Test Bank for Health Policy and Advanced Practice Nursing 4th Edition by Goudreau, Smolenski

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UNIT I

INTRODUCTION TO HEALTH POLICY FROM AN ADVANCED PRACTICE PERSPECTIVE

CHAPTER 1

ROLE OF ADVANCED PRACTICE NURSES IN THE LEGISLATIVE PROCESS

1. How many years have passed since the landmark document "*Crossing the Quality Chasm*" published by the Institute of Medicine?
   a. 10
   b. 15
   *c. 25
   d. 30

   Rationale: "*Crossing the Quality Chasm*" was published in 2001 by the Institute of Medicine.

2. What year did the legislative process become a part of the U.S. political system?
   a. 1987
   b. 2021
   *c. 1789
   d. 1654

   Rationale: The first bill was passed on May 5, 1789 just a few years after the Declaration of Independence and subsequent documents that outlined the structure of government.

3. Which of the following is a "… pillar of nursing?"
   a. Ethics
   b. Expectation of participation in the development of bills
   c. Health policy
   *d. Advocacy

   Rationale: The American Nurses Association identifies that nurses are expected to advocate for their patients, in their workplace, and communities. The political process of advocating for laws to be passed is similar but more broad-reaching.

4. Why is Full Practice Authority (FPA) a key continued topic for advanced practice registered nurses (APRNs)?
   a. It will allow APRNs to bill equal amounts as physicians for services.
   b. It is a lofty goal to be achieved by two of the APRN roles.
   *c. It will allow APRN to practice to the full scope of their education and training.
   d. It will increase the recognition by the physician group that APRNs can provide better care than they can.

   Rationale: The enactment of FPA will allow APRNs to practice at the highest level of scope, increase recognition of the role in the United States, and enable the provision of quality, cost-effective, compassionate care to patients in rural and underserved areas.

5. Which advanced practice registered nurse (APRN) role was the first to gain recognition from the Centers for Medicare & Medicaid Services (CMS)?
   a. Nurse Practitioners (NPs)
   b. Clinical Nurse Specialists (CNS)
   *c. Certified Registered Nurse Anesthetists (CRNAs)
   d. Certified Nurse-Midwives (CNMs)

   Rationale: CRNAs gained CMS recognition in 1986, becoming the first APRN group allowed to bill for services. NPs and CNMs were not recognized until 1998, and CNS received recognition in 1997.

6. Which legislation allowed Nurse Practitioners to prescribe medication-assisted therapy for patients with opioid use disorder?
   a. Affordable Care Act (2010)
   *b. SUPPORT Act (2018)
   c. Balanced Budget Act (1997)
   d. HITECH Act (2009)

   Rationale: The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment Act (SUPPORT) Act of 2018 authorized Nurse Practitioners to prescribe medication-assisted therapy for opioid use disorder. The Affordable Care Act focused on expanding insurance coverage, the Balanced Budget Act addressed Medicare reimbursement policies, and the Health Information Technology for Economic and Clinical Health Act (HITECH) Act promoted the use of electronic health records; none of these addressed Nurse Practitioner prescribing authority.

7. Which of the following is a common barrier to Advanced Practice Registered Nurse (APRN) involvement in the legislative process?
   a. Lack of patient advocacy skills
   *b. Lack of confidence and time constraints
   c. Limited educational preparation in clinical care
   d. Minimal interest in patient safety

   Rationale: Lack of confidence, feelings of powerlessness, financial burden, and time constraints are among the most commonly reported barriers to APRN involvement in the legislative process. Lack of patient advocacy skills is incorrect because APRNs are strong advocates by training. Limited clinical preparation is incorrect because APRNs receive advanced education. Minimal interest in patient safety is incorrect since APRNs prioritize patient safety.

8. Provision 9 of the *Nursing Code of Ethics* is most directly related to:
   a. Clinical supervision and delegation
   *b. The role of APRNs in the legislative process
   c. Financial responsibility for healthcare services
   d. Peer review and performance evaluation

   Rationale: Provision 9 of the *Nursing Code of Ethics* emphasizes the nurse's responsibility to influence social policy and advocate for patients, which directly relates to Advanced Practice Registered Nurse (APRN) participation in the legislative process. Clinical supervision and delegation, financial responsibility for healthcare services, and peer review processes are important nursing considerations but are not the focus of Provision 9.

9. Which of the following is a formative method for evaluating Advanced Practice Registered Nurse (APRN) engagement in policy?
   a. Tracking the number of bills passed into law
   b. Assessing long-term healthcare outcomes
   *c. Measuring APRN participation in testimony or hearings
   d. Documenting bipartisan support for APRN-led bills

   Rationale: Measuring APRN participation in testimony or hearings is a formative method for evaluating engagement because it focuses on short-term, process-level outcomes. Tracking the number of bills passed into law, assessing long-term healthcare outcomes, and documenting bipartisan support are examples of summative evaluation methods, which measure broader, long-term impacts rather than immediate actions.

10. Why is Advanced Practice Registered Nurse (APRN) involvement in telehealth legislation important?
   a. It ensures APRNs are reimbursed more than physicians.
   b. It limits APRN practice to rural areas only.
   *c. It expands access to care across rural and urban regions.
   d. It reduces APRN responsibility for quality of care.

   Rationale: APRN involvement in telehealth legislation helps expand access to care for patients in both rural and urban regions. Ensuring APRNs are reimbursed more than physicians is not the goal. Limiting APRN practice to rural areas is incorrect since telehealth applies broadly. Reducing APRN responsibility for quality of care is incorrect because APRNs remain accountable for the care they provide.

11. Which of the following best describes "legislation"?
   a. Advocacy campaigns led by professional organizations
   b. Lobbying activities by special interest groups
   *c. The act of making or enacting laws
   d. Voting during elections

   Rationale: Legislation is the act of making or enacting laws. Advocacy campaigns and lobbying activities can influence legislation but are not the same as the process itself. Voting during elections is a way citizens participate in democracy but does not define legislation.

12. Why is ongoing Advanced Practice Registered Nurse (APRN) mentorship important for the legislative process?
   a. It guarantees all APRNs run for public office.
   b. It ensures APRNs earn higher salaries.
   *c. It prepares the next generation of nurses to engage in policy.
   d. It removes the need for APRNs to participate in professional organizations.

   Rationale: Ongoing mentorship prepares the next generation of nurses to engage in policy and legislative advocacy by connecting experienced APRNs with newer nurses. Guaranteeing that all APRNs run for public office is not a requirement, ensuring higher salaries is not the primary purpose, and eliminating the need for APRNs to participate in professional organizations is incorrect since these groups remain essential to policy efforts.