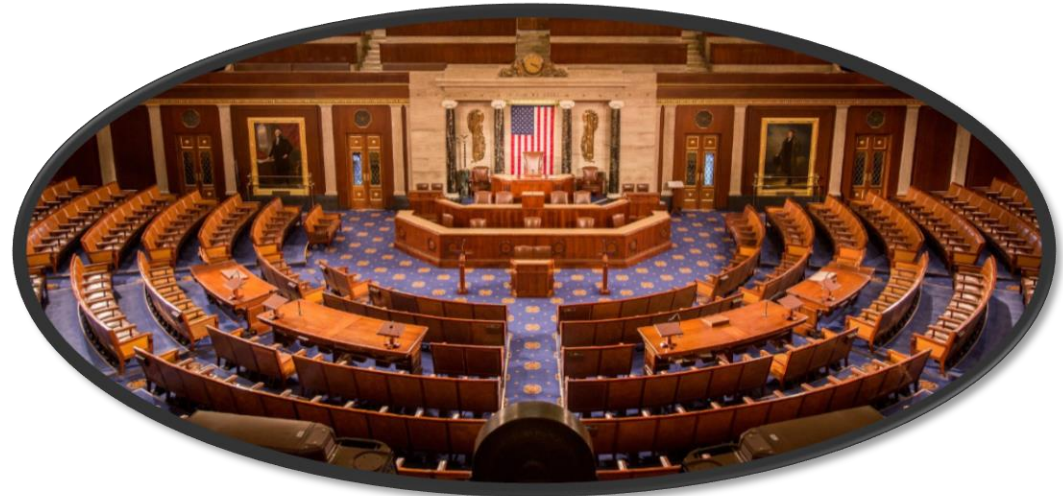
## Senate:

- 47 Democrats
- 49 Republicans
- 3 Independents
- 1 Vacancy
  - Rep. Dianne Feinstein (D-Ca)



## House of Representatives:

- 222 Republicans
- 212 Democrats
- 1 Vacancy
  - Rep. David Cicilline (D-RI)



# COMMITTEES OF JURISDICTION — HOUSE OF REPRESENTATIVES

## Energy & Commerce

- Chairwoman Cathy McMorris Rodgers (R-WA).
- Ranking Member Frank Pallone (D-NJ).



## Ways & Means

- Chairman Jason Smith (R-MO).
- Ranking Member Richie Neal (D-MA).



## Education & the Workforce

- Chairwoman Virginia Foxx (R-NC).
- Ranking Member Bobby Scott (D-VA).



## Veterans Affairs

- Chairman Mike Bost (R-IL).
- Ranking Member Mark Takano (D-CA).



# COMMITTEES OF JURISDICTION

## — SENATE

### Finance

- Chairman Ron Wyden (D-OR).
- Ranking Member Mike Crapo (R-ID).



### Health, Education, Labor, and Pensions (HELP)

- Chairman Bernie Sanders (I-VT).
- Ranking Member Bill Cassidy (R-LA).

U.S. SENATE COMMITTEE ON  
Health, Education  
Labor & Pensions

### Homeland Security & Governmental Affairs

- Chairman Gary Peters (D-MI).
- Ranking Member Rand Paul (R-KY).



### Veterans Affairs

- Chairman Jon Tester (D-MT).
- Ranking Member Jerry Moran (R-KS).

