Arkansas Center for Nursing
Arkansas Nurse Practitioner Association
Arkansas Nurses Association
Arkansas Pediatric Nurse Practitioners
Arkansas Affiliate of American College of Nurse Midwives
Arkansas Association of Nurse Anesthetists

Remove the Mandatory Collaborative Practice Agreement on APRN prescribing

Advanced Practice Registered Nurses (APRNs) are nurses with advanced education and clinical competencies in providing care to diverse populations in a variety of settings. The four roles of the APRN include nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists. APRNs are nationally certified and practice in all 50 states.

APRNS in Arkansas have had prescriptive authority for twenty years, with an excellent overall safety record. However, when enacted in 1996 the law required APRNs with prescriptive authority to maintain a mandatory collaborative agreement with a physician. This written agreement acts as a major barrier to the practice of APRNs.

Collaborative practice agreements do not add to patient safety, nor "add value." In fact, mandated agreements simply add to *the cost of care for the consumer*. Many policy makers don't realize that collaborative practice agreements do not mean a physician is on site or even in the vicinity.

Examples of negative impacts of mandatory collaborative practice agreements include:

- *Potential interruption or closing of a nurse run clinic due to loss of a collaborative practice physician.*
- *Significant added cost to practice overhead due to hefty fees charged by many collaborative physicians*
- *Added paperwork for the APRN and the physician, which adds to the cost of care.*
- *Decreased access to care by adding a barrier for advanced practice nurses who would like to establish a new clinic.*
- *Inhibits the establishment new access points to care where they are most needed: in rural areas.*
- *Acts as a disincentive for graduates of AR APRN programs to remain in the state to practice.*

Nationally, 50 years of research consistently support the high quality and cost-effectiveness of APRNs. Studies since the 1960s have revealed no difference in outcomes of care delivered by a nurse practitioner or physician, including patient health status, number of prescriptions written, return visits requested, or referrals to other providers. Finally, the healthcare literature simply does not support the need for APRNs to maintain mandatory physician collaborative agreements.

Major groups and organizations who support full practice authority for APRNs:

- National Conference of State Legislatures (2013)
- National Governors Association (2012)
- Institutes of Medicine (2010)
- AARP (2014)
- Federal Trade Commission (2014)

Arkansas should modernize practice laws as **21 other states have done**. Twenty years of prescriptive authority in Arkansas has demonstrated APRNs to be safe, responsible prescribers.

Removal of the mandatory CPA will increase patient access, reduce costs, and promote efficient, timely care. Removal of the mandatory collaborative practice agreement **does not expand the scope of practice for APRNs**; it simply authorizes the APRN who is truly providing the care to do so without this needless and costly barrier.

Primary Care Provider Recognition for APRNs in Primary Care in Medicaid

The demand for primary care services in the United States is expected to continue to expand over the next several years as a result of aging of the population of the United States as well as enactment of the Patient Protection and Affordable Care Act. The Primary Care Needs Assessment report dated August 2015, the Office of Rural Health and Primary Care of the Arkansas Department of Health identified three main challenges to healthcare progress in Arkansas:

- Arkansas already has a serious shortage of primary health care providers, which is projected to worsen over the next few years.
- There are gaps in health care access, quality of care, and other barriers that negatively impact care in rural and underserved communities and populations.
- The demand for healthcare services is rising due to rapidly increasing number of elderly Arkansans and a general population with high rates of chronic disease

If regulatory and statutory barriers to utilization as a primary care provider were removed; advanced practice registered nurses have the potential to create new access points for patients and Medicaid beneficiaries throughout the state.

Advanced Practice Nurses and Schedule II Medications

In daily practice, APRNs provide comprehensive health care to patients within the scope of their education and certification. For over 20 years, APRNs have been prescribing medications in the state of Arkansas with a good safety record.

- Allowing APRNs to prescribe schedule II medications ensures that patients who are in the acute care setting such as a hospital and those in hospice care are able to receive pain medications in a timely manner.
- The APRN has been formally educated regarding these medication and has passed a standardized, national test that covers schedule II controlled substances.
- Involving a physician just for a signature adds expenses to the health care system, causes delays in the care of the patient and provides additional work for physicians.
- APRNs receive training on how to assess for and treat medical diagnosis that require schedule II controlled substances such as attention deficient hyperactivity disorder (ADHD). If the APRN is performing the assessment and diagnosing the patient with ADHD/ADD, the safest practice is for the provider performing these assessments and the follow-up care to also be the prescriber.

Passage of a schedule II controlled substance bill will promote efficient, timely care without delays for patients and will reduce health care costs and decrease the paperwork workload for physicians. This bill

would not expand the scope of practice for APRNs; it simply authorizes APRNs to prescribe medications that they have been educated and trained to do so that all patients can receive evidence based, standard of care treatment.

Signature Authority for APRNs

In daily practice, APRNs provide comprehensive health care to patients within the scope of their education and certification. Outdated state signature laws may direct that some of the "paperwork" associated with this care include a physician's signature in order to be recognized by companies and agencies, even though the physician did not provide the care to the patient. This signature requirement causes significant delays in care and does not allow the documentation to reflect the actual patient-provider relationship at hand.

Requiring two health care providers' involvement to sign, stamp, certify, or endorse on patient care forms costs the health care system in terms of lost productivity, delayed treatment, and in some cases, fees transferred between providers and/or unnecessary office visits. Other states already have implemented global signature authority with great success and this removal of outdated signature laws is in line with recommendations of the Institute of Medicine, the National Governors Association, the National Conference of State Legislatures, and the Federal Trade Commission.

Examples of global signature authority activities include:

- Providing certification for disabled patients to obtain parking permits/placards from the DMV
- Signing sports physicals for student athletes to participate in football, cheerleading, etc.
- Signing physicals for school bus drivers to transport our students
- Signing important forms related to end-of-life care
- Signing forms excusing a potential jury member due to illness
- Signing workers' compensation forms for employees injured on the job
- Providing proof that a patient has a health need that requires their utilities to remain on despite inability to pay their bill for the month

Passage of a global signature authority bill will increase patient access, reduce costs, and promote efficient, timely care without delays. This bill **would not expand the scope of practice for APRNs**; it simply authorizes them to **"treat the paperwork"** for the care they have already provided to the patient.

KEY FACTS ABOUT APRNS in ARKANSAS

There are more than 5,000 APRNs licensed in Arkansas: NPs, CNS, CNMs, and CRNAs (as of December 2016, Arkansas State Board of Nursing).

Approximately 1800 of 2300 (78%) of nurse practitioners licensed in Arkansas are certified in primary care.

As estimated 300 new APRNs complete their academic programs annually in Arkansas.

All APRNs are Registered Nurses before they continue their educations to become APRNs.

APRNs educated today complete a minimum of a master's degree, and a growing number hold a doctoral degree.

Nationally, 87.2% of APRNs are prepared in primary care; 75% of APRNs practice in at least one primary care site. (AANP, 2016)

Nationally, 84.9% of APRNs treat Medicare patients and 83.9% treat Medicaid patients.