POSITION STATEMENT

Advanced Practice Registered Nurses Full Practice Authority

It is the position of the Minnesota APRN Coalition that:

- Each Advanced Practice Registered Nurse (APRN) is personally accountable for his or her practice, and to patients, the respective licensing board, the nursing profession and society.
- APRNs should practice to the full extent of their licensure, accreditation, credentials, education and expertise consistent with current full practice authority (FPA).
- APRNs who are prepared at the graduate level are deemed competent clinicians upon graduation and passage of national certification and should not be required to practice or prescribe according to a supervisory or collaborative written or prescriptive agreement.
- as healthcare professionals, APRNs are responsible for recognizing the limits of their experience, education, and expertise and will identify when it is appropriate to refer patients or consult with a clinician with advanced or specialized training.
- APRNs, using a collaborative practice model, can lead inter-professional teams of health care providers.
- APRNs are fully prepared to serve as primary care providers in patient-centered health care homes.

Background:

The demand for healthcare is projected to increase through 2020, due largely to population aging and growth, chronic illness, and increased access to insurance coverage. Primary care needs are especially in need as based on current utilization patterns, demand for primary care providers is projected to grow more rapidly than physician supply (HRSA, 2013).

APRNs bring a holistic as well as patient-centered and family-oriented approach to the prevention and management of complex health and behavioral issues addressed in various care settings across the life span. APRNs work collaboratively with healthcare team members, including physicians, to optimize patient care and health. APRNs work in myriad settings, often as the only health care providers in rural or metropolitan underserved populations (Davis et al., 2018; Seibert et al., 2004).

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FPA for APRNs generally defined as an APRNs ability to utilize knowledge, skills, and judgment to practice to the full extent of his or her education and training (ANA, 2016). The American Association of Nurse Practitioners has defined FPA as, “the collection of state practice and licensure laws that allow for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments – including prescribe medications—under the exclusive licensure authority of the state board of nursing” (AANP, 2018). Twenty-one states and the District of Columbia currently grant full practice authority to one or more APRN roles upon licensure and/or certification (ANA, 2016).

The benefits of FPA to states, individuals, and health care systems have been established and include:

- Significantly fewer emergency room visits for non-emergency health care;
- Lower hospitalization rates and expanded health care utilization, particularly among the most vulnerable;
- Care provided at lower cost than physicians including preventive care;
- Fewer prescriptions for drugs commonly linked to overdose deaths. (Bosse, et. al., 2018)

Multiple organizations, including nursing, health care, and others have called for full practice authority of APRNS. Some of these organizations include, the National Council of State Boards of Nursing, National Academies of Sciences, Engineering, and Medicine, the Robert Wood Johnson Foundation (RWJF), The American Association of Retired Persons (AARP), the Veteran’s Administration, the National Governor’s Association, the American Nurses Association, the American Hospital Association, the American Academy of Nursing, the American Association of Nurse Practitioners, and the Federal Trade Commission.

In summary, lack of FPA for APRNs is a barrier to the provision of efficient, cost-effective, and quality health care services for some of the most vulnerable individuals nationally and in Minnesota. APRNs with fully enacted FPA has the potential to improve health equity, while providing care that costs patients, health care systems, and payers less money. APRNs working to the full extent of their education and training have the potential to identify creative solutions to health care problems and to implement innovative changes thereby improving health outcomes.

References


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