

2015 BOC Athletic Trainer Regulatory Conference



Role of Certification Boards in Regulation

Carol Hartigan
Certification & Policy Strategist
American Association of Critical-Care Nurses
AACN Certification Corporation

American Association of Critical-Care Nurses

- Established in 1969 as the American Association of Cardiovascular Nurses
- Name changed in 1971 to include all nurses who care for critically ill patients, regardless of the setting or diagnosis
- Represents the interests of more than 500,000 nurses who have the responsibility of caring for acutely and critically ill patients
- **104,281** members



AACN Certification Corporation

- Established as a separately incorporated 501(c)(6) organization in 1975
- Certifies Registered Nurses in Adult, Pediatric or Neonatal Critical Care; Adult Progressive Care; Cardiac Medical, and Cardiac Surgical nursing
- Certifies Adult or Adult/Gerontology Acute Care Nurse Practitioners, and Adult or Adult/Gerontology, Pediatric and Neonatal Clinical Nurse Specialists, *wellness through acute care*;
- All exams National Commission for Certifying Agencies (NCCA) accredited and Advanced Practice Registered Nurse (APRN) exams are National Council of State Boards of Nursing (NCSBN) approved
- **88,316** certificants



Objectives

- Identify goals of certification boards in collaborating with regulators.
- Identify goals of regulatory boards which certification boards can help to meet.
- Identify challenges commonly encountered in working toward regulatory change.
- Discuss strategies to overcome barriers to full scope of practice, reimbursement or other desired future state.

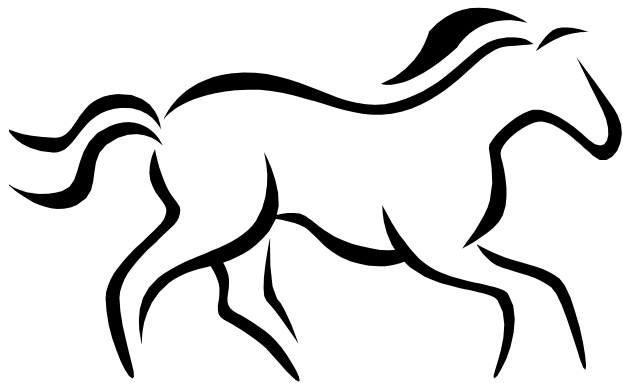




“Riding a Dead Horse”

Ancient wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount.

However, in organizations we often try many other strategies, including the following:



“Riding a Dead Horse”

