JNP

I'll Take Full Practice Authority for 500, Alex!

IN MY OPINION

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Editorial note: During my years working in health policy and fighting for full practice authority, I learned there are some widespread misunderstandings regarding full practice authority, so I decided to create this opinion piece in hopes to clarify the core aspects of full practice authority for nurse practitioners.

So, let's play a game. Through all of the trials and tribulations of our quest for equality in payment, recognition by insurance companies, and ability to practice to the full extent of our license and training, why not have a little fun? As a nurse practitioner (NP) leader, I have been asked enough questions to know that not all NPs understand full practice authority. Let's have a shot at the Jeopardy game and see how many points you can score…Ready? Let's go!

1. **If *this* were a driver's license it would be like being allowed to drive on any road in Arizona but only flat roads once you cross into California (100 pts).**

What is NP practice like in California vs Arizona?

Every state has different regulations on NP practice. Some NPs must practice with supervision or collaborative agreements with physicians to see patients. As a condition of practice, NPs in California *must* be supervised by a physician and may not provide medical care or write prescriptions unless there are standardized procedures approved by the physician. Contrary to their name (procedures can be different in every health care facility, so they aren't standardized at all), they place cumbersome restrictions on both the NP and the practice. For example, an NP in California may order and interpret x-ray images in one office, but across the street, only be allowed to "furnish" inhalers. Alternatively, NPs in states with full practice authority, such as Arizona, do not need such agreements and may practice up to their full skill and education level without restrictions.[1,2]

2. **Increased patient satisfaction, accessibility, and improved health outcomes for patients result from *this* (225 pts).**

What is full practice authority for NPs?

Full practice authority, as defined by the American Association of Nurse Practitioners (AANP), is "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 the ability to prescribe medications, without conditions or restrictions, under the exclusive licensure authority of the state board of nursing."

Full practice authority allows NPs to provide full scope of care directly to patients at the point of service. One advantage would likely be decreased waiting times, which leads to faster diagnosis and treatment, thus preventing escalating conditions and increased costs.[3]

3. ***This* process describes when professionals from different disciplines work together to find the best options for their patient (200 pts).**

What is professional teamwork?

When a health care provider has questions about a patient's condition or does not have the expertise to treat the patient alone, she or he consults with an appropriate professional. Collaborative and supervisory practice agreements required by statute have nothing to do

with working together to benefit our patients. They do not encourage actual collaboration, and they are independent of any professional supervision that you provide or receive in your workplace. All they do is restrict patient access to NPs.

4. ***These* are the 3 components of full practice authority (150 pts).**

   What is allowing NPs to practice to the full extent of their education and training, to practice under the sole licensing authority of the state board of nursing, and to practice without restrictions?

NPs are highly educated, and outcomes show that we provide competent, cost-effective care to our patients. But some states restrict NPs' practice by statute, which limits NPs' ability to fully care for their patients. Therefore, some patients receive delayed care or no care. Full practice authority would ensure NPs in every state can comprehensively deliver the excellent care they are fully qualified to give. The National Academy of Medicine, formerly called the Institute of Medicine, and National Council of State Boards of Nursing both recommend removing scope-of-practice barriers to allow advanced practice registered nurses (APRNs) to practice to the full extent of their education and training.[4,5]

5. **Although NPs see more than 1 billion patients a year, patients cannot find NPs so are forced to go to visible providers because of *this* (400 pts).**

   What is lack of credentialing by insurance plans?

Frequently, payer policies are linked to state practice regulations and licensure. Reimbursement issues are often associated with scope of practice. Insurance companies base their choice for providers on scope of practice, and if NPs do not have a specified scope of practice, they cannot be empaneled on insurance rosters, and subsequently, patients are not able to find NP providers. Patients easily find physician names on their insurance roster and choose the physician's practice as their primary provider. However, many times the patient will see the NP due to a variety of reasons: the waiting time for the physician may be too long, the physician is not available the day the patient would like to be seen, or front the office staff recommends the NP. When patients cannot find NPs, this adds unnecessary costs, restricts access to care, and confuses people about NP scope of practice.[6]

6. ***This* happens when an NP loses the supervising or collaborating physician in the practice (250 pts).**

   What are barriers to patient access to care?

An NP who does not have full practice authority cannot see patients unless a supervising or collaborating physician is involved with the practice. Although this is a contributing factor in the overall health care crisis, it has become increasingly problematic in underserved, rural, and remote areas. Many times, the NP is the only health care provider in the area, and if there are practice restrictions, the residents are bound to go without care, at least for a time. Suppose an NP has a private practice. The state requires a contract with a collaborating or supervising physician. Luckily, there is one who agrees. A few years later, the NP's practice is going well, but the physician decides to retire. Now the NP is forced to close her practice and her patients must now find another provider. In some cases, the NP is the only provider for many miles. Laws that restrict NP practice decrease access to care, lead to worsening patient conditions, and in turn, lead to increased health care costs and morbidity.[3]

7. **If full practice authority is adopted in my state, *this* would enable me to work exactly how I would like to work and would not force me to open my own practice (350).**

   What is choosing your practice setting and parameters?

Full practice authority would not alter the NP's ability to choose capacity in which they would like to work, such as a large health care system, private physician office, skilled nursing facility, hospital, NP private practice, or university, to name a few. Simply having full practice authority for NPs does not mandate