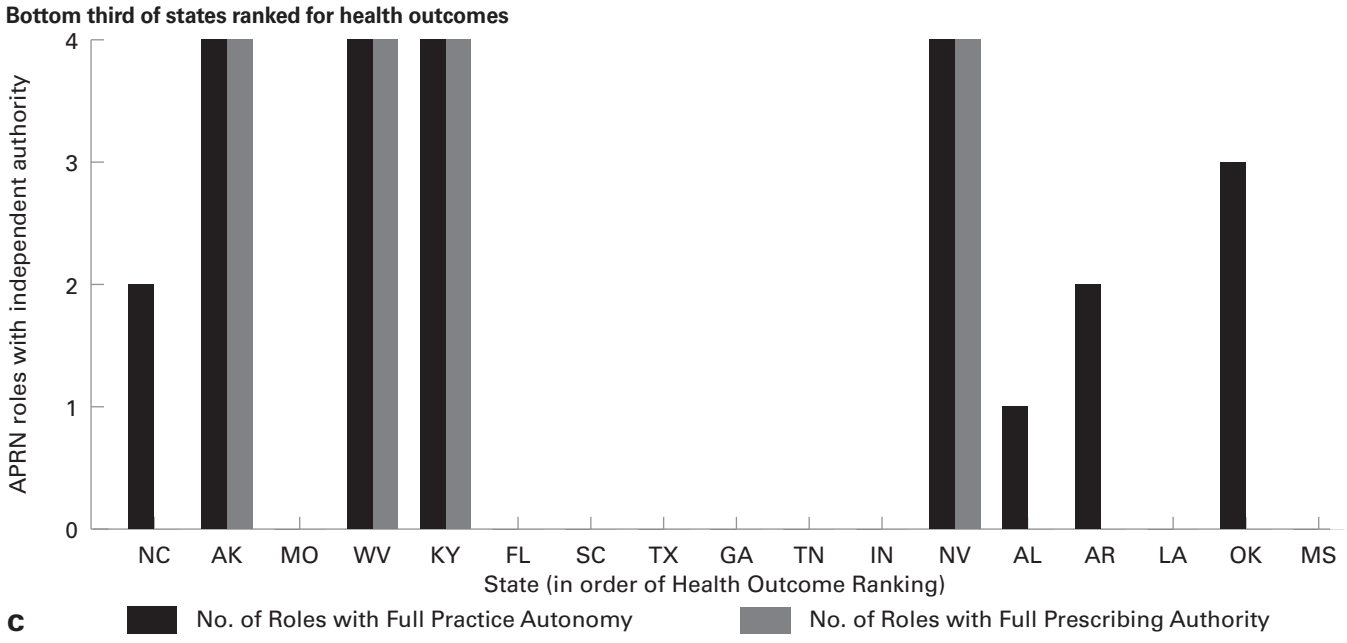
APRN Autonomy Compared With State Health Rankings *(continued)*



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Note. These charts show the association between health outcome ranking and the Advanced Practice Registered Nurse authorities granted in each respective state. In each graph, states are ordered from left to right according to their ranking of health outcomes.

It is difficult to understand why state legislators persist in placing barriers to APRN practice and prescribing if those barriers may contribute to health disparities. One possible explanation may be found in a recent study reported in the *Southern Economic Journal*. In this study, state-level political spending by physician interest groups was compared with hospital organizations and nursing interest groups. The study found that increased political contributions made by physician groups in response to specific bills aimed at removing barriers to APRN practice and prescribing was associated with decreased likelihood of lifting restrictions on APRNs. Nursing political spending did not appear to have a great effect on these legislative efforts; however, spending by hospital groups was associated with a greater likelihood that the state would allow greater autonomy (McMichael, 2017).

The Veterans Health Administration amended their medical regulations in 2017 to allow U.S. Department of Veterans Affairs facilities to adopt full practice authority for clinical nurse specialists, CNMs, and CNPs (U.S. Department of Veterans Affairs, 2017), which would increase access to care, particularly in underserved areas (Federal Register, 2017). Clearly, federal bodies recognize that removing restrictions to APRNs is a public solution to certain health care challenges. State legislators and regulators can review their state health outcomes and examine how lifting restrictions on APRNs may impact improvements (Poghosyan & Carthon, 2017; Spetz, Skillman, & Andrilla, 2017). APRNs can improve access to care, particularly to primary care; target care of special populations such as maternal care, addiction care, mental health care, and anesthesia care; and offer many other services with safety and quality.

Nursing Education

An adequate workforce is dependent upon the number and competency of nurses in practice and upon a robust pipeline of prepared nurses from nursing education programs. The following sections examine the current number of programs, the numbers of faculty and students enrolled, and new teaching methods for preparing the workforce of the future.

