

# The Case for Removing Barriers to APRN Practice

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Author(s): [Fauteux N](#), [Brand R](#), [Fink JLW](#), [Frelick M](#), and [Werrlein D](#) | Editor(s): [Ladden M](#), [Hassmiller S](#), and [Fauteux N](#)



In 2010 the Institute of Medicine (IOM) issued *The Future of Nursing: Leading Change,*

*Advancing Health*, which called for the removal of laws, regulations, and policies that prevent advanced practice registered nurses (APRNs) from providing the full scope of health care services they are educated and trained to provide.

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Today state practice acts, institutional rules, and federal statutes and regulations that require physician oversight or otherwise limit APRN practice continue to reduce access to care, create disruptions in care, increase the cost of care, and undermine efforts to improve the quality of care. This brief outlines the debates surrounding the regulation of APRN practice, the patchwork of laws and regulations that restrict patients' access to APRN services, and the human and economic toll that accompanies these practice restrictions. The brief also debunks common myths about APRNs and highlights progress toward removing practice barriers.

## The Issue

A growing body of research suggests that in states where APRNs enjoy full practice authority, the quality of care they deliver compares to the level of care provided in states that limit independent practice. Yet despite notable progress, much work remains.

## What are APRNs?

Advanced practice registered nurses (APRNs) are RNs with graduate degrees who practice in one of four roles: nurse practitioner (NP), certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS), and certified nurse-midwife (CNM).

## Key Findings

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- Federal, state, and institutional limits on APRN practice create delays in care, raise the cost of care, and can make it difficult for many patients to locate primary care and other services.
- A growing body of research suggests that removing practice restrictions on NPs and other APRNs has the potential to reduce costs and improve access to care without compromising the quality of that care.
- Physician oversight of APRN practice is often spelled out in "collaborative practice agreements," which can be financially burdensome to APRNs, problematic for physicians, and confusing for policymakers

and members of the public, who mistakenly think the agreements facilitate true collaborative care.

- Progress toward full practice authority is uneven across states, with some maintaining burdensome restrictions, others adopting compromise legislation that allows APRNs to apply for full practice authority after completing a set number of supervised practice hours, and others granting APRNs full practice authority outright.

## Conclusion

Expressions of public- and private-sector support for barrier removal, a growing body of research, the passage of favorable laws, and recent changes in regulation all signal progress toward achieving full practice authority for APRNs, but challenges remain.

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