

Status of Advanced Practice Nursing in the USA

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Advanced nursing roles have long been established and recognized in the United States (US) with recorded nurse anesthetist and nurse midwifery roles in the 1940s. The first certified Clinical Nurse Specialist (CNS) program was recognized in psychiatric nursing in 1954, by Peplau at Rutgers University (Bigbee & Amidi-Nouri, 2000). However, it was not until 1965 that the first NP program was established in the US by Loretta Ford, RN and Henry Silver, MD in response to poor provision of health care for pediatrics in rural Colorado (Medscape 2000; Ford & Gardenier, 2015). A goal to prepare nurses at an advanced level in public health nursing was recognized to address health inequalities. The inception of the first NP program developed by Loretta Ford was where the NP role began to take root in the USA. The program was oriented toward health and wellness, specifically the health of preschool children (Ford & Gardenier, 2015). Ford realized that nurses could do more to preserve, promote, protect the health and wellness of children, and prevent disease, disability and injury. (Ford, 2017). Since that time, the role has been expanded and defined by educational standards, title recognition, and legislative definitions in the US.

Critical Mass

There are more than 234,000 nurse practitioners (NPs) licensed in the U.S (AANP 2017), approximately 72,000 clinical nurse specialists in the United States (Liason International 2017), and more than 50,000 certified nurse anesthetists (AANA 2016). According to the American Midwifery Certification Board, as of August 2016, there were 11,475 certified nurse midwives

(CNMs) and 103 certified midwives (CMs) (ACNM 2016). The median annual wage for nurse anesthetists, nurse midwives, and nurse practitioners was \$107,460 in May 2016 (Bureau of Labor and Statistics 2016-2017 edition).

Protected Titles/Definitions

Nurse anesthetists, nurse midwives, and nurse practitioners, also referred to as *advanced practice registered nurses (APRNs)*, coordinate patient care and may provide primary and specialty healthcare. The scope of practice varies from state to state.

Nurse practitioners (NPs) are licensed in all states and the District of Columbia, and practice under the rules and regulations of the state in which they are licensed. They provide high-quality care in rural, urban and suburban communities, in many types of settings including clinics, hospitals, emergency rooms, urgent care sites, private physician or NP practices, nursing homes, schools, colleges, and public health departments (AANP 2017).

Certified nurse anesthetists (CRNAs) provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. When anesthesia is administered by a nurse anesthetist, it is recognized as the practice of nursing; when administered by an anesthesiologist, it is recognized as the practice of medicine AANA (2016).

The vast majority of midwives in the United States are CNMs. CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, the District of Columbia, American Samoa, Guam, and Puerto Rico. CNMs are defined as primary care providers under federal law (ACNM 2016).

Clinical nurse specialists provide diagnosis, treatment, and ongoing management of patients. They also provide expertise and support to nurses caring for patients at the bedside, help drive

practice changes throughout the organization, and ensure the use of best practices and evidence-based care to achieve the best possible patient outcomes (NACNS 2017).

Regulation

Regulation is not without its challenges; in the United States, it took tremendous efforts on the part of NPs/APNs to get the role regulated in all 50 states. Pearson (1999) outlined the effort that was expanded to pass new nurse practice acts and to obtain some degree of prescriptive authority for advanced practice nurses in all 50 states and the District of Columbia by 1999, some 34 years after the role was established. Her description of how the advanced practice nurse care model differs from the physician care model rings true today, such as coordinating community resource use, promoting wellness-oriented self-care, providing comprehensive health education, teaching preventive health promotion activities, and negotiating the health care system as a patient advocate, in addition to diagnosing and treating illness, and reducing repeat illness episodes and disabilities.

Prescription Authority

Authority for the Advanced Practice Nurse is granted by a separate scope of practice related regulations in each of the 50 states. As such there is wide variation in who can prescribe, the requirements for obtaining prescriptive authority, and the guidelines that must be followed.

Prescriptive authority in the U.S. is either Independent, that does not require physician supervision or oversight or Not Independent, and requirement of physician oversight and collaborative agreement exists. The National Council of State Boards of Nursing as a part of the effort to implement an interstate consensus model provides information and a map with current prescribing legislation information <https://www.ncsbn.org/5411.htm>. Nursing Stokowski (2015)

prepared state by state update with links which is available

<http://www.medscape.com/viewarticle/440315>.

There is active pursuit by nurse practitioner organization for the ability to practice and prescribe to the full extent of their education.

Prescription Authority Links

- <https://www.ncsbn.org/5411.htm>
- <https://www.ama-assn.org/sites/default/files/media-browser/specialty%20group/arc/ama-chart-np-prescriptive-authority.pdf>
- <http://blogs.harvard.edu/billofhealth/2016/07/19/updated-nurse-practitioners-scope-of-practice-map/>

Background Reading

Additional historical and background information can be found through the American Academy of Nurse Practitioners | <https://www.aanp.org/all-about-nps/historical-timeline>

Web Links

The American Nurse Association- <http://www.nursingworld.org>

The National Organization of Nurse Practitioner Faculty - <https://nonpf.site-ym.com/>

The American Association of Nurse Practitioners - <https://www.aanp.org/>

Social Media Presence

Nurse practitioners have an increasing and diverse presence on social media. Promoting awareness of nurse practitioners and issues important to Advanced Practice nurses is balanced by consideration of patient privacy. Guidelines for professional presence on Twitter, Facebook, Instagram etc. are provided by the American Nurse Association at <http://www.nursingworld.org/socialnetworkingtoolkit.aspx> and the National Council of State Boards of Nursing <https://www.ncsbn.org/347.htm>.

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