



Addressing APRN Barriers and Scope of Practice Restrictions

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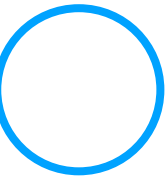
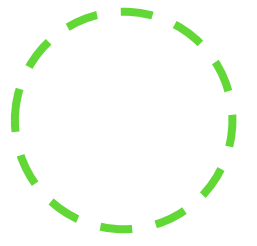
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SCIENCES CENTER COLLEGE OF NURSING





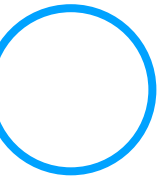
DISCLOSURES

None

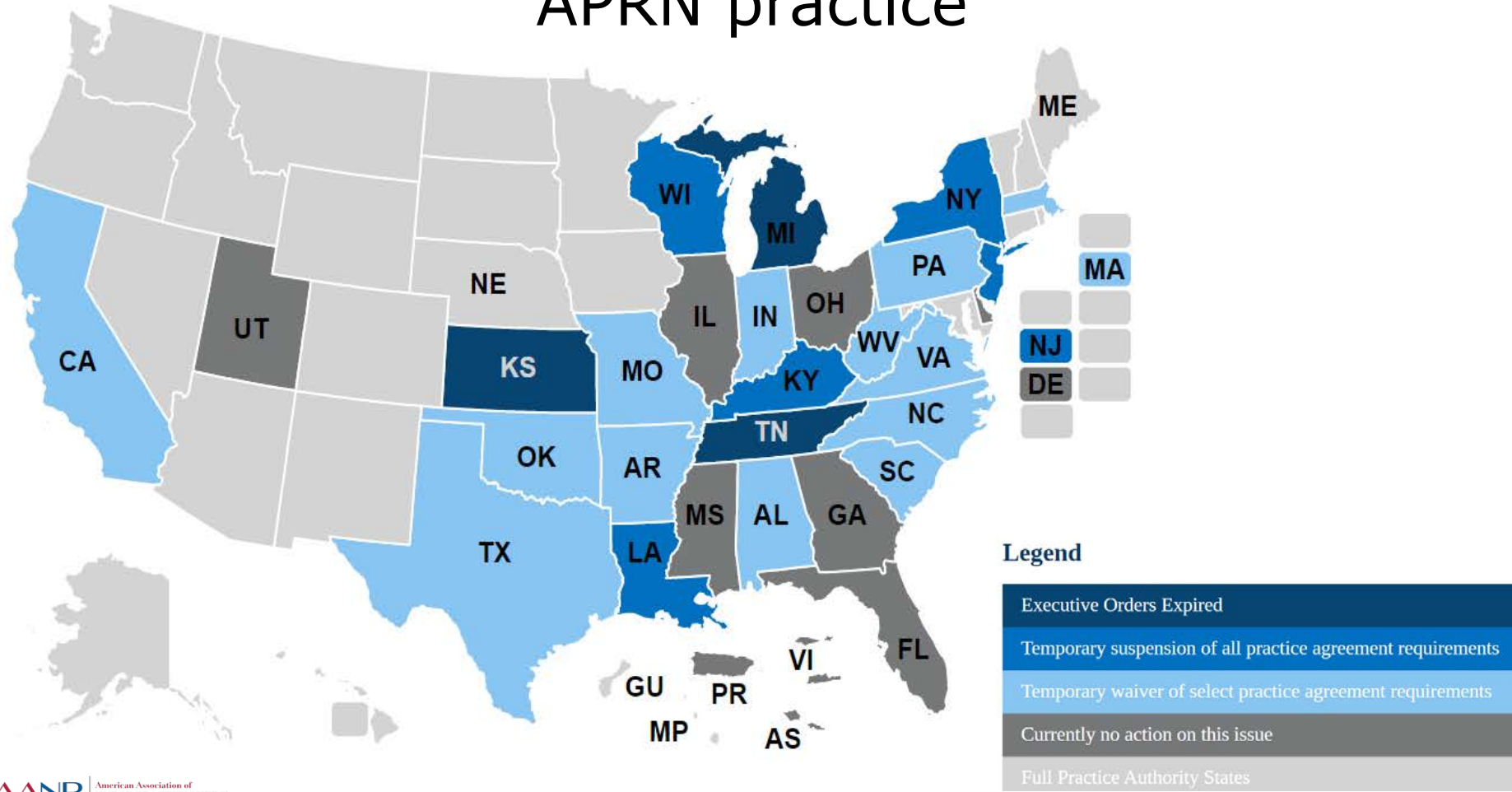


CHANGES DUE TO PANDEMIC

The COVID-19 pandemic created unprecedented circumstances and provided an opportunity to highlight the contributions of APRNs.



In response to the pandemic, a number of states issued Executive Orders that impacted APRN practice





OVERVIEW: NATIONAL APRN PRACTICE AND PANDEMIC SURVEY



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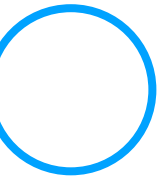
Impact of COVID-19 pandemic on APRN practice: Results from a national survey

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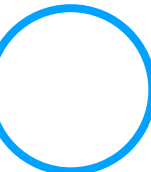
NATIONAL SURVEY

A national study was conducted to:

1. Describe pre-pandemic state practice barriers
2. Determine the effect of pandemic-related Executive Orders in states with reduced or restricted practice
3. Explore the effects of the pandemic on APRN practice