- **Changing riders**

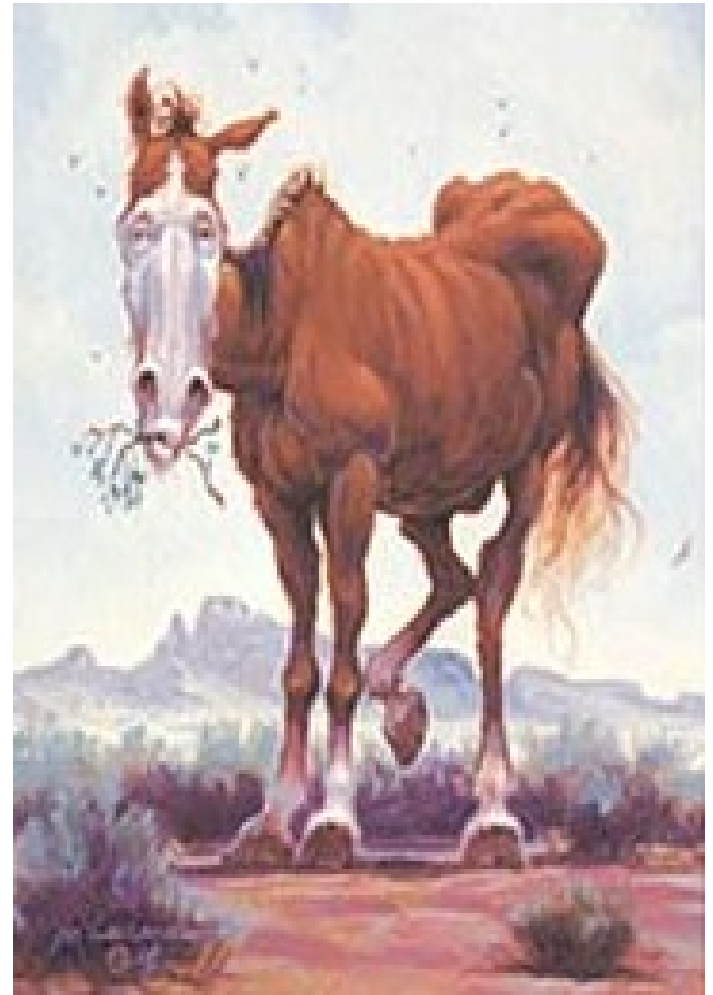


- **Obtaining or Buying a stronger whip**



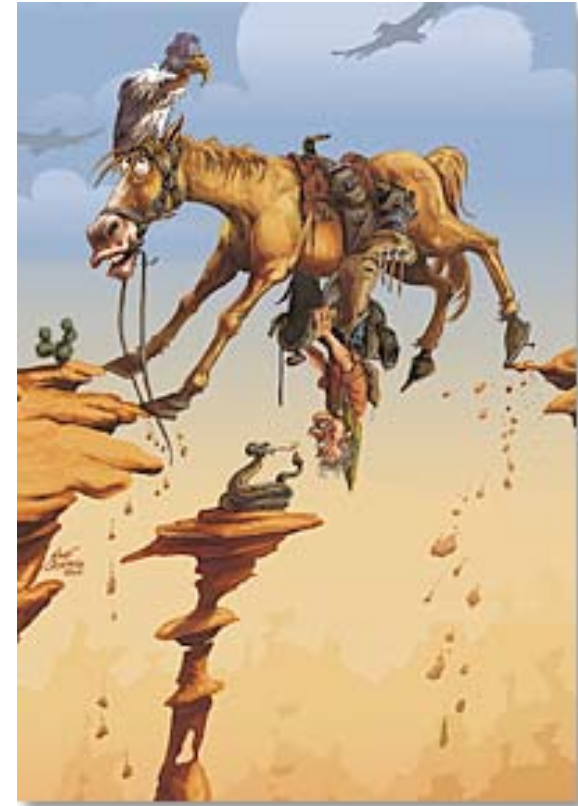
‘Riding a Dead Horse’

- **Believing the minority opinion - That the horse is still alive**
- **Falling back on: “this is the way we’ve always ridden”**



‘Riding a Dead Horse’

- **Creating a training session to improve riding skills**
- **Changing the requirements so that the horse no longer meets the standard of death**



“Riding a Dead Horse”

- **Appointing a committee to study the dead horse**



- **Arranging a visit to other sites to see how they ride dead horses**



“Riding a Dead Horse”

- Hiring an external consultant to show how a dead horse can be ridden
- Harnessing several dead horses together to increase speed



‘Riding a Dead Horse’

- **Increasing funding to improve the horse’s performance**
- **Declaring a dead horse less costly than a live one**



‘Riding a Dead Horse’



- **Forming a committee to find uses for the dead horse**

‘Riding a Dead Horse’



- **Promoting the dead horse to a supervisory position**

2015 BOC Athletic Trainer Regulatory Conference



Role of Certification Boards in Regulation

Carol Hartigan
Certification & Policy Strategist
American Association of Critical-Care Nurses
AACN Certification Corporation

Hallmarks of a Profession

- **A basis in systematic theory** - a distinct way of viewing phenomena surrounding the knowledge base of the profession
- **Specialized competencies and practitioners** who are effective in practicing the professional role
- **Dedication to raise the standards** of the profession's education and practice
- Availability of **professional education as a life-long process** and mechanisms to advance the education of professionals established by the profession
- The presence within the profession of individuals with varied identities and values forming groupings and coalitions that coalesce into unified segments – known as specialties with specific missions

Hallmarks of a Profession

- **Authority recognized by society** and the clientele of the profession
- Approval of the **authority sanctioned by a broader community** or society
- A **code of ethics** to regulate the relationships between professionals and clients
- **Self-regulation** that protects practitioners and supports disciplinary criteria and actions to censure, suspend, or remove code violators
- A professional culture sustained by formal professional associations, such that the membership may develop a biased perspective through their profession's lenses.

<http://www.medscape.com/viewarticle/766817>



NOT a Profession – Registered Nurses

US Department of Labor Bureau of Labor Statistics continues to classify Registered Nurses by the lowest entry level degree which remains as Associate Degree.

RN	2014 Total	
Type of Candidate	#	%
First Time, US Educated		
<i>Diploma</i>	2,787	83.28%
<i>Baccalaureate</i>	68,175	84.93%
<i>Associate Degree</i>	86,377	79.26%
<i>Invalid or Special Program Codes</i>	33	54.54%
Total First Time, US Educated	157,372	81.78%



Map of State Regulatory Agencies

This map displays the regulatory approach of each U.S. state for food safety. The states are color-coded based on their regulatory method:

- Licensure (Teal):** Includes the majority of states such as Washington, Oregon, California, Nevada, Arizona, Texas, and Florida.
- Certification (Orange):** Includes states like New York, Pennsylvania, and North Carolina.
- Registration (Dark Blue):** Includes states like Minnesota, Wisconsin, and Illinois.
- No Regulation (Red):** Includes Alaska and Hawaii.

Map controls include a zoom-in (+) and zoom-out (-) button in the top left, and a text box in the top right that says "Hover over a state".

