# **Master Plan for Aging**

# **Recommendation Form**

*To submit your recommendation, fill out as many of the fields below as possible. It is fine to leave some blank. Recommendations can be submitted at* [*engage@aging.ca.gov*](mailto:engage@aging.ca.gov)*. Initial recommendations are requested to be submitted by December 13, but they may be submitted after this date as well.*

## **Issue Statement:**

The aging of the population and its impact on families have implications for all sectors of California. This can be no longer be viewed as a private, family-only issue. AARP’s most recent data shows that there are 4.7 million family caregivers in California. They spend 4 million hours a year caring for their loved ones, and the economic value of their unpaid labors of love is $63 billion. Meanwhile, caregivers are increasingly responsible for performing medical tasks for their loved ones. AARP’s research has found that, “family caregivers remain largely on their own in learning how to perform medical and nursing tasks, including managing incontinence and preparing special diets”.

At the same time the Caregiver ratio is expected to decline. In 2010, there were 7.2 potential family caregivers for every person age 80 and older. By 2030, that ratio will fall sharply to 4 to 1, and is projected to drop further to 3 to 1 in 2050.

[paragraph about workforce challenges, highlighting scope of practice and CNA challenges]

## **MPA Framework Goal:**

Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

## **MPA Framework Objective:**

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

*Strategic Recommendation 1A: Statewide Information & Assistance System*

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

### **Recommendation:**

Adopt the Future Health Workforce Commission recommendations to a) create a pilot that will allow increased delegation of medical and nursing tasks to non-IHSS health and home care workers, and b) adopt its recommendation to provide full practice authority to nurse practitioners.

### **Target Population and Numbers:**

* AARP estimates there are 4.7 million family caregivers providing unpaid care with an economic value of $63 billion.
* Eighty-three per cent of 40+ Californian voters told AARP In 2018 that they want to remain in their homes.
* In a survey of 40+ registered California voters in 2018, 89% told AARP that they support full practice authority for nurse practitioners. This support was strong across partisan lines.

**Detailed Recommendation:** [Insert detailed bullet points describing your recommendation.]

* Expand nurse delegation authority to allow nurses to delegate health maintenance tasks to non-IHSS home care workers. Allowing nurses to delegate tasks will increase the capacity of the the healthcare workforce and family caregivers to provide care for the growing aging population in community settings.
  + Expanded delegation will allow family caregivers manage care responsibilities. Family caregivers are the backbone of care in California. Every day in California, family caregivers help their spouses, parents, neighbors, friends, and other loved ones remain at home. They take on huge responsibilities that can be overwhelming, stressful and exhausting. They are increasingly tasked with performing medical/nursing tasks for their loved ones. AARP’s research found that 57% of family caregivers who perform medical/nursing tasks feel they have no choice. We also found that seven out of ten family caregivers performing medical/nursing tasks face the practical and emotional burden of managing pain and that multicultural family caregivers are more likely to experience strain and worry about making a mistake, regardless of income. At the same time, about 2/3 of family caregivers are employed and may not be available throughout the day to manage routine tasks.
  + Expanded delegation will allow both nurses and non-IHSS home care workers to practice to the full extent of their education and training. Current regulations prevent nurses from delegating certain health maintenance tasks to non-IHSS home care workers. Removing this barrier will allow nurses to delegate and transfer authority to trained home care professionals in regular direct contact with patients. Without this delegation, nurses must perform certain tasks or depend on family caregivers to do their best. . We know that California has a healthcare workforce shortage (see below) and expanded delegation can be yet another way to bridge the gap and ensure that Californians have access to the care they need.
* Give nurse practitioners full practice authority by expanding the regulations governing scope of practice.
  + Nurse practitioners—and other advanced practice registered nurses—are a vital resource for Californians. They are registered nurses who have masters or doctoral level education that prepares them to provide advanced health care services, including primary and preventative care. Currently, a nurse practitioner must work under a collaborative agreement with a physician. These agreements can delay access to care, especially in areas where there is a lack of available primary care physicians with whom the nurse can contract. Delays in care hurt consumers and make it harder for older residents and people with physical disabilities to age in place. The vast majority of California residents want to live independently as they age, and need access to routine care in a variety of settings so they can remain at home. Nurse practitioners can provide flexibility by serving in a wide variety of settings, including community health centers, medical offices and in the home.
  + Expanded scope of practice will enhance consumer access to health care. Californians should be able to get the long-term supports and services and health care they need, from qualified health care professionals, including nurse practitioners, when and where they need it in settings that include medical offices, community health centers, small towns, rural areas, and at home. Importantly, with full practice authority, Nurse Practitioners can establish services in underserved communities.
  + Giving nurse practitioners full practice authority will help address California’s healthcare workforce shortage. “Meeting the Demand for Health,” a report from the California Future Workforce Commission, notes that in 10 years California will face a shortage of 4,100 primary care physicians and at least 600,000 direct care workers. California currently has over 26,000 nurse practitioners who are equipped with the training and experience to fill in critical gaps in the primary care workforce.
  + Highly-trained nurse practitioners help care for older Californians in their homes and communities, where they want to be, and keeping them out of costly, taxpayer-funded nursing homes.

