

Issues At-A-Glance: Full Practice Authority

WHAT IS IT?

Full practice authority is the collection of state practice and licensure laws that allow for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the of the state board of nursing.

Full practice authority (FPA) is occasionally referred to as “autonomous practice” or “independence”. AANP encourages nurse practitioners and policy makers to use the terms “full practice authority” when referring to state practice laws that regulate nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing. The terms “autonomous” and “independence” have been misunderstood and misinterpreted by some in the healthcare community to imply a “lone ranger” clinician, the removal of all parameters around nurse practitioner practice and equated with exclusively entrepreneurial efforts. Under a full practice authority model NPs are still required to meet educational and practice requirements for licensure, maintain national certification, and remain accountable to the public and the state board of nursing to meet the standards of care in practice and professional conduct. NPs will continue to consult and refer patients to other healthcare providers according to patient needs.

AANP endorses the National Council of State Boards of Nursing Model Practice Act language as a full practice authority model for nurse practitioners.

In some states, there is a disconnect between the higher level of care that nurse practitioners (NP) are prepared to provide and the limited level of care that outdated state practice laws will allow them to deliver. Closing this gap between clinical preparation and regulated practice authority will help end some of the disparities that patients encounter when they seek healthcare, and improve the quality and efficiency of care by eliminating the costs associated with dated bureaucratic requirements that do nothing to enhance safety or quality.

WHERE IS IT?

One-third of the nation has adopted full practice authority licensure and practice laws for nurse practitioners.

These states are: Alaska, Arizona, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Maine, Montana, Oregon, New Hampshire, New Mexico, North Dakota, Rhode Island, Vermont, Washington, and Wyoming.

HOW WILL ACHIEVING FULL PRACTICE AUTHORITY IMPACT MY PATIENTS and MY PRACTICE?

Implementing full practice authority for nurse practitioners in state practice laws will provide patients with direct access to the full services that nurse practitioners are equipped to provide. Benefits of full practice authority include:

- **Improves Access**—provides for greater access to essential healthcare services in all areas of the state, especially for patients in underserved urban and rural practices. Assist states in addressing the primary care provider workforce shortage by eliminating the unwarranted bureaucratic restriction of requiring physician involvement in order for an NP to provide patient care.
- **Streamlines Care and Makes Care Delivery More Efficient**—provides patients direct access to the full scope of services that an NP can offer *at the point of care*. Removes delays in care that are created when dated regulations require a physician signature, collaboration or protocol before a patient can initiate treatments or obtain diagnostic tests that are ordered by a nurse practitioner.
- **Decreased Costs**—avoids duplication of services and billing costs associated with unnecessary physician oversight of nurse practitioner practice. Reduces repetition of orders, office visits and care services.
- **Protects Patient Choice** – allows patients to see the healthcare provider of their choice.

Full practice authority provides nurse practitioners the legal authority to bring the best of their education, skill and expertise to each patient, at every encounter, regardless of geographic setting.

HEALTH and POLICY MAKERS RECOMMEND FULL PRACTICE AUTHORITY FOR NPs:

NPs have been providing exceptional healthcare for nearly fifty years. This track record coupled with over four decades of research demonstrating the consistent quality and safety of NP-provided healthcare has policy makers calling for the modernization of practice laws and the adoption of full practice authority for nurse practitioners.

The following excerpts are from leading health, policy, and consumer advocacy organizations regarding nurse practitioner practice and regulation. To download and view the full report, click on the association name.

Institute of Medicine—Future of Nursing Report:

“Recommendation 1: Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training”

“Now is the time to eliminate the outdated regulations and organizational and cultural barriers that limit the ability of nurses to practice to the full extent of their education, training, and competence.”

“The current conflicts between what APRNs can do based on their education and training and what they may do according to state and federal regulations must be resolved so that they are better able to provide seamless, affordable, and quality care.”

National Governors Association—The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care:

“Expanded utilization of NPs has the potential to increase access to health care, particularly in historically underserved areas.”

“In light of the research evidence, states might consider changing scope of practice restrictions and assuring adequate reimbursement for their services as a way of encouraging and incentivizing greater NP involvement in the provision of primary health care.”

Bipartisan Policy Center—What Is Driving U.S. Health Care Spending?:

“Due to various regulations and restrictions, many professionals are not practicing at the “top of their license,” meaning that they are not performing the work that reflects the fullest extent of their education and training.”

“Scope of practice restrictions vary across the nation, limiting the ability of certain professionals to provide cost-effective care.”

“Physician oversight of work that can be performed autonomously by other professionals can lead to unnecessary repetition of orders, office visits and services, thus increasing total costs without any additional benefit to patients.”

Josiah Macy Foundation—Who will provider primary care and how will they be trained?:

“Variations in scope of practice and regulatory policies affect the primary care workforce differently in different states. Results from recent studies indicate that more restrictive states lose potential NPs to states that have more supportive practice acts and regulations that govern NP practice.”

“State and national policies should be changed to clarify the scope of practice of NPs as independent primary care providers. Subsequently, insurers’ policies, including Medicare and Medicaid, should be revised to link reimbursement to practice.”

AARP—The Policy Book-AARP Public Policies 2011-2012

“States should allow all professionals to provide services to the full extent of their current knowledge, training, experience and skills where evidence indicates services can be provided safely and effectively. States should allow and expect different professions to share overlapping scopes of practice.”

“States should amend current scope of practice laws and regulations to allow nurses, APRNs to perform duties for which they have been educated and certified.”

“Current state nurse practice acts and accompanying rules should be interpreted and/or amended where necessary to allow APRNs to full and independently practice as defined by their education and certification.”

LINK TO ADDITIONAL RESOURCES

- National Council of State Boards of Nursing (NCSBN) Model Nurse Practice Act language - Model statutes and rule language for regulating NP practice for full practice authority.
- Clinical Outcomes: The Yardstick of Educational Effectiveness – Appropriate educational evaluation and comparison markers
- Nurse Practitioner Cost-Effectiveness - An introduction to the body of evidence supporting NPs as cost-effective providers of high-quality care.
- Quality of Nurse Practitioner Practice - An overview of the research supporting the value the nurse practitioner brings to high-quality care.

If nurse practitioner legislation is proposed in your state, please contact the AANP State Government Affairs office at (512) 732-2320. The AANP welcomes the opportunity to work with state stakeholders to shape legislation that is beneficial and appropriate for patients, nurse practitioners and the healthcare community.

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