Legislative Q&A Regarding Nurse Practitioners & Full Practice Authority In Virginia
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1. **What is the Virginia Council of Nurse Practitioners?**
The VCNP is a statewide professional organization for more than 7,700 nurse practitioners licensed in Virginia who practice in ambulatory, outpatient, acute care and long-term care settings as primary and/or specialty care providers.

2. **What legislative action is VCNP working toward?**
End the current NP practice requirement for a collaborative "practice agreement" with a designated physician which has been shown to adversely impact patient access of care and eliminate NP jobs in some cases. This practice agreement is a barrier to care and must be removed for many reasons including the following:

   - Nurse practitioners lose their ability to see current patients when a collaborating physician retires or becomes ill. In which cases, this results in closing their practice which is a significant problem in rural or underserved areas where NPs outnumber physicians.
   - Key safety net practices, such as free clinics, are unduly burdened with the need for a collaborating physician in order to see patients. Many have experienced a delay in care due to the loss of a collaborating physician.
   - There is also the risk of a NP not being able to find a collaborative physician. Many barriers keep trained physicians from partnering with NPs leaving them stuck and unable to move forward with practice.
   - Employed physicians are often prevented from collaborating because of employer non-compete clauses.
   - In some cases, the physician’s malpractice insurance carrier may prevent collaboration with an outside provider.
   - The collaborating fee charged by the physician may be too excessive to allow for a sustainable business model. This is an unnecessary expense driving up the cost of healthcare.
   - Research also shows that NPs in states with less restricted practice environments are more likely to work in rural and underserved areas, which increases access to healthcare.

3. **What is the legislative solution to this problem?**
The solution to these problems is for NPs to receive “full practice authority,” which is considered the legal right to practice advanced nursing without the permission of another profession. This can only be granted through legislation approved by the Virginia General Assembly.

For the last eight months, Del. Roxann Robinson has led a workgroup focusing on this topic as a way to build consensus among a multitude of groups that have opinions on this issue. Those attending have included representatives from the Medical Society of Virginia...
(MSV) and their various specialty groups, the Virginia Hospital and Healthcare Association and several of their hospital members, and VCNP and VNA.

The group has together reviewed sample legislation from other states and VCNP is currently drafting a bill that would allow nurse practitioners to transition into practice by eliminating a practice agreement. This would be completed based on a set number of practice hours working with a physician or NP under an official practice agreement. VCNP is hopeful the legislature will see this as a good faith compromise and an incremental step forward towards Full Practice Authority regardless of if the other stakeholder group support it.

**What would be the outcomes of a legislative solution?**

If the Virginia General Assembly would approve legislation allowing nurse practitioners to practice to the full extent of their education and training, the results would include:


- **Greater access to care** (“Primary Care Workforce Facts and Stats No. 3,” Agency for Healthcare Research and Quality, January 2012, AHRQ Pub. No. 12-P001-4-EF)


**How does Virginia compare to other states on this topic?**

Virginia is one of only 12 states remaining that the American Association of Nurse Practitioners has designated as having a “restrictive practice environment” requiring supervision, delegation, or team-management by an outside health discipline in order for the NP to provide patient care. There are 22 states plus Washington D.C., and the entire Veterans Health Administration, that have full practice authority with the remaining states having what is considered a reduced practice environment.

**What educational factors make NPs qualified for full practice authority?**

NPs are advanced practice registered nurses who have obtained graduate education, including Masters of Science and Doctoral degrees. Educational preparation provides specialized knowledge and clinical competencies to practice in various health care settings, make differential diagnoses, manage and initiate treatment plans and prescribe medications and treatment. National NP education program accreditation requirements and competency-based standards ensure that NPs are equipped to provide safe, high-quality patient care from the point of graduation. Additionally, NPs are required to pass Advanced Practice Clinical Competency National Broad Certification exams prior to licensure and practice.
Who opposes full practice authority?
Physician groups are opposing NPs on full practice authority (FPA) due to economic concerns for a loss of income to their practice due to competition. In contrast, there is no evidence to support that this has happened in any Full Practice Authority state.

Why do physicians use quality as an issue for not allowing full practice authority?
It’s not uncommon for physicians to say that NPs have poor outcomes or quality measures in their care, but that is just false. Studies (in Medical Journals, Cochrane Databases, Health Affairs, etc.) of large meta-analyses comparing care provided by NPs and physicians found that patient care and health outcomes were no different. In fact, patient education rates and patient satisfaction rates were higher with NPs.

What are other factors for why full practice authority should happen?
Full practice authority is not just a focus for nurse practitioners in the rural areas, but in all parts of Virginia. There is a growing shortage of primary care physicians, and NPs can help fill this critical void with expertise in health promotion and disease prevention. Nationally, 89% of the NP population is prepared in primary care and are a vital part of the U.S. primary care workforce, whether in the rural or metropolitan areas.