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| Feb. 6, 2019NCSBN Publishes Findings from Survey of Advanced Practice Registered Nurses with Collaborative Practice AgreementsFOR IMMEDIATE RELEASE**Media Contact**: Dawn M. KappelDirector, Marketing & Communications312.525.3667 direct312.279.1034 faxdkappel@ncsbn.org CHICAGO – NCSBN conducted a survey of advanced practice registered nurses (APRNs) to determine the economic burden and practice restrictions placed on them by state laws. The survey findings were [published](https://protect2.fireeye.com/url?k=e35f61f1-bf1e1dde-e35dad3b-0cc47a6d17a8-c48db4458b235fb5&u=https://ncsbn.us2.list-manage.com/track/click?u=a6c6f7da1b05b0e47f0cb6193&id=cc9bbf5118&e=6331c0f43f) in the January 2019 issue of the Journal of Nursing Regulation. Despite growing demand for providers and the fact that APRN have consistent positive patient outcomes comparable to physicians’ quality metrics, APRNs face significant barriers to independent practice. One such barrier is the requirement that an APRN have a collaborative practice agreement (CPA) with a physician. These agreements generally have few to no benefits but serve as barriers to APRN care. The study determined that the  APRNs working in rural areas and APRN-managed private clinics were one and a half to six times more likely to be assessed CPA fees, often exceeding $6,000 and up to $50,000 annually. Similarly, APRNs subject to minimum distance requirements, fees to establish a CPA, and supervisor turnover reported a 30 percent to 59 percent uptick in restricted care. Such unnecessary regulation risks diverting health services away from and increasing costs in traditionally underserved areas, contributing to inequities in care.  The study concluded it is incumbent on state legislatures to address these disparities, remove the requirement for a CPA and make their constituents’ access to high-quality care a top priority. APRN roles include certified nurse practitioners, clinical nurse specialists, certified nurse anesthetists and certified nurse midwives. Currently, 21 states grant all APRN roles full practice authority, which means a written CPA, supervision, and conditions on practice are not required. The remaining 29 states have regulatory barriers which mandate reduced scope of practice on at least one of the four APRN roles. “The Economic Burden and Practice Restrictions Associated With Collaborative Practice Agreements: A National Survey of Advanced Practice Registered Nurses” article, Journal of Nursing Regulation, Volume 9, Issue 4, is available for purchase at [journalofnursingregulation.com](https://protect2.fireeye.com/url?k=371ec8c5-6b5fb4ea-371c040f-0cc47a6d17a8-58516be583441dae&u=https://ncsbn.us2.list-manage.com/track/click?u=a6c6f7da1b05b0e47f0cb6193&id=8786e647b3&e=6331c0f43f).  **About NCSBN**Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world. NCSBN’s membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 26 associate members that are either NRBs or empowered regulatory authorities from other countries or territories. Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection. The statements and opinions expressed are those of NCSBN and not individual members.### |

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