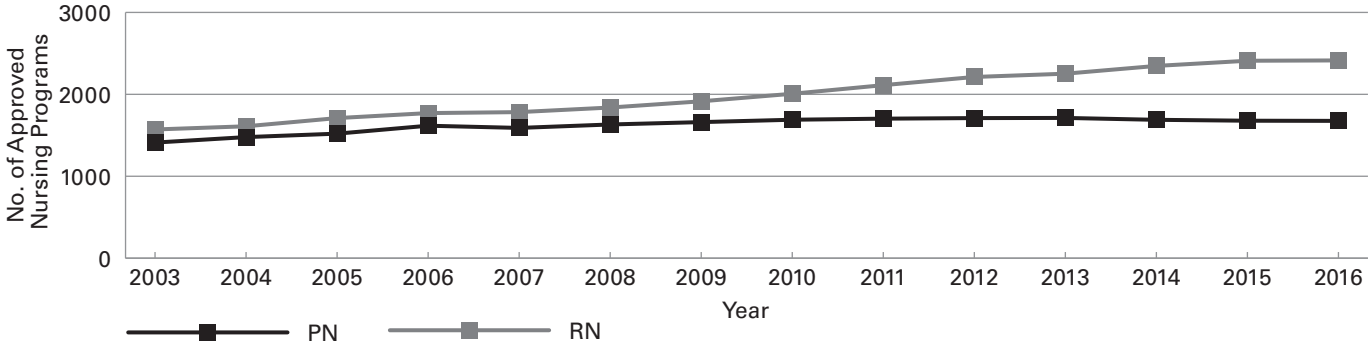
Nursing Education Programs

NCSBN has been collecting trend data on new RN and LPN education programs* in the United States since 2003. Although the number of RN programs has increased by 54%, and LPN programs by 19%, since 2003, the number of new programs began to level off for RN programs in 2015 and for LPN programs in 2011 (Figure 5). It remains to be seen whether the recent slight downward trend of LPN programs from 2013 to 2016 will continue in the current economic climate (NCSBN, 2017f).

* Number of new programs minus the number of programs closed during the year.

FIGURE 5

Number of Approved Nursing Programs from 2003–2016



Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
PN	1411	1478	1520	1617	1590	1632	1661	1690	1703	1710	1712	1689	1678	1676
RN	1571	1610	1710	1771	1783	1839	1915	2007	2112	2212	2252	2347	2410	2414

Note. PN = practical nurse; RN = registered nurse. Source: NCSBN (2017f).

The decrease in the LPN/VN workforce and predicted shortages (referred to in the previous section) are probably related to the leveling off/decrease in nursing programs. LPNs/VNs play a substantial role in the nursing workforce and their diminishing numbers may lead to their roles being performed by nonnursing providers such as CHWs.

Nursing Students

Similar to the number of nursing programs, the number of first-time takers of the National Council Licensure Examination (NCLEX)-RN and NCLEX-PN has leveled off and demonstrated a slight downward trend from 2015 to 2016* (NCSBN, 2017a). From 2015 to 2016, the number of diploma graduates taking the NCLEX-RN increased by 138, and the number of baccalaureate graduates taking the examination increased by 1,780. However, the number of associate degree in nursing graduates taking the examination decreased by 3,726 (NCSBN, 2017a). Reporting on their enrollment and graduation survey (responses from 874 baccalaureate and higher degree programs), the American Association of Colleges of Nursing (AACN) (Fang, Li, Kennedy, & Trautman, 2017), found a 3.6% increase in enrollment of generic (entry-level) baccalaureate students (6,947 students). Like the RN workforce, that increase is regional, with the North Atlantic and Midwest each having a 5.2% increase and the South and West seeing decreases of 1.5% and 2.2%, respectively. Fang et al. (2017) also discovered graduations of generic baccalaureate students increased by 2.4% across the nation.

Several states have enhanced opportunities for baccalaureate education in nursing. For example, in Texas, the enactment of Senate Bill 2118 authorized certain community colleges to offer baccalaureate degree programs in various fields, including education, technology, nursing, and areas with a demonstrated workforce need (Tex. Legis., 2017). However, Fang et al. (2017) reported that, despite the increases in baccalaureate student enrollment and graduation from 2015–2016, 50,598 qualified applicants were not admitted to generic baccalaureate programs in 2016 (Fang et al., 2017). Additionally, the National League for Nursing (NLN) (2017) reported 59% of PN, 78% of associate degree in nursing, 42% of diploma, and 62% of baccalaureate programs surveyed (655 schools of nursing) turned away qualified applicants. Both AACN and NLN (Fang et al., 2017; NLN, 2017) reported that lack of faculty and clinical sites were the two biggest reasons for programs not accepting qualified applicants.

One limitation to these surveys was that they only captured application numbers, not individuals, meaning many who applied to multiple nursing programs (which many do) were counted multiple times. Still, these statistics are important for forecasting future needs.

New Graduates

The best data for new graduate employment come from the National Student Nurse Association (NSNA). New graduate RNs are surveyed annually to determine employment rates and potential obstacles to graduates acquiring their first job. In NSNA's 2017 Survey (Feeg & Mancino, 2017), responses from 5,169 new graduates indicated a new graduate RN national employment rate of almost 90%, which is up 5% from the previous year (Feeg & Mancino, 2017). The percentages vary slightly across the country, from 94% and 92% in the Central and South regions and 88% and 85% in the Northeast and Western regions (Feeg & Mancino, 2017). In the past, there

* RN first-time NCLEX pass rates 2015 = 157,882; 2016 = 157,073; PN first-time NCLEX pass rates 2015 = 50,958; 2016 = 47,284