THE UNITED STATES SENATE  
COMMITTEE on VETERANS' AFFAIRS

**OUR GOAL IS TO  
ELIMINATE ALL  
BARRIERS  
TO PRACTICE  
FOR NPS.**



**AANP**

American Association of  
NURSE PRACTITIONERS®

# REMOVE OUTDATED BARRIERS TO CARE IN MEDICARE AND MEDICAID

- **H.R. 2713/S. 2418 — Improving Care and Access to Nurses (ICAN) Act**, introduced by:
  - **Reps. Dave Joyce (R-OH)**, Kelly Armstrong (R-ND), Suzanne Bonamici (D-OR), Earl Blumenauer (D-OR), Glenn Grothman (R-WI), Ann Kuster (D-NH), Jen Kiggans (R-VA), Chris Pappas (D-NH), Jan Schakowsky (D-IL), Adrian Smith (R-NE) and Lauren Underwood (D-IL).
  - Sens. Jeff Merkley (D-OR) and Cynthia Lummins (R-WY).
- This legislation would remove barriers to practice including:
  - Authorize NPs to order cardiac and pulmonary rehabilitation for Medicare patients.
  - Authorize NPs to certify the need for therapeutic shoes for Medicare patients with diabetes.
  - Authorize the claims-based assignment of NP patients to Medicare Shared Savings Program without requiring the patient to receive a primary care service from a physician.
  - Authorize NPs to refer Medicare patients for medical nutrition therapy.
  - Authorize NPs to establish and review home infusion plans of care for Medicare patients.
  - Authorize hospice care programs to accept certification and recertification of eligibility orders from NPs for Medicare beneficiaries, and better align hospice billing policies for NPs and physicians.
  - Remove the requirement that skilled nursing facility care be provided under the supervision of a physician and authorize NPs to perform admitting examinations and all required Medicare patient assessments.
  - Make permanent the authorization for Medicare and Medicaid patients admitted to a hospital to be under the care of an NP.
  - Authorize a Medicaid patient receiving outpatient clinic services to be under the direction of an NP.
  - Authorize Medicare payment for NP locum tenens arrangements.



# PROVIDE FEDERAL EMPLOYEES TIMELY ACCESS TO HEALTH CARE FOR WORKPLACE INJURIES

- **S. 131/H.R. 618** — Improving Access to Workers' Compensation for Injured Federal Workers Act, introduced by:
  - **Senators Sherrod Brown (D-OH)** and Susan Collins (R-ME).
  - Representatives Tim Walberg (R-MI) and Joe Courtney (D-CT).
- Currently, federal employees can select an NP as their health care provider under the Federal Employees Health Benefits Program and the majority of states authorize NPs to provide the diagnosis and treatment for a workplace related injury. However, contrary to the workers' compensation process in most states, the Federal Employees' Compensation Act (FECA) requires that only a physician can make the diagnosis, certify the injury and extent of the disability and oversee the patient's treatment and care.
- **S. 131/H.R. 618** would authorize NPs to certify disabilities and oversee treatment for injured federal employees under FECA.
- This legislation passed the House of Representatives in the previous Congress with a strong bipartisan vote of **325-83**.

# AUTHORIZING NPS TO ORDER CARDIAC AND PULMONARY REHAB

- **H.R. 2583** — Increasing Access to Quality Cardiac Rehabilitation Care Act of 2023, introduced by:
  - Representatives Lisa Blunt Rochester (D-DE) and Adrian Smith (R-NE).
- NPs are clinically trained to provide timely and high-quality care to cardiac and pulmonary patients. NPs serve as frontline providers in critical care environments, including critical access hospitals, hospitals and hospital clinics, emergency rooms, intensive care units, cardiac catheterization laboratories, health centers, urgent care centers and many other sites. Authorizing NPs to order these safe and effective services will enable them to be involved in their patients' cardiac and pulmonary rehabilitation care from start to finish, creating greater continuity of care and increasing access for patients.
- **H.R. 2583** would authorize NPs to order cardiac and pulmonary rehabilitation for Medicare patients.
- In the previous Congress, these bills garnered **8** cosponsors (3 D – 5 R) in the Senate and **65** cosponsors (47 D – 18 R) in the House.

# ENSURING PATIENTS HAVE TIMELY ACCESS TO DIABETIC SHOES

- **S. 260/H.R. 704** — Promoting Access to Diabetic Shoes Act, introduced by:
  - **Sens. Sherrod Brown (D-OH)** and Susan Collins (R-ME).
  - Reps. Earl Blumenauer (D-OR) and Darin LaHood (R-IL).
- Currently, an NP's patient with diabetes must undergo the following multistep process to obtain medically necessary therapeutic shoes under Medicare: when the treating NP determines that the patient has a condition requiring therapeutic shoes, the NP must send the patient to a physician to make the same determination and to take over the patient's care related to diabetes. The physician then refers that patient to a "podiatrist or other qualified individual" to fit and furnish the shoes.
- **S. 260/H.R. 704** would authorize NPs to certify their patients' need for therapeutic shoes.
- In the previous Congress, these bills garnered **8** cosponsors (1 D – **6 R** – 1 I) in the Senate and **37** cosponsors (23 D – **14 R**) in the House.