Photo: Vanderbilt University Medical Center



RESPONDENTS

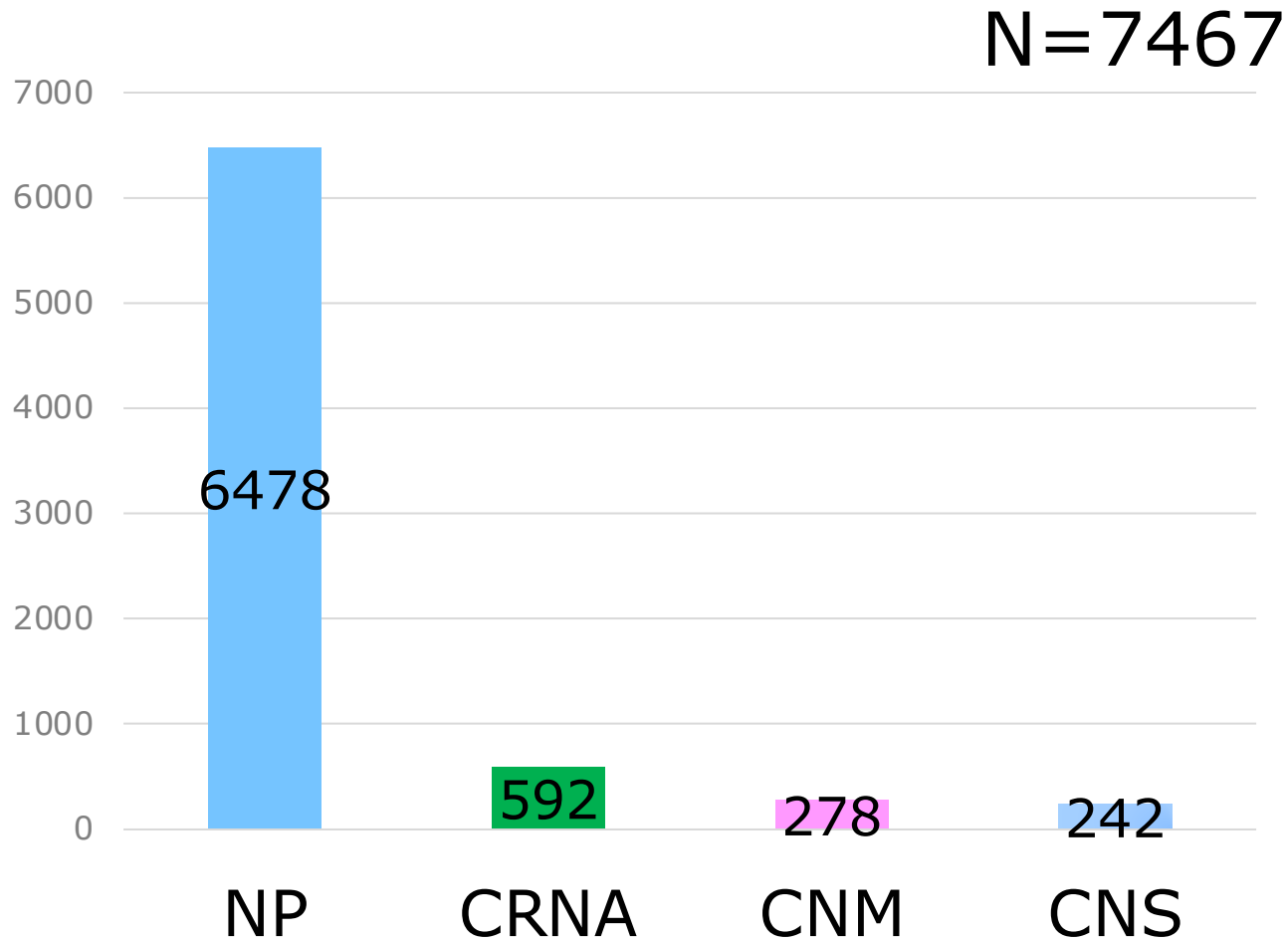
The survey was launched on June 1, 2020 and closed on September 23, 2020

