

Fact Sheet

Definitions

- A **Registered Nurse (RN)** administers hands-on patient care in a variety of settings including hospitals, medical offices, nursing homes, and other facilities. They collaborate with members of the health care team to provide care and insight to the best course of treatment possible. They also help to educate patients and their families about health issues.
- **Advanced Practice Registered Nurse (APRN) or Advanced Practice Nurse (APN) – State Statutory** Models 1 define four APRN roles: nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), and clinical nurse specialist (CNS).
 - A **Nurse Practitioner** is a Nurse who has a Master's or Doctoral degree in Nursing and is licensed to diagnose, treat and prescribe medication and treatments. They practice in any location where primary, acute, or chronic care is needed.
 - A **Certified Nurse Anesthetist** holds a Master's or Doctoral degree and is licensed to administer anesthesia to people undergoing surgical procedures.
 - A **Certified Nurse Midwife** is a Nurse with a Master's or Doctoral degree who is licensed to manage care for pregnant women, to deliver babies, and to provide care to Mother and baby following birth.
 - A **Clinical Nurse Specialist** is a nurse with a Master's or Doctoral degree and provides diagnosis, treatment, and ongoing management of patients. They also provide expertise and support to nurses caring for patients at the bedside, help drive practice changes throughout the organization, and ensure the use of best practices and evidence-based care to achieve the best possible patient outcomes.
- **Full Practice Authority** is the legal authorization of nurse practitioners (NPs) (and other APRNs) to evaluate patients, diagnose, order and interpret diagnostic tests and initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing. Certified Nurse Anesthetists and Certified Nurse Midwives are also authorized to practice, as described above, by the State Board of Nursing.
- **The Nurse Licensure Compact (NLC)** allows a nurse to have one multistate license with the ability to practice in the home state and other compact states.

Nurse Practitioner Facts:

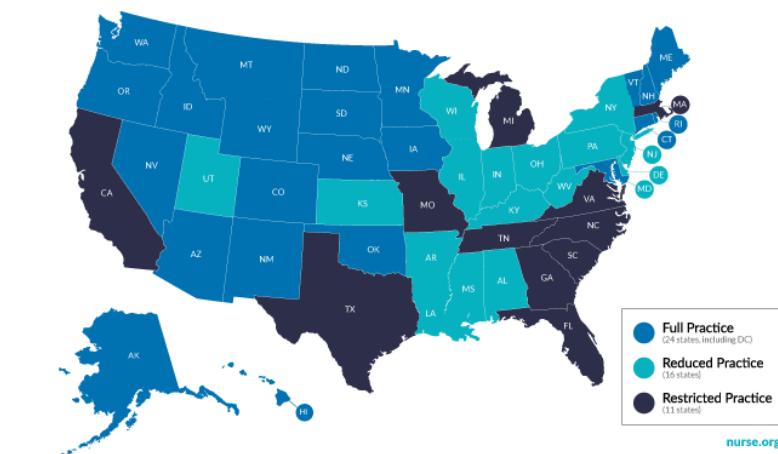
There are more than 290,000 nurse practitioners (NPs) licensed in the U.S.

- More than 30,000 new NPs completed their academic programs in 2018–2019.
- 89.7% of NPs are certified in an area of primary care, and 69.0% of all NPs deliver primary care.
- 82.9% of full-time NPs are accepting Medicare patients and 80.2% are accepting Medicaid patients.
- 41.7% of full-time NPs hold hospital privileges; 11.7% have long-term care privileges.
- 95.7% of NPs prescribe medications, and those in full-time practice write an average of 20 prescriptions per day.
- NPs hold prescriptive privileges in all 50 states and D.C.
- In comparison to MDs, malpractice rates remain low; only 1.1% of NPs have been named as primary defendant in a malpractice case.
- NPs have been in practice an average of 10 years

Full Practice Authority

- Before Covid-19, in 28 states plus DC, NPs practice to the top of their education and credentials.
- However, 22 states require some physician oversight. Some of these 22 states temporarily removed or reduced MD supervision and prescriptive authority limitations. But three states (KS, TN, MI) despite high rates of Covid-19 have already rescinded the temporary scope of practice expansions.
- During Covid-19's first surge, many states waived licensure requirements temporarily permitting RNs licensed in one state to practice in another to meet surge needs in ERs, ICUs, Covid-19 units, and long-term settings. There is already the model Nurse Licensure Compact legislation under consideration in most states and 34 have already passed pre-Covid-19 permitting nurses in compact states to work in any other compact state. Neither NY or CA have passed the Nurse Licensure Compact but NY approved temporary provisions for licensed nurses in other states to work in NY during the emergency.

Pre-COVID-19 Full Practice Authority Overview



Developments Since COVID-19

The CARES Act does the following

- Recognizes nurse practitioners as providers of record for Medicare and Medicare reimbursement for hospitalized patients, ordering lab work, and telehealth. As these provisions do **not override** existing state restrictions regarding NP SOP, NPs still need to continue any state-required collaborative relationships with physicians.
- **Medicare** now **permanently** recognizes nurse practitioners as providers of record approved to order, recertify, and provide **home health** services across the US.
- Allows use of telehealth to conduct face-to-face encounter prior to certification of eligibility for hospice care during emergency period.
 - For purposes of recertifying a Medicare beneficiary for hospice care, during the currently designated emergency period, a hospice physician or nurse practitioner may conduct the required face-to-face encounters via telehealth, as determined appropriate by the Secretary of Health and Human Services.
- Creates a new eligibility classification under the Public Health Services Act (PHSA) for health clinics that
 - are managed by advanced practice nurses;
 - provide primary care or wellness services to underserved or vulnerable populations; and
 - are associated with a school, college, university or department of nursing, federally qualified health center, or independent nonprofit health or social services agency.
- Authorizes appropriations for nursing workforce development for fiscal years 2021 through 2025 in the amount of \$137,837,000 per year. This support includes training and education of professional registered nurses, advanced practice registered nurses, and advanced education nurses within community based settings and in a variety of health delivery system settings.
- Advanced education nursing grants are expanded to include a new category for “clinical nurse specialist” programs.
- Nurse education, practice and quality grants are expanded to promote nurse retention.

NursesEverywhere

Requires the Comptroller General to conduct an evaluation of the nurse loan repayment programs administered by the Health Resources and Services Administration

Sources:

<https://www.aanp.org/about/all-about-nps/np-fact-sheet>

<https://brownwinick.com/2020/04/13/the-cares-act-and-health-care-federal-funding-authorized-to-support-health-care-workforce-programs/#:~:text=Section%203404%20of%20the%20CARES,actual%20and%20projected%20nursing%20shortages.>

<https://nurse.org/resources/registered-nursing/>

<https://www.natlawreview.com/article/key-provisions-cares-act-health-care-providers>

www.medscape.com/viewarticle/933134_print

<https://www.dorsey.com/newsresources/publications/client-alerts/2020/03/cares-act-summary-for-health>

<https://www.ncsbn.org/compacts.htm>

<https://nacns.org/about-us/what-is-a-cns/>