

# The 2015 Regulatory Environment: Executive Summary

## National Council of State Boards of Nursing Regulatory staff

To regulate nursing effectively and maintain public safety, boards of nursing (BONs) need current and critical information that addresses regulatory, workforce, political, economic and social issues affecting nurses and their practice. This year, nurses will continue to play an integral role in public health, primary care, and the redesign of the U.S. health care system. This article highlights current and emerging trends and challenges that BONs face as 2015 unfolds.

### Objectives

- Describe trends in today's health care environment.
- Discuss trends in the nursing workforce.
- State practice issues that affect boards of nursing.

### Introduction

Nursing regulators oversee nurse licensure and scope of practice, approve nursing education programs, and administer state nurse practice acts and regulations. Health care delivery in the United States presents new and ongoing challenges for regulators and the nursing profession. This year, nurses will continue to play an integral role in public health, primary care, and the redesign of the U.S. health care system as implementation of the Affordable Care Act continues. In 2015, boards of nursing (BONs) will likely face the following issues and trends:

- A redefining of nursing practice, including an expansion of the scopes of practice for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs), and unlicensed assistive personnel (UAP)
- The continued adoption of the APRN Consensus Model and the APRN Compact by all jurisdictions to help ensure full practice authority for advanced practice registered nurses (APRNs) and consistent practice regulations
- The challenge of access to care
- The emergence of telehealth and the regulatory implications related to licensure
- The Nurse Licensure Compact (NLC).

With all of these challenges in mind, BONs strive to ensure that the care administered by nurses is safe and competent. This article highlights current and emerging trends, issues, and barriers BONs face in their mission to protect the members of the public and the nurses who care for them.

### Health Care in the United States Today

The Affordable Care Act (ACA) will continue to alter the health care environment in 2015 and beyond. Although the ACA is not projected to directly affect overall RN growth, it will likely increase the need for outpatient care roles, such as care coordinators, case managers, patient educators, and chronic-care specialists (Spetz, 2014). In addition, critical care nurses in states participating in the Medicaid expansion may see millions of previously uninsured patients with or at risk for complications.

In 2010, the Department of Health and Human Services launched *Healthy People 2020* as a 10-year agenda to improve America's health. The priorities for national health include the following wide-ranging indicators (Healthy People 2020, 2014):

- Access to health care services
- Clinical preventive services
- Environmental quality
- Injury and violence
- Maternal, infant, and child health
- Mental health
- Nutrition
- Physical activity and obesity
- Oral health
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco.

Although recent progress updates show that several of the *Healthy People 2020* indicators have improved (Healthy People 2020, 2014), access to care, physical activity and obesity, and substance abuse show little to no change. Mental health and oral health indicators show a decline. These indicators depend on improvements in coverage, services, and timeliness.

### Coverage, Services, and Timeliness

According to data from the National Health Interview Survey, 41 million people of all ages were uninsured in the first 3 months of

2014. There were, however, significant decreases in the percentage of people who were uninsured between 2013 and the first 3 months of 2014. The largest decrease—from 26.5% in 2013 to 20.9% in 2014—was among adults ages 19 to 25 (Cohen & Martinez, 2014).

Despite increasing coverage, access to services remains a challenge for many Americans. According to the U.S. Health Resources and Services Administration, nearly 20% of Americans live in areas without sufficient access to primary care physicians. More than 37% of U.S. adults, especially those with below-average incomes, reported they did not have a recommended test, treatment, or follow-up care because of cost (Mahon & Fox, 2014).

In addition, timeliness of care remains an issue. Recent scrutiny of the Veterans Administration (VA) has brought the matter of delayed care into focus. Incidents at VA hospitals of delayed care for U.S. veterans prompted a review of veteran's health care services by civilian and military experts.