7,467 APRNs responded; all 50 states represented



Photo: Vanderbilt University Medical Center

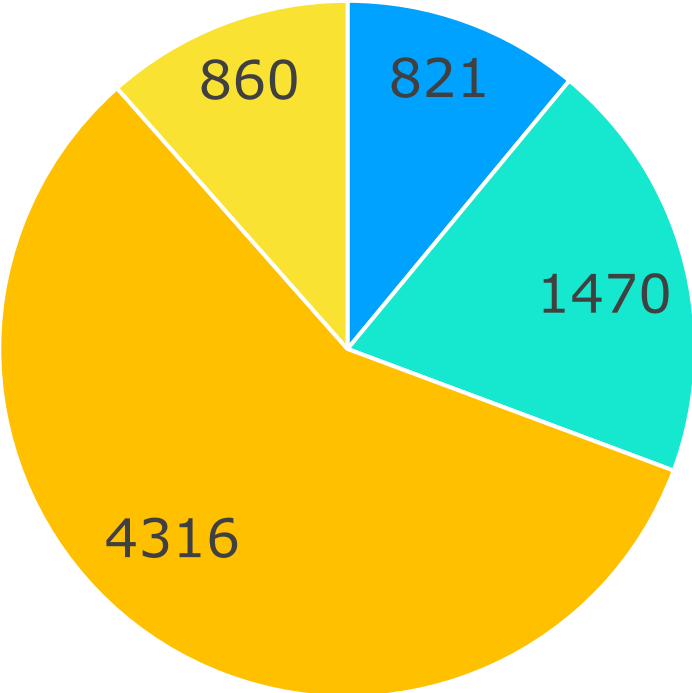
Respondents



Note: Total = 7590 as some respondents reported dual-role certifications

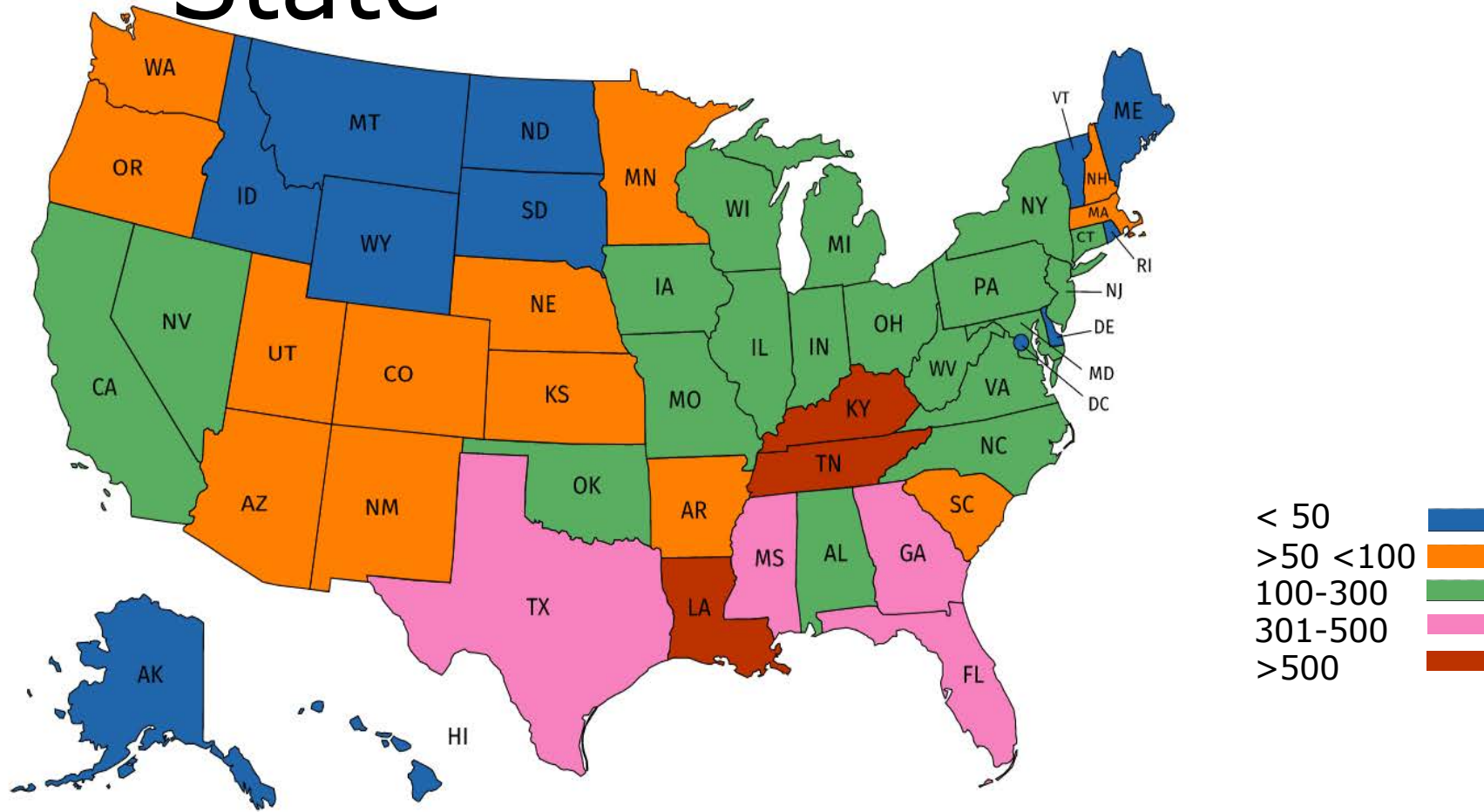
Respondents by US Region

