

Scope of Practice

It's no secret that greater job satisfaction comes with being able to practice to the fullest extent of your education and training. But how do you know if you are being used to your full potential? We are here to help you figure that out.

What is Full Practice Authority?

First and foremost, in order to know if you are using your Full Practice Authority, it is important to understand what that looks like. The American Association of Nurse Practitioners defines Full Practice Authority (FPA) as "the collection of state practices and licensure laws that allow for NPs to evaluate patients, diagnose, order, and interpret diagnostic tests, initiate and manage treatments-including prescribing medications-under the exclusive licensure authority of the state board of nursing" (AANP, 2014).

In other words, FPA is the absolute extent to which you are legally allowed to practice. If you are using your Full Practice Authority, you are doing everything in your practice that your state legally allows you to do. Makes sense, right?

But now that we understand what Full Practice Authority is, we are left with more questions, such as, what could be keeping you from practicing with full authority? And how do you know what full practice authority is for you?

Barriers to Practicing at Full Scope

According to The Online Journal of Issues in Nursing, there are three main things that can impede the practice of a Nurse Practitioner

1. State practice and licensure
2. Physician related issues
3. Payer policies.

These barriers can take many forms, or come in any combination of the three. Here are some things to look out for:

The first barrier - state practice and licensure - can be a barrier to practice simply because some states do not allow Nurse Practitioners to reach their full scope of practice. This is called *reduced* or *restricted* practice.

Of the physician-related issues that can act as a barrier for Nurse Practitioner Practice, the most common involves a misunderstanding of the role and abilities of Nurse Practitioners.

Finally, the payer policies can be issues tied to a Nurse Practitioner's ability to bill as an independent healthcare provider - which is typically related to a state's practice and licensure regulations. (Hain, D., Fleck, L., 2014)

Since many of these obstacles tie back into a state's scope of practice regulations, we have broken it down so you can determine exactly where your state sits.

Scope of Practice By State

There are three levels at which state laws and regulations allow Nurse Practitioners to practice: Full Practice, Reduced Practice, and Restricted Practice.

Full Practice is defined as “State practice and licensure laws provides for all nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribing medications and controlled substances—under the exclusive licensure authority of the state board of nursing.” (AANP, 2018) An easy way to look at this would be that Nurse Practitioners are allowed to treat/diagnose patients without physician involvement.

States that allow *Full Practice* are:

- Alaska
- Arizona
- Colorado
- Connecticut
- District of Columbia
- Hawaii
- Idaho
- Iowa
- Maine
- Maryland
- Minnesota
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Mexico
- North Dakota
- Oregon
- Rhode Island
- South Dakota
- Vermont
- Washington
- Wyoming

Reduced Practice is defined as: “State practice and licensure laws reduces the ability of nurse practitioners to engage in at least one element of NP practice. State law requires a career-long regulated collaborative agreement with another health provider in order for the NP to provide patient care or limits the setting of one or more elements of NP practice.” (AANP, 2018) In other words, patient treatment and diagnosis requires physician involvement.

States that allow *Reduced Practice* are:

- Alabama
- Arkansas
- Delaware
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Mississippi
- New Jersey
- New York
- Ohio
- Pennsylvania
- Utah
- West Virginia
- Wisconsin

Finally, Restricted Practice is defined as: “ State practice and licensure laws restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State law requires career-long supervision, delegation, or team-management by another health provider in order for the NP to provide patient care.” (AANP, 2018) In these states, patient treatment and diagnosis must be supervised by a Physician.

States that only allow *Restricted Practice* are:

- California
- Florida
- Georgia
- Massachusetts
- Michigan
- Missouri
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia

(AANP, 2018)

Scope of Practice Self-Assessment

This is all a lot of information, and it can be a little daunting. With all of this in mind, how do you determine if you, personally, are being utilized to the full extent of your education and training? Here is a series of questions that will allow you to do exactly that.

For questions 1-18, if you are able to answer YES to most questions, that is a good indicator that you are practicing with full authority. For questions 19-14, if you answer YES to any questions, that means that your work is being duplicated by a physician even when it is not required by law, which could mean that your skills and education are being underutilized.

These questions were given to over 1,000 Nurse practitioners at 5 institutions including 3 academic centers and 2 children's hospitals. The numbers to the right of the question show the percentage of respondents who answered YES to the statement.

Use the following questions for a self-assessment to determine how well your skills are being utilized:

1. Do you conduct H/Ps? (90.55)
2. Do you conduct differential diagnoses? (92.81)
3. Do you assign a diagnosis? (91.38)
4. Do you perform invasive procedures? (46.82)
5. Do you order diagnostic tests and therapies? (95.89)
6. Do you interpret and evaluate tests and therapies? (97.84)
7. Do you coordinate care and delegate appropriately? (98.56)
8. Do you provide consultation? (77.93)
9. Do you counsel patients and families? (97.02)
10. Do you teach to interprofessional teams? (82.85)
11. Do you initiate referrals? (91.38)
12. Do you manage clinical emergencies? (77.31)
13. Do you have prescription authority? (98.77)
14. Do you bill independently? (69.20)
15. Do you have a DEA Certificate? (84.39)
16. Do you participate in quality/safety initiatives? (89.43)
17. Do you participate in organizational research? (58.73)
18. Do you serve on organizational committees? (59.55)
19. Does your physician see your patient on the same day you do? (47.54)
20. Does the practice or hospital bill a professional fee for the service you provide that are billable? (not part of global payment or unbillable) (65.81)
21. Based on hospital privileges, are the charts required to be signed by the physician? (26.39)
22. Is there a requirement for a physician to review a percentage of APP charts on a periodic basis? If so, what is the requirement? (51.23)
23. Does the physician document in the medical record? (74.02)
24. Does the APP document in the medical record? (98.56)
25. Do both the physician and APP document in the medical record? (75.77)

26. Does the attending physician link to the APP note for purposes of split or shared billing?
(21.77)

With this information, you should be a little closer to determining if you, personally, are practicing to the full extent of your authority. Where you go from here is up to you. If you'd like to expand your horizons, take on new challenges, or find more job satisfaction, ensuring you are using your Full Practice Authority is a great place to start.

References

AANP (2014) Issues at-a-glance: Full practice authority. Austin, TX: Author. Retrieved from www.aanp.org/images/documents/policy-toolbox/fullpracticeauthority.pdf

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