**Evidence that supports the recommendation:** [Add links or summaries of research evidence that support the recommendation.]

Quality of Care: While physician advocacy organizations maintain that quality of care will suffer if NPs are allowed to practice independently, a number of studies over the last 40 years have demonstrated that NPs provide equivalent or improved care at a lower cost than their physician counterparts . States with full practice authority have lower hospitalization rates and improved health outcomes in their communities . Similar studies have found that NPs rate favorably in terms of achieving patient compliance; blood pressure and glucose control; patient satisfaction and longer consultations; and general quality of care.

Access to Care: The ability to accept new patients, particularly Medicaid and Medicare patients, has been a priority among supporters of full practice authority. Full practice would allow NPs to choose to see Medicaid and Medicare patients, a decision that is currently left up to the physician they work for. Physicians have been found to be less likely than NPs to participate in state Medicaid programs , and in California, 58% of physicians refuse to accept new patients with HMO coverage . Since NPs are more likely to care for Medicaid, Medicare, uninsured, and underserved communities, supporters maintain that full practice authority for NPs has the potential to increase primary care access in these communities .

Health Plans and Signature Recognition: Presently, health insurance plans have significant discretion to determine what services they cover and which health providers they recognize. Not all health insurance plans cover NPs, and many managed care plans require enrollees to designate a primary care provider but do not always recognize NPs as primary care providers . The American Association of Nurse Practitioners advocates that NP signatures be recognized for patients who require documentation for disabled parking placards, verification of immunizations, sports participation clearance, employment physicals, advanced directives, and forms pertaining to the provision of health care .

1. AARP Public Policy Institute, “Valuing the Invaluable 2019 Update”, state estimates. <https://www.aarp.org/content/dam/aarp/ppi/2019/11/family-caregivers-data-by-state.pdf>

This report provides data on the number of caregivers in each state, the number of hours they spend each year caring for their loved one, and the estimated economic value of their contributions.

1. Home Alone Alliance. “Home Alone Revisited: Family Caregivers Providing Complex Care”. <https://www.aarp.org/content/dam/aarp/ppi/2019/04/home-alone-revisited-family-caregivers-providing-complex-care.pdf>. This report details the experiences of family caregivers, including family, neighbors and friends, who must manage the complex care associated with managing medical and nursing tasks. Many caregivers must now provide the kind of medical assistance that was once provided by trained health professionals. This includes managing multiple medications, changing dressings, and handling medical equipment, and more.
2. Future Health Workforce Commission Final Report: <https://futurehealthworkforce.org/our-work/finalreport/>. This report details California’s looming health workforce shortage, makes workforce recommendations on how to alleviate this shortage, and provides impact assessments of both expansion of nurse delegation and removal of the barrier to nurse practitioner full practice authority.
3. Joanne Spetz, “Home Health Aides and Personal Care Assistants: Scope of Practice Regulations and Their Impact on Care”. Healthforce Center at UCSF. July 2019. <https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/HomeCareAidesScopePracticeLaws.pdf>. This report examines California’s regulatory environment for the health professions, compares California’s regulations with states and summarizes the existing (limited) research on the impact of scope of practice regulations on access to care, care quality, and costs.

National Governors Association, “The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care.”

Federal Trade Commission, “Policy Perspectives Competition and the Regulation of Advanced Practice Nurses.”

DesRoches et al., “Using Medicare Data to Assess Nurse Practitioner–provided Care.”

Buerhaus et al., “Practice Characteristics of Primary Care Nurse Practitioners and Physicians”;

Graves et al., “Role of Geography and Nurse Practitioner Scope-of-Practice in Efforts to Expand Primary Care System Capacity.”

“Senate Committee on Business, Professions and Economic Development Senator Curren D. Price, Jr., Chair.” “State Policy Priorities (AANP).Pdf.”

“Senate Committee on Business, Professions and Economic Development Senator Curren D. Price, Jr., Chair.”

“Senate Committee on Business, Professions and Economic Development Senator Curren D. Price, Jr., Chair.” “Assembly Committee on Health.”

Iglehart, “Expanding the Role of Advanced Nurse Practitioners — Risks and Rewards.”

“Senate Committee on Business, Professions and Economic Development Senator Curren D. Price, Jr., Chair.”

Graves et al., “Role of Geography and Nurse Practitioner Scope-of-Practice in Efforts to Expand Primary Care System Capacity”; Federal Trade Commission, “Policy Perspectives Competition and the Regulation of Advanced Practice Nurses.”

