



## Nurse Practitioner Amendments: Talking Points

### Improve Access to Quality Health Care by Removing Practice Barriers in Utah

---

#### Nurse Practitioners

- Also known as Advanced Practice Registered Nurse (APRN)
- Provide patient-centered care in a variety of settings including hospitals, clinics, urgent care clinics, nursing homes, schools, colleges and public health settings
- Have advanced clinical knowledge and skills
- Licensed to examine, diagnose, and treat patients
- NPs must maintain national board certification to become licensed and practice as an APRN

#### Education/ Experience

- Four-year undergraduate degree as Registered Nurse
- Master's or doctoral degree with advanced clinical training
- NPs focus 100% of education on patient population of choice (i.e. family, pediatrics, women's health, acute care, psych/mental health, neonatal etc.)
- On average, eight years of RN work experience *before* graduate school
- Approximately 20,000 hours of experience caring for patients

#### Quality Practice

- More than five decades of research demonstrates excellent patient outcomes
- NP patients have fewer ER visits and shorter hospital stays
- No evidence to suggest physician provided care is superior to NP provided care in terms of quality patient outcomes
- Department of Professional Licensing reports No APRN disciplinary actions regarding controlled substances in 2020

#### The Issue? Consultation & Referral Plan "C&R"

- C&R currently required for Schedule II controlled substance prescribing:
- Only during first year/2,000 hours for new graduates in solo/independent practice
- Indefinitely for NPs who own/operate pain clinics
- C&R only requires consulting provider to sign a form the NP keeps on file
- C&R does not go anywhere for licensure and does not provide practice oversight
- No requirement for consulting provider to reside in same geographical area
- No requirement for consulting provider expertise in same patient population

#### Impact on Access to Quality Care

- Impedes competition in health care market
- Creates barriers to finding jobs and earning fair salary
- Decreased incentives for NPs from out-of-state to relocate to Utah
- Impractical and provides no additional benefit to patient safety
- Unnecessary business regulation

#### Solution? Remove the Consultation & Referral Plan

- Improves access to care
- Streamlines care and makes care delivery more efficient
- NPs already trained in appropriate prescribing methods
- NPs have unrestricted DEA/federal authority to prescribe Schedule II medications
- Controlled substance prescribing practices routinely monitored by DOPL
- Report generated for all controlled substance prescribers (MD, DO, NP, PA)