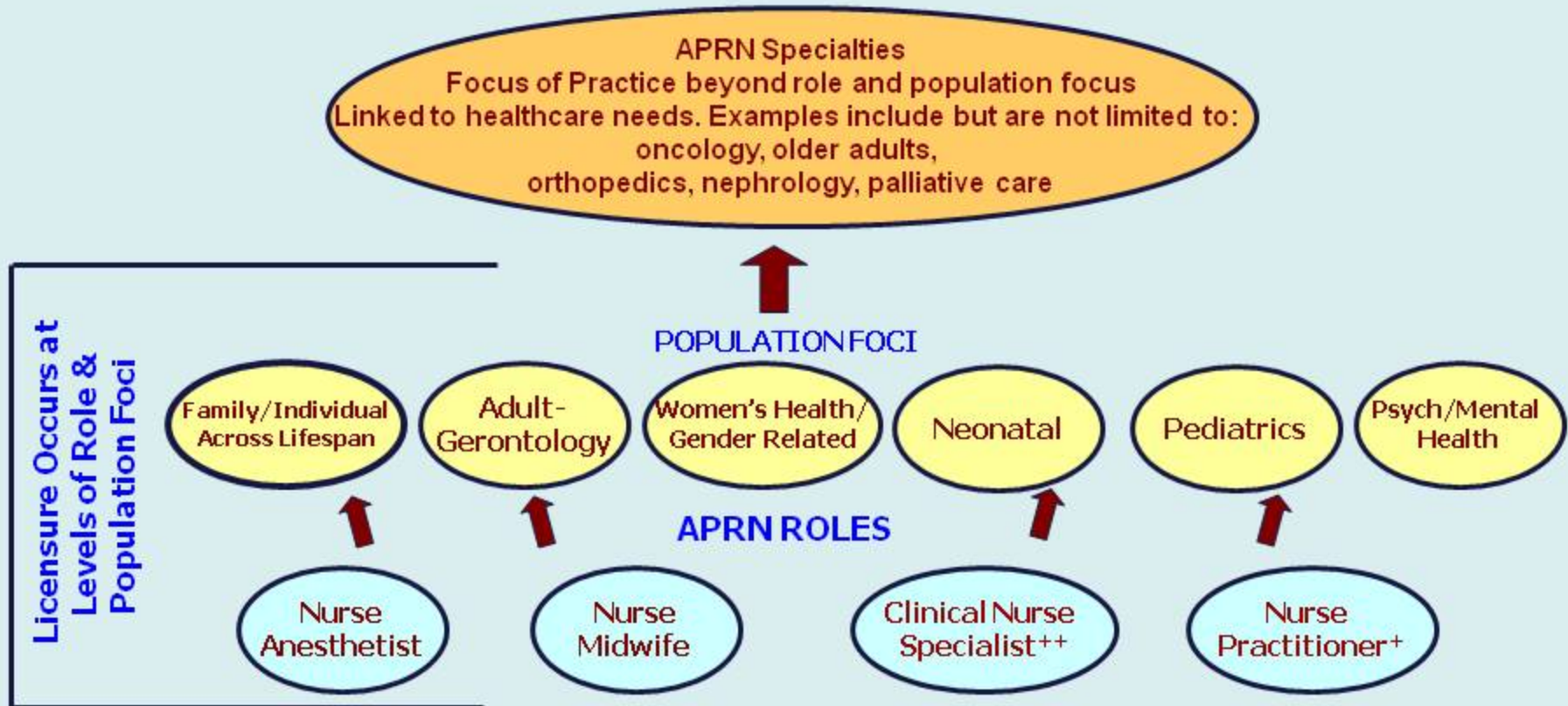
Powered by [Leaflet](#) — Map data © 2011 OpenStreetMap contributors, Imagery © 2011 CloudMade

LEGEND: Licensure Certification Registration No Regulation

To see [Alaska](#) and [Hawaii](#), click and drag map or use the minus symbol to zoom out.



