



## **Policy Makers on the Effective Utilization of Advanced Practice Registered Nurses (APRNs)**

The past several years have seen increasing emphasis on the need to more effectively use the skills of advanced practice registered nurses (APRNs). Particularly since passage of the Affordable Care Act, the call for utilizing nurses to the full extent of their knowledge and competence is coming from many places.

The following is a summary of *national* organizations that have issued reports or policy papers addressing APRNs. Not included are a number of reports that have focused on particular *states*, such as a recent [RAND report](#) on the impact of APRNs in Ohio and [an analysis of the economic benefits of lifting restrictive regulation in North Carolina](#) from The Center for Health Policy and Inequalities Research at Duke University.

### **Office of the Assistant Secretary for Planning and Evaluation (ASPE)**

In December, 2015, ASPE released a report prepared by Westat entitled, [Impact of State Scope of Practice Laws and Other Factors on the Practice and Supply of Primary Care Nurse Practitioners](#). The report concluded that “scope of practice is an important driver of many practice outcomes for NPs,” and that “states could take better advantage of the broad capacities of NPs by loosening SOP restrictions and considering other policy levers available including addressing organizational practices, education and training, and evaluating billing practices and the rates at which NPs are reimbursed compared to their physician colleagues.”

### **The White House (with Departments of Treasury and Labor, and Council of Economic Advisors)**

In July, 2015, the White House released a report (prepared by the Department of the Treasury Office of Economic Policy, the Council of Economic Advisers, and the Department of Labor) entitled, [“Occupational Licensing: A Framework for Policymakers.”](#) The report explores the rise in occupational licensing by states, describes its consequences, and proposes best practices for policy makers. The report notes that restrictions on scope of practice can have effects similar to the overall impact of licensing: limiting the supply of labor, restricting competition, and increasing the cost of services. Easing restrictions on APRNs “represents a viable means of increasing access to certain primary care services.”

### **Federal Trade Commission (FTC)**

In March, 2014, the Office of Policy Planning at the FTC released [Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses](#) suggesting that state legislators should be cautious when evaluating proposals to limit the scope of practice of Advanced Practice Registered Nurses (APRNs).

“By limiting the range of services APRNs may provide and the extent to which they can practice

independently, such proposals may reduce competition that benefits consumers.”

### **National Governor’s Association (NGA)**

The NGA Center for Best Practices released [The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care](#) in December, 2012, noting that “One way states could increase access to primary care for their residents is to consider easing their scope of practice restrictions and modifying their reimbursement policies to increase the role of nurse practitioners in providing primary care.”

### **National Association of Community Health Centers (NACHC)**

Reports on access to primary care, like the NGA report noted above, often focus on nurse practitioners (NPs). It is important to note that in addition to NPs, certified nurse-midwives (CNMs) are also trained as PCPs and are often the PCP for women of reproductive age and beyond. According to the [American College of Nurse-Midwives](#), 53.3% of CNMs/CMs identify reproductive care and 33.1% identify primary care as main responsibilities in their full-time positions.

In the fact sheet (2013), [Expanding Access to Primary Care: The Role of Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives in the Health Center Workforce](#), NACHC points out that community health centers rely heavily on NPs, PAs and CNMs to “improve access to care, improve patient outcomes, and reduce health disparities, all while promoting a more efficient and cost-effective primary care system.”

### **UnitedHealth Center for Health Reform & Modernization**

In their Working Paper 6, [Modernizing Rural Health Care: Coverage, quality and innovation](#), (July 2011), the UnitedHealth Center for Health Reform & Modernization states:

“It also makes sense to strengthen multidisciplinary teamwork in rural primary care, freeing nurse practitioners, physician’s assistants and others to practice using the full range of their skills, rather than being subject to outdated scope-of-practice licensing constraints. Our new national survey finds that a majority of rural primary care doctors agree with this approach.”

In [Advancing Primary Care Delivery Practical, Proven, and Scalable Approaches](#) (September 2014), the Center notes a higher concentration of nonphysician primary care providers, including nurse practitioners (NPs) and physician assistants (PAs), in areas with lower median household incomes and higher rates of uninsured residents, and concludes that “Increased roles for NPs and PAs would add to the system’s overall primary care capacity, and could help target capacity to areas where there are fewer primary care physicians.”