N=7467

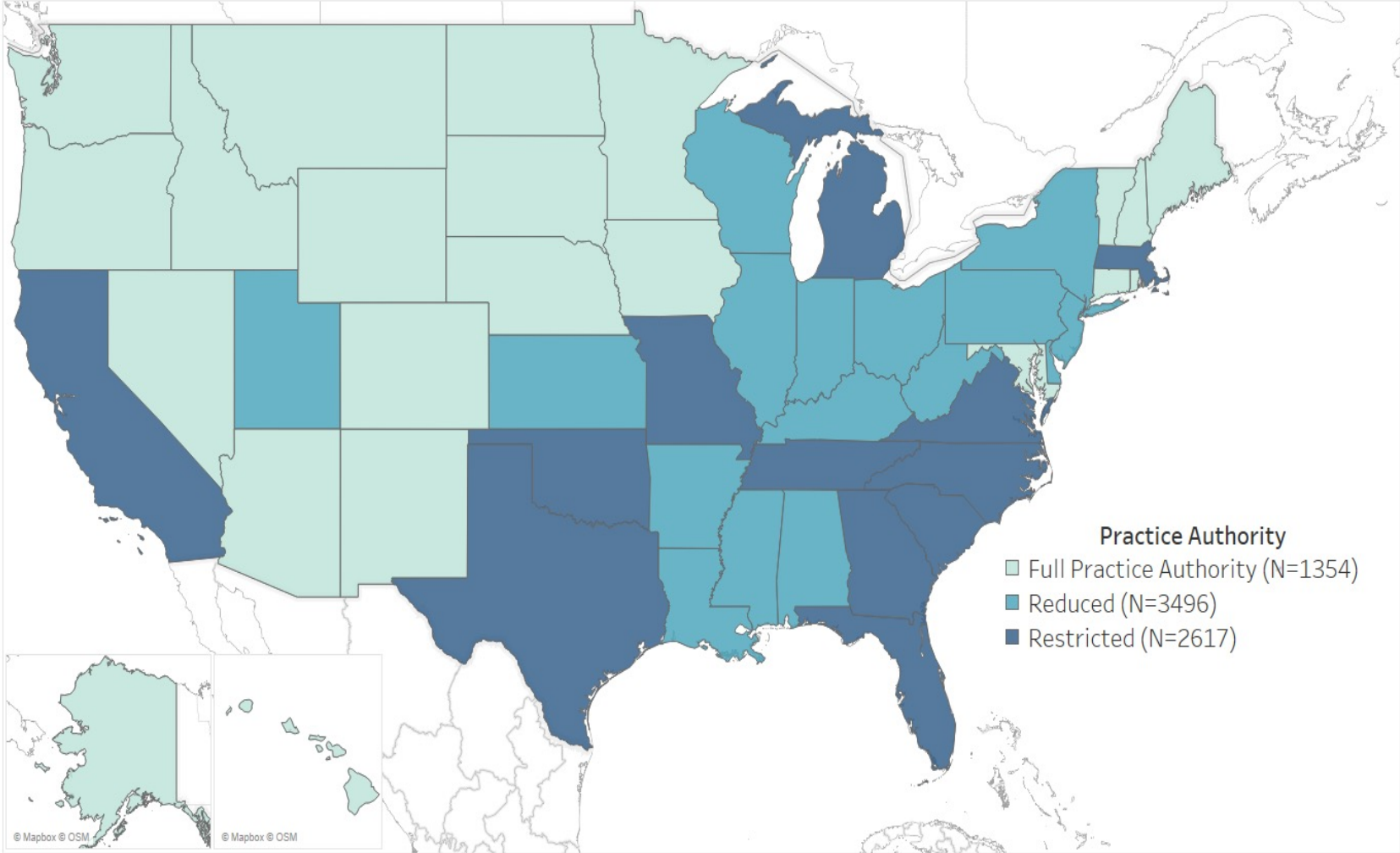


- NORTHEAST
- MIDWEST
- SOUTH
- WEST

APRN Responses by State

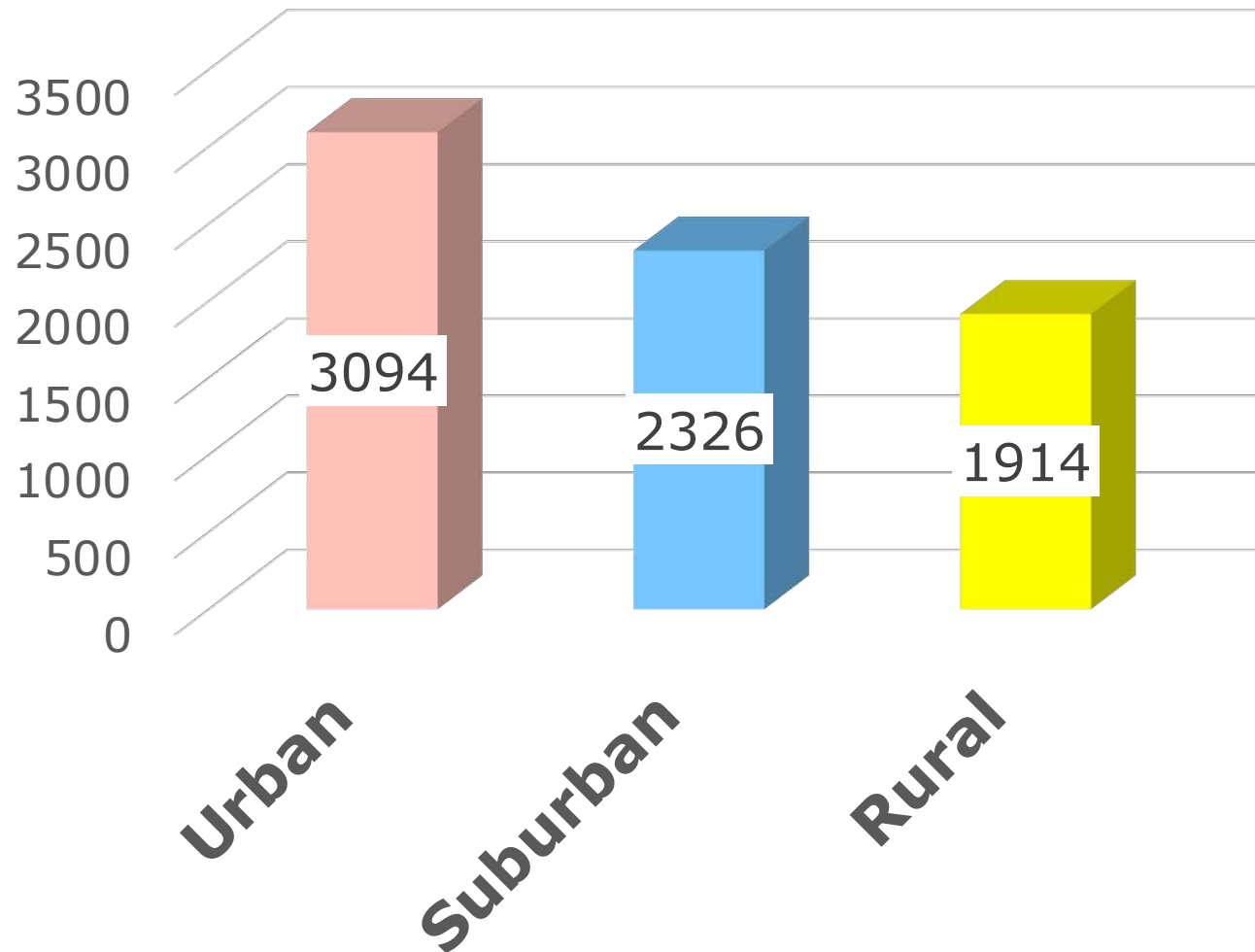


APRN Responses by State Practice Authority

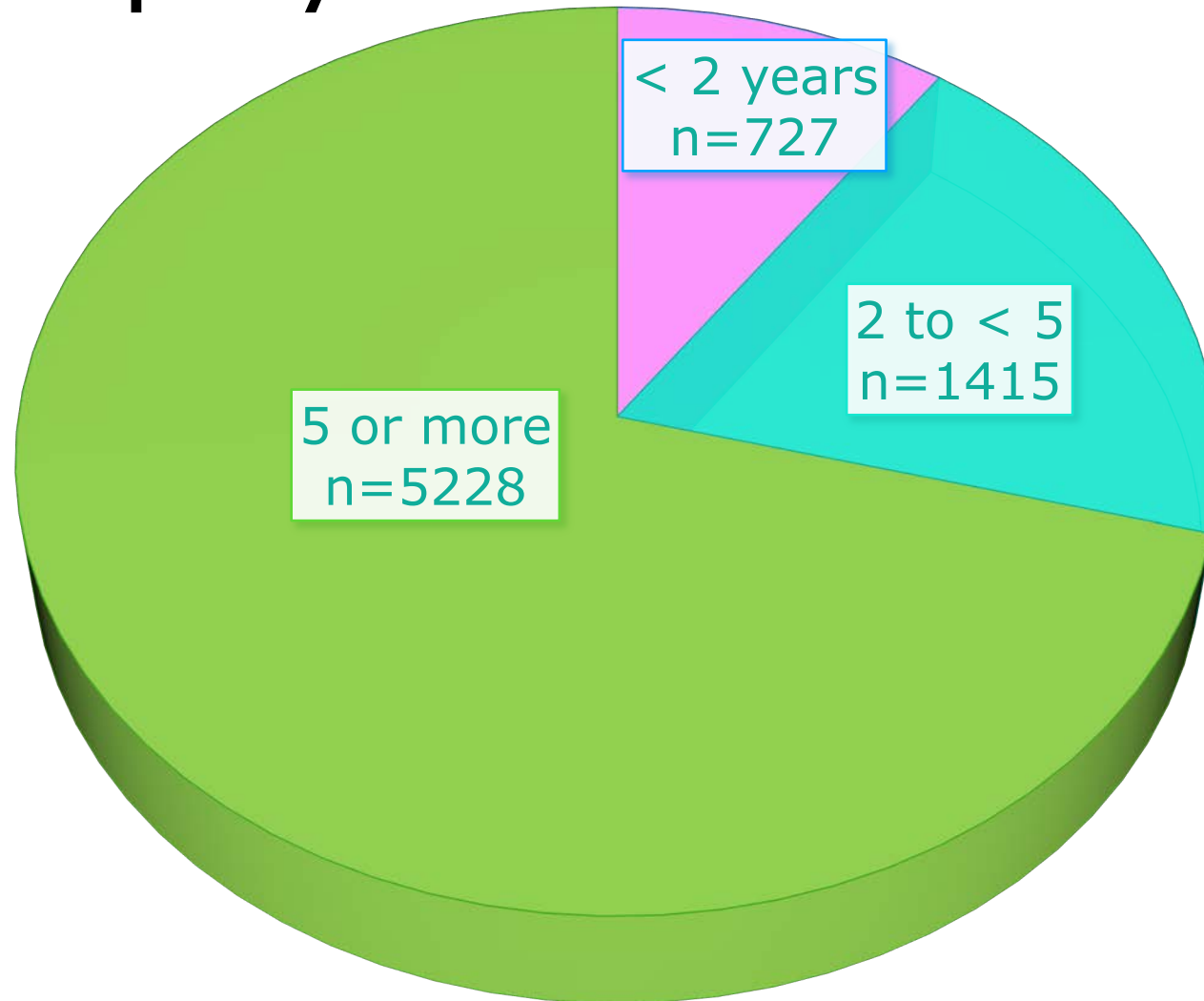


Practice Setting Location