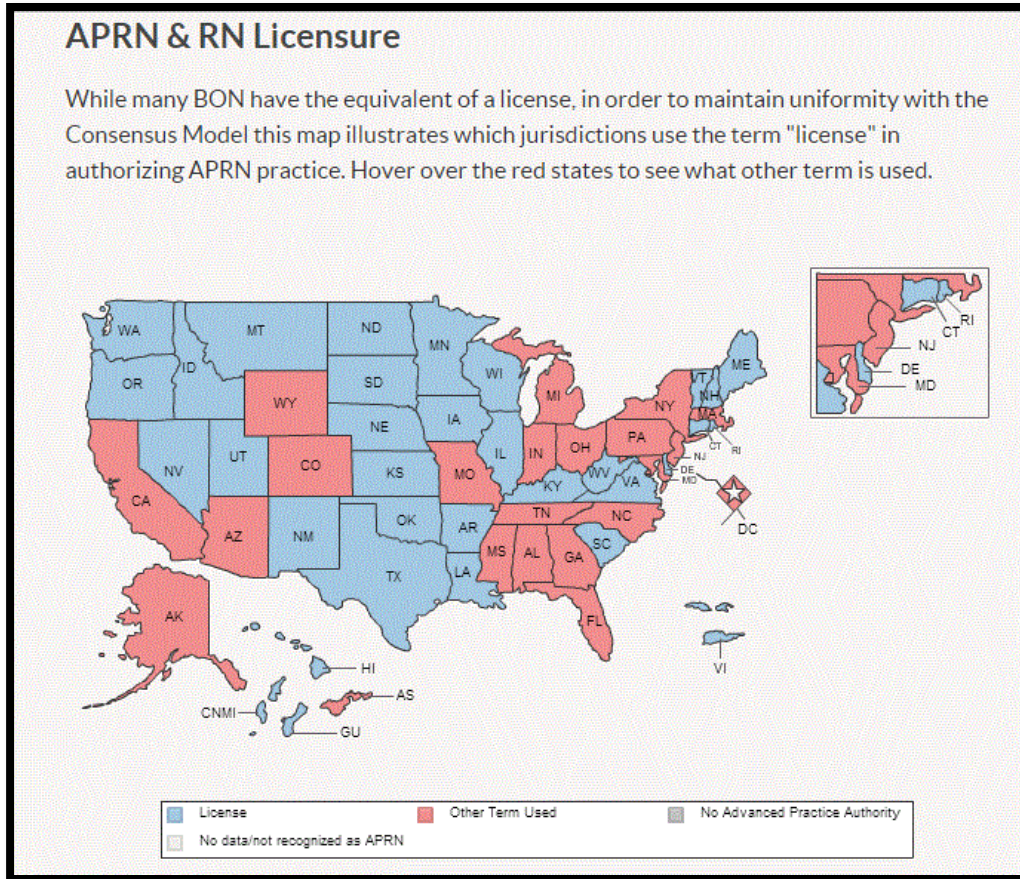
CONSENSUS MODEL FOR APRN REGULATION



+The certified nurse practitioner (CNP) is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. Scope of practice of the primary care or acute care CNP is **not setting specific** but is based on patient care needs. Program may prepare individuals across both the primary care and acute care CNP competencies. If programs prepare graduates across both sets of roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute and the primary care CNP roles. CNP certification in the acute care or primary care roles must match the educational preparation for CNPs in these roles.

++The clinical nurse specialist (CNS) is educated and assessed through national certification processes across the continuum from wellness through acute care.

As compared to APRNs...



“Dedication to raise the standards of the profession's education and practice”

After 2.5 Years of Diligent Analysis, Leaders of the Key Athletic Training Organizations Have Decided to Change the AT Degree Level to a Master's

Decision affecting future ATs was made with the best interests of the profession in mind to ensure a vital place for ATs in the evolving health care arena.



AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY
CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY CONFERENCE STATE
ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS
AND STATE REGULATORY BOARDS AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY
BOARDS AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY

What's in it for you?

- Enhance/clarify educational eligibility and/or standards of practice statements in statute or Rule
- Enhance/clarify scope of practice in statute or Rule
- Gain licensure status
- Increase autonomy of regulatory Board
- Reimbursement
- Enhance continued competency, avoid sunset process, avoid harm etc.



What's in it for the Board?

- Board exists to protect the public.
- May have prohibition against lobbying for specific legislation.
- May be required to lobby annually for their appropriations.
- State budget shortages have left many Board offices resource-poor and staffing decimated.
- Grassroots lobbying by licensees with individual legislators is more effective than a day visiting the state capitol building.



What's in it for the public?

- This is why we are here.
- Enhanced public protection.
- Increased access to care.
- Choice of providers.
- Opportunity for education and role modeling of safe and effective practices.



What is the Regulatory Board structure?

- Board or Advisory Committee?
- Stand-alone Board or under another regulatory board?
- Housed within umbrella agency such as Department of Professional Regulation or Department of Health?
- Dedicated staff for AT Board?
- Lobbying allowed?
- Funded by licensee fees?



Areas for Potential Collaboration

- Scope of Practice/Standards of Practice
- Board needs
- Educational Eligibility
- Discipline
- Continuing Competence
- Reimbursement
- Prevention of Harm



Resolving Sticky Wickets

Q: Who's the Boss?

A: We want to be your partner in regulation and patient safety. We assist you by providing a legally defensible, psychometrically sound certification examination and comprehensive, timely communication of renewal and disciplinary information about our certificants to each regulatory board.

Q: Isn't your first loyalty to your members?

A: The certification body is a separately incorporated organization from the membership organization, with a mission statement to provide exceptional credentialing programs for healthcare professionals to assure protection of the public. Membership in the professional organization is not required for certification.

