

In the Image of God: Access to Mental Health Care

What is a nurse practitioner?

Nurse practitioners (NPs) are health care providers who are registered nurses with specialized advanced education and clinical competency. Nurse practitioners have been practicing since 1965, and gained legal scope of practice in New York State in 1988.

NPs are licensed, certified, and regulated by the State Education Department. NPs must possess a license as a registered professional nurse, and present evidence of completion of an educational program or have received certification as a nurse practitioner by a national certifying body.

In addition to their advanced certification by the Nursing Board, many NPs are certified by national accrediting agencies in one or more practice specialty.

NPs are authorized to diagnose illness and physical conditions and perform therapeutic and corrective measures, order tests, prescribe medications, devices and immunizing agents, and when appropriate, refer patients to other health care providers, without supervision.

Under current law, NPs must have a "collaborating agreement" with a doctor in order to practice. The nature of the agreement varies but at a minimum, doctors check a "sample" of records for each NP they work with at least once every 3 months. The sample can be as low as one record.

There are currently approximately 14,000 NP's in NY providing millions of patient visits to New Yorkers, in every health care setting, particularly underserved populations.

Can a nurse practitioner provide care for people with mental illness?

Yes. Like doctors, nurse practitioners choose an area of specialty. Psychiatry is the fourth most popular specialty chosen by nurse practitioners in New York (the most popular specialty is family practice, followed by adults and pediatrics).

Is care provided by nurse practitioners as good as care provided by medical doctors?

For over 40 years, research has consistently demonstrated the high quality of care provided by NPs. The body of evidence regarding the quality of NP practice supports that NP care is at least equivalent to that of physician care.

For example, a systematic review of published literature between 1990 and 2008 on care provided by Advanced Practice Registered Nurses (APRNs) demonstrated that care provided by nurse practitioners and certified nurse midwives in collaboration with physicians produced outcomes that were similar to and in some ways better than care provided by physicians alone for the populations and in the settings included. (<http://timeswampland.files.wordpress.com/2009/05/document-12019.pdf>)

Also, an October 2010 publication of the Institute of Medicine emphasized the importance of empowering nurses to be able to "fulfill their potential as primary care providers to the full extent of their education and training" and stated that "restrictions on scope of practice...undermine the nursing

professions' ability to provide and improve both general and advanced care." This report concluded that the quality of care provided by nurse practitioners is not inferior to any other health care provider.

What is the Nurse Practitioner Modernization Act?

The Nurse Practitioner Modernization Act [S.3289 (Young)/A.5308 (Gottfried)] is a proposed New York State law that would remove the current requirement mandating that a NP have a written practice agreement with a physician as a condition of practice.

Currently, New York requires a mandatory collaboration relationship between a NP and a MD. That relationship is defined by a written practice agreement which can be as narrow or as broad as the MD is willing. 18 other states and the District of Columbia allow nurse practitioners to practice with complete autonomy. Chapter 238 of the Laws of 2010 eliminated a similar mandate for midwives.

Given the education, training and advanced certification of NPs, mandatory collaboration no longer serves a clinical purpose. Instead, mandatory collaboration serves as a barrier to practice and a disincentive to advanced certification, and it restricts access to primary health care for individuals and families in underserved areas of the state.

Why is the Diocesan Public Policy Committee (DPPC) asking us to support the Nurse Practitioner Modernization Act?

The DPPC is very concerned about the widely acknowledged shortage of care providers for children with mental illnesses. Although nurse practitioners cannot provide everything that a psychiatrist does, they can diagnose, make referrals, and take care of many issues that arise in between psychiatric visits.

If nurse practitioners did not have to have a collaboration agreement with physicians, it is believed more nurses would seek the advanced certification necessary, and psychiatric nurse practitioners would be able to operate in areas that are currently underserved by psychiatrists. Nurse practitioners are also more likely to accept Medicaid than psychiatrists. Under current standard insurance company practice, NPs and their collaborating physicians must serve patients with the same health insurance coverage. If a physician chooses to not accept Medicaid, for example, his/her collaborating NP cannot treat patients covered by Medicaid.

Where can I read more about this?

Nurse Practitioner Modernization Act: <http://open.nysenate.gov/legislation/bill/S3289-2011>

The Nurse Practitioner Association of New York - <http://www.thenpa.org/>

"Quality of Nurse Practitioner Practice" - <http://timeswampland.files.wordpress.com/2009/05/document-12019.pdf>

"Advanced Practice Nurse Outcomes - 1990-2008: A Systematic Review" - <http://www.nursingeconomics.net/ce/2013/article3001021.pdf>

"The Future of Nursing" - The Institutes of Medicine of the National Academies - <http://www.iom.edu/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Report%20Brief.pdf>