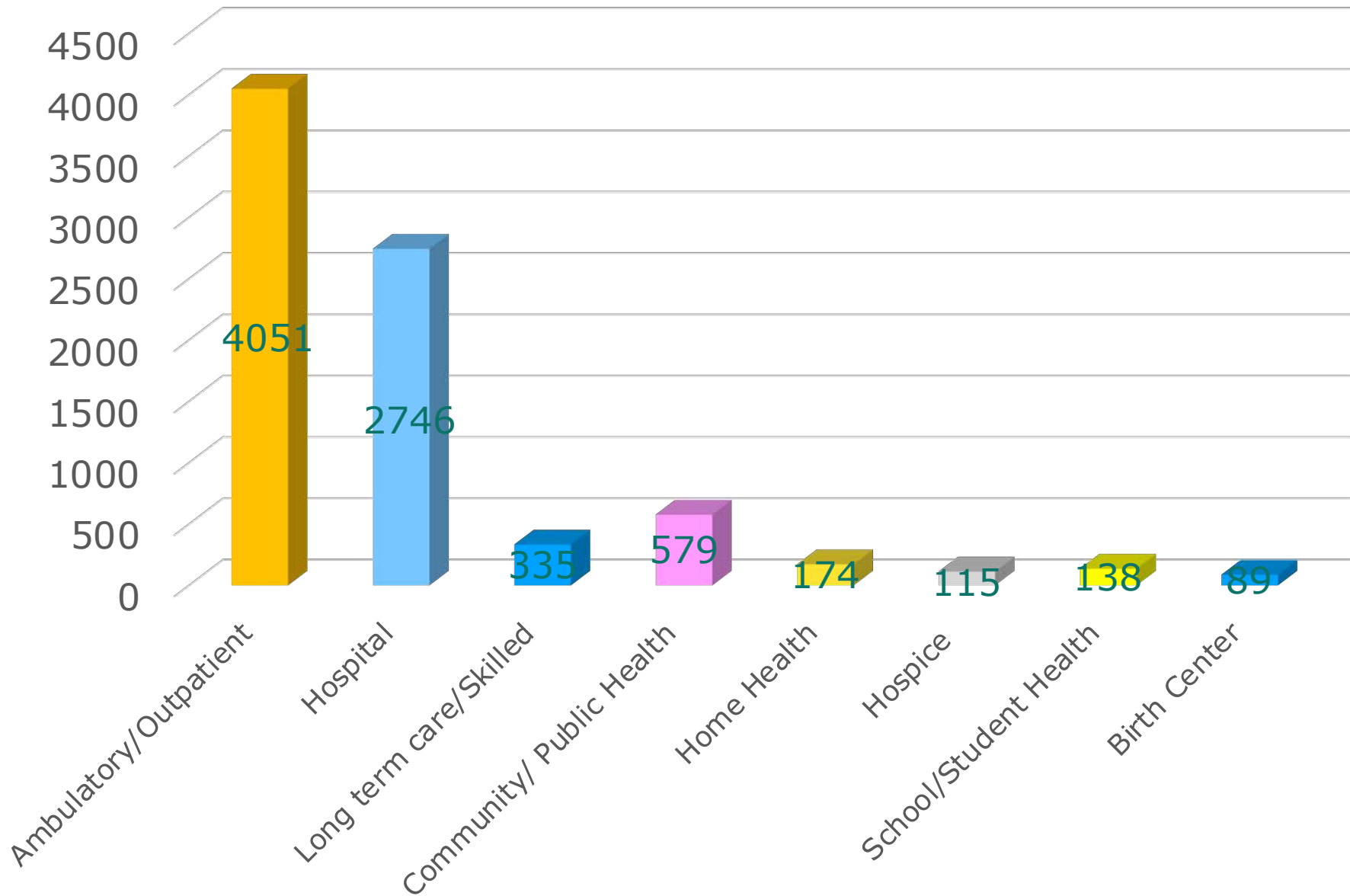
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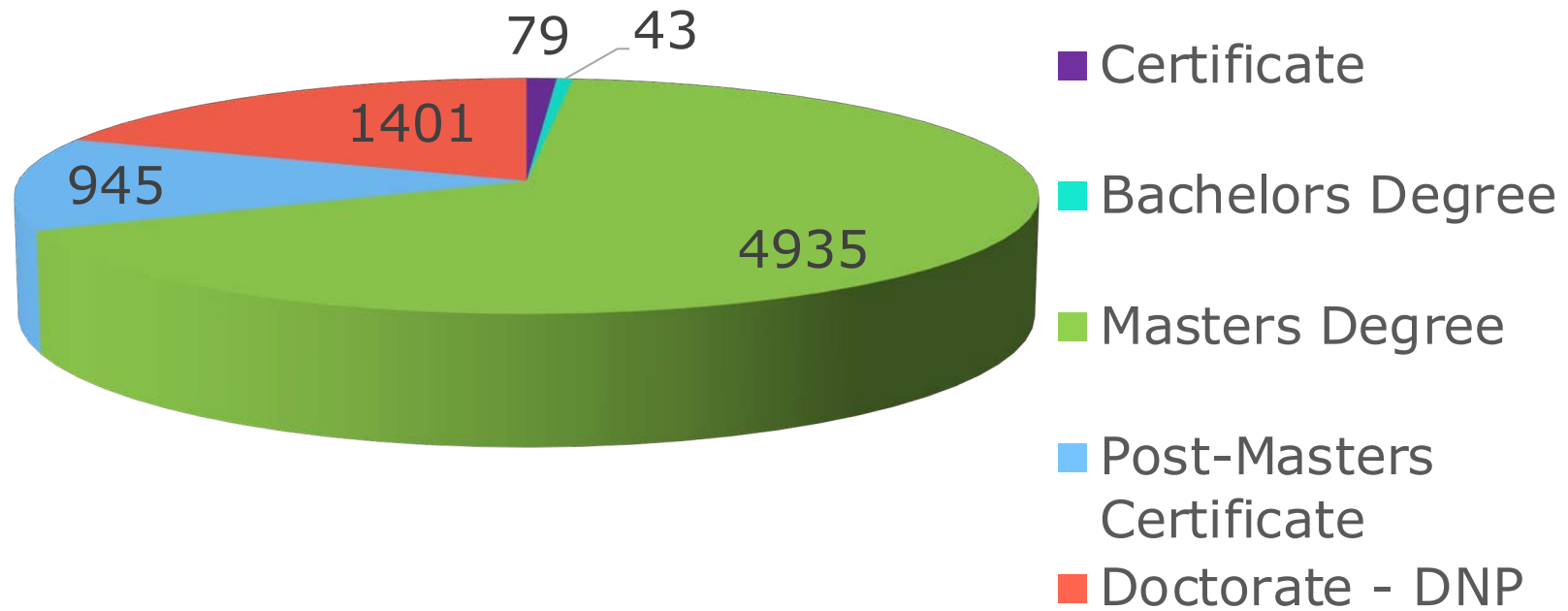
Length of Time Employed as APRN



Practice/Work Setting

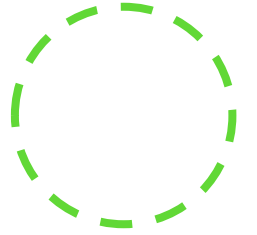


Highest APRN Degree





BARRIERS TO PRACTICE (PRE-PANDEMIC)