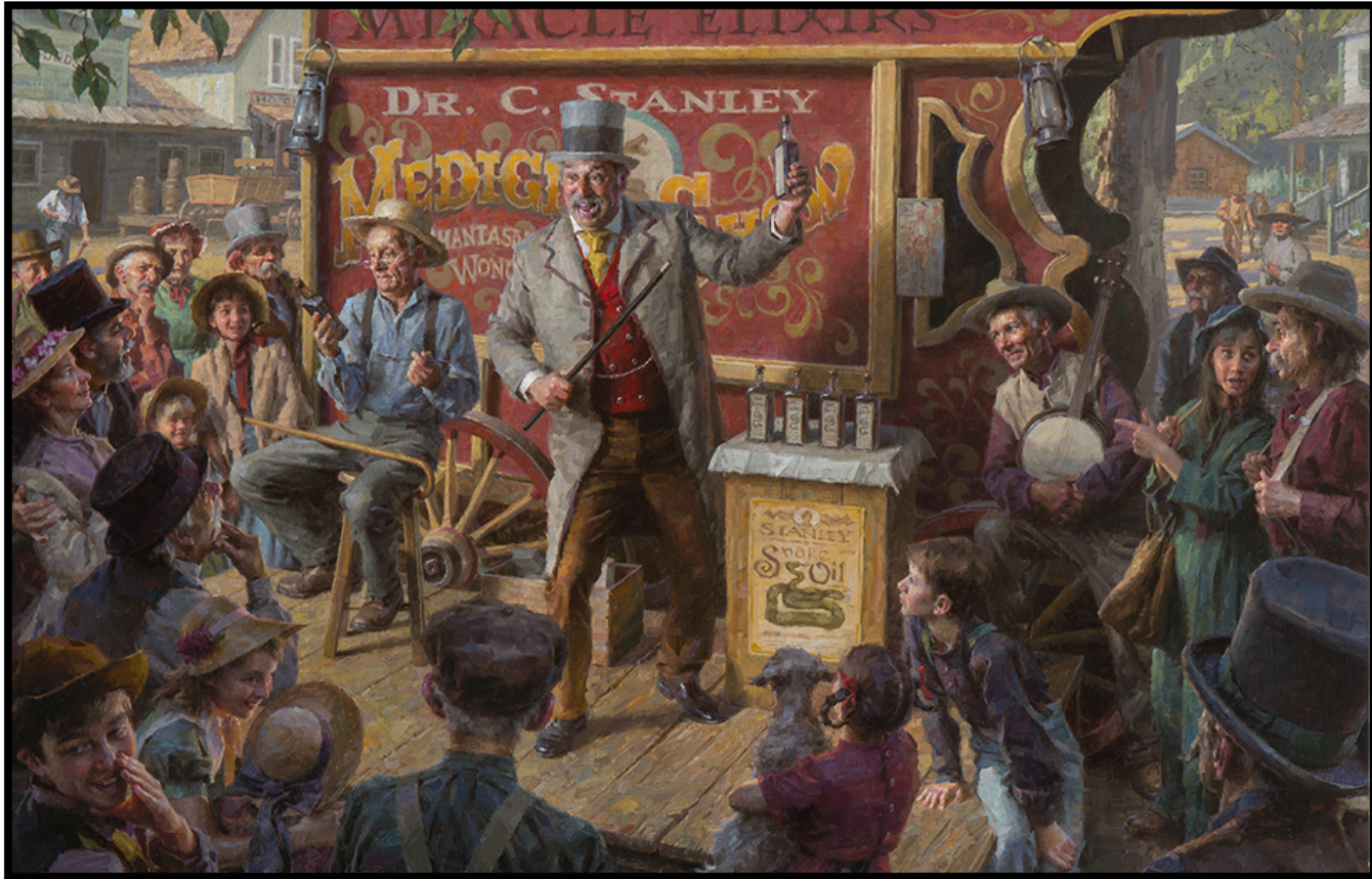


Really Sticky Wickets

- Multiple stakeholders within the same profession within the same state vehemently disagree on the same issue and are lobbying against each point of view.
- One profession within a state is seeking an extended scope of practice and other professions within the state lobby against that extension.



Scope of Practice – Can we talk???



From an early medical practice act...

A person is practicing medicine if he does one or more of the following:

1. Offers or undertakes to diagnose, cure, advise or prescribe for any human disease, ailment, injury, infirmity, deformity, pain or other condition, physical or mental, real or imaginary, by any means or instrumentality;
2. Administers or prescribes drugs or medicinal preparations to be used by any other person;
3. Severs or penetrates the tissues of human beings.

http://www.nap.edu/openbook.php?record_id=12956&page=452



Evolution of Medical Practice Acts

- The US was one of the first countries to regulate health care providers.
- Physicians were the first practitioners to be licensed, followed by nurses.
- By the early 20th century, each state had adopted a so-called “medical practice act” that essentially claimed the entire human condition as the exclusive province of medicine.
- The statutory definitions of physicians’ scope of practice were—and remain—extremely broad.

