OAAPN

Ohio Association of Advanced Practice Nurses

Interested Party Testimony
House Health and Human Services Sub Committee
Candy Rinehart, President Ohio Association of Advanced Practice Nurses
March 22, 2017

Mr. Chairman and members of the House Health and Humans Services Sub-Committee. My name is Candy Rinehart. I am a family nurse practitioner and President of the Ohio Association of Advanced Practice Nurses, an organization committed to patient access, quality care, safety and efficiency. I am testifying today to ask this committee to consider removing barriers to practice for psychiatric advanced practice nurses as a vital tool in moving Ohio forward in its efforts to provide mental health and addiction services needed by so many Ohioans.

Ohio's Psychiatric APRNs currently work in a restrictive and highly regulated state practice environment which includes regulatory barriers to practice that make working in mental health in this state difficult and undesirable. This brief testimony will address two issues:

- The shortage of mental health professionals and services in Ohio, and the roles that mental health APRNs are capable of fulfilling in the mental health system.
- Evidence from other states on how reducing barriers to practice, in particular, eliminating the mandatory SCA can lead to a rapid and sustained influx of psychiatric APRNs.

There is no doubt there is high demand for mental health and addiction services in our state. A recent study found that Ohio, among the other 50 states, has the 5th highest number of adults who reported having a mental illness in the past year. In addition, on a national survey, 37.15% of all adults stated that their mental health status was poor.

Ohio is currently in the midst of a mental health and addiction workforce crisis. Ohio has more than 104 mental health Professional Shortage Service Areas that includes more than 2 million Ohioans. [A Health Shortage Area means that the population to provider ratio is more than 30,000 to 1 or 20,000 to 1 in high needs communities.]The professional shortage areas often cover parts of multiple counties which are largely within rural areas and small communities. **The full county crisis is even more acute in the Appalachian region** of Ohio, where 29 of Ohio's 56 full county mental health shortage areas are in the Appalachian region of the Ohio. **Only 4 of Ohio's Appalachian counties are not designated as full-county mental health HPSAs.** While primary care physician shortages have been well documented and frequently referenced, one of the greatest gaps in the physician work force are among psychiatrists.

There are 28,250 psychiatrists in active practice in the United States. Ohio has fewer than 1,000 of those practicing psychiatrists, 3.2 % of those in the nation. The extent of the Ohio addiction crisis of the last few years means that our need for professionals is above average. And, Ohio's children fare even worse. Ohio is designated as a **severe shortage state** with more than 55 counties that do not have even one practicing child and adolescent psychiatrist and another 28 counties which are designated as severe shortage counties. **Not one Ohio county is designated as being sufficient in the number of child and adolescent psychiatrists.** Compounding this severe shortage is the realization that it will very likely get much worse since the specialty of psychiatry has the second fastest aging physician workforce, with 59- 60% of psychiatrists over the age of 55. Simply increasing the number of psychiatrists is not a total solution. Graduate Medical Education data for psychiatry shows a small diameter pipeline, with very few graduate medical students choosing psychiatry as their specialty and a very low likelihood of rapid expansion any time soon.

17 S. High Street, Suite 200 Columbus, Ohio 43215
Ph: 614-228-4730 or 866-668-3839 ▪ Fax: 614-221-1989 or 866-529-6822

Part of the Solution: Reducing barriers to psychiatric APRN practice can rapidly increase Ohio's mental health workforce

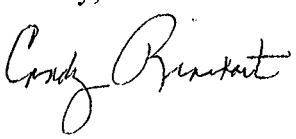
Ohio requires that all APRNs, including Psychiatric APRNs, have a Standard Care Agreement (SCA) with a physician in order to practice and prescribe. The SCA is a document signed by a nurse practitioner and a physician that lays out the parameters and limitations of the APRNs practice. This contractual document should not be confused with professional collaboration, during which APRNs can and do collaborate with members of a care team including: physicians, nurses pharmacists, physical therapists and other providers. While OAAPN is an outspoken proponent of Ohio joining the nearly 30 states that have lifted these restrictions, we believe that in this time of crisis this restriction should be removed for Psychiatric APRNs.

Ohio's APRN mental health workforce of 705 Psychiatric Mental Health APRNs represents approximately 5.4% of the entire APRN provider group in the 2015 OBON workforce data (OBON 2015 APRN workforce report). Data from states where practice laws have been modernized and unnecessary regulations have been eliminated experienced an immediate and long term influx into the state of 20-33% of APRNs. Washington State, which modernized it's practice laws, 30 years ago, has an APRN mental health specialty provider group that represents 12.7 % of their nurse practitioner workforce. Nevada has experienced a nurse practitioner influx of more than 33% after elimination of their restrictive practice laws in 2013. An increase of this magnitude in Ohio would potentially increase our psychiatric APRN provider workforce to approximately 937.

Ohio's shortage of psychiatric and addiction service providers is so severe that even established mental health centers are unable to expand to meet the growing need for mental health and substance abuse services. As an example, PsyCare, a private mental health agency, which has 9 mental health and addiction service centers, employs APRN psychiatric providers who provide high quality mental health and addiction services to Ohio citizens residing in Columbiana, Trumball and Mahoning counties. A full 66% of PsyCare's mental health services are provided by psychiatric APRNs. They are ready to expand their services to meet the needs of the growing mental health waiting list but they are unable to expand due to the highly regulated and restrictive APRN standard care arrangement. In fact, they are currently facing the risk of having to close their Appalachian office because of the inability to find a psychiatric collaborating physician to sign the collaboration agreement.

Thank you for your time. I am happy to answer any questions.

Sincerely,



Candy Rinehart, DNP APRN – CNP FAANP
President