### **Nursing Implications of Telehealth**

One method of meeting the needs of an increasing number of insured patients who require comprehensive services in a timely fashion is telehealth. The shift toward telehealth will likely require adaptation and a redefining of roles for all health care providers. Telehealth nursing has shown a huge potential for success in the coaching of patients who have chronic conditions or who care for themselves at home. Numerous studies have shown an increase in self-efficacy and positive outcomes (Barley, 2014; Gagnon et al., 2014; Young et al., 2014). Damgaard and Young (2014) also saw telenursing as a potential solution to the increasing lack of school nurses. The successful virtual supervision of UAP by RNs provides preliminary evidence for a regulatory change regarding insulin administration for students.

To prepare nurses for this model of care, educators and regulators are encouraging the inclusion of telehealth topics in nursing education and professional development (George & Shocksnyder, 2014; McLaughlin, 2014; Reynolds & Maughan, 2014). The success or failure of telehealth, however, will depend on the assent of providers, and a removal of barriers plays a key role in developing such assent (Taylor et al., 2014). Licensure issues related to telehealth will continue to be discussed at the federal level in 2015.

Following the annual Centers for Medicare & Medicaid Services (CMS) policy review process, final CMS rules were made available for telehealth. These rules include some psychoanalysis, family psychotherapy, medical office, outpatient, and annual wellness visits. Other cardiac and psychiatric services were requested for coverage; however, CMS declined to include them in the rules.

In 2015, the National Council of State Boards of Nursing (NCSBN) plans to focus on two compacts that will address issues such as multiple licenses for telehealth nurses and APRN telehealth licensure. Within the next few years, it is likely that

telehealth nursing concerns will become global issues as telehealth continues to expand into the international market.

## **The Nursing Workforce**

A birds-eye view of the current nursing landscape provides insight into the impact nurses will have in the evolving health care system as needs and demands continue to unfold.

### **Registered Nurses**

There are more than 3,680,612 RNs in the United States (National Council of State Boards of Nursing, 2014a). (See Table 1.) The most recent Occupational Employment Statistics Data (through May 2013) indicate that 2,661,890 RNs were employed in the United States (U.S. Bureau of Labor Statistics, 2014b). As illustrated in Figure 1, the number of employed RNs in the United States is again increasing after a decline in 2012.

General medical and surgical hospitals are the largest employers of RNs (U.S. Bureau of Labor Statistics, 2014b). Mancino & Feeg (2014) assert that with the decrease of inpatient admissions, the increase of outpatient admissions (MedPac, 2014; Vesely, 2014), and the impact of the ACA, there will be an accelerated movement to the outpatient or community environment.

Another trend is the increasing age of retirement for RNs. About 74% of RNs are still working at age 62 (Auerbach, Buerhaus, & Staiger, 2014), and this career longevity may also have an impact on new graduate employment. However, new graduate employment in the first 6 months after graduation increased from 66% in 2012 to 76% in 2013.

### **Licensed Practical Nurses/Vocational Nurses**

According to NCSBN's National Nursing Database, as of November 2014, there were 916,384 LPN/VNs in the United States. The most recent employment statistics (May 2013) indicate that 705,200 LPN/VNs were employed in the United States, demonstrating a decline from the previous year (U.S. Bureau of Labor Statistics, 2014b). Predictions from the U.S. Bureau of Labor Statistics (2014a) updated in 2014 indicate that 182,900 additional LPN/VNs, or a growth rate of 25%, will be needed by 2022, assuming that demand for LPN/VNs remains consistent. Actual employment of LPN/VNs in the United States shows a 1.9% decrease from 2012 to 2013, which may indicate a shrinking demand.

The most recent statistics from the U.S. Bureau of Labor Statistics (2014b) contain data from 2013 that indicate the largest numbers of LPN/VNs are employed by skilled nursing care facilities, followed by home health care services, and continuing care retirement communities. Smaller percentages of LPN/VNs work in physicians' offices and general medical and surgical hospitals. If the LPN/VN workforce numbers continue to decline, there is concern about who will fill the void in long-term care. BONs continue to assess the future role of LPN/VNs, including

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