http://www.nap.edu/openbook.php?record_id=12956&page=452



Scopes of Practice Naturally Evolve

Missouri 1983 Sermchief v. Gonzales

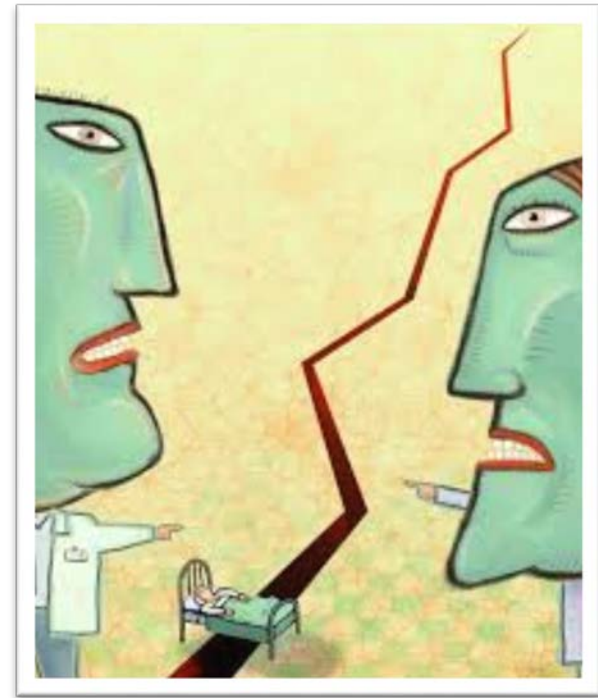
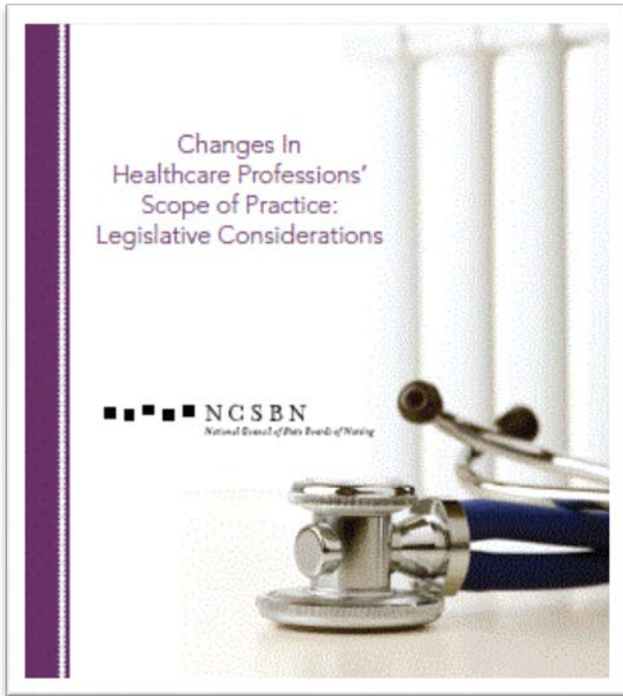
State Supreme Court ruling: "The broadening of the field of practice of the nursing profession authorized by the legislature and here recognized by the Court carries with it the profession's responsibility for continuing high educational standards and the individual nurse's responsibility to conduct herself or himself in a professional manner. The hallmark of the professional is knowing the limits of one's professional knowledge."

Changes In Healthcare Professions'

Scope of Practice: Legislative

Considerations: Overlap among professions is necessary. No one profession actually owns a skill or activity in and of itself. One activity does not define a profession, but it is the entire scope of activities within the practice that makes any particular profession unique. **Simply because a skill or activity is within one profession's skill set does not mean another profession cannot and should not include it in its own scope of practice.**

*“So why don’t you just **go** to medical school???”*



What is the Public Awareness of the Scope of Practice of the Athletic Trainer?

- **A basis in systematic theory** - a distinct way of viewing phenomena surrounding the knowledge base of the profession
- **Specialized competencies and practitioners** who are effective in practicing the professional role
- **Authority recognized by society** and the clientele of the profession
- Approval of the **authority sanctioned by a broader community** or society





GOT ISSUES?

Form a Coalition



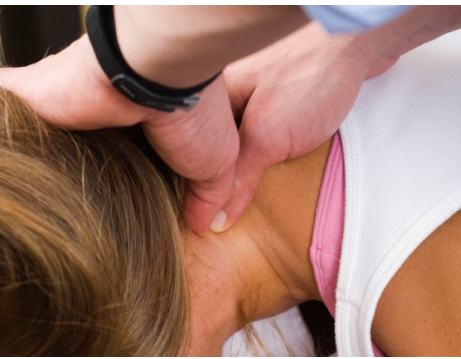
AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY
CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY CONFERENCE STATE
ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS
AND STATE REGULATORY BOARDS AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY
BOARDS AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY



Advantages of Coalitions

- More manpower
- Increased resources
- Fresh perspectives
- Diversity of viewpoints
- Tremendous learning opportunity
- Great networking
- Avoid trap of traditional “turf battle” label





COALITION FOR PATIENTS' RIGHTS™

Ensuring Patients a Choice of Providers



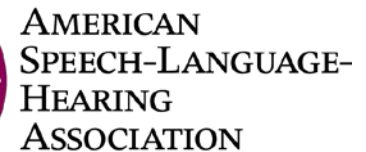
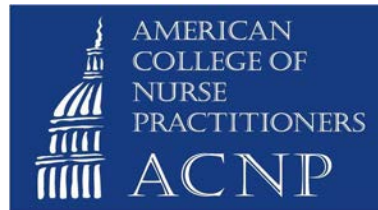
What is CPR?

