

Scope of Practice Determination for Health Care Professions

Legislative Program Review &
Investigations Committee

Staff Findings and Recommendations

December 15, 2009



Study Focus

- Connecticut's process for determining scopes of practice for health care professions
- Identify whether problems exist within the process necessitating changes to make it more useful and efficient for legislators and other stakeholders
- No review of practice scopes for individual professions to evaluate their content

Presentation

- Legislation Analysis
- Process Analysis
- Stakeholders
- Other States
- Best Practices

Background

- Scope of Practice: refers to the range of services health care practitioners are legally allowed to perform once licensed by the state
- Scopes of practice are designed to protect public safety; scopes are determined through the legislative process, beginning with the public health committee
- Professions petition the legislature for scope changes



Scope of Practice Legislation Analysis

Scope of Practice Legislation for Health Care Professions: 2005-09

| | 2009 | 2008 | 2007 | 2006 | 2005 |
|---|------|------|------|------|------|
| Bills filed with public health committee (n=1,139) | 263 | 136 | 292 | 120 | 328 |
| Bills related to licensed health care professions (n=184) | 38 | 20 | 44 | 20 | 62 |
| Bills creating or modifying scopes of practice (n=43) | 11 | 6 | 11 | 4 | 11 |
| Scope of practice bills resulting in public acts (n=30) | 5 | 4 | 10 | 4 | 7 |

Source: PRI staff analysis; public health committee

- The number of bills involving scopes of practice for health care professions over the past five years is relatively low in comparison with the total number of bills filed with the public health committee.

Legislation Analysis

- Certain professions had more scope of practice bills than others
- Several professions proposed the same scope of practice changes on a recurring basis

Legislation Analysis (public hearings)

- Public health committee members gave attention to the key scope of practice issues of public safety and access to care, although information was presented to the committee on an ad hoc basis
- At times, professions provided contrasting information or did not have quantitative data to support their positions

Legislation Analysis

- No structured system exists to fully gather and analyze information about scopes of practice issues outside the public hearing process
- The legislature does not obtain information from stakeholders based on standardized criteria focused on public safety
- Scope topics may be complex, resource-consuming, and contentious



Scope of Practice Process

Overview of States' Nurse Practitioner Scopes of Practice

| | <i>Total States</i> | <i>Connecticut</i> |
|--|---------------------|--------------------|
| Physician Oversight Requirements | | |
| No MD involvement | 11 | |
| MD supervision | 10 | |
| MD collaboration | 27 | ✓ |
| Written practice protocol | 21 | |
| Practice Authorities | | |
| Explicit authority to diagnose | 44 | ✓ |
| Explicit authority to order tests | 20 | |
| Explicit authority to refer to other providers | 33 | ✓ |
| Prescriptive Authorities | | |
| Authority to prescribe <i>without</i> MD involvement | 11 | |
| Authority to prescribe <i>with</i> MD involvement | 40 | ✓ |
| Written protocol required to prescribe | 34 | ✓ |
| Authority to prescribe controlled substances | 48 | ✓ |
| National Certification Required | | |
| Yes | 42 | ✓ |
| No | 8 | |

Process (Outputs)

- CT's process to determine the scope of practice for APRNs has led to a practice scope that is within the norm of practices for APRNs and is, on-balance, comparable to other states