### **Baker Institute Policy Report**

[Health Reform and the Health Care Workforce](#), No. 51, March 2012

“Scope-of-practice regulations for all health professionals should be reviewed and modified to ensure that they are designed to take full advantage of the knowledge and skills of each professional and foster cost-effective care. All professional associations should support such an effort. “

## **National Center for Policy Analysis**

[The Doctor's Out. Where's the Nurse?](#) Brief Analysis No. 757 by Virginia Traweek and John C. Goodman, November 10, 2011

"The country cannot continue to discriminate against highly-qualified clinicians simply because they are not classified as primary care physicians. The solution is to reexamine scope of practice legislation and determine whether or not requiring a nurse practitioner to get a doctor's permission before prescribing cold medicine is really a good idea."

## **RWJF at the Institute of Medicine (IOM)**

In October, 2010, The IOM released [The Future of Nursing: Leading Change, Advancing Health](#).

Key Messages include:

Nurses should practice to the full extent of their education and training.

Nurses should be full partners, with physicians and other health care professionals in redesigning health care in the U.S.

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.

To achieve this goal, the committee recommends a series of nine recommendations for Congress, state legislatures, Centers for Medicare and Medicaid Services, Office of Personnel Management, and the Federal Trade Commission and the Antitrust Division of the Department of Justice.

## **Macy Foundation**

In 2010, the Macy Foundation released the Proceedings of a conference chaired by Linda Cronenwett, Ph.D., R.N., FAAN and Victor J. Dzau, M.D. report, [Who Will Provide Primary Care and How Will They Be Trained?](#)

"Coupled with efforts to increase the number of physicians, NPs and PAs in primary care, state and national legal, regulatory and reimbursement policies should be changed to remove barriers that make it difficult for NPs and PAs to serve as PCPs and leaders of PCMHs or other models of primary care delivery. All PCPs should be held accountable for the quality and efficiency of care as measured by patient outcomes."

## **Bipartisan Policy Center**

In a June, 2009 report, ["Crossing Our Lines: Working Together to Reform the U.S. Health System,"](#) Senators Howard Baker, Tom Daschle and Bob Dole made a number of recommendations, including: "Revise scope-of-practice laws that discourage use of advanced practice nurses, pharmacists, and other allied health professionals."

The Center has continued to produce reports that speak to [the need to strengthen the health professional workforce](#), including ["A Bipartisan Rx for Patient-Centered Care and System-Wide Cost Containment,"](#) which recommends "policies to strengthen the primary care workforce and make greater use of non-physician practitioners."

### **Citizen Advocacy Center (CAC)**

In 2010, CAC [launched a project](#) to “provide independent, third-party, economically disinterested input into processes and criteria for removing unjustified scope of practice restrictions.” They have produced and made available on their website a number of resources, including FAQs for consumers and have continued to be a strong voice advocating for consumer access to a variety of qualified healthcare providers.

### **AARP**

In 2010, AARP issued a policy statement, [Scope of Practice for APRNs](#), that addresses the need to lift legal barriers that “are short-changing consumers”

“Statutory and regulatory barriers at the state and federal levels that prevent scores of nurses from practicing to the full extent of their licensure must be lifted. “

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

### **Engelberg Center for Health Care Reform at Brookings**

In [Bending the Curve: Effective Steps to Address Long-Term Health Care Spending and Growth](#) (August 2009), Key Reform 3: Improve the Health Care Workforce:

“Create incentives for states to amend the scope of practice laws to allow for greater use of NPs, pharmacists, PAs and community health workers.”

### **National Association of Community Health Centers, GWU, Robert Graham Center:**

[Access Transformed: Building a Primary Care Workforce for the 21st Century](#) (2008)

“Health centers are increasingly challenged to meet their primary care workforce need. Health centers currently need 1,843 primary care providers, inclusive of physicians, nurse practitioners, physician assistants, and certified nurse midwives. On top of this need, they are 1,384 nurses short. “

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