The Coalition for Patients' Rights (CPR) consists of more than 35 organizations representing a variety of licensed healthcare professionals and was formed in 2006 for the sake of patients, to ensure that patients everywhere have direct access to the full scope of services offered by the quality healthcare providers of their choice and that the growing and increasingly diverse needs of the American healthcare system are met.

<http://www.patientsrightscoalition.org/>



Coming Together for A Common Goal



Coming Together for A Common Goal



Grassroots Advocacy Tools



<http://www.icitizen.com/>

<http://www.capwiz.com/>

<http://associationsnow.com/2013/04/advocacy-app-is-a-game-changer-for-builders-group/>



Let's All Go to the Capitol!

“By the time we got to the Capitol on Monday, a gaggle of nurse practitioners had already camped outside the doors of the Senate hearing room. Who knows how long they'd been waiting. but when the doors were unlocked, they flooded the room like 12 year olds at a Justin Bieber concert.

“The Senate Committee met to take testimony on SB 619 which would eliminate collaborative practice and give nurses independent practice authority. As you know, we think that's an awful idea. The nurses came forth to testify about cost, quality and access to health care. Basically they said they could provide better care for less cost to more people. They even had a few patients who didn't want to lose their nursing care testify on their behalf. Besides the fact that no one's trying to restrict that care, the committee seemed less than enthused with the testimony of their many witnesses.”



It's not WHAT you know...



AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY
CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY CONFERENCE STATE
ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS
AND STATE REGULATORY BOARDS AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY
BOARDS AT REGULATORY CONFERENCE STATE ATHLETIC TRAINER LEADERS AND STATE REGULATORY BOARDS AT REGULATORY

Becoming Influential

- Be informed
- Become a local resource
- Become a state spokesperson
- Become a national thought leader
- Support your local politician with information/resources
- Campaign for your local politician
- Become your local politician
- Form local support groups
- Participate in state coalitions
- Lead national movements





It's a Jungle Out There!

- According to bill tracking by the National Conference of State Legislatures, between January 2011 and December 2012, there were **1,795** scope of practice-related bills proposed in 54 states, territories or the District of Columbia, of which **349** had been adopted or enacted into law. (**19.4%**)
- By February 11, 2013, there were already **42 nurse-related** scope-of-practice bills proposed across 17 states; including Alabama, Florida, Hawaii, Iowa, Illinois, Indiana, Michigan, Missouri, Mississippi, Montana, North Dakota, New Mexico, Nevada, New York, Oklahoma, Oregon, and Virginia.

