

# Mississippi Nurses' Association's Leadership Role in Advancing the APRNs' Practice

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| <p>1990 Early 90s, bill passed to include Medicaid reimbursement to NPs. Reimbursement was at 75% of physician services.</p> <p>1991 When Medicaid administration was openly criticizing NP reimbursement in the early 1990s, MNA's attorney met with the director and threatened a court order to have her cease the remarks that were not true.</p> <p>1992 Two years later, increased Medicaid reimbursement to NPs from 75% to 90% of the physician services.</p> <p>1993 MNA was represented on Governor Kirk Fordice's Health Care Commission out of which came the recommendation to increase the number of nurse practitioners in the state.</p> <p>1993 The legislature appropriated over \$5 million to increase enrollment in the three existing NP graduate programs, UMC, USM and MUW and opened two new NP graduate programs at Alcorn and Delta State as a result of the Health Care Commission work.</p> <p>1994 MNA initiated a search of the Mississippi Code (state laws) to determine every instance in the law that required a physician signature. Following this review, the NP task force elected to have laws amended to allow NPs for example:</p> <ul style="list-style-type: none"> <li>• To determine and order handicapped status for NP patients,</li> <li>• Sign forms for children to qualify for Aid to Dependent Children, and</li> <li>• Other forms through the health department and other entities.</li> </ul> <p>Through intense lobbying efforts, the legislation passed.</p> <p>1994 The State Department of Health and MNA were successful in reclassifying NPs as non-state service employees (taking them out of the Personnel Board structure) which placed them in the same category as physicians. This reclassification paved the way for major salary increases for NPs.</p> <p>1994 Through the work of MNA, NPs were given a seat on the MARC board (a Robert Wood Johnson grant to the MS Primary Care Association to help recruit providers into rural areas.) MNA member, Mary Pat Curtis, served as chair of this board.</p> <p>1994 Attended numerous think tank sessions where NPs and their work was kept at the forefront, particularly their value in providing quality health care in rural areas.</p> | <p>1994 Lobbied and continued to lobby Mississippi's congressional delegation to allow NPs to write care plans for home health patients. This will require a federal legislative change and MNA continues to work on this issue.</p> <p>1995 The Board of Medical Licensure attempted to adopt stricter regulations for physicians supervising nurse practitioners. MNA countered saying that the new regulations would make it more difficult for physicians to enter into a collaborative relationship with NPs. The Mississippi legislature agreed and passed HB 1081 that required joint promulgation of any regulations that had an impact on NP practice. MNA continues to attend and monitor BOML meetings.</p> <p>1996 MNA spearheaded a move to create the Office of Nursing Workforce in Mississippi. That office provides valuable data on the nursing shortage and includes data on NP numbers including needs assessment.</p> <p>1998 The Mississippi legislature created the Children's Health Insurance Plan and MNA obtained an NP position on the State CHIP board.</p> <p>1999 MNA negotiated with the Mississippi High School Association to allow NPs to give physical examinations to athletes in their communities.</p> <p>1999 MNA began to investigate why NPs were not included as providers 'in-network' in health insurance plans. (Patients were seeing NPs and were required to pay a higher deductible and larger out of pocket expense than when they saw physicians 'in-network'.)</p> <p>1999 The first step was to lobby the State Employees' Health Insurance Plan administered by the State. MNA convinced the State to 'carve out' the NPs to allow for lower deductibles and better out of pocket payment ratios. At that point, NP patients went from a \$650 deductible and a 60-40 payment ratio to a \$300 deductible and an 80-20 ratio.</p> <p>2000 Beginning in 2000, NP patients received the same 'co-payment' structure as physicians. NPs were also reimbursed at the same fee schedule as physicians.</p> <p>2000 PAs agreed to a compromise that placed their educational requirement at the master's level. Mississippi became the last state to license PAs and the first to require a master's degree.</p> |
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MISSISSIPPI NURSES' ASSOCIATION'S EFFORTS ON BEHALF OF ADVANCED PRACTICE NURSING

