

SCOPE OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES

Background and History

- The medical community at large has discussed this issue for at least a decade, if not longer.
- For the most part, scope changes have been avoided. One exception was allowing pharmacists to provide some adult vaccines under a standing order and some adult vaccines with a prescription from a physician. Pharmacists had wanted to provide all vaccines under a standing order or without physician involvement at all. The medical community decided to compromise on this issue in 2013 after legislators specifically told the sides to come together and work out an agreement.
- The current requirements for physician supervision of NPs in North Carolina is limited; offsite supervision with only 2 meetings per year, which has been one reason to maintain joint oversight through both the NC Board of Nursing and the NC Medical Board.
- Currently, 22 states and the District of Columbia allow NPs to practice independently. In addition, 16 other states only have collaborative agreements (versus full supervision) or allow independence in some areas. The southeast remains the most restrictive area of the country in terms of NP scope. NOTE: The VA also allows full practice autonomy for NPs. According to several sources, current targets for independent practice are Massachusetts, Pennsylvania and NC.
- Last year, the NC Society of Obstetrics and Gynecology offered a compromise to Certified Nurse Midwives offering no physician supervision, if there was a plan in place for referral to a physician in the event of an emergency. A compromise was not reached.
- In addition, last year, the NC Medical Society brought together a Task Force of various specialty groups to examine the issue.

Potential Requirements of Any Compromise with APRNs

- Medical Board Regulation:** If an APRN or PA were to practice independently, they must be regulated by the NC Medical Board just like physicians are. NOTE: PAs are already completely regulated by the NC Medical Board. APRNs are currently under a joint-regulatory framework.
- Apprenticeship Residency Model:** Before being allowed to practice independently, APRNs or PAs would be required to practice side-by-side with a physician from the same specialty under close supervision for a defined period of time. If they chose not to practice independently, they would remain regulated as current statute dictates.
- Truth in Advertising:** If practicing independently, the APRN would have to clearly display their specific credentials/degree and inform all patients of their education and background.

Other Considerations

- Malpractice Insurance:** Requiring malpractice insurance. However, this may not be a requirement for physicians either, so should this be left up to practical implications versus regulations?
- Specific Back Up:** Requiring specific back up in the event of an emergency. However, this also brings up possible liability concerns for whoever backs up the APRN/PA.
- Outlining Scope:** Some states that allow independent practice have other methods of regulating how broad an APRN's scope of practice is. Feasibility of this is unknown.