S.517/S.553/H.4272 FULL PRACTICE AUTHORITY FOR SOUTH

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**What is Full Practice Authority?** According to the American Association of Nurse Practitioners, full practice authority is “the collection of state practice and licensure laws that allow for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing.” That exclusive licensure excludes the need for or requirement of a supervising physician or physician practice agreement.

The American College of Nurse Midwives (ACNM), the American Nurses Association, and the American Academy of Nurse Practitioners maintain that safe, quality health care can best be provided when policy makers develop laws and regulations that permit Certified Nurse-Midwives, Nurse Practitioners, and CNS to provide independent care within their scopes of practice and to foster consultation, collaborative management, or seamless referral and transfer of care when indicated. In independent practice and without practice agreements, these APRNs (NPs, CNMs, CNSs) use knowledge, skills, judgment, and authority to provide health care in accordance with Board of Nursing, ACNM's, ANA, and AANP Standards for the Practice.

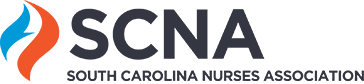
**What does this legislation change from current practice capabilities?** Being granted Full Practice Authority (FPA) means all APRNs must practice within their scope and population focus area as defined by their graduate education and national certification. The proposed legislation eliminates the additional regulatory burden of a physician practice agreement. It will prevent physicians from charging fees to engage in practice agreements, prevent physicians from artificially limiting what an APRN (NP, CNM, CNS) can legally do, expand access to care, and improve outcomes by keeping patients out of the ER for primary care.

**What can APRNs do?** An APRN is authorized to evaluate patients, diagnose, order, and interpret diagnostic tests and initiate and manage treatments — including prescribing medications.

**What are other states doing?** 28 states plus the District of Columbia and the VA have now passed FPA for their advanced practice nurses.

**Why is this needed?** South Carolina advanced practice nurses currently may only practice through a practice agreement with a physician…regardless of what their education, license or certification allows them to do. This unnecessary regulatory burden does not include any supervisory responsibilities or authority for the physicians and has unfortunately become a revenue generator for some physicians with many APRNs being forced to pay as much as $2,000 per month for their agreement. Many of these Nurse Practitioners and CNMs rarely see their physician and if the physician dies, retires, or relocates, then the NP and CNM must suspend their practice until another physician can be secured for “collaboration.” This results in impeding access to care for South Carolinians and a reduction in medical freedom and choice for patients to see the provider of their choice.

And more....



**What are national agencies and entities saying?** Supported by a growing body of evidence on the safe and cost-effective provision of care by APRNs, there is a national call to remove all barriers to full practice authority from organizations such as the **Institute of Medicine (IOM)**…now known as the **National Academy of Medicine (NAM)**, **The National Council of State Boards of Nursing**, the **National Governors’ Association (NGA),**

the **Federal Trade Commission (FTC)**, the **National Health Policy Forum**, the **Bipartisan Policy Center**, the **Macy Foundation**, the **Veteran’s Health Administration**, and more than 40 nursing organizations, among others.

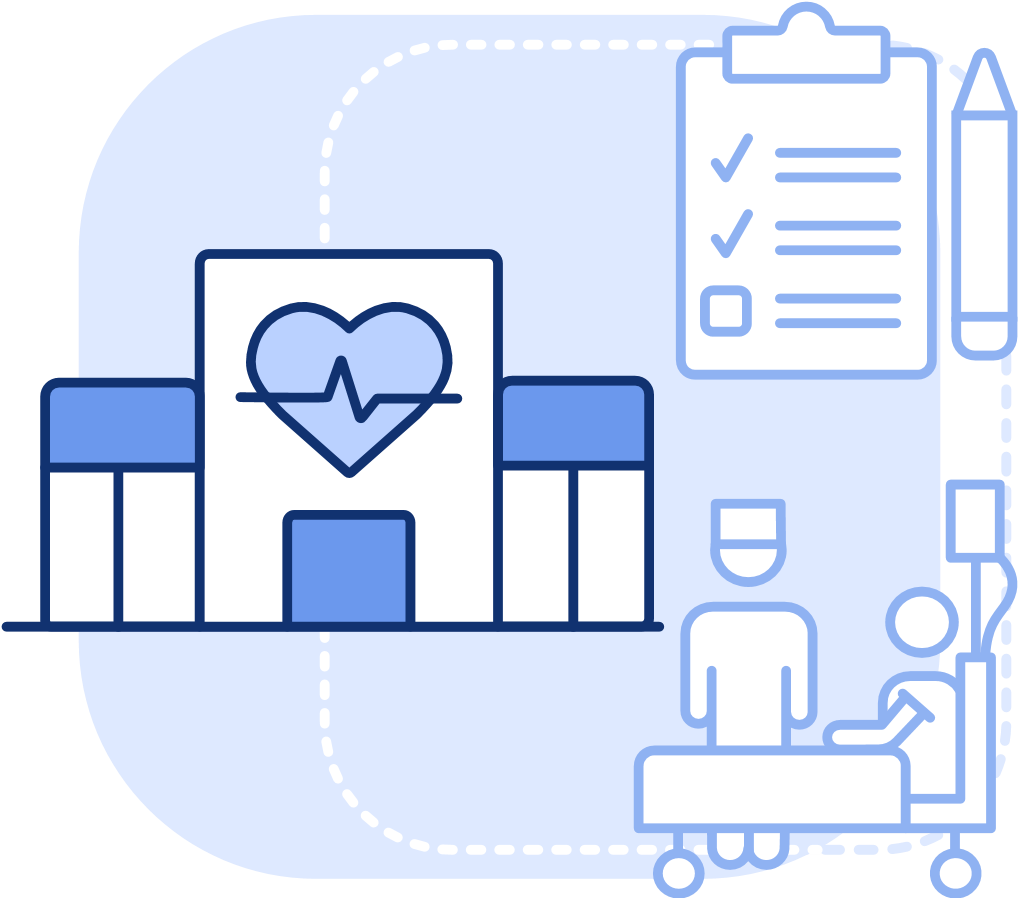
**Who supports FPA for South Carolina’s APRNS?** Businesses, Health Care Organizations, and Health Professionals, Colleges of Nursing and many more. Here is a snapshot of supporting organizations, but not inclusive………..

