

## CHANGING THE LAW, NOT THE PRACTICE

Research and evidence support that Nurse Practitioners provide cost effective, safe, and quality patient care, even in autonomous settings. In fact, there are 49 states that license APRNs (Nurse Practitioners) as autonomous independent providers or in collaborative roles. NPs demonstrate that they do an excellent job of managing chronic health problems, provide cost effective care, reduce healthcare dollars, and reduce hospitalizations.

SC ranks “F” (43<sup>rd</sup> in the Nation) in healthcare according to United Health Foundation America’s Health Rankings 2013. This ranking reflects current care in SC rural or urban areas and includes primary and emergency care. SC ranks 33<sup>rd</sup> in primary care physician supply ([www.americashealthrankings.org/SC](http://www.americashealthrankings.org/SC)). South Carolina must do better!! What can be done NOW? Practice barriers impacting APRNs (Nurse Practitioners) and patients must be removed NOW. What needs to be changed?

- **Ratios must be removed NOW.** There is nothing in the evidence to support the use of ratios of physicians to Nurse Practitioners practicing together or independently. SC is the only state with a ratio.
- **Mileage constraints must be removed NOW.** There is nothing in the evidence to support a mileage restriction of the Nurse Practitioner practicing off site from the physicians or other providers. With Tele-health and tele-communications, providers connect in a host of timely and efficient methods for patient care.
- **Supervision of APRNs by physicians must be removed NOW.** The Institute of Medicine, Federal Trade Commission, and research state that APRNs are safe and very effective providers that deliver high quality care that patients trust and respect. All providers should work together for patient care. It is anticompetitive for physicians to control or legally restrict other providers, including APRNs (Nurse Practitioners) from providing care. Supervision implies that physicians are liable for the Nurse Practitioner’s actions. We work together in a collaborative and consultative relationship.
- **References to Delegated Medical Acts or the references of the Medical Board in the Nurse Practice Act in determining regulations of Nurse Practitioners or the Nurse Practitioner’s Scope of Practice must be removed NOW.** 49 states have Boards of Nursing that regulate Nursing, including Nurse Practitioners. According to the Federal Trade Commission, it is anticompetitive for physicians or the Medical Board to control or restrict the scope of practice of other providers, including APRNs (Nurse Practitioners).
- **Increase prescribing to include Controlled Class 2 by APRNs NOW.** Nurse Practitioners need this capability to provide patient care in acute and primary care settings. With the reclassification of some C3 medications to C2 in October 2014, the Nurse Practitioner’s legal inability to prescribe C2 impairs patient care resulting in delays in patient care, impedes access, and produces negative patient outcomes in acute and primary care settings.

**Total States that Authorize Independent Practice or Collaborative Practice for APRNs: 49**

**Total States that Authorize Supervisory Practice for APRNs: 3**

<http://www.bartonassociates.com/nurse-practitioners/nurse-practitioner-scope-of-practice-laws/>