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Increasing Access to Health Insurance Coverage and Moving Toward Universal
Healthcare Coverage: Defining the Goals and Identifying the Steps

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Thank you Commissioner Daines and Superintendent Dinallo for providing The Nurse Practitioner Association NYS the opportunity to present testimony today on the issue of expanding access to health care for all New Yorkers.

For the past several years, our organization has been asking who's talking about the current and future needs of our healthcare population and how do we plan for that? Of course today, those questions are common place and The NPA would like to recognize Governor Spitzer for his foresight and willingness to aggressively confront the challenges of a reform agenda. With decades of growing problems now embedded within our healthcare delivery system, our current system of organizing, financing and delivery of healthcare appears to have exceeded its useful life.

The Governor has challenged all of us to begin thinking about reform initiatives around the expansion of health insurance coverage in the State which include all vitally important building blocks of reform – improving the quality and efficiency of our healthcare delivery system; better ways to control healthcare costs and insurance premiums; and, promoting the economic viability of both businesses and of healthcare providers in this state. As everyone knows, the problems in healthcare are so large, no single explanation or solution will suffice and we will need to test new and innovative models of healthcare delivery along the way.

As we begin, it is important to underscore baseline, foundational issues around what currently works right in our system as we already know a lot about what doesn't work. It is in this regard, that we would like to focus on the role of nurse practitioners as we move towards reinventing healthcare towards a more contemporary model.

As a profession borne out of necessity to service the healthcare needs of the population over 40 years ago, nurse practitioners have since evolved and today fill a variety of important roles in several different areas and within several different institutional and community based settings. NPs are considered top-tier quality healthcare providers as corroborated by scientific study and high levels of patient satisfaction. However, their role and contributions continue to be under valued and under utilized in a system indifferent to patient-first needs. Looking back in history to those circumstances that precipitated the need and acceptance of the profession in the first instance, there was a view then, similar to what we see now, around major issues of access, quality, and affordability. And with this view, The NPA strongly believes that once again, it is time to further propel the profession forward into the mainstream of healthcare where it belongs and where it can be more effectively utilized to service the needs of our state's population.

While health insurance is meant to promote health and help provide financial security in affordable ways, we know that in general, it has not achieved these goals. The number of individuals who are left behind, now over 47 million in the United States and 2.6 million here in New York, continues to grow. And those with health insurance coverage, more likely than not, covered by their employer, can lose it in an instant should a job situation suddenly change. However, we also are aware that many of the uninsured – reportedly upwards to 72% – are in families where there is one full-time worker. The California Healthcare Foundation reports that it would take 103% of the annual minimum wage for a family of 4 to purchase health insurance. At the same time, premium increases more often than not reflect healthy corporate profits while cost-shifts and reduced benefits to policy holders are becoming the norm. Indeed, we can do better.

With one of the highest physician -to -population ratios in the country and a state that spends more Medicaid dollars per capita than any other state in the nation - over double from what we understand - New York nevertheless has a higher percent of deaths due to chronic illness as compared to any other state in the nation!

Kaiser reports that U.S. adults 50 and over are twice as likely as European Adults to have a number of chronic diseases (heart, arthritis, cancer, diabetes, obesity and smoking). And if we could decrease the rate of these chronic diseases to the rate of European adults, U.S. health care costs would decrease significantly; some say by as much as \$100 – \$150 billion annually! The Milken Institute estimates that healthy living could save the U.S. upwards to \$1 trillion a year.

Currently, it is reported that the major cause of death is now shifting from acute to chronic illness and that 45% of the population is thought to have some form or even multiple forms of chronic illness. And from a long term view, what does that say about the health of our state when chronic conditions, such as obesity, threaten to shorten the life expectancy of our children and the next generation of Americans below what they are now? Statewide, the Governor reports that one in four children is obese.

We realize that if we are to effectively design and implement new building blocks for the future, prevention, wellness and the effective management of chronic diseases must be an integral part of it. This potentially could generate a return on investment to help finance expanded insurance coverage towards universal coverage.

As policy makers, what makes your job infinitely more difficult is that you're being asked to address system issues at a time when access to care and the supply of physicians in certain areas is not keeping up with demand for patient services. And where there is adequate physician supply, is access for the most vulnerable populations sufficiently being met? As we know, voids in our system significantly contribute to the economic and social problems we see today resulting from limited access to appropriate care.

