

AANP Region 11 Invitational Leadership Meeting  
February 6, 2010 9am to 4pm (meeting minutes)

- NP leaders from AL, FL, GA, MS to discuss professional practice issues  
Included
- Discussed Stimulus Package which began last year which did not end up helping NPs as much as MDs
- **Health Care Reform:** Got the smoking regulation through. Got the SCHIP through. Both of these were very positive items. Discussed how the Health Care Reform was trying to be passed in 6 months (very short time period) when there was 5 committees (2 Senate 3 House) to get through in the process. President Obama had good intentions but did not provide Congress with definitive guidelines in how to proceed and this has been a problem. COST has been one of the major issues with the Reform.
  - HR-2350 written by Rep Schwartz.....this was fantastic. It put “Nurse Practitioners” into the medical home bill all throughout. In the other house, Senator Cantwell created the S-1174, which was also a great bill on the medical home for us and was very similar to Schwartz’s bill.
  - Independence at Home Acts S-1131 and HR-2560 involves home care and geriatrician NPs.
  - Nurse-managed Health Clinic Investment Act S-1104 and HR-2754: would authorize these centers to be funded by governmental bodies in some way.
- **Health Care Reform:** When both sides (Senate & House) came together with the Reform bills in regards to NP Issue Status both had the following:
  - Provider Neutral Language
  - Medical Home: Pilot on Senate side (allows flexibility) on House side we had the Swartz Bill which was great for us and already had all the correct wording.
  - Nurse managed centers: school based clinics
  - Accountable Care Organizations (ACO’s)
  - GNE Legislation
  - Durable Medical Equipment (anyone with this order had to have face to face with a physician)....this was partly due to the Medicare/id fraud legislation (in Senate NOT House)
  - Non-discrimination language.
- Bill content
  - Protects choice
  - Protects individuals with preexisting conditions
  - Protects against caps and out of pocket requirements
  - Universal coverage
  - Protects small business
  - Expands Medicaid
  - Closes doughnut hole in Medicare
  - Quality/health system performance

- Funding for work force training
- Other Factors
  - Single Payer Program: Cost was BIG issue. Also some people got so behind it, that they would not let this go and with less flexibility, agreement is more difficult.
  - CBO estimates
  - Taxing Insurance Plans
  - Abortion Payments
  - End of life counseling reimbursement
  - Scott Brown from Mass (however, my personal question here is why does this have to be such a negative thing....why can we not continue to encourage the bill to be debated over, changed, and to reach an agreement eventually while deleting more controversial parts so an agreement can be possible).
- Medicaid Reductions on Part B
  - We agree with AMA on this
  - Involves our reimbursement
- Appropriations 2010 and 2011
  - Title VIII & VII money
  - Budget issues....we are hoping to have increased funds
- **Center for Medicare Services (CMS)**
  - Ordering and performing Procedures....this is fixed
  - Ordering Respiratory Therapy is still a problem. We can order this however, there is still required physician oversight (this conversation was confusing and unclear).
  - Ordering Diabetic Shoes (again this is perceived as a problem...but it is not, there is no law that states that we can not do this)
  - Health IT
  - PQRI (pay for performance experiment). This is voluntary right now and is very important that we participate in this type of experiment. You can be reimbursed 2% more doing this and 4% more if you do it electronically. Most registries that accept NPs.
- **Professional Controversies**
  - DNP
  - Medical Home: We (NPs) are on this executive committee of the PCPCC. We had the wording change to include NPs, then this document was not supported by all members of the Medical organizations (2 of the 4) on the board. Therefore the document died.
  - AMA Documents
  - Insurance companies
    - Trying to have them recognize us as healthcare providers.
    - Need to understand what you are bringing into your practice: ie: monthly statements on your numbers of patients seen, procedures done, etc.
    - Identify the carriers and learn to negotiate
- **State Issues (GA, MS, AL, FL)**

- **Georgia**
  - Upcoming challenges in some new representatives running
  - Trying to unify all NP organizations in the state to agree on 5 platform issues in regards to changing the prescriptive authority and NP practice in general.
    - 1: Schedule II drugs
    - 2: Ordering diagnostic tests such as x-rays only in an emergency needs to be changed.
    - 3: MD co-signing requirements
    - 4: need to change language for being able to sign “Death Certificates”
    - 5: CRNAs need to stop fighting among themselves.
- **Mississippi**
  - Success: removed joint regulation. Now only regulated by Nursing Board (not also Board of Medicine).
  - Push pseudoephedrine to schedule III type drug.
  - In the Medical Home Bill in the state
  - First Choice (insurance provider including big private companies such as Cigna): cannot get reimbursed unless MD is on site.
  - Inpatient rehab facilities need MD order for this
  - Medi scripts require MD name (b/c there is no NP “sponsor”)
  - Nurse Midwife bill floating around trying to be reimbursed 100% if they are certified. They plan to grandfather previous Midwives in for a certain amount of time, then they would have to acquire the education and certification in that designated time.
- **Alabama**
  - 2007 NP Alliance to help pull all NP groups under same umbrella and that has been successful
  - ENP Network has streamlined the way they communicate btw all groups. All NP groups in the state use them.
  - Scheduled drugs...still working on that
  - BCBS still giving NPs problems with paperwork roadblocks.
  - Still have formal collaborative practice agreement requirements. Joint committee people are having issues about certain MD’s collaborating for certain NP practices such as an orthopedists collaborating with an NP starting a Weight Loss program. (Note: This became a controversial conversation at the meeting...this type of thing could be positive or negative. People have different opinions on this whether it is ethical/fraud, etc)
- **Florida**
  - BCBS came to the FNP/AANP FL b/c needed contracts for retail clinics. They wanted our opinions. Follow up meeting is

pending....this was very positive. Florida Medical Association talks are also pending right now.

- S 188, H 677 Bills (prescriptive authority) have been filed for this year. Now we have to get them on the Agenda, which has been our problem with all other years.
- Optometrist had one of their prescriptive authority bills passed which is good to hear. They had 13 lobbyists working for them and a lot more money than we have. This was their first bill being passed.
- Law passed last year to regulate drug tracking of controlled substances.
- League of Women's Voters organization has stated they support NPs working within their scope of practice and in our prescriptive authority, which is very helpful for us in the legislative arena. Other groups are being spoken to like the AARP and the Florida Medical Director association to get more support.
- Florida NPs have been impaneled by BSBC, AV Med, and one other private insurance company (but I missed that one☺) but still at 85% reimbursement.

**GREAT MEETING!!!!**

**Janel Saunders, CPNP**