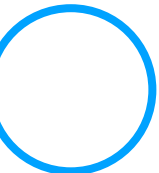


Home health approval restricted [33.3%]

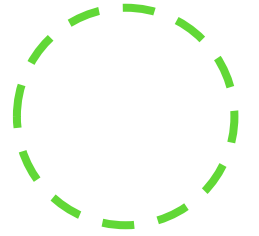
Restricted hospital admitting privileges [32.8%]

Collaborating/supervising physician
practice/population restriction [31.6%]

Physician co-signature of orders [22.9%]



BARRIERS TO PRACTICE (PRE-PANDEMIC)



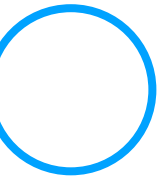
Payment requirement to collaborating/supervising physician [22.1%]

Prescriptions require MD signature or co-signature [16.9%]

- Supervision of procedures [16.4%]



Photo: Vanderbilt University School of Nursing



BARRIERS TO PRACTICE (PRE-PANDEMIC)

Do-Not-Resuscitate (DNR) status orders restricted [14.0%]

Unable to sign birth certificate [4.5%]



Photo: Vanderbilt University Medical Center

Impact of COVID-19 on APRN Practice

- Performed COVID-19 screening for ED
- Had to serve on airway team for COVID-19 patients
- Had to rotate to community hospital that was hit hard with COVID-19
- As a senior team member I somehow became responsible to make sure house staff knew what they were doing in way of PPE and isolation precautions

Impact of COVID-19 on APRN Practice

- More telehealth visits
- Asked to do more RN duties in office while people were furloughed
- Deployed to other areas
- I was asked to travel to facilities away from my home location



Photo: Vanderbilt University Medical Center

Impact of COVID-19 on APRN Practice

- Normally work in heme/onc but was pulled to another specialty (hospital medicine)
- Fewer patients, fewer hours
- Furloughed
- All elective surgeries stopped



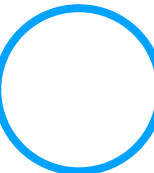
Photo: Vanderbilt University School of Nursing

BARRIERS TO PRACTICE (REPORTED IN REDUCED, RESTRICTED AND FPA STATES)

- Restricted hospital admitting privileges
- Restricted home health approval
- Physician co-signature of orders
- Requirement for supervision of procedures
within APRN scope of practice



Photo: Vanderbilt University School of Nursing



BARRIERS TO PRACTICE (REPORTED IN REDUCED, RESTRICTED AND FPA STATES)

Orders for durable medical supplies
require physician signature

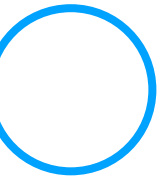
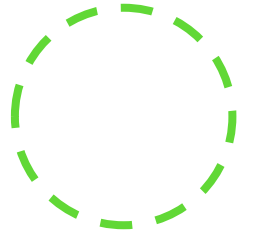
Prescriptions require a physician
signature or co-signature

Referral or consultation declined by
other providers

Restricted health insurance
credentialing




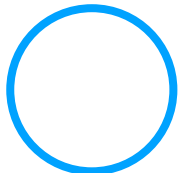
Photo: Vanderbilt University Medical Center





REGULATORY BARRIERS TO CARE

Key findings:

- ◆ 85% reimbursement
 - ◆ Payment requirement for collaborating/supervising physician
 - ◆ Restricted home health approval
 - ◆ Requiring physician cosignature on APRN orders
 - ◆ Restricted health insurance credentialing of APRNs
 - ◆ Requiring physician supervision for procedures within an APRN scope of practice among others
 - ◆ Prescriptions required MD signature (or co-signature)
- 
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OPEN

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Breaking Down Institutional Barriers to Advanced Practice Registered Nurse Practice

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Carole R. Myers, PhD, RN, FAAN;


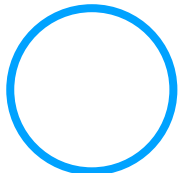
Wendy Likes, PhD, DNSc, APRN-BC, FAANP;

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INSTITUTIONAL BARRIERS TO CARE

Key findings:

- ◆ Hospital bylaws restrictions on practice
 - ◆ Orders for blood products requires MD signature
 - ◆ Orders for durable medical supplies requires MD signature
 - ◆ Pre- and postoperative assessments require MD signature
 - ◆ Procedures essential to quality care and within APRN scope required MD supervision
 - ◆ Referral or consultation declined by provider (only because you are an APRN)
 - ◆ Lab or imaging results only given to collaborating/supervising physician (not to APRN)
- 
- 



IMPLICATIONS



Ongoing efforts are needed to address APRN barriers to practice:




- Ensure there is APRN involvement on medical staff committees granting practice authority
 - Identify existing institutional barriers and actively advocate for removal
 - Review organizational bylaws for outdated/unnecessary restrictions
 - Actively work to remove them
- 



Photo: Vanderbilt University School of Nursing

Results of a National Survey: Ongoing Barriers to APRN Practice in the United States

Mavis N. Schorn, PhD¹ , Carole Myers, PhD², Julie Barroso, PhD¹, Karen Hande, PhD(c), DNP¹ , Tamika Hudson, DNP¹, Jennifer Kim, DNP¹ and Ruth Kleinpell, PhD¹

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Table 1. Barriers to APRN Practice by Practice Authority, N = 7467.

Barriers	Restricted, n = 2617 n (%)	Reduced, n = 3496 n (%)	Full, n = 1354 n (%)
Licensure or Administrative			
Collaborating/supervising physician practice/population restriction	1054	1151	151
Hospital admitting privileges restricted (limited or not allowed)	926	1168	352
Laboratory or imaging results only given to collaborating/supervising physician (not to requesting APRN)	369	287	43
Therapy restrictions			
Home health approval restricted	891	1157	437
Orders for durable medical supplies require an MD signature	888	1090	295
Physician signature required			
Orders require MD signature	851	738	119
Do-Not-Resuscitate (DNR) status orders restricted	519	466	62
Pronouncing death prohibited (including fetal death)	490	548	10
Pre- and post-operative assessments require MD signature	359	391	79
Discharges from PACU or other units require MD signature	232	240	68
Unable to sign birth certificate	159	140	34

Table 1. Barriers to APRN Practice by Practice Authority, N = 7467.

