

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 all nurse practitioners 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.

There is a disconnect between the higher level of care that nurse practitioners are prepared to provide and the limited level of care that outdated state practice laws will allow them to deliver to patients. Closing this gap between clinical preparation and regulated practice authority will help end some of the obstacles that patients encounter when they seek health care. This will also improve the quality and efficiency of care while simultaneously eliminating costs associated with dated bureaucratic requirements that do nothing to enhance safety or quality.

Full practice authority is occasionally referred to as “autonomous practice” or “independence.” AANP encourages use of the term “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 of the state board of nursing. The terms “autonomous” and “independence” have been misunderstood and misinterpreted by some to imply a “lone ranger” clinician—the removal of all parameters around nurse practitioner practice. Under a full practice authority model NPs are still required to meet educational requirements for licensure, maintain national certification, consult and refer to other health care providers as warranted by patient needs, and remain accountable to the public and the state board of nursing for meeting standards of care.

AANP provides support for states wishing to adopt full practice authority for nurse practitioners. AANP recommends The National Council of State Boards of Nursing Model Practice Act as a full practice authority licensure and practice model endorsed by nearly four dozen nursing organizations.

WHERE IS IT?

To date, more than forty percent of states have adopted full practice authority licensure and practice laws for nurse practitioners. With each passing year, more states are added to this list as they modernize their licensure laws.

These states are: Alaska, Arizona, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Iowa, Maine, Maryland, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Oregon, 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 will provide patients with full and direct access to all the services that nurse practitioners are equipped to provide. Full practice authority:

- Improves Access—creates greater access to care, especially in underserved urban and rural areas. States can address primary care workforce needs by eliminating the unwarranted bureaucratic condition of physician involvement in order for an NP to provide patient care.
- Streamlines Care and Makes Care Delivery More Efficient—provides patients full and direct access to the full scope of services *at the point of care* that an NP can offer. Full Practice Authority removes delays in care that are created when dated regulations require a protocol to initiate treatments or to obtain diagnostic tests ordered by a nurse practitioner.
- Decreases Costs—avoids duplication of services and billing costs associated with unnecessary physician oversight of nurse practitioner practice. Full practice authority reduces unnecessary repetition of orders, office visits, and care services.
- Protects Patient Choice – allows patients to see the health care provider of their choice. Full practice authority removes anti-competitive restrictions that interfere with patient-centered health care.

PATIENTS, HEALTH CARE EXPERTS, and LEGISLATORS RECOMMEND NP FULL PRACTICE AUTHORITY:

America's current health care environment has policy makers increasingly looking toward Full Practice Authority as part of the solution to meeting population health care needs. With a track record of nearly fifty years of patient care and research studies confirming the consistent quality of health care provided by NPs, now is the time to implement full practice authority for nurse practitioners and patients.

Numerous health care experts and policy makers recommend that states adopt full practice authority for NPs. Additionally, millions of Americans are choosing NPs as their primary care provider, and two out of three patients favor updating laws to allow them improved access to NP services. The following are excerpts of assessments and recommendations from leading health, policy, and consumer advocacy organizations. To 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:

“Existing research suggests that NPs can perform a subset of primary care services as well as or better than physicians. Expanded utilization of NPs has the potential to increase access to health care, particularly in historically underserved areas.”

“NGA’s review of health services research suggests that NPs are well qualified to deliver certain elements of primary care. 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 provide 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 (albeit collaborative in the true sense) primary care providers.”

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 fully and independently practice as defined by their education and certification.”

Federal Trade Commission— Policy Perspectives- Competition and the Regulation of Advanced Practice Registered Nurses:

“Based on our extensive knowledge of health care markets, economic principles, and competition theory, the FTC staff reach the same conclusion: expanded APRN scope of practice is good for competition and American consumers.”

“Additional scope of practice restrictions, such as physician supervision requirements, may hamper APRNs’ ability to provide primary care services that are well within the scope of their education and training.”

“Reducing undue restrictions on APRN scope of practice can be one significant way to help ameliorate existing and projected access problems.”

LINKS 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 (703) 740-2529 or statepolicy@aanp.org. AANP welcomes the opportunity to work with state stakeholders to shape legislation that is beneficial and appropriate for patients, nurse practitioners, and the health care community.

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