

New laws increase access to healthcare delivery for advanced practice registered nurses

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As 2017 comes to a close, many states have enacted laws and regulations expanding access to healthcare provided by advanced practice registered nurses (APRNs), according to the 30th Annual Legislative Update in the January issue of *The Nurse Practitioner*.

"In 2017, over 20 states reported passage of legislation positively impacting access to and delivery of healthcare nationwide," writes Susanne J. Phillips, DNP, APRN, FNP-BC, FAANP, of the University of California, Irvine, in her annual report on legislative developments affecting APRN practice. The report describes national efforts to move individual states toward providing full practice authority (FPA) to APRNs: nurses with advanced degrees and clinical experience who play a critical role in improving access to healthcare in a wide range of settings.

More States Increase Practice Authority and Access to APRN Care

Dr. Phillips highlights in particular the "substantial and successful" efforts in moving toward FPA in two states: South Dakota and Illinois. With some important differences, both states expand the scope of practice for APRNs who meet criteria for training and [clinical experience](#).

With these changes, APRNs now have full, autonomous practice and prescribing authority in 25 states and the District of Columbia, in some cases after a period of supervision or collaboration with a physician. In the remaining states, APRNs continue to practice under the supervision or in collaboration with physicians.

Reflecting intensified efforts to respond to the ongoing opioid crisis, several states enacted new laws or regulations on prescribing of controlled substances. Two states, California and Oregon, passed legislation bringing [nurse](#) practitioners' role into line with the federal Comprehensive Addiction and Recovery Act. These laws clarify the role of nurse practitioners in prescribing buprenorphine: a medication that is an important part of treatment for opioid use disorders.

Other new legislation affecting APRN practice includes:

- Changes in practice authority, including several states where APRNs are now authorized to recommend (though not prescribe) medical marijuana for patients with a qualifying condition. Other states broadened APRNs' "signature authority" for specific purposes, notably including the authority to sign death certificates.
- Progress in adoption of the "APRN Consensus Model"—a set of recommendations to achieve uniformity in regulating APRN practice. Currently, 15 states have fully implemented the Consensus Model. In 2017, several [states](#) adopted new elements of the Consensus Model.
- Other changes affecting nurse practitioners' authority to be co-owners of medical practices (Oregon) and to be reimbursed for telemedicine services (Vermont).

Advanced practice registered nurses—including nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives—are a

critical part of efforts to ensure and expand access to high-quality, cost-effective healthcare. *The Nurse Practitioner's Annual Legislative Update* provides a milestone marking nationwide efforts to take full advantage of the care provided by APRNs as they improve access to healthcare one state at a time.

Dr. Phillips acknowledges the dedicated efforts of professional APRN organizations and state Boards of Nursing as they work toward the ultimate goal of full [practice](#) authority for APRNs in every state. She comments, "While progress may not always be as fast as we would like, this annual update documents the expanding role of APRNs in meeting the healthcare needs of all Americans."

More information: Susanne J. Phillips. 30th Annual APRN Legislative Update, *The Nurse Practitioner* (2017). [DOI: 10.1097/01.NPR.0000527569.36428.ed](#)

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