



## **POSITION STATEMENT**

### **Advanced Practice Registered Nurses Full Practice Authority**

*Adopted by the ANAC Board of Directors – May 2014*

#### **It is the position of the Association of Nurses in AIDS Care that:**

- Advanced Practice Registered Nurses (APRNs) should practice to the full extent of their licensure, accreditation, credentials, education, and expertise.
- In states with limited scope of practice and prescriptive authority for Advanced Practice Registered Nurses, State Boards of Nursing and State Legislatures should expand APRN practice and prescriptive authority in line with national trends and evidence.
- Advanced Practice Registered Nurses should have full practice authority to practice and prescribe without a supervisory agreement with a physician.
- Advanced Practice Registered Nurses are responsible for recognizing the limits of their experience and training and will identify when it is appropriate to refer patients or consult with a clinician with advanced or specialized training.
- Advanced Practice Registered Nurses, using a collaborative practice model can lead inter-professional teams of health care providers.

#### **Statement of concern:**

The demand for primary care services is projected to increase through 2020, due largely to population aging and growth as well as the expanded insurance coverage implemented under the Patient Protection and Affordable Care Act (ACA). Based on current utilization patterns, demand for primary care providers is projected to grow more rapidly than physician supply. <sup>i</sup> This expected increased demand for health care services includes an increased demand for HIV primary care and HIV specialty care. Additionally, the recent United States Preventative Services Task Force (USPSTF) recommendation for HIV testing as a routine part of medical care will contribute to an increase in the numbers of people being offered HIV testing and identified as HIV-positive. <sup>ii</sup>

Benchmarks set by the National HIV/AIDS Strategy (NHAS) emphasize initiatives and strategies for linking and retaining persons living with HIV into regular HIV primary care.<sup>iii</sup> All of these factors will increase the demands on current HIV primary care providers and challenge HIV clinical workforce capacity at a time

when experienced providers who began providing care early in the AIDS epidemic are retiring or transitioning out of clinical practice.

Advanced Practice Registered Nurses (APRN), in particular Nurse Practitioners, can significantly contribute to addressing the primary care and HIV workforce shortage. The delivery of patient centered, primary care by interprofessional health care teams that utilize APRNs to the full extent of their scope of practice has been identified as a cost-effective high quality model of health care<sup>iv</sup>.

### **Background information**

The title Advanced Practice Registered Nurse (APRN) is the licensing and legal title used for the subset of nurses prepared with advanced, graduate-level nursing knowledge to provide direct patient care in four roles: certified registered nurse anesthetist, certified nurse-midwife, clinical nurse specialist, and certified nurse practitioner. APRNs are licensed, independent practitioners who are expected to practice within standards established by the nursing profession and recognized by a State licensing body. Each APRN is accountable to patients, the nursing profession, and the licensing board to comply with the requirements of state nurse practice acts and for the quality of advanced nursing care provided. APRNs have the ability and the responsibility to recognize limits of knowledge and experience, to plan for the management of situations beyond their expertise; and to appropriately refer and/or consult with other health care providers.<sup>v</sup>

Nurse Practitioners are the largest group of APRNs and are the fastest growing segment of the primary care professional workforce. The majority of Nurse Practitioners (NPs) practice in the area of primary care in diverse clinical settings, including Ryan White Care Act-supported programs, health centers, retail or urgent care clinics, medical practices and school-based health centers. They are a key source of primary care in community health centers and in over 250 nurse-managed health clinics across the country. These centers serve about 20 million patients a year. About 10,000 NPs run their own independent practices<sup>vi</sup>. Numerous studies have indicated that patient outcomes and patient satisfaction in care provided by APRNs in collaborative teams are similar to and in some ways better than care provided by physicians alone for the populations and settings studied.<sup>vii viii</sup>

Regulations defining scope-of-practice vary widely by state. Seventeen states as well as the District of Columbia have full practice authority for Nurse Practitioners<sup>ix</sup>. Full practice authority is the collection of state practice and licensure laws that provide for NPs to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments, including prescribing medications, under the exclusive licensure authority of the state board of nursing<sup>x</sup>. This is the model recommended by the Institute of Medicine Report on the Future of Nursing<sup>xi</sup> and National Council of State Boards of Nursing<sup>xii</sup>.