Barriers	Restricted, n = 2617 n (%)	Reduced, n = 3496 n (%)	Full, n = 1354 n (%)
Collegiality			
Payment requirement to collaborating/supervising physician	823	721	106
Consultants send recommendations only to collaborating/supervising physician (not to requesting APRN)	605	610	118
Referral or consultation declined by other providers due to request coming from APRN	556	565	119
Prescribing			
Prescriptions require an MD signature (or co-signature)	758	451	51
Reimbursement			
Health insurance credentialing restricted	693	647	125
Documentation requirements related to reimbursement for medical direction of anesthesia (e.g., Tax Equity and Fiscal Responsibility Act [TEFRA])	228	228	58
Physician only procedure			
Procedures essential to quality care and within APRN scope require MD supervision	590	536	101
Anesthesia or emergency airway management requires MD supervision	287	299	93
Procedures essential to anesthesia (e.g., regional/peripheral nerve blocks, invasive line placement) require MD supervision	282	302	83

Received: 27 October 2021

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ORIGINAL ARTICLE

NURSING FORUM AN INDEPENDENT VOICE FOR NURSING WILEY

COVID-19 effects on practice: Perspectives of Tennessee APRNs

Carole R. Myers PhD, RN, FAAN¹  | Lauren Renee Muñoz MSN, FNP-BC¹  |

Tracey Stansberry MSN, APRN, AOCN¹  |

Mavis Schorn PhD, CNM, CNE, FACNM, FNAP, FAAN²  |

Ruth Kleinpell PhD, RN, FAAN²  | Wendy Likes PhD, DNSc, APRN-BC, FAANP³ 

TENNESSEE APRN INTERVIEWS

15 Tennessee APRNs who completed the national survey participated in follow-up interviews.

Key findings:

- State practice barriers do not improve patient outcomes.
- Supervisory requirements impose unnecessary expenses and wasted time.
- Access to care is impeded by outdated supervisory requirements.



Photo: Vanderbilt University Medical Center



Issues in Mental Health Nursing

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/imhn20>

COVID-19 Pandemic Mental Health Challenges: Patients and Providers

Carole R. Myers, Lauren Renee Muñoz, Tracey Stansberry, Mary Johnson & Mavis Schorn



MENTAL HEALTH IMPLICATIONS: PATIENTS & PROVIDERS

13 of the interviewees mentioned patient mental health challenges; 14 interviewees discussed provider problems.

Select key findings:

"The shortage of psychiatric care is a disaster"

"People just stopped coming in, and they were really very scared"

"Anxiety and depression have...been...off the charts" "30% of my caseload was suicidal"

"It's just kind of back-to-back to back trauma care"

"Many of us in my type of role felt very isolated"



TELEHEALTH



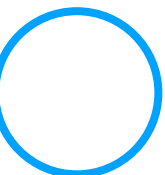
Sudden, expanded need for telehealth during the pandemic added to the challenges APRNs faced.

Key findings:

Most respondents did not use telehealth prior to the pandemic.

During the pandemic used telehealth at least daily.

Most common positive noted was increased access to care; most negative factor noted was vulnerable populations accessing necessary technology.



SUMMARY

Barriers to APRN practice continue, even in FPA states

Waivers did not change the majority of APRN practice

The pandemic affected the APRN workforce in a variety of ways

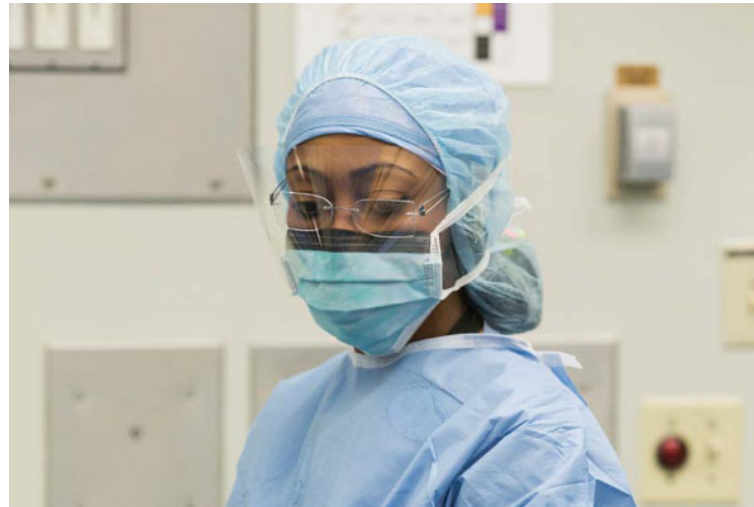


Photo: Vanderbilt University Medical Center

CONCLUSIONS

APRN workforce was deployed in unique ways during the pandemic

Some APRNs were affected economically




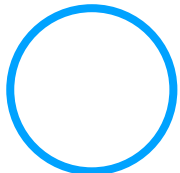
Photo: Vanderbilt University Medical Center



IMPLICATIONS

Barriers to APRN practice continue to restrict aspects of patient care and patient access to care, even in states with FPA.

Ongoing efforts are needed to address APRN barriers to practice:

- Actively support and advocate for removal of regulatory APRN barriers
 - CMS should approve APRNs as health care providers who can order home health, diabetic shoes, and other durable medical supplies
 - Prohibit insurance companies from limiting credentialed providers to physicians alone
- 
- 

CONCLUSIONS

The study findings may support
APRN Full Practice Authority.



Photo: Vanderbilt University Medical Center

ACTIONABLE STEPS

- Address your State APRN Practice Barriers
- Learn from those who have successfully removed APRN barriers to practice



Photo: Vanderbilt Medical Center

Tennessee State Policy Fact Sheet



Nurse Practice Act: T.C.A. § 63-7

Regulatory Structure: Restricted Practice

State law restricts patient access to nurse practitioner (NP) care. State licensure law requires physician supervision for at least one element of NP practice.

