

**SB176 by Lundberg HB184 by Ramsey (*as amended)* Increasing Access to Health Care for All Tennesseans**

**Background:**

Everyday access to care and options for care are increasingly becoming a great challenge to Tennesseans. We believe the most actionable, impactful, and cost-effective solution is to allow Advanced Practice Registered Nurses (APRNs) to practice to the full extent of their education and training by removing restrictive barriers that force physician oversight on APRNs for their entire career.

**What is an APRN?**

Advanced Practice Registered Nurses are nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists. For a Registered Nurse to become an APRN, they must obtain a graduate degree from a nationally accredited nursing program, meet a nationally standardized regimen of training to receive certification, and meet the Tennessee Board of Nursing requirements to be licensed and practice in Tennessee.

**The Current Problem and Issue:**

Tennessee law mandates that APRNs have a collaborative practice agreement with a physician, meaning APRNs must pay a doctor to review charts and prescriptions several weeks *after* the patient in question has received care. The cost of a collaborative practice agreement is on average $1500/month per a recent Tennessee survey, making it financially difficult for APRNs to establish their own practices in areas that would greatly benefit from the added access to care. What’s more is the physician approving these patient charts may have never seen the patient, yet the patient is usually billed for this mandate.

**Fast Facts about Mandated Collaborative Agreements/Contracts:**

* Tennessee is **one of only 11 total states** with the highest level of restrictions for APRNs. This is an antiquated regulation that prevents Tennesseans from having greater – and much-needed – access to health care.

* Mandates in the current law makes it **cost prohibitive for many clinics and outpatient settings to hire additional APRNs** and/or for APRNs to set up their own practices in areas that would greatly benefit from this care.

* In hospitals and clinics, this law leads to **lower pay for APRNs** **and more administrative costs for everyone**.

* Numerous studies and research prove there are **no health or safety benefits to a patient** when their chart is looked at 30 days after receiving treatment.

* APRNs are the Future of Primary Care: **72.6% of APRNs deliver primary care nationally**. By 2026, the Bureau of Labor Statistics projects that the APRNs' role will grow by 36% compared to 13% for physicians. Why are we limiting the ability of Tennessee APRNs to provide care when most of the country has encouraged it?

* **When it comes to healthcare delivery, Tennessee is behind the curve.** Why are we depriving Tennesseans of their right to more options for healthcare services?

**Our solution with SB176 / HB184:**

SB176 / HB184 would remove mandated physician oversight/chart review of APRNs and keep the regulation of the profession of nursing under the Board of Nursing. The compromised amendment creates a 3-year transition away from the current system for all new APRNs or those with less than 3-years of experience. **This would give APRNs would not allow APRNs to do anything they are not currently allowed to do.**



**What SB176 / HB184 *as amended* does:**

* Does not allow APRNs to perform anything they are not educated and allowed to do currently*—it’s not an expansion of their scope of practice or “scope creep”*
* Sets up a 3-year transition for current APRNs with less than 3-years of experience and for new APRNs during that time they will still be required to have a collaborative agreement and their charts reviewed.
* Makes it easier and more affordable for APRNs to practice and serve patients to the extent of their training and education.

* Reduces the administrative/non-clinical time for APRNs, support staff, practice administrators and others from having to spend time on bureaucratic paperwork of “chart review.” This is another cost saving area that also creates more time for patients.
* Increases the available supply of healthcare providers, giving Tennesseans more choices for their healthcare options.

* Adds competition to the healthcare market, which in turn helps to control costs for Tennesseans, improves quality of care, and expands access to healthcare services.
* Allows APRNs to serve patients in areas of the state where physicians are not practicing or are retiring from, which will provide relief for Tennessee’s both urban and rural communities that are unserved, especially when we have many communities without hospitals or stand-alone emergency rooms
* Gives greater access to credible and affordable primary care that will service Tennessee’s rural counties – which make up 82 percent of the state – and aligns with the economic objectives of the Tennessee General Assembly’s Rural Caucus.

**What others are saying:**

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| **The Federal Trade Commission:** "We have not seen research suggesting that the safety or quality of primary care services declines when APRN supervision or collaborative practice requirements are lessened or eliminated." "Reduced access has the greatest impact on America’s poorest citizens, including Medicaid beneficiaries. Physicians are less likely to practice in low-income areas or to participate in state Medicaid programs. Rural communities too are particularly vulnerable to provider shortages and access problems."    **National Governor’s Association:** "To better meet the Nation’s current and growing need for primary care providers, States may want to consider easing their current scope of practice restrictions, as a way of encouraging and incentivizing greater NP involvement in the provision of primary care. Expanded utilization of NPs has the potential to increase access to healthcare, particularly in historically under-served areas."    **Institute of Medicine's Future of Nursing Report:** The contention that APRNs are less able than physicians to deliver care that is safe, effective, and efficient is not supported by the decades of research that has examined this question.    **US Dept. of Health and Human Services, US Dept. of the Treasury, US Dept. of Labor: Reforming American’s Healthcare System through Choice and Competition**: "In under-served areas and for underserved populations, the benefits of expanding provider supply are clear: Consumers will have access to services that were otherwise unavailable. Even in well-served areas, the supply expansion will tend to lower prices for any given level of demand, thus lowering healthcare costs."    **American Hospital Association: 2019 and 2020 Public Policy Agendas: Strengthening the Workforce:** "Support state efforts to expand scope of practice laws, allowing non-physicians to practice at the top of their licenses." |

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