Learning from International Comparison: the U.S.

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Regulating for Positive Outcomes

Professional Standards Authority
Cumberland Lodge, Windsor Great Park
In the U.S., States Are Primarily Responsible for Regulating Health Professions

State Regulations

- Definitions
- Describes Regulatory Body
- Title Protection
- Professional Qualifications Education and Training
- Competency/Certification Requirements
- Licensure Process
- SOP Including Limitations and Exceptions
- Licensure Renewal
- Discipline Process
- Continuing Education
- Appeals Process
State-Based Health Professions Regulation

• Strengths
  • Supports workforce innovative responsive to local need and circumstance
  • Creates opportunities for states to learn from each other

• Weaknesses
  • State to state variation in conditions for practice
  • Mismatches between professional competence and legal scopes of practice
  • Lack of uniformity in training, qualifications for some professions
  • Limits interstate mobility and innovation (telehealth)
  • Process for changing state regulations is slow, adversarial and costly
State to State SOP Variation: Nurse Practitioners

View the interactive version online: www.bartonassociates.com/np-laws

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DISCLAIMER
This chart is for informational purposes only and is not for the purpose of providing legal advice. You should contact the applicable nursing board or your attorney for specific legal advice.

RESOURCES
AANP - www.aanp.org
The 2012 Pearson Report - www.webnponline.com
The Nurse Practitioner’s 24th Annual Legislative Update - www.tnpj.com

http://chws.albany.edu
Failures of the U.S. System for Health Professions Regulation

• Restrictive scopes of practice can limit access to care, making services more costly, with diminished capacity

• Failure to consistently apply profession-specific national requirements for education and practice to state professional regulation

• Failure to systematically evaluate workforce innovations
Opportunities

• Health reform
  • Increasing use of interdisciplinary team based models of care
    • Most effective teams have shared responsibilities (scope overlap)
  • Payment reform
    • Moving away from fee-for-service and toward value based payment which focuses on outcomes of care
  • Focus on population health

http://chws.albany.edu
Thank You