States' Progress Toward Nurse Practitioner Full Practice Authority: Contemporary Challenges and Strategies

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In 2017, South Dakota became the 22nd state to grant nurse practitioners (NPs) full practice authority (FPA; American Association of Nurse Practitioners, 2017a). Legislation for NP FPA introduced during 2017 in Arkansas, Illinois, Massachusetts, North Carolina, Oklahoma, and Pennsylvania resulted in varied outcomes. FPA legislation in Massachusetts, North Carolina, and Pennsylvania is still in progress. The goal of attaining NP FPA across the nation is steady albeit slow. NP advocates leading state FPA legislative campaigns are working diligently to address continually evolving challenges and gain support for FPA legislation. This article presents contemporary challenges NPs face when advocating for FPA legislation and provides effective strategies for leveraging favorable legislation to remove NP practice barriers that impede citizens' access to care.

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STATES' RIGHTS IN ESTABLISHING PROFESSIONAL PRACTICE LAWS AND REQUIREMENTS

States' authority to legislate and regulate health professional licensure and practice is protected by the Tenth Amendment of the U.S. Constitution (U.S. Const. amend. X). Although states' rights allow for individual states to tailor their laws and regulations to meet their unique geographic, socioeconomic, and population health challenges, this provision also results in significant variation in NP scope of practice, ranging from states that allow NPs to practice and prescribe autonomously to states that have overly restrictive practice environments. According to Safreit (2011), three overarching forces drive restrictive state practice environments: (1) legislative practice–act history and unwillingness to change the status quo; (2) lack of legislator and consumer awareness of advanced practice registered nurses' (APRNs') roles, knowledge, and abilities; and (3) organized medicine's persistent opposition to expanding legal practice authority for other health professionals. Advocates for FPA in the most restrictive states often face powerful, well-funded organized medical opposition and traditional legislative bodies that favor the status quo.

The Institute of Medicine's report on *The Future of Nursing* (Committee on the RWJF Initiative on the Future of Nursing at the Institute of Medicine, 2011) recommends that state legislatures enact the *APRN Consensus Model* as a strategy to increase citizens' access to safe, high quality health care and reduce geographic health care disparities. The *APRN Consensus Model* (APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee, 2008)

BOX 1. National Council of State Boards of Nursing APRN Consensus Model Compliance Criteria

1. Recognition of all four APRN roles (certified clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, and certified nurse practitioner)
2. Designation of APRN title
3. Requirement for dual licensure as a registered nurse and an APRN in one of four roles
4. Requirement for attainment of a graduate or postgraduate education from a fully accredited program in one or more of four APRN roles
5. Requirement for attainment and maintenance of certification in one or more of four APRN roles from an accredited national certification body
6. APRN authority for independent practice and prescribing

Note. National Council of State Boards of Nursing information retrieved from https://www.ncsbn.org/campaign-for-consensus.htm.

describes four APRN roles: clinical nurse specialists, nurse-anesthetists, nurse-midwives, and nurse practitioners. This article focuses primarily on FPA as it relates to the APRN role of nurse practitioner (NP).

FPA CRITERIA AND DESCRIPTIONS

According to the National Council of State Boards of Nursing (NCSBN), 15 states have achieved FPA that complies with the National APRN Consensus Model for all four APRN roles (National Council of State Board of Nursing, 2017). The NCSBN statutory and regulatory criteria for APRN Consensus Model compliance are listed in Box 1.

The American Association of Nurse Practitioners (AANP), a professional health care provider organization representing 75,000 NPs, describes three types of state practice environments for NPs based on states' nursing practice statutes and regulations: full practice, reduced practice, or restricted practice (American Association of Nurse Practitioners, 2017b; see Table). Twenty-two states plus the District of Columbia grant NPs authority to autonomously "…. evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure of the state board of nursing" (American Association of Nurse Practitioners, 2017b, para. 1). States with the most restrictive environments include those that require NPs to work in teams led by physicians, require physician supervision to practice and/or prescribe, or require joint medical and nursing board regulation of NP practice. As NP groups and coalitions work at the state level toward attainment of FPA, NCSBN criteria and AANP practice environment descriptions may be helpful guiding documents for drafting legislation and negotiating various bill amendments.

TABLE. American Association of Nurse Practitioners state practice environment categories

Full practice authority	Reduced practice	Restricted practice
Alaska	Alabama	California
Arizona	Arkansas	Florida
Colorado	Delaware	Georgia
Connecticut	Illinois	Massachusetts
District of Columbia	Indiana	Michigan
Hawaii	Kansas	Missouri
Idaho	Kentucky	North Carolina
Iowa	Louisiana	Oklahoma
Maine	Mississippi	South Carolina
Maryland	New Jersey	Tennessee
Minnesota	New York	Texas
Montana	Ohio	Virginia
Nebraska	Pennsylvania	
Nevada	Utah	
New Hampshire	West Virginia	
New Mexico	Wisconsin	
North Dakota		
Oregon		
Rhode Island		
South Dakota		
Vermont		
Washington		
Wyoming		

Note. American Association of Nurse Practitioners information retrieved from https://www.aanp.org/legislation-regulation/stateq-legislation/state-practice-environment.

FPA LEGISLATIVE CHALLENGES

Nurse practitioners face numerous challenges when attempting to gain FPA. Legislators have little willingness to tackle technically difficult scope of practice legislation unless they see a clear benefit for their constituents (Safreit, 2011). Legislators who perceive NP FPA legislation as a turf battle between NPs and physicians may prefer to maintain practice status quo rather than risk constituent alienation by supporting change. When legislators view FPA as an effective strategy for increasing citizen access to cost-effective, quality care and reducing geographic primary care shortages, constituent benefits of NP FPA legislation may outweigh political risks. Creating coalitions with consumer and business groups, state hospital associations, and rural health advocacy groups is an effective strategy for ensuring that NP FPA legislative efforts rise above turf battles

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