Complaints Against Selected Health Care Professions

| | Advanced Practice Registered Nurse | | | Dental Hygienist | | | Physical Therapist | | |
|-------------|------------------------------------|-------|-----|------------------|-------|-----|--------------------|-------|-----|
| | # Lic | #Comp | % | # Lic | #Comp | % | # Lic | #Comp | % |
| 1999 | 1,947 | 10 | .51 | 3,063 | 0 | 0 | 3,701 | 1 | .03 |
| 2000 | 2,118 | 3 | .14 | 3,117 | 2 | .09 | 3,802 | 5 | .13 |
| 2001 | 2,240 | 4 | .18 | 3,137 | 1 | .03 | 3,847 | 3 | .08 |
| 2002 | 2,284 | 13 | .57 | 3,036 | 0 | 0 | 3,997 | 1 | .03 |
| 2003 | 2,388 | 10 | .42 | 3,173 | 3 | .09 | 3,965 | 4 | .10 |
| 2004 | 2,580 | 18 | .70 | 3,230 | 0 | 0 | 3,992 | 2 | .05 |
| 2005 | 2,676 | 10 | .37 | 3,301 | 1 | .03 | 4,022 | 4 | .10 |
| 2006 | 2,815 | 5 | .18 | 3,331 | 3 | .09 | 4,099 | 5 | .12 |
| 2007 | 2,889 | 13 | .45 | 3,406 | 4 | .12 | 4,181 | 5 | .12 |
| 2008 | 3,043 | 16 | .52 | 3,511 | 6 | .17 | 4,275 | 5 | .12 |

Source: PRI staff analysis of DPH data.

Process (Outcomes)

- No appreciable increase in the number of complaints filed against licensed health care providers in three professions between 1999-2008, including years following scope of practice changes
 - Broad indicator for the professions analyzed that public safety was not adversely affected by results of scope process



Stakeholders

Stakeholders

- All Public Health Committee members surveyed/ interviewed indicated the process needs to improve
- No structured system exists to fully gather and analyze information outside the legislative process; issues can be contentious; committee members receive conflicting factual information at times
- Professions indicate economics is a motivating factor to oppose or support a scope change

Stakeholders

- The public health department usually maintains a neutral position on scope of practice matters
- There is no requirement for any state entity to independently collect, verify, or analyze scope of practice information
- Although DPH offers to meet with professions to discuss scope issues, such meetings are not mandatory

Other States

Other States

- States use various methods to collect scope of practice information, including some outside of the legislative process
- 13 states have “sunrise” reporting requirements for health care professions requesting a new or modified scope of practice (Maine, Vermont)
 - Sunrise reports are based on specific criteria and offer policymakers a systematic way to assess scope of practice requests



Best Practices

Best Practices

- Limited best practices exist in national literature
- Two guiding documents offer a framework for policymakers to use when making scope of practice decisions
- Public health and safety should be overriding goal of any process to determine scopes of practice



Recommendations

Recommendations (Goals)

- Create a standardized process to collect information based on specific criteria
- Have knowledgeable, objective health care professionals assess the information
- Allow a body of professionals to make recommendations to the public health committee

Recommendations (Scope of Practice Request)

- **Health care professions seeking a new or modified scope of practice must submit a request to DPH prior to the next regular legislative session (September 1)**
 - **Each request shall include information addressing 11 specific criteria**
- **DPH must notify the public health committee and include the request on its website (within 5 business days)**

Recommendations (Scope of Practice Reports)

- **Any profession potentially opposing the scope request must receive a copy of the request from DPH (September 15)**
- **Profession opposing the scope request may submit written response to DPH; the response should address specific criteria and include areas of agreement (October 1)**

Recommendations (Scope of Practice Reports)

- **The profession filing the original request must submit a written rebuttal, to DPH; include any areas of agreement (October 15)**

Recommendations (Review Committee)

- **A scope of practice review committee will be established by DPH commissioner to collect information from stakeholders and assess scope request (October 15)**
- **Following its review, the committee will submit a report to the public health committee identifying its findings and recommendations (February 1)**

Recommendations (Review Committee Membership)

- **1 member: profession submitting scope request**
- **1 member: profession most directly opposing scope request**
- **2 members: impartial licensed health care practitioners not having an interest in scope request**
- **1 member: general public not having an interest in the scope request**

Recommendations (DPH Review)

- **DPH evaluate the recommended scope of practice determination model within three years to determine how well process works; report its findings to the public health committee following evaluation**

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