**What are the required education levels and number of practice hours for APRNs?** An APRN must have a Bachelor of Science in Nursing and a minimum of a Master of Science in Nursing. Many have a doctorate as well. That includes 1500 hours of clinical rotations and 1900 practice hours per year to enter the program. The average nurse entering the nurse practitioner program has five years of practice hours, translating into 9500 total practice hours. Upon graduation, NPs and CNMs must be nationally certified as well. By contrast, physicians are not required to be nationally certified or do clinicals while in medical school. They start their clinical practice with their internships and residencies. The NP and CNM programs incorporate residency during their master’s or doctoral degree programs.

**What does this bill NOT allow APRNs to do?** It does not allow APRNs to do anything they are not educated or nationally certified to do. It does not allow them to practice as physicians.

**How has access to care changed since removing physician supervision and geographical restrictions in 2018?** According to the 2022 United Health Foundation rankings, access to primary care in South Carolina has improved from 41 to 37 since removing physician supervision and increasing scope for NPs and CNMs in 2018. [allstatesummaries-ahr22.pdf (americashealthrankings.org)](https://assets.americashealthrankings.org/app/uploads/allstatesummaries-ahr22.pdf).

**Has FPA been tried before?** During the recent Covid-19 pandemic, practice barriers were removed for NPs and Certified Nurse Midwives by Governor McMaster’s declaration of a public health emergency. No collaborative agreement was required. Patient care access improved and was maintained for South Carolina. No adverse Board of Nursing sanctions occurred during or as a result of care provided by APRNs during the public health emergency. In fact, according to SC Board of Nursing 2023 licensure data, only 0.03% of APRNs were disciplined during 1999-2022 (NPs, CNMs, CRNAs, and CNS), meaning the long-term data also supports the safety of care by APRNs. <https://verify.llronline.com/LicLookup/Nurse/Nurse.aspx?div=17&AspxAutoDetectCookieSupport=1>



**What National Groups Are Saying:**

“Numerous expert health policy organizations have concluded that expanded APRN scope of practice should be a key component of our nation’s strategy to deliver effective health care efficiently and, in particular, to fill gaps in primary care access. Based on our (the FTC) extensive knowledge of health care markets, economic principles, and competition theory, we reach the same conclusion: **expanded APRN scope of practice is good for competition and American consumers**. ...mandatory physician supervision and collaborative **practice agreement requirements are likely to impede competition** among health care providers and restrict APRNs’ ability to practice independently, **leading to decreased access to health care services, higher health care costs, reduced quality of care, and less innovation in health care delivery.”** -Federal Trade Commission

“Expanding scope of practice for APRNs, including nurse practitioners (NPs), **would significantly increase access to care**, particularly in rural and underserved communities. This authority allows APRNs to prescribe medication, diagnose patients and provide treatment independent of physicians. Evidence does not show that scope of practice restrictions improves quality care; rather these unnecessary regulations contribute to higher health costs. **Until all APRNs are permitted to practice to the full extent of their education and training, significant and preventable gaps in access to care will continue.”** -National Academy of Medicine (formerly the Institute of

Medicine)

What Will Full Practice Authority Mean for South Carolina?

There are more than 8,000 Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists practicing in South Carolina. As trusted, rigorously educated healthcare professionals, these individuals are registered nurses with advanced education, degrees, and national certifications that care for patients in all areas of healthcare.

Allowing APRNs to have Full Practice Authority will:

**Save money** by keeping patients out of the ER for primary, women, and mental health issues by providing care sooner and closer to home;

**Improve outcomes** for patients with acute and chronic health issues by providing care earlier;

**Increase access to care**, particularly in rural South Carolina where there is a shortage of physicians; and

**Remove unnecessary regulatory barriers** that impede care and access.

**It is time to remove the unnecessary regulatory burdens of practice agreements and allow these highly skilled, highly educated, and highly experienced APRNs the right to practice and care for patients in South Carolina.**