

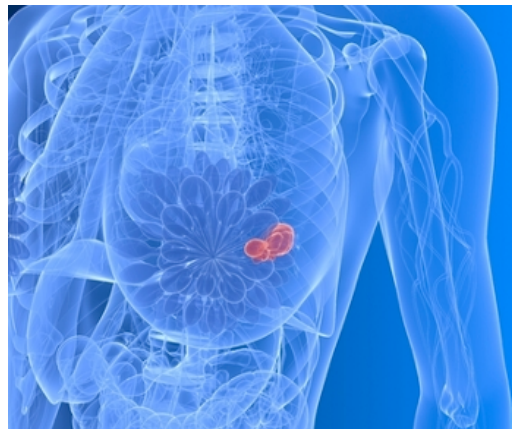
Oncology Obstructed

Nurse Practitioner Hurt by Independent Contractor Law.

Conversations with Kerri, an oncology nurse practitioner in Boston who thinks like an entrepreneur, proceed at a sprint.

Cancer hits 37,940 Massachusetts people for the first time each year. Kerri (a disguised name) has a vision of a highly skilled medical service she would love to provide them, but the Massachusetts Independent Contractor Law (MICL) stands in the way.

A Nursing Innovation. Kerri senses a rapidly developing opportunity in **oncology advocacy**, a new niche that's a direct extension of nursing's century-old mission of caring for the whole patient, a mission much broader than doctors' goal of curing disease.



5,560 Massachusetts residents are diagnosed with breast cancer each year.



The Four Corners survey medallion marking where four states meet.

Like the Four Corners, where the states of Arizona, Colorado, New Mexico and Utah come together, Kerri stands at the center of the four trends remaking cancer treatment: **rising survival rates, family dispersion, rapid changes in reimbursement policy, and a broadening spectrum of services** joining medical specialties like oncology.

Oncology practice is rapidly evolving and often now consists of brief hospital treatment followed by longer-term general care by a team helping the patient and the family.

A cancer diagnosis often paralyzes patients and their families psychologically, just when the circumstance requires rapid, calm and effective decision-making. After the initial hospital work is done, **who's in charge?**

A patient advocate in oncology would swing into action upon diagnosis. As Kerri envisions it, general care teams in oncology would consist of:

- **Doctors** to treat and then monitor the cancer itself
- **Hospitals** as medical care sites when needed
- **Physical therapists** to speed recovery after surgery or other treatment
- **Occupational therapists** to aid recovery in the patient's living quarters and workplace
- **Insurers** broadly defined, including medical benefits underwriters, long-term care insurers, and government reimbursement programs
- **Family members**, many of whom often live hundreds or thousands of miles away
- **Friends and neighbors** in the immediate vicinity
- **Specialized providers of related facilities** such as neighborhood retail-based clinics, rehab centers, gyms, and specialty treatment centers.

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The final teammate would be the team leader, **an oncology nurse working as patient advocate to coordinate the eight other resources** to maximize benefits to the patient. Team leader is a role ideally suited to advanced nursing.

Archaic Employment Law. But the MICL declares that anyone providing a service “shall be considered an employee” unless three rigid conditions are met. One of those conditions is that the hiring entity (in this case a clinic or hospital) cannot perform the same kind of work in its “usual course of business” as the contractor. Since those entities provide health care, Massachusetts cancer patients cannot now benefit from this kind of comprehensive care from Kerri and the state’s other 4,369 nurse practitioners.

Patient advocacy is not a 9-5 job. It requires responsiveness, powers of observation, analytical thinking, initiative, resourcefulness, and flexibility to provide speedy medical response and accommodate the peaks and valleys of patient need.

Employment law, credentialing agencies and regulatory schemes lag far behind fast-changing developments and significant innovations. Will state law force Debbie and 160,000 other Massachusetts medical professionals to go elsewhere to create the future of medicine?

“Having a quarterback is crucial for delivering successful, cost-effective long-term cancer care.”

Having children made Kerri’s former work status impossible. Kerri worked until the arrival of twin girls (her second and third children) required her and her husband to reassess. Because she could no longer commit to set hours, and because **nurse-practitioner regulations are written on a use-it-or-lose-it basis**, she had to let her nurse-practitioner license lapse. The lapse downgraded her rank to advance practice nurse.

Care Requirements Are In Flux. At the same time, families are spreading out. Patients live longer and prefer to avoid institutionalization by remaining at home. As hospitalization times shrink, outpatient treatments last longer. Reimbursement and coverage becomes more complex as regulation grows rapidly. **Having a quarterback, as Kerri calls it, is crucial for delivering successful, cost-effective long-term cancer care in comfort and safety.**

Independent contracting as an oncology general care leader is the natural next step for Kerri. She’s excited about her future providing the highest standard of care in an evidence-based practice, saying, “It’s an excellent service that connects the dots for the oncology population choosing to live at home, since they’d get more exposure to medical professionals than they used to, maybe only 15 minutes with a doctor.”

Unfortunately, the MICL stands in Kerri’s way.

The alternative is to change the MICL. You can help the hundreds of thousands of people like Kerri and her future patients **by writing, calling or emailing your state Senator and state Representative** and asking them to relax the Massachusetts Independent Contractor Law. And please **contribute** to New Jobs so we can continue to help those who want to be **self-employed in their field**.

Every dollar you give--\$5, \$50, \$500, \$1,000--will help spark a million-job explosion.

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