# INCLUDING NP PATIENTS IN THE MEDICARE ACO SHARED SAVINGS PROGRAM

- **In the previous Congress: H.R. 6308** — ACO Assignment Improvement Act, introduced by:
  - Reps. Derek Kilmer (D-WA), Mike Gallagher (R-WI), Kathleen Rice (D-NY) and Adrian Smith (R-NE).
- NPs are recognized in the Medicare Shared Savings Program (MSSP) as “ACO professionals,” yet federal law limits NPs from being full participants in the program. A CMS regulation created a “voluntary alignment” pathway where patients can choose an NP as their primary care provider in an MSSP ACO and be assigned to the ACO. However, NP patients cannot be assigned to an MSSP ACO based on their claims data unless the patient receives one primary care visit from a primary care physician each year.
- **H.R. 6308** would have improved the way beneficiaries are assigned under the MSSP by authorizing claims-based assignment of patients seen only by NPs to MSSP ACOs.
- In the previous Congress, this bill garnered **8** cosponsors (5 D – **3 R**) in the House.

# **NPs (APRNs): ENGAGING TO MOVE POLICY FORWARD**

# KEEPING OUR FINGER ON THE PULSE OF HEALTH CARE ISSUES

- Primary Care.
- Addiction Treatments – Opioid Crisis.
- Post Acute Care Reform.
- Telehealth.
- Provider Non-Discrimination Section 2706 of the ACA.
- Public Health Emergency.
- Medicaid.
- Electronic Health Records.
- Provider Identification – Truth in Health Care Marketing.
- Rural Health.
- Title VII and VIII Funding.
- National Health Service Corps.
- CHIP Funding.

# LEVERS OF CHANGE



## Laws (statute)

Changed only by elected officials through legislation/bills.



## Regulations (administrative code)

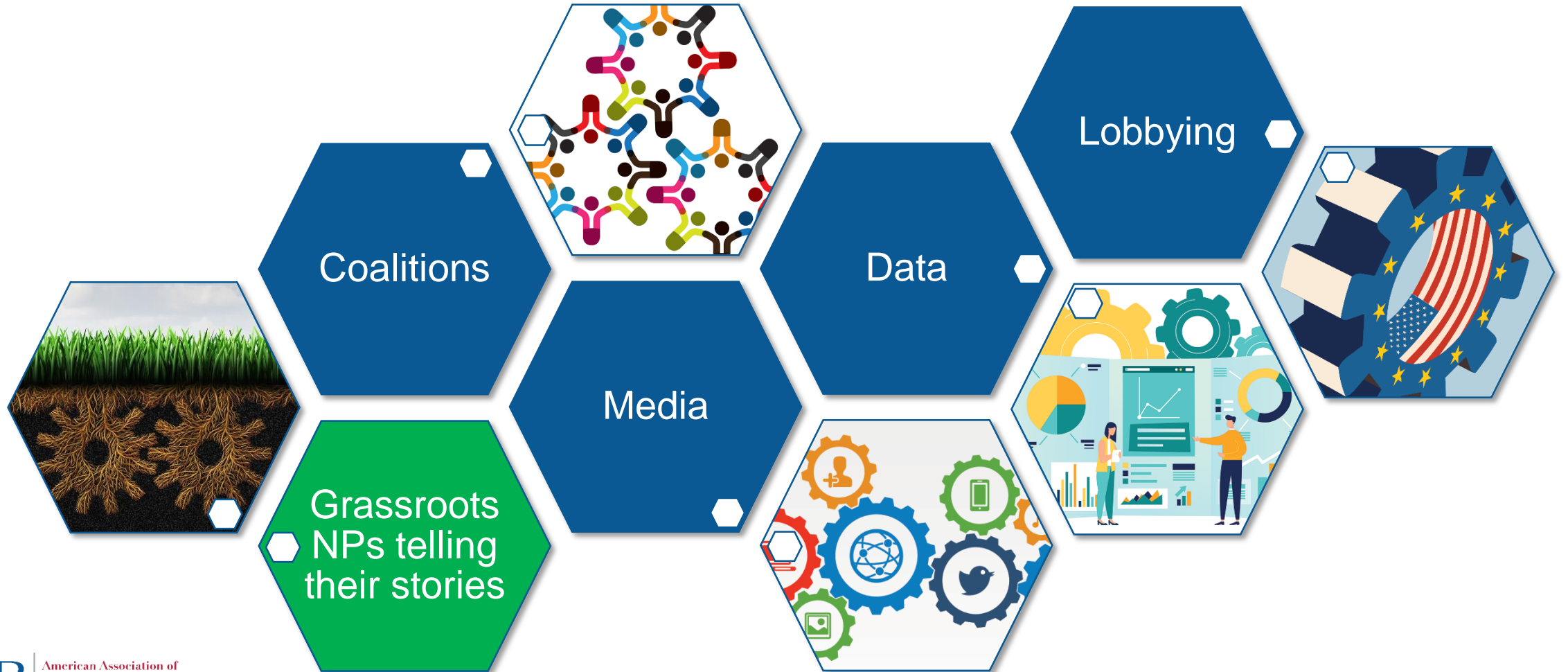
Changed through executive agencies or boards.