TN ADC 0880-06-.02

Impact of COVID-19 Pandemic on APRN Practice: Results of a State-Wide Survey



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Carole R. Myers



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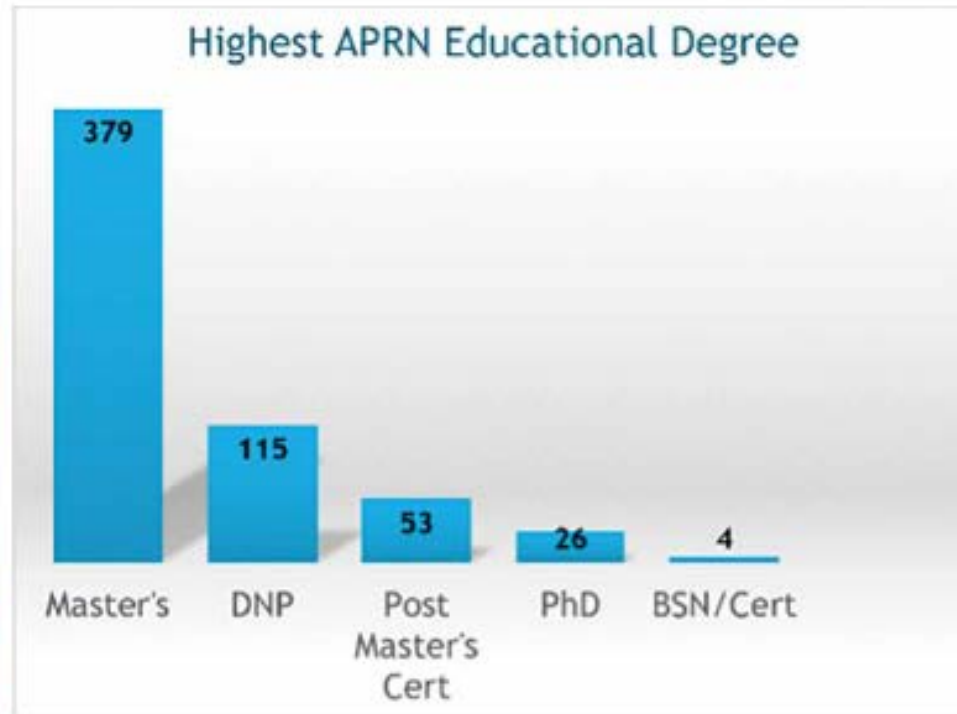
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When Governor Bill Lee issued an Executive Order on March 19, 2020, which temporarily suspended selected restrictions on advanced practice registered nurse (APRN) practice, our collaborative group of APRN researchers began to plan a state survey to assess the impact of APRN practice restrictions, as well as the impact of the ongoing COVID-19 pandemic on Tennessee APRN practice. As other states issued temporary suspension of all or part of state APRN practice restrictions to meet the needs of the pandemic (21 states did so), the focus of the project changed to a national survey.

Using surveys from prior APRN studies, including the National Sample Survey, a 20-item web-based survey was developed, and pilot tested with 10 APRNs from all four roles: nurse practitioner, nurse anesthetist, nurse-midwife, and clinical nurse specialist. The survey assessed the pre-pandemic barriers to APRN practice, impact of the Executive Order, changes in care during the pandemic, and included demographic information. Invitations to participate in the survey were distributed via APRN listserves, e-news, state and national professional organizations, and social media.

The National APRN Practice and Pandemic Survey was conducted June 1–September 23, 2020, with 7,467 APRNs from all 30 states submitting complete



Tennessee APRN Respondent Demographics

National Study of 7,467 Advanced Practice Registered Nurses Supports Practice Based on Licensure



A recent national study conducted by Tennessee (TN) based researchers during the ongoing COVID-19 pandemic identifies that advanced practice registered nurses (APRNs) continue to encounter a number of barriers that affected patient access to care. However, the removal of restrictions resulting from the pandemic benefited patient care in many ways.

- ▶ The survey was launched on June 1, 2020 and closed on September 23, 2020.
- ▶ 7,467 APRNs responded including nurse practitioners, certified nurse-midwives, certified registered nurse anesthetists and clinical nurse specialists from all 50 U.S. states.
- ▶ 553 APRNs from TN responded; majority were working in community, outpatient, hospital, or long-term care settings with 52% in urban settings, 24% in suburban, and 24% in rural areas.

Executive Order #15 was issued by TN Governor Bill Lee on March 19, 2020 waiving the requirements for supervising physician visits and chart reviews for APRNs. The waiver ended May 18, 2020.

- ▶ Despite the short duration, majority (72%, n = 398) of TN APRN respondents reported that the Executive Order did benefit patient care.
- ▶ Examples included the ability of APRNs to practice more efficiently without having to spend time waiting for chart reviews, the ability to expedite orders that would previously require the collaborating physician signature, and the ability to follow patients through home health and direct care, among others.

The Pandemic changed TN APRN practice in a number of ways including:

- ▶ Increasing use of telehealth which enhanced patient access to care.
- ▶ Providing direct care to patients with COVID-19, overseeing COVID-19 testing, and conducting home based follow up of patients with COVID-19, among other key roles.



Removing unnecessary restrictions to APRN practice would benefit the healthcare of TN residents.

OPINION *This piece expresses the views of its author(s), separate from those of this publication.*

Remove outdated Tennessee laws restricting advanced practice registered nurses | Opinion

Instead of protecting citizens and ensuring them access to health care, the regulations serve as barriers that impede access to needed health care services.

Ruth Kleinpell and Carole R. Myers Guest columnists

Published 5:00 a.m. CT March 22, 2022

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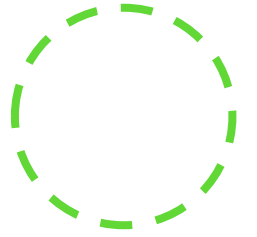


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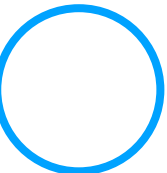
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LESSONS LEARNED



- Conversation with Mary Graff, Vice President of American Nurses Credentialing Center Board and Past President of North Carolina Nurses Association



Publications/Manuscripts from the National APRN Practice and Pandemic Study (2020-2022)

Published:

Kleinpell, Breaking down institutional barriers to Advanced Practice Registered Nurse practice. R., Myers, C.R., Likes, W. & Schorn, M. (2022). *Nursing Administration Quarterly*, 46 (12), 137-142. doi: 10.1097/NAQ.0000000000000518

Myers, C.R., Munoz, L., Stansberry, T., Schorn, M., Likes, W., & Likes, W. (2022). The impact of the COVID-19 pandemic on APRN practice in Tennessee. *Nursing Forum*. Online ahead of print. doi: 10.1111/nuf.12711

Schorn, M.N., Myers, C.R., Barroso, J., Hande, K., Hudson, T., Kim, J., & Kleinpell, R. (2022). Results of a national survey: Ongoing barriers to APRN practice in the United States. *Policy, Politics, & Nursing Practice*. Online ahead of press. doi: 10.1177/15271544221076524.

Myers, C.R., Munoz, L.R., Stansberry, T., Johnson, M., & Schorn, M. (2021). COVID-19 pandemic mental health challenges: Patients & providers. *Issues in Mental Health Nursing*. <https://doi.org/10.1080/01612840.2021.1993389>

Kleinpell, R., Myers, C.R., Schorn, M., & Likes, W, (2021). Impact of COVID-19 pandemic on APRN practice: Results for a national study. *Nursing Outlook*, 69, 783-792. doi: [10.1016/j.outlook.2021.05.002](https://doi.org/10.1016/j.outlook.2021.05.002)

Under review:

Schorn, M. N., Myers, C. R., Barroso, J., Hudson, T., Hande, K., Kim, J., Kleinpell, R. (2022). Changes in telehealth for Advanced Practice Registered Nurses during COVID-19: United States survey. *Applied Clinical Informatics*. Under review.

Publication of the Economic Benefits of Granting Tennessee APRNs Full Practice Authority

Myers, C.R., Mirvis, D., Chang, C., & Stansberry, T. (2020). The macroeconomic benefits of Tennessee APRNs having full practice authority. *Nursing Outlook*, 68(2), 155-161. *Data-based*. doi: 10.1016/j.outlook.2019.09.003