



A healthy collaboration

Health care stakeholders' input key as South Dakota addresses physician shortage by allowing expanded role for specialty nurses

by South Dakota Sen. Deb Soholt (Deb.Soholt@sdlegislature.gov)

There is no dispute that health care is undergoing an incredible transformation nationwide. Into the foreseeable future, states will be challenged to quickly innovate and remove unnecessary barriers to providing quality care at an affordable price.

This year, the South Dakota Legislature tackled one such barrier with the passage of SB 61, which will update, revise and repeal certain provisions relating to nurse practitioners and nurse midwives. Since 1979, our state's certified nurse practitioners and midwives have been jointly licensed by South Dakota's Board of Nursing and Board of Medicine. That changes with enactment of SB 61, which modernizes our Nurse Practice Act by adopting national standards for the regulation of these health professionals.

By removing this requirement for joint licensure, nurse practitioners and midwives will no longer need to maintain a career-long collaborative agreement with physicians in order to practice. As a result of this new law, South Dakota is now aligned with its neighboring states that already allow these certified health professionals to practice without contractual restrictions.

The new law gives our state's Board of Nursing the sole authority to license and regulate certified nurse practitioners and midwives.

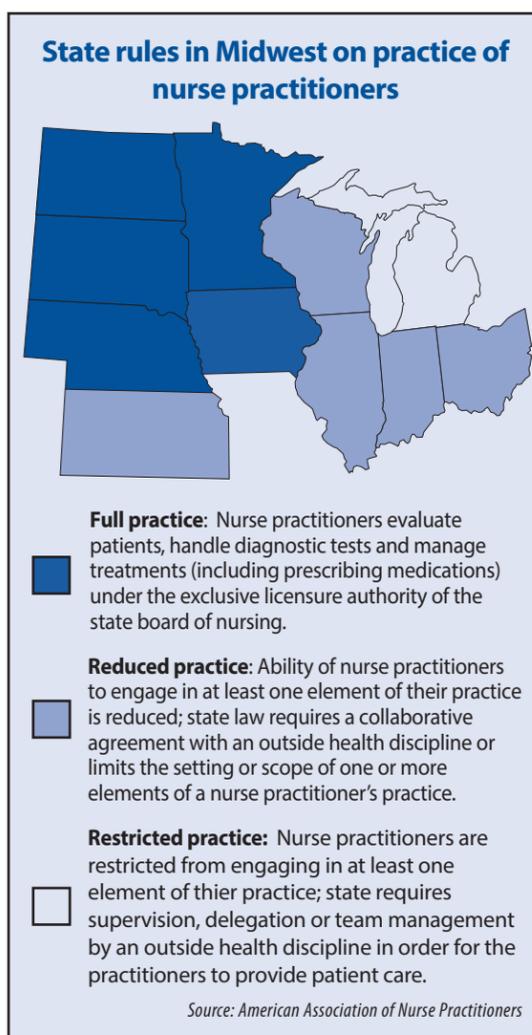
At one time, our state's policy of requiring linked licensure and physician-nurse collaborative agreements was a prudent one. We wanted to ensure that quality care continued with a new profession of non-physician providers.

But over time, as roles and quality health outcomes became firmly established, the collaborative agreement became merely "a piece of paper" that interfered with the natural flow of practice. Problems arose, such as having to close a clinic when a physician did not have a current license — even though the certified nurse practitioners and midwives did — or having a collaborating physician hundreds of miles away in a specialty that did not match the practice.

In South Dakota, one in five citizens lives in designated primary-care shortage areas and 43 percent live in rural areas. By 2030, the state will need to increase its primary-care workforce by 27 percent to meet demands; at the same time, 45 percent of our practicing physicians are older than 50.

Certified nurse practitioners and midwives are now employed in 57 of South Dakota's 66 counties, and they are often the only primary-care provider for miles around. For our state's high percentage of rural, isolated communities, there would literally be no health care access without nurse practitioners:

For example, a small hospital in a community of just over 1,500 people struggled with physician recruitment. Its innovative CEO then offered nurses an expenses-paid opportunity to go back to school to become nurse practitioners if they would come back and work for three years. Now, 40 percent of the hospital's emergency-room needs are covered



by certified nurse practitioners; physician backup is available 120 miles away via the use of telemedicine.

Helping address mental health needs

With 61 of the state's 66 counties designated as a shortage area for mental health professionals, our state needs a robust strategy to educate and retain as much talent as possible. In other words, it's going to take everyone we can get to meet the demands of mental health.

Meeting this workforce challenge is not only critical to having a robust health care system, but it also will be a key part of implementing our recent criminal justice reforms, which put a greater emphasis on community-based rehabilitation and treatment.

But our joint-licensure requirement proved to be a significant barrier in recruiting talented, experienced psychiatric faculty for South Dakota State University, where certified nurse practitioners are educated. Recently, after a nationwide search, a candidate who accepted the opportunity ultimately declined upon learning of joint licensure. She was unwilling to come to a state that tied her professional livelihood to another entity.

The health needs of South Dakota and the licensure barrier for recruitment/retention of certified nurse practitioners and midwives set the stage for SB 61.

A coalition that represented the "house of nursing" — education, regulation and practice — shepherded

the bill through the legislative process. During eight months of preparatory work, supportive data were crafted and major stakeholders were engaged.

Because this bill untied the license of the nurse practitioner or nurse midwife from that of the physician, it was critical to reach out to formal physician groups as well as individual doctors. Ongoing communication was a key strategy, and the draft legislation changed considerably based on input before the bill was filed.

Once introduced, SB 61 did face opposition. One concern was that it would diminish quality of care. However, multiple studies do not support this claim. A 2010 report from the Institute of Medicine points to 50 years of evidence that primary care by certified nurse practitioners and midwives is safe and effective.

Under the new law, too, these health professionals will not be practicing alone. The reality is that untying licenses with physicians does not make the role of nurse practitioners and midwives independent from the health care continuum. Within SB 61, the statutory requirement to be collaborative (including an operational definition) was clearly defined. In addition, in states that already don't mandate collaborative agreements, referrals and physician-nurse partnerships remain the norm.

In the end, the facts supported the merits of SB 61: Nurse practitioners and midwives are vital to the state's health care workforce, and removing barriers to their licensure will help address our state's primary-care workforce shortages while sustaining quality of care.

Eighteen different organizations testified in support of the bill, and though opposition was strong, SB 61 ultimately passed the 105-member Legislature with only six "nay" votes.

Making statutory changes to the standing of one profession often can pit one group against another, and this conflict leads to difficult choices among legislators. But with SB 61, the entire process remained respectful and was focused on the health needs of the state and the ability to recruit qualified providers in all regions.

The passage of SB 61 is an example of the benefits of taking time to craft good policy and to build relationships along the way. It was my distinct honor to be prime sponsor of this win for the people of South Dakota! ★

Sen. Deb Soholt, a Republican from Sioux Falls, was first elected to the South Dakota Senate in 2012

Submissions welcome

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