Sixty-five million people live in areas designated by the federal government as having a shortage of primary care providers. Challenges with access to providers are expected to intensify as millions of newly insured people enter the health care system as a result of the ACA. Additionally, by 2020, the U.S. will face an estimated shortage of 91,000 physicians, projected to be equally split between primary care physicians and specialists.<sup>xiii</sup> The shortage and resultant contribution

to health disparities is likely to be more acute for those insured by Medicaid due to limited numbers of primary care physicians in many low-income communities and low physician participation in Medicaid.

Inter-professional teams of healthcare providers led by APRNs will be an increasingly valuable and effective strategy in the expansion of Patient Centered Medical Homes (PCMH), where coordinated team care is an essential component. In 2010, the National Center for Quality Assurance (NCQA) allowed nurse-led practices to be accredited PCMHs in states where APRN licensure allows independent practice for the full range of primary care. NCQA consulted with medical home stakeholders, including clinicians, payers, major benefit purchasers, and national consumer advocate organizations in this decision. The Utilization Review Accreditation Commission and the Joint Commission followed suit and currently accredit PCMHs led by nurse practitioners.<sup>xiv</sup>

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<sup>i</sup> Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Health Resources and Services Administration(HRSA) Bureau of Health Professions National Center for Health Workforce Analysis, November 2013

<sup>ii</sup> [www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfact.pdf](http://www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfact.pdf). April 2013

<sup>iii</sup> <http://aids.gov/federal-resources/national-hiv-aids-strategy/nhas-fact-sheet.pdf>

<sup>iv</sup> Nurse Practitioner Cost Effectiveness . American Association of Nurse Practitioners. <https://www.aanp.org/images/documents/publications/costeffectiveness.pdf>

<sup>v</sup> Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education. July 2008. APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee

<sup>vi</sup> Improving Access to Adult Primary Care in Medicaid: Exploring the Potential Role of Nurse Practitioners and Physician Assistants Kaiser Family Foundation March 2011

<sup>vii</sup> Advanced Practice Nurse Outcomes: A Systematic Review 1990-2008. Nursing Economics Sept/Oct 2011

<sup>viii</sup> Wilson IB, Landon BE, Hirschhorn LR, et al. Quality of HIV Care Provided by Nurse Practitioners, Physician

Assistants, and Physicians. Ann Intern Med 2005; 143(10): 729-36.

<sup>ix</sup> American Association of Nurse Practitioners. "2013 Nurse Practitioner State Practice Environment." 2013. <http://www.aanp.org/images/documents/state-leg-reg/stateregulatorymap.pdf>

<sup>x</sup> Issues At A Glance: Full Practice Authority. American Academy of Nurse Practitioners. [www.aanp.org/images/documents/policy-toolbox/fullpracticeauthority.pdf](http://www.aanp.org/images/documents/policy-toolbox/fullpracticeauthority.pdf)

<sup>xi</sup> The Future of Nursing Leading Change, Advancing Health Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine; Institute of Medicine Oct 2010

<sup>xii</sup> Consensus Model for APRN Regulation: July 2008. National Council of State Boards of Nursing APRN Advisory Committee

<sup>xiii</sup> Improving Access to Adult Primary Care in Medicaid: Exploring the Potential Role of Nurse Practitioners and Physician Assistants Kaiser Family Foundation March 2011

<sup>xiv</sup> Stokowski,L. Nurse Practitioners and Medical Homes: A Natural Fit.

[www.medscape.com/viewarticle/772300\\_4](http://www.medscape.com/viewarticle/772300_4)