

Working with the Coalition for Patients' Rights to Ensure Access to Care

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In past columns I have discussed coalition participation as a way that the AANA partners with other organization to address issues of mutual concern. Remember that forming a coalition allows several groups to pool resources and work together to resolve an issue (or issues) of mutual concern. One of the coalitions in which the AANA participates is the Coalition for Patients' Rights.

What is the Coalition for Patients' Rights?

The Coalition for Patients' Rights (CPR) is a national coalition of 37 organizations that represents more than 3 million licensed healthcare professionals and is committed to ensuring comprehensive healthcare choices for all patients. The CPR is made up of a diverse array of healthcare professionals, including optometrists, chiropractors, psychologists, registered nurses, and advanced practice registered nurses (including certified registered nurse anesthetists, nurse practitioners, clinical nurse specialists, and certified nurse midwives), therapists, naturopathic physicians, practitioners of Oriental medicine and many other licensed and certified professionals. A complete listing of the member organizations can be found on the website www.patientsrightscoalition.org.

Why the Coalition Was Formed

The CPR was formed in 2006 to ensure that *patients* have access to the healthcare provider of their choice. Organizations became members of the coalition to advocate on behalf of patients for healthcare access and choice and to actively oppose any attempts to restrict the practice of recognized, qualified, and licensed healthcare professionals.

Mitch Tobin, JD, senior director of State Government Affairs, worked closely with other AANA staff and the other member organizations to develop a joint statement as the coalition was established. "The AANA felt that formation of the Coalition for Patients' Rights was important for two reasons," Tobin said. "First, we were keenly interested in working with other healthcare organizations to set the record straight about the qualifications and capabilities of professionals who are not medical doctors (MDs) or doctors of osteopathy (DOs). We all share a common concern about misrepresentations that certain elements of organized medicine continue to circulate. Second, we believed the Coalition for Patients' Rights would provide a wonderful opportunity for the AANA and other groups to work together to get out a positive message about how the safe and effective services provided by our respective members are essential to healthcare in this country."



The CPR actively opposes efforts that seek to restrict recognized healthcare professionals from providing the care and services that they are qualified and licensed to provide to patients. One example of such an effort is the Scope of Practice Partnership (SOPP), a coalition of medical and osteopathic general, state, and specialty organizations financed and operated by organized medicine.

The Scope of Practice Partnership (SOPP) was developed as a result of Texas resolution 814 presented at the American medical Association (AMA) 2005 House of Delegates. This resolution called for a study of the qualifications, education, academic requirements, licensure, certification, independent governance, ethical standards, disciplinary processes, and peer review of limited licensure healthcare providers and limited independent practitioners. The AMA officially announced creation of the SOPP in January 2006 with the intent of "focusing the resources of organized medicine to oppose scope of practice expansions by non MDs/DOs that threaten the health and safety of patients." The underlying premise for this activity is organized medicine's belief that the medical scope of practice encompasses all aspects of a patient's care.

The American Society of Anesthesiologists (ASA) introduced Resolution 902 at the AMA 2006 House of Delegates further delineating the role of the SOPP. This resolution called for AMA, through the Scope of Practice Partnership, to immediately begin a campaign to "identify and have elected or appointed to state medical boards physicians (MDs or DOs) who are committed to asserting and exercising their full authority to regulate the practice of medicine by all persons within a state notwithstanding efforts by boards of nursing or other entities that seek to unilaterally redefine their scope of practice into areas that are true medical practice." It mandated AMA policy that "state medical boards shall have full authority to regulate the practice of medicine by all persons within a state notwithstanding claims to the contrary by boards of nursing, mid-level practitioners or other

entities” (New House of Delegates Policy). Additionally, it directed that AMA, through the Scope of Practice Partnership, “work jointly with state medical boards to assist law enforcement authorities in the prosecution of unlicensed medical practice by limited or mid-level practitioners” (Directive to Take Action).

The SOPP is organized to provide financial or in-kind support to member organizations facing significant scope of practice issues, fund studies to determine whether allied health professionals truly fill healthcare voids in rural and other underserved areas, examine the education and training of allied health professionals and provide this information as a point of comparison for legislators and regulators, and serve as an information and advocacy clearing house on scope of practice issues. Targeted groups are those that threaten reimbursement. Strategies being employed include influencing legislation and regulation, judicial advocacy and developing programs of information, research, and education.

Clearly, organized medicine is escalating its commitment to oppose any efforts by healthcare professionals such as CRNAs to remove unnecessary practice restrictions such as physician supervision requirements. Opposition to so-called scope of practice initiatives is nothing new. What is new is the greater coordination of various groups such as the AMA and the ASA to fund opposition efforts. The coalition is concerned that many of the scope of practice issues that CRNAs and others are facing in various states are a result of SOPP coordinated activity. It appears that organized medicine is basically trying to draw a “line in the sand” to stop what some medical practitioners see as unwarranted encroachment on the practice of medicine. This is unfortunate, because, as we all know, there is plenty of work for everyone, and the efforts put into these turf wars would be better spent on patient safety and health care reform initiatives. Nevertheless, that’s the reality we face today.

Coalition Activities

The AANA has played a leadership role in the formation and operation of the coalition. In 2006, the coalition was very active and issued press releases and published a joint statement calling for an end to divisive and restrictive activities that would limit the scope of practice of some healthcare providers. The statement also invited cooperation between all health professionals in meeting the healthcare needs of all patients. This statement is posted on the website.

Since 2006, the coalition has formalized its operations and has engaged a public relations firm to help develop a campaign to inform our many publics about the need for access and choice in a reformed health care system. The campaign will also inform consumers of care and policymakers about the availability of healthcare professionals other than medical doctors (MDs) and doctors of osteopathy (DOs) who can help meet the growing demand for healthcare by providing high quality healthcare services most cost effectively.

The CPR wants the American public to know that there is a *direct correlation* between patient access to a broad range of healthcare

provider options and a more efficient, cost-effective healthcare system. The coalition has identified that access and choice are key messages that resonate with consumers of care, our patients. For these reasons the CPR is working to get these messages out to patients, legislators, regulators, and providers and purchasers of healthcare.

The public relations campaign will rely on media outreach but will also require grassroots involvement from individuals at the state level since scope of practice battles will play out at that level. Now, more than ever, state nurse anesthetist associations need to be vigilant about the possibility of state legislative and regulatory efforts to restrict practice. The best antidote to these efforts is to have in place excellent relationships with key state legislators and with regulatory officials such as those with the board of nursing and department of health. Part of the CPR public relations campaign includes the development of a toolkit that can be adapted for use with specific situations and types of practitioners. These toolkits will be made available for use by state leadership to educate policymakers, the public and others about CRNA practice.

State associations can also use the national CPR framework as the model to form state-based coalitions. Develop relationships with state level organizations representing other practitioners who are experiencing scope of practice battles—they can be useful allies and there is power in numbers! Develop relationships with your state hospital association and other provider organizations so that you can educate them about the safety, quality and cost effectiveness of CRNA practice.

Our Ongoing Partnership

The AANA will continue its work with the CPR so that our message about the safety, quality and cost-effectiveness of CRNA practice is disseminated as broadly as possible. We will continue to support state nurse anesthetist associations in opposing state based efforts to restrict nurse anesthesia practice. We will also continue to partner with other national organizations as much as possible to address issues and broaden the sphere of influence of Certified Registered Nurse Anesthetists. ■