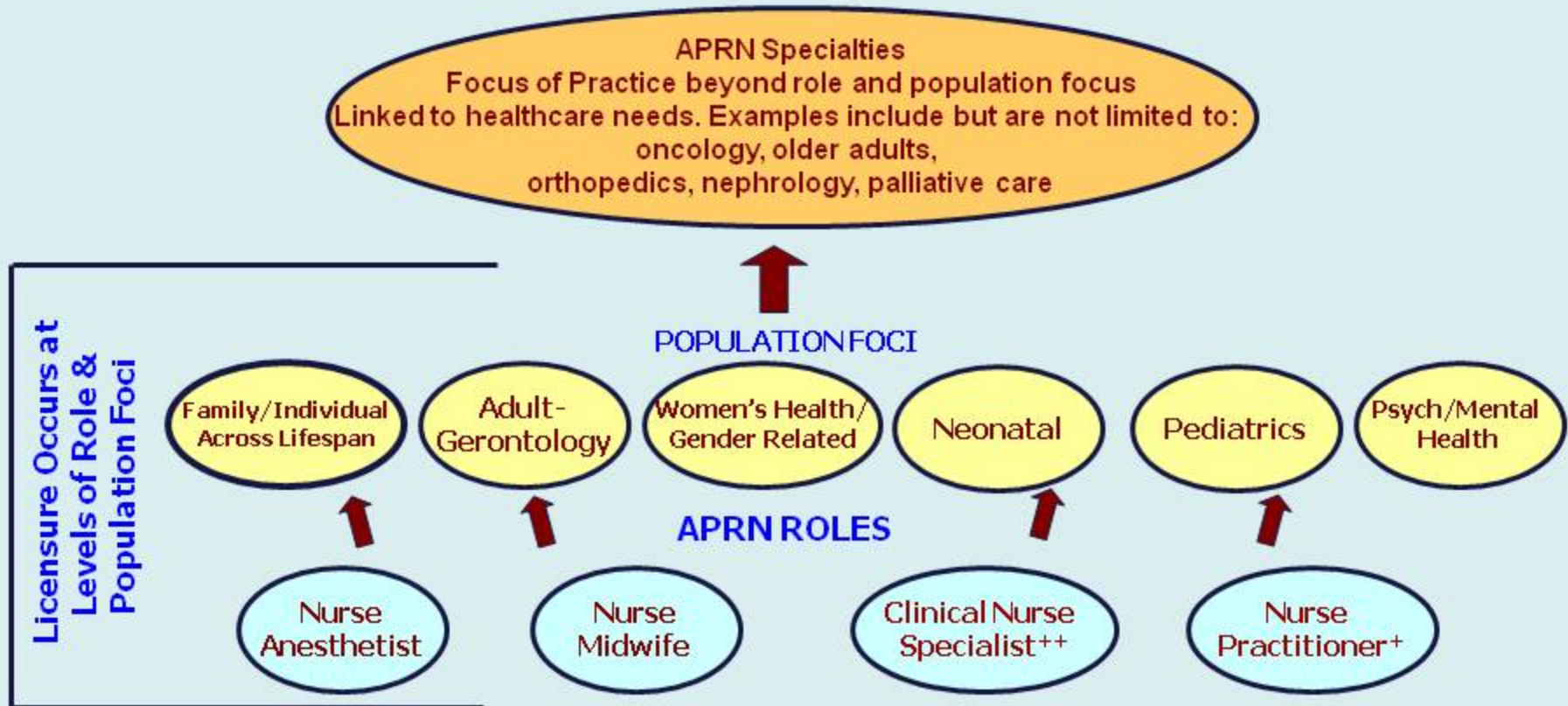


Top 15 Lobbying Clients 2014

Lobbying Client	Total
US Chamber of Commerce	\$124,080,000
National Assn of Realtors	\$55,057,053
Blue Cross/Blue Shield	\$21,888,774
American Hospital Assn	\$20,773,146
American Medical Assn	\$19,650,000
National Assn of Broadcasters	\$18,440,000
National Cable & Telecommunications Assn	\$17,460,000
Comcast Corp	\$17,020,000
Google Inc	\$16,830,000
Boeing Co	\$16,800,000
Pharmaceutical Rsrch & Mfrs of America	\$16,640,000
United Technologies	\$15,738,000
General Electric	\$15,170,000
Business Roundtable	\$14,840,000
CVS Health	\$14,787,640

<https://www.opensecrets.org/lobby/top.php?showYear=2014&indexType=s>

CONSENSUS MODEL FOR APRN REGULATION



+The certified nurse practitioner (CNP) is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. Scope of practice of the primary care or acute care CNP is **not setting specific** but is based on patient care needs. Program may prepare individuals across both the primary care and acute care CNP competencies. If programs prepare graduates across both sets of roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute and the primary care CNP roles. CNP certification in the acute care or primary care roles must match the educational preparation for CNPs in these roles.

++The clinical nurse specialist (CNS) is educated and assessed through national certification processes across the continuum from wellness through acute care.

Implementation Date?

2015

Lessons Learned

- Just because you think something is a great idea doesn't mean everyone else will agree!
- Some opposition to unsupervised APRN practice
- Some current APRNs feel disenfranchised
- In a consensus process, everybody doesn't get to "win"
- "Just another money-making scheme by nursing education or certification or regulation or someone..."



Multi-state Practice



Lessons Learned

- No changes will be made to the Model until after it has been implemented. Period.
- This is a model going forward, for implementation in 2015; however in 2008, all stakeholders had to hit the ground running.
- Crucial conversations are necessary; no circular firing squads are allowed. Nursing has historically been its own worst enemy when trying to introduce change. Unity is key.



Lessons Learned

- **RELENTLESS COMMUNICATION IS ESSENTIAL.**
- Coalitions are critical. Defuse the idea that this is a “turf battle”. Seek assistance and support from satisfied consumers of APRN care. Collaborate with other practitioners who are also seeking to provide care within their full scope of practice.
- Citizens Advocacy Center, Federal Trade Commission, Coalition for Patient’s Rights, AARP national and state chapters, national and state nursing associations, grassroots lobbying by nurses, patients and families.



Lessons Learned

- We gained mutual respect and understanding for the value, mission, and processes of each of the stakeholders; Licensure, Accreditation, Certification and Education.
- The mission of the model is patient safety, not making all current practitioners whole.
- It is not a good idea to establish an implementation date that is the same as that of another key nursing initiative (AACN-Colleges' Doctorate of Nursing Practice initiative)!



“Nursing is not second class medicine
but first class health care”



Loretta Ford



What keeps ME up at night?



- Lying liars
- Scope of practice
- National licensure
- New practitioner categories; Missouri's odd "assistant Physician" legislation.
http://www.forbes.com/sites/leahbinder/2014/07/22/defying-the-ama-some-politicians-lower-standards-for-practicing-medicine/?utm_source=alertsnewcomment&utm_medium=email&utm_campaign=20140725
- Reimbursement
- Congress and State legislatures

WHAT KEEPS YOU UP AT

NIGHT



2015 BOC Athletic Trainer Regulatory Conference



Thank You

Carol Hartigan
Certification & Policy Strategist
American Association of Critical-Care Nurses
AACN Certification Corporation
101 Columbia
Aliso Viejo, CA 92656

carol.hartigan@aacn.org
www.aacn.org