Nurse practitioners are Advanced Practice Registered Nurses (APRNs) who have completed graduate education at either the Masters or Doctoral level. Nurse practitioners (NPs) function in an expanded nursing role to provide health care services including:

- Assessment of health status
- Order and interpret tests
- Diagnosis
- Initiate and manage treatment
- Prescribe medications

REMOVAL OF THE INTEGRATED PRACTICE AGREEMENT = FULL PRACTICE AUTHORITY

The Nebraska Nurse Practitioner Practice Act requires NPs maintain an Integrated Practice Agreement (IPA) with physicians in order to be licensed and practice as health care providers. Integrated Practice Agreements are especially difficult to obtain in rural areas of the state.

Removal of the IPA will provide NPs in Nebraska with full practice authority.

Full practice authority is not independent practice. Removal of the IPA will not change current statutory provisions for collaboration, consultation and referral to other health care professionals.

Full practice authority will not change scope of practice. Nurse practitioners function within a defined scope of practice—statutory provisions establish the boundaries of NP practice as health care providers. The scope of practice of a health care professional assures full accountability for safe provision of services to consumers.

Full practice authority is fully compatible with implementation of new and innovative team-based health care delivery models. Interdisciplinary, collaborative, team-based models of care have been demonstrated to improve access to care, provide high quality services, improve chronic disease management and help control health care costs.

HEALTH CARE DELIVERY IS CHANGING

More than one third of states have adopted full practice authority licensure and practice laws for NPs including neighboring Iowa, Colorado and Wyoming. Legislation is pending in 16 other states. The removal of practice restrictions in other states has been shown to increase the number of licensed NPs in rural areas, and improve access to basic health care services for Medicare patients.

ACCESS TO BASIC HEALTH CARE SERVICES IN NEBRASKA COMPlicated BY:

- Aging rural population with relatively higher rates of chronic disease and disability
- Increased need for primary care services for all age groups with the passage of the Affordable Care Act
- Two-thirds of Nebraska counties are federal Health Professional Shortage Areas (HPSAs) for primary health care; mental health services are more severely affected with all but one county listed as a HPSA
- Aging physician workforce and persistent difficulties attracting and retaining physicians in rural areas of the state

The Integrated Practice Agreement requirement is a barrier to the provision of primary and mental health care services in the state, particularly in rural and underserved areas.

Full practice authority for NPs will not change fundamental tenants that assure consumers safe and highly effective care.

HEALTH POLICY RECOMMENDATIONS

In a recent review, the National Governors Association (NGA) recommended that states consider changing scope of practice restrictions to incentivize NP practice. Both the Institute of Medicine (IOM) and Federal Trade Commission (FTC) have issued documents supporting the critical role NPs play in addressing access and the provision of health care services in America, especially to underserved and rural populations.

FULL VALUE HEALTH CARE PROVIDERS

- Over three-quarters of NPs are certified as primary care providers. In Nebraska, 44% of primary care NPs practice in rural areas. Primary care NPs in Nebraska increased 33% between 2007 and 2011.
- Four decades of patient care experience and clinical research have confirmed the safety and consistent quality of health care provided by NPs.
- A recent economic study supported by the Robert Wood Johnson Foundation (RWJF) emphasized potential cost-savings allowing NPs to more effectively partner with other health care professionals in the delivery of primary health care.