Benefits of Removal of Barriers to APRN Practice:
Reduce Healthcare Cost, Increase Access to Healthcare, Improve Healthcare Outcomes

There are four categories of Advanced Practice Registered Nurses (APRNs); Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists.

**Advanced Practice Registered Nurses (APRNs)** (3,6,11)
- Are state licensed Registered Nurses and independent health care nursing professionals
- Recognized and regulated by the State Board of Nursing in 50 states, DC and four US territories
- Hold a graduate degree in advanced nursing practice and a national certification in the respective specialty
- Educated to assess, diagnose, treat, and prescribe for acute and chronic health problems

The 2018 White House release of a study by the U.S. Department of Health and Human Services, U.S. Department of Labor and U.S. Treasury supports full practice authority for APRNs to promote choice and competition in healthcare and elimination of politically driven Collaborative Practice Agreements (CPAs) (30)
- 22 states, D.C, and three territories allow APRNs to practice to full extent of education and training (2,9,10,11,19,22,34)

**Reduced Health Care Costs in APRN Provided Care**
- 11-29% reduction in state health care costs (4,22,34)
- 50% reduction in unnecessary emergency room visits (31,34)
- 48% reduction in post-discharge hospital readmissions (33,34)
- 30% reduction in hospitalizations for preventable problems (29,34)
- Collaborative Practice Agreements raise the cost of APRN provided care (9,11,18,20,21)
- Collaborative Practice Agreements restrict ability to practice to top of license (3,4,11,12,21,30,32)
- Provide quality care at a reduced cost (24,26,28,34)

**Increased Access to Health Care Services**
- 75% of APRN workforce chooses primary care (1,9,11,12,14,19,22)
- More likely to move to rural areas resulting in a 10% increase in APRN primary care providers (9,14,16,20,22)
- CPA barriers leads to loss of APRN providers as they move to full practice authority states (11,22,25,34)
- Removing CPA barriers results in improved access to high, quality care in rural/underserved areas (14,16,18,22,34)
- Improves community health and economic development (19,30,31)
- Nationally, APRNs conduct over 1.6 billion annual patient visits (1,3) and there are more visits which are hidden in physician billing charges.
- In Wisconsin, by 2035, there will be a predicted short-fall of 745 physician primary care providers (5)
- APRN workforce, in particular the NP workforce, has been increasing (15,22)

**Improved Health Care Outcomes**
- 50 years of research demonstrate the high quality of health care provided by APRNs (8,11,13,19,22)
- No significant difference in the quality of care provided by APRNs compared to physicians (9,17,19,22,24,27,28,30,34)
- APRNs often have higher patient satisfaction ratings (11,13,20,24,26,28,34)
- APRNs have better outcome data (24,28,34)
- APRNs have individual malpractice coverage and low rates of malpractice claims. (8,20)
- States where CNMs are more integrated into health care systems have better maternal health outcomes (7)


For more information, please see:


17. McCleery, E, Christensen V, Peterson K, Humphrey L, Holland M. Evidence Brief: The Quality of Care Provided by Advanced Practice Nurses, VA-ESP Project #09-199; 2014.


