 AUTONOMOUS PRACTICE FOR APRNS IN FLORIDA

**I. What is APRN Autonomous Practice (Deb Devine)
Introduction:**
Autonomous Practice exists for all regulated professionals in Florida except for APRNs. Professional autonomy means having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base.4`

In 2016, the collective term Advanced Practice Registered Nurse (APRN) was changed in Florida statutes (464.012) to identify all four roles of APRN: CRNA, CNP, CNM, CNS. It, however, did not give recognition to our four roles as being able to legally practice autonomously and/or independently, remaining under physician and dentist “general supervision”. Several terms have been used over the years, to define our goal to be autonomous practitioners, and sometimes terms were used interchangeably. However, the terms are quite discrete as we define Autonomous Advanced Nurse Practice in Florida. Also, prior to 2016, the Florida Board of Nursing was authorized to establish a joint committee to identify and approve acts of medical diagnosis and treatment that APRNs may perform. The joint committee was comprised of physicians, APRNs, and the State Surgeon General (or a designee). However, in 2016, HB 423 eliminated the joint committee and authorized physicians and APRNs to determine the medical acts the APRN could perform within the supervisory protocol agreement (SPA). The APRNs continue to seek to remove this arbitrary supervisory status and seek Autonomous Practice as found in thirty other states.

Furthermore, thirty-nine states (including Florida) recognize APRNs as “primary care providers” in policy7. That enables them to directly bill public or private payers for services provided, order certain tests, and establish independent primary care practices. A common barrier is that insurers often are unwilling to contract directly with the APRN provider or empanel them into plans if the APRN is supervised by another provider. Until APRN’s gain Autonomous Practice, Florida citizens will be hindered from advancing health care access and improving our health care ranking.

**II. Definition**

**Autonomous Practice** exists for all regulated professionals in Florida under the department of health except APRN’s. Autonomous Practice for APRNs means having the authority to make decisions independently, self-determined using professional judgment and the freedom to act in accordance with one's professional knowledge base.2

Several terms are used when we seek removal of practice barriers, sometimes interchangeably, but these terms are discrete as we define Autonomous Practice for APRNs in Florida.

The common definitions are:

**Autonomous Practice: The right or condition of self-government.**

* Professional autonomy implies the right to exercise professional judgment – in adherence to professional standards - in face of countervailing pressures from institutional authorities, disagreement with members of other professions or inappropriate demands on the part of clients or the general public.4

**Full Practice Authority: (A broad definition AANP 8 )**

* Includes state practice and licensure laws which permits all APRNs to evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the *exclusive licensure authority of the state board of nursing*. Other criteria include national standards for advanced didactic and clinical education and holding a national certification.
* Full practice authority is defined by the American Association of Nurse Practitioners (AANP) as follows: "State practice and licensure law provides for all nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing."

**Independent practice. Freedom from control, influence by others**

* Independent practice is defined by ANA as “no requirement for a written collaborative agreement, no supervision, no conditions for practice3. Independence is defined as no restrictions and sole authority by one’s professional board (board of nursing) to practice independently as per rules and regulations set forth by state law. No one practices in healthcare independently; we collaborate to ensure the best and safest care for patients. NCSBN states The APRN will “assume responsibility and accountability for patient care independent of a supervisory or collaborative relationship with a physician to meet criteria” for multistate licensure10. *No one practices in healthcare independently; we collaborate to ensure the best and safest care for all patients.*

 **Why the varied terms?**

**Individual states regulate APRN practice.** Florida is a restricted practice state for APRNs and has been since 1976 when defined in the NPA. Currently, under the definition of full practice authority (FPA), 22 states plus the District of Columbia and US Territory Guam, or 44% of the states, have adopted FPA licensure and practice laws for NPs. The remaining states are categorized as either "reduced practice" (17 states, or 34%) or "restricted practice" (12 states, or 24%). The AANP further defines these categories as follows8:

* The [AANP categorizes each state’s degree of independence](https://www.aanp.org/legislation-regulation/state-legislation/state-practice-environment) as full practice (entirely independent), reduced practice (partially independent), and restricted practice (non-independent).
	+ Reduced Practice: The NP has the ability to engage in at least one element of the NP practice and is regulated through a collaborative agreement with an outside health discipline to provide patient care.
	+ Restricted Practice: The NP has the ability to engage in at least one element of NP practice and requires supervision, delegation, or team management by an outside health discipline to provide patient care.

The APRN-IP law passed in March 20207, was well intended and overdue, but it does not include all APRN roles. We seek to include all APRNs and remove practice restrictions and be granted statutory authority to practice **Autonomously**!!

**Lack of Autonomy in Florida:**

* APRNs only profession in the state of Florida that is not autonomous and supervised by another profession
* Current laws regulating and governing the practice of APRNs does not allow self-governance
* The medical profession demands compensation to sign protocols for APRNS to be able practice
* **C**urrent law negates and restricts the ability of NPs to practice to the full extent of their education and training (advanced graduate preparation or education)
* APRN Scope of practice will not change if the Autonomous practice law is passed- access will increase
* Supervision of APRN practice is a barrier to access of care in all 67 counties in Florida
* Florida loses qualified APRNs to other states where there are no physicians supervisory requirements
* Florida’s physician shortage will worsen: Predicted shortage of 7,000 Florida physicians by 2025
* Fees paid to physicians offer no measurable return of value to the consumer, APRNS do this independently
* Supervisory Protocols are unnecessary and burdensome expenditure for practices and added expense to business owners. Protocols do not equate to providing evidence based practice.
* APRN healthcare outcome data are invisible in Florida
* Current national benchmark reporting does not accurately reflect APRN data due to incorrect taxonomy provider identification under APRN supervision.
* Lack of access to health care providers drive up costs to the state and lows quality of life for citizens
* Autonomous APRNs care will improve Health care disparity in Florida
* Florida health care ranking in the lower quartile with an Increase in our aging population who retire to Florida

**Economic Impact of APRN Autonomous Practice in Florida**Florida needs a cost effective, free market, with creative solutions to meet its health care provider current and future needs.

* The APRN provides safe, cost-effective, high-quality care showing significant impact with many states changing laws to remove barriers to practice
* The status quo fosters the continuation of an expensive model of healthcare to profit a few
* Changing restrictive APRN licensure laws by other states have demonstrated Autonomous Practice will increase primary care access and reduce costs.
* Less restrictive licensing also has shown an added benefit of attracting more Nurse Practitioners into a state, thus improving economic activity.
* Will enable Florida to be ready for any natural disaster or emergency whereby APRNs can be called up without regard to practice restrictions saving the state from paying for out of state providers (re: COVID).
* The state will also see increases in tax revenue with more providers moving to Florida
* 2016 APRN Autonomy was recognized by the Federal Veterans Health Administration in all facilities in Florida and the model adopted.
* More healthcare jobs will be created in Florida to meet the needs of the growing population
* Redirects savings not targeted for APRN supervision to improve health care services of all facilities
* Expands ability of IP APRNs to generate revenue in blended practices (i.e. offering billable patient education services, chronic care management, remote patient monitoring, etc.)

**Solution: All Florida Benefits from APRN Autonomous Practice (Deb, Diane, Kaleen, Gail)**

* CNMs will improve maternal and infant mortality by being available to fill the current gaps in maternity care
* CRNAs will increase access to anesthetic care in all critically needed areas in Florida
* CNPs will provide and improve access to health care services in primary and all APRN specialties area in Florida
* CNS’s will provide ongoing evaluation and management of populations in chronic and acute conditions in Florida.

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