

Empowering Nurses, Advancing Care: Why Full Practice Authority Matters in South Carolina



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In South Carolina, Advanced Practice Registered Nurses (APRNs) continue to face restrictive practice regulations that limit their ability to provide care independently, despite their extensive education, training, and proven outcomes to support quality care and patient choice. Full Practice Authority (FPA) refers to the ability of APRNs to evaluate patients, diagnose, interpret diagnostic tests, and initiate treatment plans—including prescribing medications—under the exclusive licensure authority of state boards of nursing rather than through collaborative agreements with physicians or direct physician oversight (AANP, 2024).

Across the U.S., 27 states and Washington D.C. have adopted FPA, allowing APRNs to deliver care to the full extent of their education and licensure. However, South Carolina remains one of the few states where APRNs must enter into

collaborative agreements with physicians to provide essential services, with APRNs often paying physicians for these agreements where little to no oversight or meaningful collaboration occurs. This outdated model hinders access to care, particularly in rural and underserved areas, patient choice in health care providers, and contributes to provider shortages. For example, if a nurse practitioner with a thriving primary practice in a rural area has a collaborative agreement with a physician and that physician decides to retire, move out of state, or even dies, then a whole community is without care (and a nurse practitioner is without work) until that nurse practitioner can secure another “collaborative agreement.” This is why the SCNA is working tirelessly to support Senate Bill 45, which gives APRNs the opportunity (not requirement) to obtain FPA once they have completed 2,000 clin-

ical hours (with a collaborative physician agreement) in advanced practice nursing after gaining initial licensure. Collaboration should not be something APRNs are forced into for indefinite periods of time, because it limits authentic collaboration and the autonomy of APRNs who already have the necessary education and training to serve in their respective areas. APRNs work alongside physicians to provide quality care to our communities, but should not have to work under them as subordinates. Removing a “pay-for-service” obligatory collaborative agreement could actually pave the way for more authentic, effective collaboration between physicians and APRNs (Buerhaus et al., 2015).

Why is this important in South Carolina

The need for full practice authority for nurse practitioners (NPs) is particularly urgent in South Carolina, where access to primary care remains a significant and growing concern. The state is projected to experience a shortage of more than 3,200 physicians by 2030, with the most critical deficits occurring in rural and medically underserved areas (Association of American Medical Colleges [AAMC], 2021). This shortage poses a serious threat to our state’s population health, particularly in communities already affected by limited access to care and poorer health outcomes. Nurse practitioners are well-equipped to address these gaps due to their advanced clinical education, patient-centered approach, and ability to provide comprehensive management of

both acute and chronic conditions across the lifespan. Evidence consistently demonstrates that NPs deliver high-quality, cost-effective care comparable to that of physicians, especially in primary care and rural settings (Buerhaus et al., 2015). Granting full practice authority would enable NPs in South Carolina to practice to the full extent of their training, thereby improving access to care, reducing health disparities, and enhancing the overall efficiency and equity of the state's healthcare system.

What FPA Means for All Nurses—Not Just APRNs

While FPA directly affects APRNs, the implications extend to the entire nursing profession. Registered Nurses (RNs) should recognize FPA as a critical advancement for the following reasons:

1. Professional Autonomy:

FPA enhances the autonomy of the nursing profession by reducing regulatory dependence on other disciplines. This strengthens the role of nurses in health policy, organizational leadership, and clinical innovation. Greater professional independence also helps RNs advocate for their own scope of practice and licensure protections.

2. Improved Patient Outcomes & Access to Care:

Numerous studies have shown that care delivered by APRNs under FPA is safe, effective, and comparable to or exceeding in quality to physician-led care. FPA enables timely access to care, especially in areas with physician shortages, improving patient satisfaction, reducing wait times, and lowering healthcare costs (Carranza et al., 2020; DePriest et al, 2020; Dunbar-Jacob & Rohay, 2025; Htay & Whitehead, 2021).

3. Expanded Career Pathways:

When APRNs can practice independently, it creates a more dynamic and appealing professional ladder for RNs. FPA opens doors for career growth, mentoring opportunities, and leadership development, inspiring more nurses to pursue advanced education.

4. A Unified Voice for Nursing:

Support for FPA shows solidarity within the nursing profession. When RNs and APRNs stand together, they present a stronger collective voice in legislative advocacy, workforce planning, and public trust.

Moving Forward

Achieving FPA in South Carolina is about more than regulatory reform—it's about recognizing the full potential of nurses to lead, heal, and innovate. As healthcare evolves, so must the structures that support nursing. Every nurse has a stake in this movement. ■

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