APRNS: At the table or on the Menu	
take your pick	
Feb 2018	
Dr. Stephanie Burgess, PhD, APRN, BC, FAANP	
Dr. Stephanie Burgess, Fild, Arkiv, BC, FAAIV	
Coalition	
This is the Voice and Legislative Arm	
working for APRNS (not CRNAs though)	
though)	
Made of NP and CNM Reps (8) all over	
state and SCNA	
About 1100 members	
http://www.coalitionforaccesstohealt	
hcare.com/resources	
APRN Legislation	
A Rive Legislation	
> Changes in Practice Act Compage 2004 to Randy Glassings.	
House Bill 3078 and Senate Bill 246	
Both falled to pass 2016	
New bill filed Jan 2017, number	
Senate Bill 345	
House bill 3227 "I was in a good mood once, but I couldn't find any practical use for it."	
 Preceptor Tuition Tax Credit Bill 	

What we did and are doing?

- Search for all regs/practice acts
- Develop changes in the regs for proposal
- Meeting with the key leaders of physician groups. agencies/institution
- Developed Fact Sheets and Talking points
- Testimony
- Collect Letters from Physicians, Agencies, and Patients to support us

Opposition

- Academy of FP
- SC medical association
- Will agree:
 - 60 miles
 - 4:1 ratio
- Limited C2 RX



"We need to form a conflict-resolution team to sett the dispute over who should be chosen for our conflict-resolution team."

Timeline

- Prefiled legislation Early 2017.
- Did not include CRNAs
- ▶ 1 hearing
- Senate Medical Affairs



"I can install this virus software if you bend over. But a flu shot would be easier for both of us."

What is next?	
 Continue to work on Scope of Practice: remove barriers to improve access, esp primary care and psych mental health Remove Supervision Remove Mileage Remove Ratio Increase to C2 Remove Delegated Act Terms Met with key SCMA and SCAFP in Dec 2016 and again Jan 2018 	
What is next?	
NP/CNM Lobby Day 2015 a major success > 300 APRNs	
 NP/CNM Lobby day Jan 26, 2016 a major success 	
 NP/CNM Lobby day Feb 14, 2017 a majr success 	
→ NP CNM Lobby Day Feb 7, 2018	
What is next?	
Met numerous legislators over summer and	
Fall 2017 and continue to meet, many APRNs came with us.	
Sumter Aiken	
 Mildands 	
Upstate Myrtle Beach area Charleston	
· Charleston	

What is next?	
Proposed Compromise legislation	
C2No mileage constraints	
 No ratio Collaboration but practice/employment stipulates level of collaboration or supervision. 	
 Handicapped, DME, Homebound, and Give meds at Free Clinics 	
FTC Opinion	
 FTC submitted their opinion on House Bill 3078 AND 3508 (physician bill) 	
· Nov 3, 2015	
 https://www.ftc.gov/policy/policy- actions/advocacy-filings/2015/11/ftc-staff- comment-south-carolina-representative-jenny 	
VA Puling	
VA Ruling	
FPA for APRNs (NP, CNS, CNM) 2017YEAH!!	
Thanks to the many APRNs who made this happen.	

SC Facts. WHY DO WE NEED TO CHANGE	
 THE HEALTH CARE PROBLEM: South Carolina ranks "F" in the nation in the United Health Foundation's health report cardNow 44 	
 South Carolina is in crisis as we face a critical shortage of primary health care providers. ONE county with no PCP MDs, and 8 without OB MD 	
 Folks use the ER for Primary Care, not very efficient and very costly Top 15 reasons Medicaid folks sought the ER in 2016 was for PRIMARY CARE!! 	
SC Facts	
The American Association of Medical Colleges Center for Workforce Studies predicts that there will be a shortage of about 63,000 physicians by 2015, and 130,600 by 2025.	
Parts or all of 46 counties in South Carolina are designated as medically underserved by the South Carolina Department of Health and Human Services.	
NP services and literature	
 NP have safe prescribing practices and are more cautious and conservative in prescribing than physicians 	
NP can manage 70 to 80 % of patients in primary care and 70 to 90 % in pediatrics.	
Patient satisfaction is high	

R	ei	m	h	п	rs	۵	m	۵	n	t

- Medicare is doing away with incident to billing
- No more MD signatures needed on NP notes for reimbursement under Medicaid
- Effective Jan 2017; SCDHHS Medicaid will reimburse NPs for psych MH services

QUESTIONS

