Interview with Arkansas State Representative of the American Association of Nurse Practitioners
Katherine Darling, DNP, APRN, PMHNP/FNP-BC, FAANP by Dr. Chelsea Kellow-Hedge, DNP, APRN, FNP-C,
Chair of the Arkansas Nurse Practitioner Association Policy and Legislation Committee:

Q. Dr. Chelsea Kellow-Hedge: Dr. Darling, we know that the American Association of Nurse Practitioners (AANP) is involved in national legislative efforts to remove practice barriers for nurse practitioners (NPs). What do you see as barriers to practice in Arkansas?

A. Dr. Katherine Darling: I think that the issues and barriers to NP practice are like many NP issues across the country. The main barriers in Arkansas are removing the collaborative practice agreement, obtaining full schedule II prescribing, primary care status and being able to sign documents for services that we provide such as disability placards.

Q. Dr. Chelsea Kellow-Hedge: We hear a lot about full practice authority (FPA). What is FPA and how does removal of the collaborative practice agreement relate to it?

A. Dr. Katherine Darling: Per the definition of full practice authority from AANP, Arkansas would have to pass a bill that would not only remove the collaborative practice agreement but would provide for full schedule II prescribing and would not include restrictions on practice for NPs. Removing the collaborative practice agreement in Arkansas would only partially provide FPA. It would remove the physician signature, currently required for prescriptive authority, from the requirements for NPs to prescribe and practice.

Q. Dr. Chelsea Kellow-Hedge: Why is the collaborative practice agreement a barrier for NPs? Don’t NPs really want to collaborate?

A. Dr. Katherine Darling: That is a great question Chelsea. The collaborative practice agreement is a signed contract with a single physician or group of physician as a condition of prescribing. By contrast, collaboration is working with other health care providers to maximize patient outcomes. The collaborative practice agreement has created a significant access to care issue in Arkansas. I personally know NPs who have closed their own practices in rural areas of Arkansas because they lost their collaborative physician and could not find another to replace him/her for a collaborative practice agreement. Often, there are no other providers nearby to provide healthcare services. We’ve seen this happen in the Delta area where health care access is limited. The collaborative practice agreement is costly, making it financially difficult for NPs to provide care in their practices because it unduly burdens their overhead costs. Many physicians make many thousands of dollars every year from these agreements. But the most important thing to remember is that it closes doors of opportunity for our patients to receive their health care from their provider of choice.

Certainly, NPs want to collaborate! NPs know their limits and when NPs need to consult another clinician, they make referrals or speak with them personally. All health care providers know the benefit of collaboration is in the best interest of the patient. Safety and outcomes are essential and sometimes collaboration is necessary to provide this. The difference is that under the collaborative practice agreement it is formal and mandatory. True collaboration is voluntary.

Q. Dr. Chelsea Kellow-Hedge: Katherine Darling, we’ve heard the term “residency” and “transition to practice (TTP) hours” being used by people looking at changing the laws to remove the collaborative practice agreement. What do these mean and what is the difference between them?
A. Dr. Katherine Darling: Residency is part of formal medical training, usually in a hospital or other healthcare setting. Whereas, transition hours start when formal education is completed. A transitional period is a designated amount of time that a new provider, nurse practitioner, should have frequent collaboration and guidance from a more experienced provider working in the same or similar specialty. This is important to understand. Many states who have become FPA states have been required to establish TTP hour requirements. These hours vary in each state and typically, NPs who are already prescribing are “grandfathered” in. A formal NP residency requirement would create an undue manpower and financial burden on the State and delay NPs from entering the health care workforce for increased access to care.

Q. Dr. Chelsea Kellow-Hedge: Why do NPs need full schedule II prescribing and primary care provider (PCP) status?

A. Dr. Katherine Darling: Historically, NPs have prescribed hydrocodone safely for 20 years before the DEA changed it to a Schedule II drug. There are many uses for the full schedule of category II drugs to be prescribed in health care settings, from inpatient settings in pediatrics, to hospice care, acute and chronic pain, and for children and adults with ADHD. NPs utilize many of the opiates to treat neonates in the neonatal intensive care unit but are unable to write these scripts, creating a time delay in critical treatment delivery.

To respond to the question about PCP status, one must look at access to care. Patients in Arkansas have difficulty with accessing PCPs and there are delays in treatment, especially within the Medicaid system. Creating PCP status for NPs will increase availability and access to providers in a timely manner. Reimbursement streams are blocked by the PCP restrictions in Arkansas, creating problems for provider groups and insurers alike. NPs are more likely to practice in rural areas if PCP status for NPs was recognized.

Q. Dr. Chelsea Kellow-Hedge: What do you foresee for the 2017 legislative session?

A. Dr. Katherine Darling: I am very excited to represent AANP and the Arkansas Nurse Practitioner Association (ANPA) at the Arkansas Nursing Policy Roundtable. This group is working closely with several legislators to introduce bills that will address these barriers to practice and access to care. These priorities are removal of the collaborative practice agreement, full schedule II prescribing, PCP status, and global signature. The session begins in January, 2017 and we expect it to be a very exciting session for NPs and our patients.

Q. Dr. Chelsea Kellow-Hedge: Dr. Darling, we have learned the Arkansas Medical Society is introducing legislation to require that NP practice be regulated by the Arkansas Medical Board. Why do NPs oppose this action?

A. Dr. Katherine Darling: Chelsea, this has been a common tactic used in several states where NPs have proposed full practice authority legislation. Under the Medical Board, nurses would lose the authority to regulate itself. The National Council of State Boards of Nursing has supported nursing regulation to be the domain of the State Boards of Nursing. The Arkansas State Board of Nursing now licenses and regulates all nurses in Arkansas, including NPs. Bringing NP practice under the Board of Medicine would be something akin to bringing chiropractors under the Board of Medicine. Each profession must be responsible for regulating itself. AANP has always advised states to avoid this regulation by the Boards of
Medicine and most states have been successful in keeping their State Boards of Nursing in the position of licensing and regulation of NP practice

Q. Dr. Chelsea Kellow-Hedge: Dr. Darling, do you have any recommendations to our NP colleagues to prepare us for this upcoming legislative session?

A. Dr. Katherine Darling: Yes, Dr. Kellow-Hedge, I do. NPs can become familiar with their State Representative and State Senator prior to the session in January, 2017. Reaching out now to them to introduce themselves will lay the groundwork for communication when the session begins and everything becomes very hectic for the legislators. We can offer to be available to the legislator should they have any questions during the session. They want to be informed and we are the ones who have the answers to educate them on these issues and why these barriers restrict access to care for individuals in Arkansas. In the past we’ve had legislators that have said that they never heard from an NP in their district.

Q. Dr. Chelsea Kellow-Hedge: Katherine, are there any resources for NPs to be able to reach out to their legislator? How do they know what to say?

A. Dr. Katherine Darling: Yes, this website will provide the contact information for anyone who wishes to contact their legislators. This address is: http://www.aecc.com/legislative-app. Also, talking points will be available on the ANPA website which will highlight each issue addressed in this interview.