

South Carolina Coalition for Access to Healthcare Representing over 2000 SC NPs and CNMS



THE HEALTH CARE PROBLEM:

- South Carolina ranks 41st in the nation in the United Health Foundation's health report card for 2022 [1]. BUT since 2018, access to primary care has improved after the SCOPE OF PRACTICE INCREASED FOR NPS AND CNMS.
- South Carolina improved in Primary Care Access to a rank of 37th [1] since 2018.
- AHEC Data Workforce indicate that NPs are maintaining primary care in non-metropolitan areas [10].
- South Carolina is in crisis as we face a continued critical shortage of primary health care physicians.
- Parts or all of 46 counties in South Carolina are designated as medically underserved by the South Carolina Department of Health and Human Services.
- The American Association of Medical Colleges Center for Workforce Studies predicts that there will be a shortage of about 63,000 physicians by 130,600 by 2025. SC Ranks 43th in nation in primary care physicians supply. [7]

APRN AND ACCESS TO CARE:

- Workforce studies predict severe physician shortages within the next few years particularly in primary care.
- 70-80% of all Advanced Practice Registered Nurses (APRNs) provide primary care in SC. [2]
- Enrollment in nurse practitioner programs is growing each year in South Carolina. Currently there are over 400 Advanced Practice Registered Nurses (APRNs) enrolled in our state's educational programs.
- The Veterans Administration will enact full practice authority for APRNs January 9, 2017 in order to increase access to care for veterans [11].
- 100% of Nurse Practitioners are providing care to underserved populations (LLR, Board of Nursing). [12]

APRN EFFECTIVENESS AND SAFETY:

- Numerous studies in the last decade have been published documenting the critical role APRNs play in providing cost-effective, safe, and high quality care. The most recent meta-analysis in 2011, documented quality patient outcomes related to APRN care. [3]
- There is an increased satisfaction with APRN care and lower costs associated with educating APRNs. [4]
- On average, NPs who receive their master's degree have spent 4-5 years in clinical training by the time they are awarded their degree. NPs who are enrolled in a Doctor of Nursing Practice (DNP) program often have 6-7 years of clinical training by the time they finish their education.

NATIONAL RECOMMENDATIONS AND FINDINGS:

- The Macy Foundation, the National Health Policy Forum, AARP, and most notably, the Institute of Medicine (IOM) have recommended that nurses should practice to the full extent of their education and training.
- The IOM's most recent report, *The Future of Nursing: Leading Change, Advancing Health*, issues a key message to policy makers and the public that "nurses should practice to the full extent of their education and training." The first recommendation under this key message is that "scope of practice barriers should be removed." [5]
- The National Governors Association (NGA) recently released a paper titled *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care*. The NGA a "bipartisan organization of the nation's governors—concluded that "NPs may be able to mitigate projected shortages of primary care services. Expanded utilization of NPs has the potential to increase access to health care, particularly in historically underserved areas." [6, p. 11]
- Two recent rulings by the Federal Trade Commission (FTC) call for state legislatures to adopt less restrictive regulatory models that permit APRNs to practice without unnecessary physician supervision.

- The FTC ruled that “The IOM note state twenty states and the District of Columbia allow APRNs to practice and prescribe independently, and there were no differences in safety and quality between states with restrictive scope of practice laws and regulations, and those that allow APRNs to practice independently, including prescribing medications without an agreement with a physician.” [8] [9]
- In states where practice barriers have been removed, approximately 50 percent of nurse practitioners choose to work in rural areas or with underserved populations.
- In those states where practice barriers have been removed, physicians' incomes have not been decreased or compromised by allowing nurses full scope of practice. [10]

SOUTH CAROLINA APRN BARRIERS THAT IMPOSE A BURDEN TO PRACTICE AND IMPEDE ACCESS:

- Restricting APRN scope of practice in South Carolina by requiring physician collaboration is in direct conflict with the educational system and Federal Trade Commission that state NPs should practice independently to conduct patient evaluations, diagnose, order and interpret diagnostic tests, initiate and monitor treatments, as well as write prescriptions.
- In South Carolina APRNs must practice in collaboration with physicians. In 2018, the scope of practice was changed to removed supervision and as a result, NPs and CNMS are maintaining primary care in non-metropolitan areas. But we can do more to improve access to care and outcomes by removing this last barrier to require that APRNs must practice in collaboration with physicians. 26 states have full practice authority with NO physician collaboration or supervision.

WHAT NEEDS TO BE DONE:

1. **Legislative action must remove barriers to advanced practice nursing in order to increase access and reduce health care costs. Remove barriers NOW and institute Full Practice Authority, which impedes APRNs' ability to provide care to all people in the state.**

**Authorizing APRNs to practice to the fullest extent is right thing to do for increasing access to care and reducing costs.
NOW is the right time for change.**

References:

- [1] United Health Foundation. [allstatesummaries-ahr22.pdf \(americashealthrankings.org\)](http://www.aharankings.org/allstatesummaries-ahr22.pdf).
- [2] Naylor, MD, Kurtzman, ET. (2010)The Role of Nurse Practitioners In Reinventing Primary Care. Health Affairs 29. 5 (May 2010): 893-9.
- [3] Newhouse RP et al., (2011). Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review. *Nursing Economics* 29(5).
- [4] Safriet, BJ. (1992). "Health Care Dollars & Regulatory Sense: The Role of Advanced Practice Nursing," *Yale Journal on Regulation*, 426-40.
- [5] IOM report (2010). <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>
- [6] National Governors Association. (2012). The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care. Washington, DC. accessed from, <http://www.nga.org/cms/home/nga>.
- [7] Leveraging Graduate Medical Education to Increase Primary Care and Rural Physician Capacity in SC. GME Advisory Group Report in response to Proviso 33.34E, 2014
- [8] Federal Trade Commission, 2014. Competition and Regulation of Advanced Practice Nurses.
- [9] Supreme Court of the US. NC State Board of Dental Examiners versus Federal Trade Commission. Feb 2015, #13-534.
- [10] Federal Trade Commission issues an advisory opinion that says House Bill 3078 will expand access. House Bill 3508 impedes access and is restraint of trade (November 2015).
- [11] Veterans Full Practice Authority for APRNs ruling. <https://federalregister.gov/d/2016-29950>.
- [12] AHEC Data Workforce 2022.