



Seize the moment

The drive to full practice authority

ONE of the many ways nurses have risen to the occasion during the COVID-19 pandemic has been for those with advanced practice credentials and licensure to exercise their full practice authority—using their knowledge, skills, and judgment to practice to the maximum extent of their education and expertise. Advanced practice RNs (APRNs) have ably and safely provided care in overburdened healthcare systems in 21 states that temporarily waived or suspended collaboration, supervision, or protocol requirements during the pandemic. APRNs performed similarly vital services in 22 other states, the District of Columbia, Guam, and Department of Veterans Affairs facilities where they already had hard-won full practice authority. As this unprecedented public health crisis eases, some states have reimposed restrictions. Even during the pandemic, seven states didn't change their regulations.

At this crucial time, I urge nurses nationwide to raise our voices, mobilize community support, and demand full practice authority in the public interest. This isn't an abstract call-to-action. Decisive evidence demonstrates the safety, quality, and economic benefits of APRN care, and a growing chorus of organizations backs full practice authority to improve health equity.

But as of March 2020, more than 80 million people—roughly one-quarter of the country—lived in an area with a shortage of health professionals, as noted in *The Future of Nursing 2020-2030* report. A substantial projected shortfall of primary care providers by 2030 can be eased with the rising number of APRNs, now up to 460,000, according to the American Association of Nurse Practitioners. Notably, most APRNs practice primary care.

The pandemic has laid bare long-standing healthcare and economic disparities and has awakened the need to remedy these gaps. APRNs are a key element in doing so. For example, an APRN in a healthcare shortage area could develop workable solutions for a patient with stubbornly high hemoglobin A1c levels who's also dealing with transportation, employment, and food security issues. This on-the-ground APRN likely could marshal community

resources and engage with the patient to course-correct toward improved diabetes management, avoiding more costly interventions that would be needed if the patient's disease worsened. In addition, this APRN would have an eye on the community's whole health, leading initiatives to boost access to high-quality, cost-effective care.

APRNs nationwide can provide examples of how their practices positively affect people. Those in states lacking full practice authority can borrow the best tactics from colleagues in states that have crossed the finish line. The American Nurses Association (ANA), working with our constituent and state nurses' associations, is committed to removing barriers to full practice authority. ANA's Advanced Practice Initiatives page features information and resources to support state-level efforts, as well as insights into federal laws and regulations affecting APRNs (tinyurl.com/2fdapsv4).

Organizations as diverse as the American Enterprise Institute, National Academy of Medicine, Brookings Institution, and AARP support full practice authority. The Federal Trade Commission not only has recommended full practice authority but also actively comments on state actions involving this issue.

Insurers and retail pharmacies also have developed broader notions of healthcare access. It's no longer just about a local site but has expanded to providing care at convenient times in familiar and comfortable places—for example, at houses of worship after services. APRNs are tailor-made for these types of personal interactions.

Full practice authority represents a path to healthier lives for millions of individuals and their communities. Imagine the collective power and impact of APRNs in concert with patients and respected allies advocating via email campaigns, lively virtual constituent meetings, and once again packed legislative assemblies to achieve legislation, regulations, and licensure in the public interest.



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