

Advanced Practice Registered Nursing Legislation

Myth and Facts

Various organizations and/or individuals may have expressed concern regarding the pending legislation to define advanced practice registered nursing (APRN). The following are the most common myths, along with a response to each.

Myth: The bill(s) would increase the Scope of Practice (SOP) for APRNs beyond their current level of education and abilities

Fact: National professional nursing organizations define scope of practice for each of the three APRN roles (Certified Nurse Practitioner, Certified Nurse-Midwife, Certified Clinical Nurse Specialist) based on education, certification, and role. APRNs currently practice within these established national standards; this bill will define, not change APRN practice or allow them to provide care beyond their education

Myth: The bill(s) would remove the 'oversight' by physicians, thereby increasing the risk of bad outcomes for patients

Fact: The bill(s) would define what activities are within each APRN's scope of practice only and will not impact quality assurance program requirements by health care and/or insurance organizations to monitor outcomes and ensure safe patient care. In study after study, APRNs are found to provide the same safe, high quality care with similar outcomes as their physician colleagues.

Myth: This bill would destroy the collaborative relationship between APRNs and physicians

Fact: APRNs, like all health care professionals, have a legal and ethical obligation to consult, refer or transfer patients when health care needs are beyond the expertise and comfortable level of the provider. APRNs will continue to collaborate with physicians and all members of the interdisciplinary team to provide the best care for patients.

Myth: Health care costs will increase because no one will be monitoring APRNs utilization of services

Fact: Study after study has found that APRNs provide similar high quality health care at costs dramatically less than traditional providers. Patients under the care of APRNs tend to have reduced emergency room visits, decreased hospital length of stay, less costly diagnostic tests and prescription drug costs. Research is available upon request.

Myth: Malpractice incidences and insurance rates will increase under this bill

Fact: APRN malpractice incidences and rates are not increased in those states where APRNs practice autonomously under their own license compared to those with the most restrictive practice environment. Research is available upon request.