

SB 2567: Senator Heather Steans

Elimination of the APN Written Collaborative Agreement

**Illinois Society for Advanced Practice Nursing
Illinois Nurses Association
Illinois Association of Nurse Anesthetists**

Background: Illinois law recognizes 4 specialty Advanced Practice Nurse (APN) licensure categories. They include:

- Nurse Practitioners (NP): provide primary health care services in various practice settings including offices, clinics, schools, FQHCs, rural health settings, and hospitals.
- Nurse Anesthetists (CRNA): administer anesthesia in hospitals, ASTCs, and office settings.
- Nurse Midwives (CNM): provide well woman care, including pregnancy, in offices, clinics, FQHCs, rural health settings, and hospitals.
- Clinical Nurse Specialists (CNS): deliver care in various specialty areas, such as orthopedics, mental health, and wound care, in offices, FQHCs, rural health settings, hospitals, and homes.
- Illinois APN law requires a written collaborative agreement (WCA) with a physician or podiatrist, and specific requirements that must be met.

The Illinois Society for Advanced Practice Nursing (ISAPN), the Illinois Association of Nurse Anesthetists (IANA), the Illinois Nurses Association (INA), and the Illinois Chapter of the American College of Nurse Midwives (IL-ACNM) are seeking to remove the restrictive written collaborative agreement from Illinois law.

- The Federal Government recently eliminated the requirement that CRNAs must be 'supervised' by a physician while providing care of Medicare patients.
- There is no empirical data that shows that quality patient care by APNs differs from that of physicians when APNs independently practice within their educational qualifications and scope of practice.
- Nurse Practitioners are recognized in the current debate over health care reform as primary providers of health care services, and may be the 'medical home' for patients.

Safety

- From January thru September of 2009, there were 1 in 242 Illinois Nurse Practitioners reported to the National Practitioner Data Bank for medical malpractice concerns compared to 1 in 4 Illinois physicians.

- During that same time period, there were 0 out of 3,383 Nurse Practitioners reported to the Health Integrity and Protection Data Bank, which monitors negative licensure action, civil judgments, and criminal convictions compared with 1 in 22 *Illinois* physicians.
- CRNAs are the sole provider of anesthesia delivery in 2/3 of rural hospitals in Illinois.

Costs

- Studies across the country prove APNs provide cost effective care with fewer complications and greater patient satisfaction.
- APN salaries are at least 2/3 to 1/2 that of physician counterparts.
- Numerous research studies reveal APNs provide care that decrease length of stay and readmission rates in hospitals as well as decreased complications. This leads to cost savings and improved patient outcomes.
- Many physicians charge APNs a monthly fee for signing a WCA, and even require the APN pay for the physician's malpractice insurance.
- The CRNA 'physician oversight' mandate results in anesthesiologists being paid
| without personally providing any anesthesia to patients!

Barriers to care

- Physicians can and do deny APNs the authority to treat patients if they so choose, even if the APN desires to provide such care.

Removal of the WCA language;

- The removal of the WCA in no way diminishes the APN-physician care team model.
- The removal of the WCA does not allow APNs to practice outside their scope of practice.
- The removal of the WCA will not lower the quality of patient care in Illinois.
- The removal of the WCA will not affect patient safety.
- The removal of the WCA **will** allow patients the choice of provider.
- The removal of the WCA **will** decrease costs to individuals and insurance companies.
- The removal of the WCA **will** remove physician control over APNs.