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Lessons Learned from 2020: Don't Get Complacent

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The dawning of 2020 brought a fresh perspective and vision for the new year and decade. The American Association of Nurse Practitioners (AANP) outlined important actions for nurse practitioner's (NP) future practice in its 2020 State Policy Priorities.¹ Current progress was highlighted as adoption of full practice authority laws for nurse practitioners in states across the country, increased visibility and broadening acceptance from insurance companies for treatment during the previous decade.² Across the country, NPs continue to make strides towards greater recognition and ability to practice to our fullest scope; however, individual states continue to be a battleground for the ability to practice independently or with tiered levels of supervision.

On a national scale, several pro-physician groups have raised their social media presence verbalizing negative biases towards NPs. Additionally, in a June 2020 letter to Centers for Medicare and Medicaid Services, the American Psychological Association presented opinions recommending psychiatric NPs return to psychiatrist supervision post pandemic.³ The American Academy of Emergency Medicine modified their position statements in February 2020 and September 2020 noting NPs must avoid using terms "fellowships or residency" related to NP training, advising NPs must have physician supervision and NPs not supervise medical residents nor interfere with residents' clinical opportunities.^{4,5}

At the state level in Maryland, acquiring full practice authority in 2015 has not deterred challenges to practice. Several Maryland hospital systems have tied credentialing to a perceived discriminatory practice to constrain doctorally prepared NPs from using their "Doctor" title, despite allowing other doctorally prepared disciplines (PhD, PsyD, PharmD, DrPH) to utilize their credentials. This year, nurse practitioners in Maryland actively opposed several legislative proposals designed to limit or totally reverse previously enacted law. While psychiatric nurse practitioners were the targets of contempt from psychiatrists, public defenders, and medical organizations, techniques used to raise community concerns and confusion could have easily been applied to nurse practitioners across all disciplines. The playbook is familiar; local physician opponents and throughout the country question education quality, clinical competence, independent ability to practice, and academic accreditation. Unfortunately, physicians and psychiatrists lobbying efforts were successful in the defeat of two of three bills (HB 317 and SB 541) presented before the Maryland House of Delegates and Senate. The third bill (HB 1461) died in committee before a vote was taken. Enormous energy and education were employed to debunk myths regarding NP roles, education and practice. During the legislative session, it was difficult to read misinformation and generalizations made about NP education, clinical experience, and ability to practice. It was painful to review testimony video and bear witness to comments made during the House and Senate legislative hearings. Opposition remarks were so contentious, that local professors have used the videos as teaching tools for NP students.^{6,7,8}

Lessons learned from this endeavor will hopefully lay the groundwork and inform future NP efforts to ensure successful outcomes. These lessons include:

- Secure legal experts to accurately interpret proposed legislation to determine if it meets the specific change desired.

- Build coalitions before attempting to change laws. Become thoroughly familiar with the political process and get to know legislative members who may be proponents or sympathetic to your cause.
- Know your opponents and their friends.
- Acknowledge our NP self-inflicted injuries. The pipeline of marginally prepared clinicians from poorly regulated academic programs detracts from the great work we often accomplish.
- Ensure you have an active base of NP providers and supporters willing to assist with calling, writing and meeting legislators.

We've also learned, when seeking to obtain full practice authority, that stakeholders must ensure proposed legislation replaces the word "physician" with a provider's title as appropriate. Attempting to modify regulations at a later time sets up repeated legislative battles to enact new or updated practice requests. It's important to consider future practice ramifications when conceding or compromising a viewpoint.

Finally, NP organizations on the federal level must be able to quickly assist and provide state associations needed data to combat misinformation campaigns. Nurse practitioners advocating for our patients must include focusing on how NPs add value to obtaining quality care, improving patient access and bridging gaps in underserved areas. Professionally, NPs can join or fund organizations that advocate on their behalf and become politically involved in the legislative process. NPs cannot become complacent, there's too much work to be done!

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