

## Issues at a Glance: Full Practice Authority

### What is it?

*Full Practice Authority is the authorization of nurse practitioners (NPs) 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.*

Across the nation, the requirements for NP education, program accreditation and board certification are consistent with national standards. To become an NP, one must hold a bachelor's degree in nursing, be licensed as a registered nurse (RN), graduate from a nationally accredited graduate NP program that meets national standards for advanced didactic and clinical education and pass a national NP board certification exam. Despite these national standards within nursing, there is inconsistency in how state laws and legislative bodies authorize (license) NP practice in states.

This variability originated during the 1970s when states began to regulate NPs beyond their registered nursing license. While initial recognition of the NP was critical, over the past decades, this patchwork of of practice authorization has led to significant challenges for NPs, their patients and health care delivery.

In Full Practice Authority (FPA) states, NP licensure is not contingent on unnecessary contracts or relationships with a physician or oversight by the state medical board. As a result, studies show that in FPA states, NPs are more likely to practice in rural and underserved areas and have improved NP workforce recruitment while meeting the highest care quality and safety standards. States that restrict or reduce NPs' ability to practice according to their abilities through limiting licensure authority are more closely associated with geographic health care disparities, higher chronic disease burden, primary care shortages, higher costs of care and lower standing on national health rankings.

This is why AANP supports the Consensus Model for Advanced Practice Registered Nurses and the adoption of National Council of State Boards of Nursing Model Practice Act. NPs with FPA are required to meet educational requirements for licensure; maintain national certification; consult and refer to other health care providers, when warranted by patient needs; and remain accountable to the public and the state board of nursing for providing the high standard of care set nationally.

### Where is it?

To date, nearly half of states and U.S. territories have adopted FPA licensure laws for NPs.

These include: Alaska, Arizona, Colorado, Connecticut, District of Columbia, Guam, Hawaii, Idaho, Iowa, Maine, Minnesota, Montana, Nevada, New Hampshire, New Mexico, North Dakota, Northern Mariana Islands, Oregon, Rhode Island, South Dakota, Vermont, Washington and Wyoming.

### How Will It Impact My Patients and My Practice?

Adopting FPA for NPs provides patients with full and direct access to all the services that NPs are equipped to provide. FPA:

- Improves Access—FPA creates greater access to care, especially in underserved urban and rural areas. States with FPA are more likely to have NPs working in rural and underserved areas and NP practices than states with more restrictive licensure models.
- Streamlines Care and Makes Care Delivery More Efficient—FPA provides patients with full and direct access to the NP services *at the point of care*. FPA removes delays in care that are created when dated regulations require an NP be part of an unnecessary regulatory-mandated contract with a physician as a condition of practicing their profession.
- Decreases Costs—FPA avoids duplication of services and billing costs associated with outdated physician oversight of NP practice. FPA reduces unnecessary repetition of orders, office visits and care services.
- Protects Patient Choice—FPA allows patients to see the health care provider of their choice. FPA removes anti-competitive licensing restrictions that interfere with patient-centered health care.

### Links to Additional Resources

- [National Council of State Boards of Nursing \(NCSBN\) Model Nurse Practice Act language](#): Model statutes and rule language for regulating NP practice for full practice authority
- [Clinical Outcomes: The Yardstick of Educational Effectiveness](#): Appropriate educational evaluation and comparison markers
- [Nurse Practitioner Cost Effectiveness](#): An introduction to the body of evidence supporting NPs are cost-effective providers of high-quality care
- [Quality of Nurse Practitioner Practice](#): An overview of the research supporting the value the nurse practitioner brings to high-quality care
- [Think Tank and Stakeholder Policy Statements](#): A library of statements from national think tanks and other NP stakeholders.
- Are you a state leader? Contact the AANP State Government Affairs office for more details about State Policy Resource Guides

If NP legislation is proposed in your state, please contact the AANP State Government Affairs office at 703-740-2529 or [statepolicy@aanp.org](mailto:statepolicy@aanp.org). AANP welcomes the opportunity to work with state stakeholders to shape legislation that is beneficial and appropriate for patients, NPs and the entire health care community.

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