## Official Forms

Can be changed at direction of legislature or through agency regulatory changes.

# WHAT DRIVES THE MOST EFFECTIVE OUTREACH TO LEGISLATORS?





# TELL YOUR STORY

- Understand the Backdrop
- Understand the broader backstory
- Know the interests /drivers and turn-offs of your listener
  
- Story craft
  - What's needed and why it's needed now
  - Pepper in meaningful data to your story
  - True & believable

# TELL YOUR STORY

What's the problem or situation  
(Affordability, Quality, Access, Workforce?)

Why the problem or situation needs to  
be fixed *now!*

What's the solution

<b>Phrases to Choose</b>	<b>Phrases to Sidestep</b>
<b>Full &amp; Direct Access Full Practice Authority Top of education</b>	Expand Scope Independent
<b>Effective Utilization Efficient Use of Resources</b>	Cheaper
<b>Interfere with providing care</b>	“won’t let us”
<b>Consult, Coordinate, Refer</b>	Collaboration (due to dual meaning)
<b>Advanced Practice Registered Nurse CNM, CNS, CRNA, NP</b>	Mid-level provider Limited License Provider Physician Extender
<b>Workforce Build Capacity</b>	
<b>Maintain Quality, Maintain Safety</b>	
<b>Address Patient Needs</b>	



# TELL YOUR STORY



- **Tips for framing your story**
  - How many constituents to you see a month?
  - Do you work in a “ooh! area” like rural health, FQHC, NP-owned business—be sure to highlight that.
  - Share how you’ve had to alter/change your practice based on a practice or insurance issue? How has this impacted patients?
  - Is there care you are educated/certified/prepared to provide but don’t have legal authorization to directly provide to your patients?
  - Do your patients have issues finding a provider?

Stories are **POWERFUL**  
share *yours.*

# BUILDING RELATIONSHIPS

- **Interact with your state legislators and members of Congress.**
  - Send them a letter.
  - Meet with them in their District/State office.
  - Invite them to your practice – let them see you at work.
  - Attend a town hall meeting and ask them a question.



**Elected officials need to hear from,  
meet and interact with NPs.**

# BUILDING RELATIONSHIPS

- Work on Campaigns and VOTE
- Attend a “Open House” and Community Forums
- Write a note of congratulations to the candidate that won and offer to serve as a consult on health issues or other areas where you have expertise.
- Send a “thank you” letter to your elected representative when they vote in support of an issue *not related to health care* that ‘s important to you.
- Forward a copy of a news article on a healthcare interest



AANP

American Association of  
NURSE PRACTITIONERS®



[governmentaffairs@aanp.org](mailto:governmentaffairs@aanp.org)

[statepolicy@aanp.org](mailto:statepolicy@aanp.org)

[athompson@aanp.org](mailto:athompson@aanp.org)