Introduction

“Lack of full practice authority (FPA) for advanced practice registered nurses (APRNs) is a barrier to the provision of efficient, cost-effective, high-quality, and comprehensive health care services for some of our most vulnerable citizens” (Bosse et al., 2017, p761). The United States of America continues to have the highest cost of healthcare services per capita while achieving worse clinical outcomes, lower life expectancy, and higher infant mortality rates (Papanicolas et al., 2018). The causes of these inequities are varied and prevalent in health services research.

One evidence-based approach to addressing access to care, and therefore potentially improving health outcomes, is granting full practice authority (FPA) to APRNs. Currently, there are 26 states and territories that have granted FPA to Nurse Practitioners (NPs) in the United States of America (American Association of Nurse Practitioners, 2021). Many bipartisan national organizations have released statements and briefs advocating for such changes.

- As of March 29, 2021, there are 2,457 APRN licenses active in Delaware.
- There were 1,523 Delaware ARPN licenses in 2015, representing a 61% growth of APRNs in Delaware from 2015 to present.
- The largest percent of growth over the last 5+ years is in Certified Nurse Practitioners with 990 in 2015 compared to 1,898 in 2021 (92% increase).
Official Position Statement

National Bipartisan Support and Advocacy

*National Academy of Medicine.* In 2011, the Institute of Medicine of the National Academies (now the National Academy of Medicine) published a landmark report on nursing: *The Future of Nursing: Leading Change, Advancing Health.* The first key message from the National Academy of Medicine was that nurses should practice to the full extent of their education and training, noting that “a variety of historical, regulatory, and policy barriers have limited nurses’ ability to generate widespread transformation” (Institute of Medicine of the National Academies [IMNA], 2011, p4-5). The key message goes on to state “Some states have kept pace with the evolution of the health care system by changing their scope-of-practice regulations to allow nurse practitioners to see patients and prescribe medications without a physician’s supervision or collaboration… what nurse practitioners are able to do once they graduate varies widely for reasons that are related not to their ability, education or training, or safety concerns but to the political decisions of the state in which they work” (IMNA, 2011, p5).

*National Governors Association.* In December 2012, the National Governors Association (NGA) evaluated the role of Nurse Practitioners in primary care reform and released the white paper: “The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care.” In this paper, the NGA found that “Research suggests that NPs can perform many primary care services as well as physicians do and achieve equal or higher patient satisfaction rates among their patients. The review of state laws and regulations governing NPs reveals wide variation among the states with respect to rules governing NPs’ scope of practice… To better meet the nation’s current and growing need for primary care providers, states may want to consider easing their scope of practice restrictions and modifying their reimbursement policies to encourage greater NP involvement in the provision of primary care” (National Governors Association, 2012).

*Federal Trade Commission.* In 2014, the Federal Trade Commission (FTC) released a report commenting on the regulation of APRNs entitled “Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses.” The executive summary of this report states “Effective collaboration between APRNs and physicians does not necessarily require any physician supervision, much less any particular model of physician supervision” (Federal Trade
Official Position Statement

Commission [FTC], 2014, p3). The report additionally states: “…APRNs play a critical role in alleviating provider shortages and expanding access to health care services for medically underserved populations. For these reasons, the FTC staff has consistently urged state legislators to avoid imposing restrictions on APRN scope of practice unless those restrictions are necessary to address well-founded patient safety concerns. Based on substantial evidence and experience, expert bodies have concluded that APRNs are safe and effective as independent providers of many health care services within the scope of their training, licensure, certification, and current practice. Therefore, new or extended layers of mandatory physician supervision may not be justified” (FTC, 2014, p2).

Summary

There is a substantial body of comprehensive scholarly research that supports APRNs’ ability to provide high-quality, cost-efficient, high-satisfaction care to patients (Newhouse et al., 2012; Newhouse et al., 2011; Johantgen et al., 2012). The extensive list of references provided below is only the gateway into a body of extensive knowledge surrounding APRN practice, regulation, quality, and cost. The coronavirus disease 2019 (COVID-19) pandemic has highlighted weaknesses in our health care delivery system, one of which is the widespread mistrust in science. The science surrounding APRN practice, regulation, quality, and cost must be acknowledged and translated into state regulations as called upon by the National Academy of Medicine in 2011, and numerous other bodies, and continuously supported by emerging research.

Statement of DNA and Organizational Affiliate Position

The Delaware Nurses Association supports the passing and signing of House Bill 141, introduced to the 151st Delaware General Assembly on March 30, 2021, titled “An Act to Amend Title 24 of the Delaware Code Relating to Advanced Practice Registered Nurses.” We believe this legislation is critical to the continued advancement of high quality, consistent, accountable, and accessible advanced health and nursing care in Delaware.
Official Position Statement

Recommendations

- Foster increased and continued awareness and support for House Bill 141 among the Delaware nursing and healthcare community.
- Seek opportunities to partner with elected officials and provide evidence and education that will shepherd House Bill 141 through review, approval and signing.
- Seek opportunities to partner with Delaware health care advocacy groups to broaden awareness, information, and support of House Bill 141.
- Communicate support and awareness of House Bill 141’s status to other state boards of nursing, state nursing associations, and elected officials with the goal of increasing additional APRN FPA legislation in other states.

Learn More at: https://denurses.org/APRN-Legislation

References


Official Position Statement