Numerous studies point to current and project problems in physician supply:

- ✓ The American Academy of Family Physicians (AFP) predicts expected shortages of primary care doctors nationwide and, here in New York, the AFP State Chapter identifies primary care physician shortages in several counties of the state.
- ✓ The Iroquois Healthcare Alliance (IHA) reports that demographic changes in New York are expected to result in older adults becoming a larger percentage of the upstate population. This shift will increase demand for health services and it is unclear whether the supply of upstate physicians will be sufficient to meet these needs and access to medical care services could be limited in many communities.
- ✓ Nearly half of IHA hospitals (46%) attributed their physician vacancies to an overall shortage of physicians in the region.
- ✓ The report concludes that: *“In planning ahead, it is important to consider that physician shortages are likely in the future. New York’s stakeholders must work collaboratively to support data collection and analysis on trends in state’s medical workforce that can inform programs and policies required to address the problem...”*

And of course, we know this problem is not limited to only upstate. Last month, the Office of the New York City Comptroller issued a Policy Report entitled: *“Health and Wealth: Assessing and Addressing Income Disparities in the Health of New Yorkers.”* In terms of primary and preventive care, findings reinforce the benefits of access. In terms of neighborhoods with median household incomes, those *“...in the bottom sixth have the fewest primary care physicians per capita and the highest rates of hospitalization and/or mortality for diabetes, cancer, heart disease, childhood asthma, and the highest infant mortality rate.”*

Among the recommendations of the Office of Comptroller in the area of increasing the availability and utilization of primary and preventive care include reinvesting a portion of the savings from upcoming hospital closures and mergers in community-based health providers. The NPA supports this strategy and believes that we can develop others that

will produce long term savings that can be reinvested into those things that work best for healthcare and the needs of our patient population.

The recent addition of mandatory coverage for mental health services and measures enacted to expand both enrollment and eligibility under the Child Health Plus and Family Health Plus programs are presently impacted by shortages of health care practitioners in several areas of the state. As you are aware, the Berger Commission calls for increasing the capacity for primary and preventive care as a way to address the long term cost pressures on the health care system. Yet again, the Center for Health Workforce Study, as well as several others, indicates that there are several regions of the State where physician supply is decreasing to the point where access is impaired and/or eliminated altogether. So the question remains, who will take care of these patients in areas where access to care is limited?

The NPA was an early supporter of the Governor's focus on "Patients First" where strategies to promote wellness, prevention, true care coordination and management of chronic disease can maximize return on investment and generate savings which, in turn can be directed towards the expansion of universal healthcare. We too are calling for action and support from both government and the private sector to help bring new and innovative models of healthcare delivery to our communities. Up to this point however, the level of support needed to achieve such goals has been lacking.

As a profession borne out of public need, nurse practitioners can help provide part of the solution. However, there are major impediments within the system we need to address. The profession was granted legal scope in NY in 1988 under a practice model allowing for independent practice through statutory collaboration with a physician. Nurse practitioners are licensed and certified by the State Education Department 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. And for the past 20 years, nurse practitioners have demonstrated that this model has worked, despite artificial

limitations on their practice placing unnecessary constraints on patient care and access to needed services. However, today these constraints are impeding progress and preventing nurse practitioners from fully contributing to the building blocks needed within a reformed healthcare environment. The NPA strongly believes that it is time to rethink this model and remove the barriers to progress.

One of the most glaring and one that has a direct impact on the supply and availability of nurse practitioners and thus patient access, are barriers imposed by health insurers who will not empanel and reimburse NPs directly for their services. One NP writes: *“I work in a rural and poor community. In my private practice, I see people of all ages and treat a variety of mental illnesses. The primary insurer in our area refuses to reimburse any NP in the area as a primary care provider within their plan. This is frustrating because I went to school to perform this work and my patients and I are being constrained by the insurance company. Other professions, social workers, physical therapists, speech pathologists, occupational therapists are being reimbursed by this insurer. I am fully qualified and reimbursed by other insurance companies in the area; but this one is the largest. The impact on my patients is that they often cannot afford to pay even on a sliding fee scale. In this community, as I suspect others, there is a huge demand for child psychiatry. I have many people call but because of the lack of third party reimbursement, I cannot see them.”*

New York’s own Empire Plan will not empanel NPs and this is totally inexplicable considering the fact that the state certifies presently over 13,000 NPs to legally practice in 16 different specialties throughout New York.

According to the Center for Health Workforce Studies, *“currently there are over 88 geographic and special population primary care Health Professional Shortage Areas (HPSAs) in New York and over 5,000,000 New Yorkers (more than a quarter of the residential population of the state) live there.”* A nurse practitioner in the North Country sees patients in a Dermatology practice and her patients are denied insurance coverage by one of the largest insurers in the region simply because they can. We could go on...

The NPA is seeking legislation that prevents health plans in New York from discriminating against duly licensed NPs when establishing health care provider networks. We cannot afford to tolerate health insurers' exclusion of nurse practitioners in their networks; particularly at a time when we want to guarantee health insurance coverage to our children and other segments of the uninsured population. Data indicates that close to 2.5 million New Yorkers are uninsured. The State should be concerned that primary care and specialty care capacity is not being unduly restricted because NPs are systematically prevented by insurers from direct reimbursement for their services.

