

# HB 84: Advanced Practice Registered Nursing Scope of Practice



## Executive Summary

Advanced practice registered nurses (APRNs) are nurses with advanced degrees who practice as certified nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, or certified clinical nurse specialists. APRNs in these roles are often primary care providers and can provide acute, gynecological, and pain management care. In each state, scope of practice (SOP) laws determine which procedures and treatments APRNs may administer. In Missouri, APRNs are required to enter into collaborative practice arrangements (CPAs) with a physician to prescribe, administer, and dispense medications, examine and evaluate patients, and formulate treatment plans. There are about 12,500 APRNs (including 10,000 nurse practitioners) in Missouri, but these restrictions may contribute to healthcare provider shortages in the state, particularly in rural and underserved areas. HB 84 would modify CPAs in Missouri such that they would only apply to controlled substance prescriptive authority, allowing APRNs to provide healthcare services independent of direct physician oversight. This bill would also eliminate several regulations surrounding CPAs, including limits on the number of APRNs that may enter into a CPA with a physician, geographic proximity requirements, and requirements that the physician review the services provided by the APRN.<sup>1</sup>

## Science Highlights

- **APRNs are significant healthcare provider alternatives in rural and underserved areas**, which contain a relatively high proportion of APRNs.
- APRNs provide healthcare services at a **similar level of quality to physicians** in many settings.
- Less restrictive laws have been associated with **more hours worked by APRNs** and **greater access to healthcare services for consumers** without increases in the cost of services.

## Limitations

- Very few studies are able to gauge the effects of specific SOP provisions (e.g. degree of independence, number of APRNs that may enter into collaborative practice agreements with an individual practitioner, strictness of geographic proximity requirements) and instead compare full practice authority regimes to reduced or restricted practice states.
- The effects of SOP laws on physicians and physician assistants are unknown.



Full practice authority in these states has been associated with greater nurse practitioner supply and more healthcare delivery to rural areas, low-income communities, and HPSAs.<sup>4,5</sup> Given that physicians are less prevalent in these areas, increasing the supply of primary care practitioners by relaxing SOP laws for APRNs is one way to increase access to healthcare services for individuals who may face barriers such as lack of transportation or access to telehealth resources.

Without oversight requirements, APRNs in these states are also more likely to be self-employed and work 3-4% more hours than nurses in states with more restrictive SOP laws.<sup>6,7</sup> It should be noted that these studies do not measure outcomes for physicians or physician assistants, such as the number of hours worked or degree of care provided, so the effects of APRN SOP laws on these healthcare providers are unknown.

### **APRNs Provide Healthcare Services Without Decreasing Quality of Care or Increasing Cost**

Opponents of increased practice independence for APRNs note that the care provided might be relatively lower quality since APRNs receive less lengthy and thorough training than physicians. However, a broad body of evidence indicates that, when operating within their areas of competence, APRNs provide healthcare services of equivalent quality to those provided by physicians.<sup>8,9</sup> In addition, the research literature indicates that relaxing SOP laws does not increase the cost of care, due in part to the fact that Medicare and Medicaid reimbursement rates for APRNs are lower than those for physicians.<sup>10</sup>

### **References**

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