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APRN Regulation & the State of the States

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Overview

- APRN Consensus Model
- Regulation by the Board of Nursing
- State of the States
 - Current numbers
 - COVID-19
- What we know
 - Access to care
 - Reducing unnecessary regulation
 - Patient safety
- Takeaway

APRN Consensus Model

- Adopted in 2008
- Standardized APRN licensure, certification, education, and practice/prescribing
- Rooted in patient safety
 - Decades of evidence demonstrates APRNs are safe and quality care providers
 - Uniformity is key for patient understanding and mobile workforce
 - Unnecessary restrictions inject unnecessary risk into the regulatory environment

APRN Consensus Model Elements

- Title: APRN
- Roles:
 - Nurse Practitioner (NP)
 - Certified Nurse Midwife (CNM)
 - Clinician Nurse Specialist (CNS)
 - Certified Registered Nurse Anesthetist (CRNA)
- Licensure
- Education
- Certification
- Independent Practice
- Independent Prescribing

Regulators of APRNs

- Boards of Nursing
- States that have removed barriers
- Dual regulation
 - Alabama
 - North Carolina
 - Virginia
- Federal Trade Commission
 - “We urge you to consider whether to allow independent regulatory boards dominated by medical doctors and doctors of osteopathy to regulate APRN prescribing, given the risk of bias due to professional and financial self-interest” (FTC, 2016).
 - Regulation by physician dominated boards may lead to “the adoption and application of occupational restrictions that discourage new entrants, deter competition among licensees and from providers in related fields, and suppress innovative products or services” (FTC, 2020).

State of the States

- Over half have removed restrictions for one or more APRN role
- 24 states, D.C. and Guam have removed barriers for NPs
 - Recent enactments: Delaware and Massachusetts
- Right here in North Carolina
 - Veterans Affairs System
 - Indian Health Services
 - Military

COVID-19

State Action

- Emergency actions taken to remove barriers
 - 12 states removed CPAs
 - Licensure waivers
 - Telehealth waivers

Federal Action

- Trump Administration
 - HHS Letter
 - CMS Waiver
 - VHA

Patients relied on expert APRN care during COVID

- Primary care
- Mental health
- Critical and acute care
- Telehealth

Access to Care: State Data

Arizona – increase in nurse practitioners in the state occurred in all three areas: urban, rural-urban, and rural-rural. Largest increase (77%) occurred in rural-rural counties.

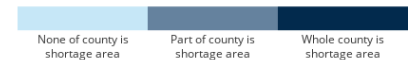
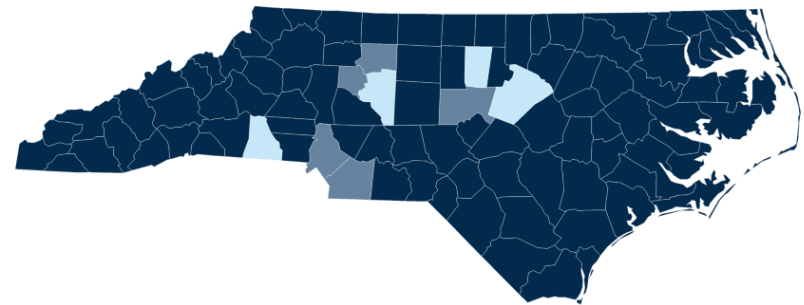
Nevada – 33.4% growth in practicing APRNs. From 2000-2015, increase in APRN presence in top three rural counties

North Dakota – 83% increase in licensed NPs in North Dakota from 2011-2017

Access to Care: Mental Health

- “The most successful PMH-APRN collaborations that were described in our five-state study were those where the parties freely agreed to collaborate, had shared clinical interests, and perceived mutual benefit from their collaboration” *Archives of Psychiatric Nursing*
- “PMHNPs can make a significant contribution to behavioral healthcare delivery, particularly in public mental health settings” *American Journal of Preventative Medicine*

Health Professional Shortage Areas: Mental Health, by County, 2022 - North Carolina



Access to Care: Medicaid

- “a significantly higher percentage of practices with nurse practitioners (NPs) accepted Medicaid compared with practices without NPs.” *Medical Care Research and Review*
- “states interested in reducing the cost of care for citizens on Medicaid should consider relaxing restrictions on nurse practitioners and physician assistants.” *Mercatus Center, George Mason University*

Access to Care: Rural Health

- Study finds NP supply grew in rural and HPSA counties regardless of SOP regulation, with NP supply higher in those states with full practice authority than in states with reduced or restricted SOP regulation. *Journal of Nursing Regulation*
- In Community Health Centers, patient visits by nurse practitioners increased in those states that removed restrictive barriers. *Journal of AANP*
- “improved access to care for patients. By expanding buprenorphine waivers, there was a rapid growth in NPs and PAs as buprenorphine providers particularly in rural areas.” *Health Affairs Journal*

Access to Care: Maternal Health Outcomes

“Low-risk women whose births were attended by CNMs had lower odds of having a cesarean birth, induction/augmentation of labor, complications of birth, postpartum hemorrhage, endometritis, and preterm birth ... than women whose births were attended by physicians.”
Politics, Policy & Nursing Practice

“Medically underserved women living in states with laws that restrict NP full scope-of-practice are twofold more likely to be diagnosed with late-stage cancer” *Journal of Epidemiology and Community Health*

Centers for Medicare and Medicaid Issue Brief on maternal health care in rural areas calls for an increase in non-physician providers to provide women’s health services in response to decreasing access to care. *CMS*

Reducing Unnecessary Regulation

- CATO Institute: Freedom in the 50 States
 - For North Carolina's 2021 report card "Occupational freedom is a weak spot, especially for the health professions."
 - One element of scoring: "nurse practitioner independence index"
- Federal Trade Commission
 - "When collaborative practice requirements are eliminated or reduced, the supply of professionals willing to offer APRN services at any given price is likely to increase. In underserved areas and for underserved populations, the benefits of expanding supply are clear: consumers may gain access to services that otherwise would be unavailable. Even in well-served areas, a supply expansion tends to lower prices and drive down health care costs"
- American Enterprise Institute
 - "Results showed that increased spending by physician interest groups increased the probability that a state maintains licensing laws that restrict NPs' practice."

Maintaining Patient Safety

- National Governors Association
 - “None of the studies in NGA’s literature review raise concerns about the quality of care offered by NPs”
- Health Affairs
 - “In 2010, the landmark RTI study published in Health Affairs showed that anesthesia care is equally safe whether it is provided by a CRNA working solo, an anesthesiologist working solo, or a CRNA working with an anesthesiologist.”
- American College of Obstetricians and Gynecologists
 - “To provide highest quality and seamless care, ob-gyns and CNMs/CMs should have access to a system of care that fosters collaboration among licensed, independent providers.”
- Campaign for Action
 - CNS’ are “A force for improving safety, outcomes and health care delivery”

Takeaways

- APRNs are educated and certified to provide care within their role and population foci
- APRNs are expertly regulated by Boards of Nursing
- Over half the states have removed barriers
- There are APRNs with full practice authority in NC today
- Removing barriers increases access to care
- Removing barriers reduces unnecessary regulation
- ...All while maintaining public safety



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Thank you

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