With over 13,000 NPs licensed in the state (OP: NYSED, 2007), NY has the largest workforce of practicing NPs in the nation (IUFH, 2004). While 14% of NY's MD workforce practices in HPSAs, 26% of NY's NPs work in these areas; NPs are more likely to work in these areas than other primary healthcare providers (Ibid.). NPs could fill this shortfall.

Medicare and Medicaid as well as a number of private health plans in New York already allow direct reimbursement to NPs for services they provide to patients. The NPA backed legislation would require all health plans in the state to follow this model which at worst, will not add any cost to insurers or the health care system because such services are already reimbursed if rendered by a physician, and at best, will promote expanded access to quality, primary and preventive care, keeping many patients out of expensive emergency rooms, hospitals and nursing homes through better care in the community. Again, we would underscore that any efforts to expand insurance coverage towards universal healthcare must redress this problem of discriminatory behavior on the part of insurers.

There are other major barriers that exist in current law that have not recognized the extent to which the NP profession has progressed and have not kept up with practice standards, leading to further inefficiencies, unnecessary costs and problems in accessing care. For example, NPs are not authorized to treat injured workers in the State's Workers'

Compensation system unless under the direct supervision of a physician: a standard grossly incongruent with the current practice model. The Workers' Compensation rules even require that a physician must render the bill for the care provided by NPs and that reimbursement should be made at the normal physician payment level *as if the physician had provided the service*. Why? There are other states which have no such requirement and have realized efficiencies and benefits as a result. They report no increase in cost to the system, nor a reduction in the quality of care as a result of NP independent participation. What states have experienced as a result is an expansion of the pool of qualified providers able to treat injured workers and return them to the workforce.

Still other major practice barriers exist. For example, NPs are not permitted to sign death certificates or do-not-resuscitate orders in New York, or certify that an immunization may be detrimental to the health for an elementary school-age child, but may do so for a post secondary student and in fact, routinely administer immunizations to children and adults. These are not issues in all states; why are they issues here? If the Governor is interested in removing entrenched interests in a reformed environment, and we believe he is, this is a good place to start and certainly one of those foundational issues to consider.

Another important issue to consider towards the future is our state's practice model for nurse practitioners requiring statutory collaboration between NP and physician. The NPA asks, has this model out lived its useful life also? We think it has. Joy Elwell, our Chair-Elect, has done extensive research on this issue and is here today to answer any questions you may have.

As we look to developing new and innovative models of care delivery, we would suggest that after 20 years of experience with nurse practitioners in this state, the time has come to re-evaluate the NP mandatory collaboration model, and consider the potential benefits to the health care system of NP full autonomous practice as is the model in 13 other states.

Without this mechanism, the most qualified, highly trained and experienced individual NP is unable to practice. And with this mechanism, the healthcare marketplace has ostensibly limited NP practice to that of the collaborating physician's practice creating artificial barriers to care and unreasonable limitations on NP practice across New York State. Surely, this was not an intended consequence when NPs gained legal title and scope. Nevertheless, it has evolved into a mechanism oftentimes placing NPs under the control of physicians and as such, has frustrated any possible public purpose surrounding access and availability to cost effective, high quality patient care delivery.

Over the past several decades, nurse practitioners have become vitally important providers. Access to cost-effective quality care has been expanded throughout the State with a high degree of patient satisfaction. During this period of time, the profession has made significant inroads and has evolved with the advent of growing public need and academic nursing programs adapting to meet those needs. Today, there are 16 different types of specialties NPs may choose to become certified in from the NYS Education Department. Importantly, I note that critically needed primary care NP specialties (i.e. Family, Adult, Pediatrics and Psychiatry) currently represent the largest segment of our NP population here in New York (34%, 30% 12% and 7% respectively).

As we look to developing new and innovative models of care delivery, it is time to seriously explore the potential benefits of enhancing our current practice model to include full autonomous practice as is the case in 13 other states, I encourage you to query Joy about questions you may have in this regard.

Conclusion

In conclusion, nurse practitioners as a profession need to be better utilized in a reform agenda to help address many of the problems in the current health care system identified by Governor Spitzer, such as the uninsured, high death rates from chronic diseases, and out of control healthcare premiums and costs.

Practice barriers however, must be removed and new practice models re-invented to meet 21st century patient first needs so that we can effectively encourage and support the development of the profession as mainstream providers in the building blocks of tomorrow.

It is exactly the right time to reassess the role of nurse practitioners in filling these needs and ensure that the proper statutory and regulatory supports are in place to facilitate and maximize the value the profession brings to the table. Removing practice barriers and encouraging NP autonomous practice is a logical step in a progression to reduce the cost and improve access to healthcare in this state.

Clearly, it's time to change course and think in new ways as to how this can be achieved within a Patient's First agenda. The NPA would welcome the continued opportunity to assist you in this effort to address the healthcare needs of all New Yorkers.

Thank you