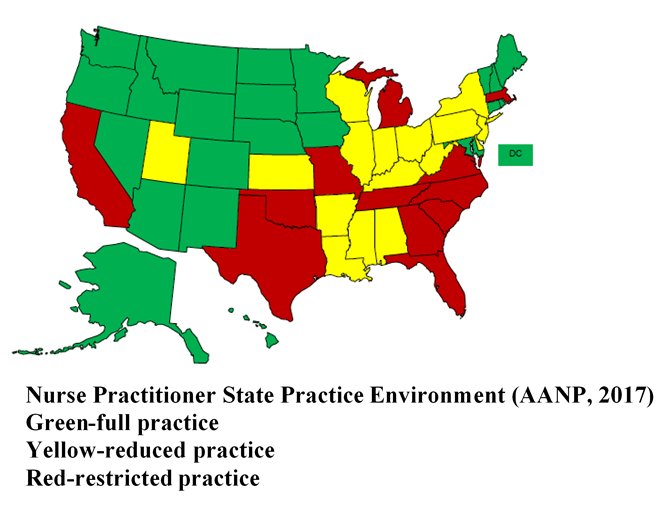
**Examples of local, state or national initiatives that can be used as an example of a best practice:** [Provide any available links and sources.]

* **Local:**
* **State: Nurse delegation: According to the Long Term Care Scorecard,** 44 states allow more delegated tasks than California. Eleven states allow nurses to delegate all sixteen health maintenance tasks. . Included in these eleven are many western states (AK, CO, ID, WA, OR, MT, NM).
* **Nurse Practitioner Full Practice authority:** California is the only state west of the Rockies that does not permit nurse practitioners to practice to the full extent of their training and education.
* **National:** 
  + The Veterans Administration granted full practice authority to Nurse Practitioners in 2016.
* **Other:**

The primary care services that nurse practitioners are authorized to deliver are not determined by their education and training, but by the unique scope of practice laws under which they work . Scope of practice laws are independently regulated by each state and define the services NPs are allowed to deliver, as well as the extent to which they can practice independently of physician supervision. Full practice authority is defined as having state practice and licensure laws that allow nurse practitioners to evaluate and diagnose patients; order and interpret diagnostic tests; initiate and manage treatments; and prescribe medications without physician oversight. Full practice authority has been adopted by 44% of states.

Approximately one third of states across the nation have reduced practice regulations, in which NPs have reduced ability to engage in at least one element of practice, and are required to have a collaborative agreement with an outside health discipline in order to provide care.

Restricted practice means that state practice and licensure laws restrict the ability of a nurse practitioner to engage in at least one element of practice and require physician supervision in order for the NP to provide patient care. California is one of 12 states with restricted scope of practice regulations .



**Implementation:** [Insert actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.]

* **State Agencies/Departments:** [action to be taken by Governor or specific state agencies]: Administration publicly expresses support for Future Health Workforce recommendations and desire to see them implemented, including ND and NP initiatives.
* **State Legislature:** 
  + Pass legislation to provide nurse practitioners with full practice authority, such as AB 890 (Wood), introduced in 2019
  + Approve legislation to increase the number of tasks that can be delegated by nurses to non-IHSS health and home care workers.
* **Local Government:**
* **Federal Government:**
* **Private Sector**:
* **Community-Based Organizations:**
* **Philanthropy:** 
  + Fund larger studies that demonstrate the efficacy of enhanced delegation of health maintenance tasks by registered nurses.
* **Other:**

**Person-Centered Metrics:** Individual measures of inputs or outcomes that can be used to measure the recommended action’s impact on people.

* Reduction in ER visits?
* Fewer NH stays?

**Evaluations:** [How will we know that the recommended action is successful once it has been implemented?]

* **Short-term (by 2020):**
* **Short-term (by 2022**): Legislation allowing full practice authority for nurse practitioners and expanding delegation to home care workers is passed and signed into law.
* **Mid-term (by 2025):**
  + California improves its standing in the Nurse Practitioner/Nurse Delegation measure on the LTSS Scorecard from 45th to 35th.
  + Other TBD
* **Long-term (by 2030):**
  + **What are the measures we’d use for the 10 year projection?**

**Data Sources:** [What existing data can be used to measure success or progress?]:

* Data on home care worker job satisfaction and retention
* Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

**Potential Costs/Savings**: [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings]

Nurse delegation could lead to a reduction in healthcare spending, while increasing the number of home care workers:

The Future Health Workforce Commission’s “Impact Assessments of Recommendations from the California Future Health Workforce Commission” noted that this the recommendation, coupled with related requirements in the report, “would likely to increase home care worker job satisfaction, client satisfaction, and worker retention.” It estimated that this set of recommendations could could reduce spending on unnecessary emergency department visits and hospitalizations by more than $2.7 billion over 10 years, and that they could, “increase the supply of home care workers and to better enable them to meet the care needs of Californians living with disabilities in the community.” https://futurehealthworkforce.org/our-work/finalreport/

**Prioritization: [**How would you prioritize this issue in importance relative to other needs/priorities – e.g., low, medium, high)**: HIGH.**

### **Name of person(s)/organization submitting recommendation:**

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### **Date of submission:**

12/17/19