# TIMELINE

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- 2004 MNA began attempts to convince BCBSMS to include NPs in the Key Physician Network. Talks with the insurer moved forward in light of the fact that NPs would be credentialed for the State Employees' Plan.
- 2004 MNA developed the first Nurse Practitioner Network, MS Nurse Practitioner Network, in the US. The plan was to develop a credentialing process for NPs (something that did not exist and was a requirement for approval as an 'in network' provider). MNA developed the process and BCBSMS signed a contract with MNA to provide credentialing services to BCBSMS. BCBSMS decided to develop its own credentialing plan.
- 2004 NPs were included as providers in the Children's Health Insurance Program, which BCBSMS was under contract to insure. With the SEHP and CHIP utilizing NPs, the next step was to open the Key Physician Network to NPs whose collaborating physician was in the network.
- 2004 Following these victories, MNA used this information to persuade many self-funded insurance plans to include NPs.
- 2004 The largest fight with the medical community, up to that time, was the controlled substance authority for NPs. Following three years of difficult negotiating, a tough legislative fight, and legal expenditures, MNA was successful in convincing all sides to move forward with regulatory change to allow this expansion of practice.
- 2004 MNA spent countless hours and money in passing legislation that would give oversight of NP controlled substance practice to the Board of Nursing and not to the Board of Medical Licensure, thereby keeping the practice of nursing within nursing.
- 2004 MNA provided the 12-hour continuing education seminar to meet this requirement agreed upon by the Board of Nursing and the Board of Medical Licensure. MNA was also a part of the discussion with the Drug Enforcement Agency to expedite the application process for DEA numbers.
- 2004 MNA utilized legal resources to cause the Mississippi Medical Association to refrain from listing proposed regulations as regulations in their publication.
- 2004 MNA was successful in the inclusion of NPs in tort reform legislation.
- 2004 When a letter from the UMC Neurology Department went out saying they would no longer take NP referrals, MNA appealed and had this decision reversed.
- 2004 MNA had legislation amended to authorize NPs to complete health examination forms for adoptions.
- 2005 After MNA's Executive Director expressed concerns, Board of Medical Licensure dropped its plans to allow PAs from other states to practice indefinitely under a special licensure while they pursued a Masters Degree. The PAs were required to complete the degree within one year of applying for Mississippi licensure.
- 2005 MNA's Nurse Practitioner Workshop was expanded in 2005 to a regional Nurse Practitioner Convention, growing from approximately 90 to at least 250 participants.
- 2005 An agreement was reached in 2005 between the Mississippi Nurses Association, the Mississippi Board of Nursing, the Board of Medical Licensure, and the Mississippi Medical Association to drop the terms "supervisory" and "supervising physician" from the nurse practitioner regulations.
- 2005 MNA's House of Delegates approves a new board position, Director of Advanced Practice Nursing. Jackie Williams, MSN, NP-C became the first to hold the position.
- 2007 MNA was represented on the Governor's Task Force on Health Information Technology, helping to pave the way for NPs to be a part of the State Health Information Exchange (HIE) plan. As a result of these efforts, an NP was included in the Gulf Coast pilot project.
- 2008 Through MNA's lobbying efforts, Psychiatric Nurse Practitioners are allowed by law to be one of the team of two to examine patients for mental health commitment.
- 2009 Joint Promulgation between the Board of Nursing and the Board of Medical Licensure of Nurse Practitioner regulations was eliminated. NPs are now completely regulated by the Board of Nursing.
- 2010 The Reverter Clause attached to the bill eliminating joint promulgation was also eliminated, making the 2009 law permanent
- 2010 NPs continue to be appointed to numerous statewide boards and commissions with appointment power through MNA.
- 2010 With MNA's encouragement, BCBSMS created an Advisory Board of Nurse Practitioners in Central Mississippi with the intent of creating one in North and South Mississippi as well.

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| 2010 | MNA worked with the new CHIP provider, United Healthcare, to assure that NPs were included as providers in all aspects of the plan.  | 2011 | MNA is part of the Institute of Medicine (IOM) Future of Nursing Initiative in Mississippi which recommends an expanded role for NPs and is leading the efforts of the Mississippi Regional Action Coalition to move this recommendation forward.   |
| 2010 | MNA Board of Directors appoints a Task Force on Autonomous Practice to begin the process of exploring the possibility of lobbying for this initiative. MNA holds sessions throughout the state to get input on this issue from NPs   | 2011 | Due to the efforts of MNA, BCBSMS included NPs on many of their advisory groups.  |
| 2010 | MNA continues to lobby on the national level for nurse practitioner issues as MNA representatives make periodic visits with both Mississippi and other Congressional leaders.  | 2011 | The Board of Nursing and the Board of Medical Licensure are passing a regulatory change that would allow an NP who cannot find a collaborating physician, a grace period of 90 days to practice without one and then an additional 90 day grace period if he/she continues to be unable to find one.          |
| 2010 | MNA continues to work toward reimbursement through self-funded insurance plans.  | 2012 | Medicaid came under new leadership with the election of Governor Phil Bryant. Dr. David Dzielak was appointed director and immediately began working with the health care community, including nurses, to implement legislation that would allow increased reimbursement to NPs who see patients after hours. |
| 2010 | MNA continues to work toward reimbursement through major insurance companies.  | 2012 | MNA continues to attend Board of Medical Licensure meetings and is awaiting their proposed changes in mileage and number of NPs with which a physician may collaborate.   |
| 2010 | MNA continues to work toward inclusion of NPs in hospital privileges.  |      |   |
| 2011 | MNA proposed legislation to remove the physician signature on the protocols of nurse practitioners in order to allow NPs to continue to collaborate but without the restriction of a single physician signature. The legislation failed, but progress was made in terms of educating the policymakers and the public on the issue. |      |   |

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