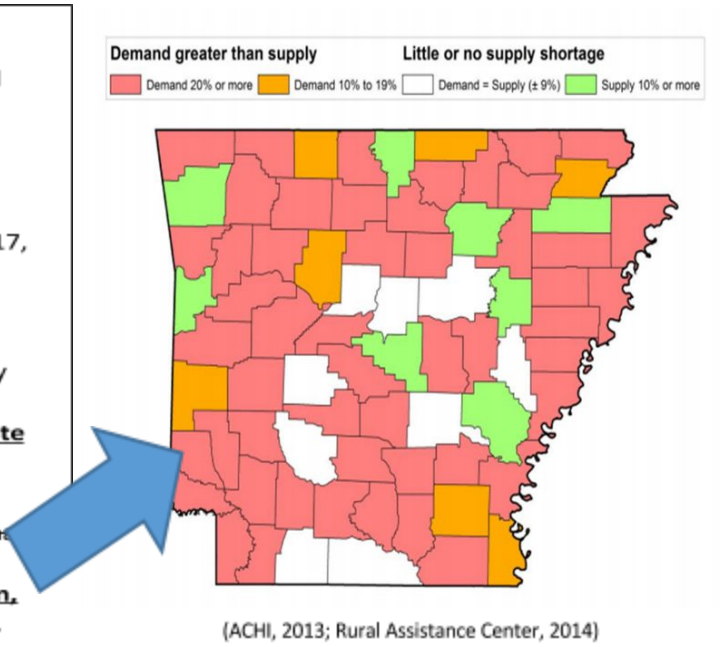
# Talking Points:
# Removal of Mandatory Collaborative Practice Agreement for APRNs

(updated November, 2016)

Traci Elliff, MSN, APRN, FNP-BC, CNM
Cheryl Perry, BSN, RN, DNP Student

**THE PROBLEM OF ACCESS TO CARE IN ARKANSAS:**

- Approximately 40% of state population live in rural areas
- 2011- UAMS Center for Rural Health reported 514 vacancies for primary care physicians… and by 2017, this number is expected to reach 860 vacancies
- Thirty-six entire counties are designated as primary care Healthcare Provider Shortage Areas (HPSAs) representing **almost half of the counties in the state**
- In 61 of 75 counties in Arkansas – demand for prim care **exceeds** supply of health care providers. The shortage is most severe for people living in **Newton, Calhoun, Lafayette, Cleveland, and Scott** counties, where demand outpaces supply by 75 to 85 percent.




(ACHI, 2013; Rural Assistance Center, 2014)

**A Possible Solution...**

"Expand the role of nurse practitioners in many more areas of the country and to allow them to provide a wider range of preventative and acute health care services" (RWJF, 2012, p. 1-2).

1.) 21 states and the District of Columbia have standardized scope of practice regulations *to allow APRNs to practice and prescribe independently* (Kaiser, 2016).

2.) "Relative to primary care physicians, APRNs are more likely to practice in underserved areas and care for large numbers of minority patients, Medicaid beneficiaries, and uninsured patients" (Federal Trade Commission, 2014, p. 25).

- **How Will Removing the Mandatory Collaborative Practice Agreement Help to Solve the Problem of Access to Care in Arkansas?**

  ➢ Improves Access to Care
  - "***Provides for greater access*** in all areas of the state to necessary services," especially for patients in rural and underserved areas.
  - Assists the state to address the need for primary care workforce health care providers by "***eliminating unwarranted bureaucratic restriction*** of requiring physician involvement**" *in order to provide patient care*.**

- ➢ Streamlines Care and Makes Care Delivery More Efficient
  - "***Provides patients direct access*** to the full scope of the services" that an APRN can offer "***at the point of care***"
  - "***Removes delays in care*** that are created when dated regulations require a physician's signature or protocol to initiate treatments or obtain diagnostic tests ordered" by APRN

- ➢ Decreases Cost of Health Care
  - "***Avoids duplication*** of services and billing costs associated with unnecessary physician oversight"
  - "***Reduces repetition*** of orders, office visits, and care services"

- ➢ Protects Patient Choice
  - Patients able "to seek the health care provider of their choice" (AANP, 2014, p. 2).

## Major Supporters for Full Practice Authority

**National Conference of State Legislatures (2013)**

"By using non-physician primary care providers to the fullest extent of their education …states can potentially work toward meeting growing healthcare needs of their rural populations" (para. 30).

**National Governors Association (2012)**

"Expanded utilization of NPs has the potential to increase access to health care, particularly in historically underserved areas" (p. 11).

"In light of the research evidence, states might consider changing scope of practice restrictions and assuring adequate reimbursement for their services" (p. 11).

**Institutes of Medicine (2010)**

"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" (p. 4).

**AARP (2014)**

"States should amend current scope of practice laws and regulations to allow APRNs to perform duties for which they have been educated and certified" (p. 7-145).

**Federal Trade Commission (2014)**

"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" (p. 14).

"Based on our extensive knowledge of health care markets, economic principles, and competition theory, we {conclude}: expanded APRN scope of practice is good for competition and American consumers" (p.38).

**References**


AARP. (2014). Policy book 2013-2014. Retrieved from http://policybook.aarp.org/

Arkansas Center for Health Improvement. (2013). Supply and demand of primary care clinicians. Retrieved from http://www.achi.net/Content/Documents/ResourceRenderer.ashx?ID=131

American Association of Nurse Practitioners. (2014). Issues at-a-glance: Full practice authority. Retrieved from http://www.aanp.org/images/documents/policy-toolbox/fullpracticeauthority.pdf

Federal Trade Commission. (2014). Policy perspectives: Competition and the regulation of advanced practice nurses. Retrieved from http://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolicypaper.pdf

Institutes of Medicine. (2010). The future of nursing: Focus on scope of practice. Retrieved from http://iom.edu/~/media/Files/Report%20Files/2010/The-Future-of-Nursing/Nursing%20Scope%20of%20Practice%202010%20Brief.pdf

National Conference of State Legislatures. (2013). Meeting the primary care needs of rural America: Examining the role of non-physician providers. Retrieved from http://www.ncsl.org/research/health/meeting-the-primary-care-needs-of-rural-america.aspx

National Governors Association. (2012). The role of nurse practitioners in meeting increasing demand for primary care. Retrieved from http://www.nga.org/cms/home/nga-center-for-best-practices/center-publications/page-health-publications/col2-content/main-content-list/the-role-of-nurse-practitioners.html

Robert Wood Johnson Foundation. (2012). Health policy brief: Nurse practitioners and primary care. Retrieved from http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=92

Rural Assistance Center. (2014). Arkansas. Retrieved from http://www.raconline.org/states/arkansas