

We Fought Hard and Won Yet Georgia's APN Saga Continues: A  
Majority of NPs Have Not Applied for Written Prescriptive Authority--Why?

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Georgia was the last state to pass legislation to allow written prescriptive authority for advanced practice nurses (APN). As of July 1, 2006 APNs in the state can write for legend and Schedule III-V drugs. While the fight for legislation extended over 20 years, the majority of APNs have still not applied for written authority to prescribe. There are 4500 licensed advanced practice nurses and only about 500 have applied for written prescriptive authority. So why have 88% not taken advantage of the fruits of a long and hard fought battle? What are the real or perceived barriers that continue to impact scope of practice in Georgia thus severely limiting the number of APNs applying for written prescriptive authority? In order to address the current barriers, data were needed to identify the issues and concerns of APNs in the state. A Doctor of Nursing Practice clinical project to address these questions was designed based on a similar Washington State study conducted several years ago. A Georgia survey was developed to gather data to describe the current practice environment of APNs around the state. Data were gathered on demographics, APN education, practice environments, barriers to practice, productivity and future educational plans, in addition to other content. The study was conducted over summer 2011 when a postcard announcing the survey was sent out to all advanced practice nurses listed on the Georgia Board of Nursing Licensure website. The postcard requested that the APNs provide the data utilizing Survey Monkey. Over 600 surveys were completed providing data from a diverse population of APNs around the state. The description of the respondent demographics, current practice environments, regulation issues, and real and perceived practice barriers are presented. In light of the APN Consensus Model recommending standardization of APN Licensure, Accreditation, Certification and Education and IOM *Future of Nursing* (2010) recommendations for advanced practice nursing, the findings of the study will provide evidence to enable the APN leadership in the state to identify the barriers and issues. Strategies can then be implemented to move the state forward in achieving a broader scope of practice for APNs. With the current nursing and faculty shortages and impending increased numbers of persons seeking care through the Affordable Care Act (2010) it is imperative that barriers be removed and pass policies implemented that will enhance the practice environment of APNs in the state to move forward with improving health are outcomes.

Objective: To understand why advanced practice nurses who have been provided the opportunity for written prescriptive authority have not availed themselves of the ability to enhance their scope of practice.

# Barriers to APRN Practice: Not Too Peachy in Georgia!

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## BACKGROUND

The IOM report, *The Future of Nursing* (2010) strongly supports nursing's potential to help meet patient healthcare needs. Many nursing researchers have examined the correlation between desirable outcomes and advanced practice contributions, including the unfavorable impact of regulatory barriers (Kaplan & Brown, 2006; Lugo et al., 2007) yet very little research has contributed to a comprehensive understanding of the barriers faced by APRNs in Georgia (Hodnicki, et al., 2004). Ranked with an "F" for restrictions placed upon patients' ability to choose providers (Lugo et al., 2007), and among the highest in regions with the largest underserved populations, Georgia has health care problems that need urgent attention.

## CLINICAL PROJECT

**Fact:** As of July 1, 2006, APRNs in Georgia may write for legend and Schedule III-V drugs, yet at this time 65% of APRNs have not applied for written prescriptive authority.

## Project Question

What are the real or perceived barriers that continue to impact APRN scope of practice in Georgia?

## METHODOLOGY

An electronic survey gathered data on current context and barriers to APRN practice to support strategies to move the state forward in achieving full scope of practice for APRNs.

A postcard request for survey participation was mailed to each of Georgia's 4355 licensed APRNs with information on the purpose of the project and the Survey Monkey® url for survey access. 591 (13.5%) eligible responses provided data representing areas across the entire state. Data were collected on practice context, location, workload, and perceived barriers to practice.

## Demographics

MSN: 512\*

Primary Care Only: 262\*

Specialty Practice: 194\*

## Certification

Family: 334\*

Adult: 75\*

Pediatric: 58\*

Women: 55\*

CNM: 40\*

Acute Care: 23\*

## Practice Setting

Private practice: 144\*

Hospital: 124\*

Clinics: 199\*

## Practice Location

Rural: 140\*

Urban: 379\*

## Plan to Retire

3-10 years: 162\*

> 10 years: 333\*

## Practice Area

Family: 147\*

OB/GYN: 99\*

Peds: 58\*

## Interest in Faculty

### Position

Yes: 116\*

No: 229\*

Unsure: 163\*

## Agree that APRN education should be at Doctoral Level?

Yes: 148\* No: 263\* Unsure: 175\*

\*N=591, multiple responses allowed

## REPORTED BARRIERS TO PRACTICE

(N=321\*)

- Physician collaboration/supervision (N=90)
- Inability to prescribe Schedule II meds (N=73)
- Physician education/attitude re: APRNs (N=59)
- Inability to order diagnostic tests (CT, MRI, Stress tests, etc.) (N=59)
- Billing/Reimbursement/Insurance (N=36)
- Employer restrictions (N=25)
- Inability to order Home Health/DME (N=18)
- Georgia Composite Board of Medicine (N=16)
- APRN Practice Ownership/Partnering (N=12)

\*multiple responses

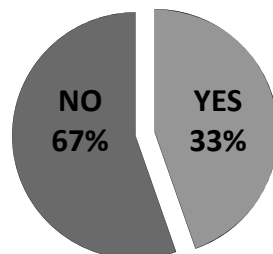
## FINDINGS

- APRNs are restricted in scope of practice.
- Requirements have negatively impacted the ability to practice to fullest potential.
- 2 current laws have conflicting content.
- Federal legislation allows certain practices that current state policy doesn't support, further hampering patient care.
- Many APRNs are not current on information affecting their role and scope of practice.

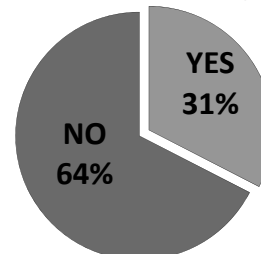
## RECOMMENDATIONS

- Combine aspects of the 2 prescribing laws.
- Simplify requirements for credentialing among hospitals/agencies/third party payors to be managed by the Georgia BON.
- Generate a statewide APRN communication network to expedite communication of advanced practice related information.
- Develop a registry-driven database repository for research conducted within the state designed to improve practice.
- Educate the public, providers, agencies and legislators on the APRN role.
- Encourage open dialog between the Board of Nursing and the Georgia Composite Medical Board regarding APRN scope of practice.
- APRN practice regulated only by the BON.

Are you familiar with the APRN Consensus Model?



Do rules and regulations allow full scope of practice to APRNs in Georgia?



## Current APRN Prescriptive Laws

### 1988 Protocol

- **House Bill 209 (§43-34-23)**
  - Physician delegation
- **Under Board of Nursing only**
- **Protocol with MD kept in office**
  - Phone in legend RX and Schedule II-V under MD name
  - No DEA available
- **Any radiographic tests may be ordered under MD name**

### 2006 Prescriptive Authority

- **Senate Bill 480 (§43-34-25)**
  - Physician delegation
  - Protocol submission to Board of Medicine for approval
- **May write for legend RX and Schedule III-V with own name**
  - DEA available
- **No radiologic tests unless life threatening circumstances**

## References

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- Lugo, N., O'Grady, E., Hodnicki, D., & Hanson, C. (2007). Ranking state NP regulation: practice environment and consumer healthcare choice. *The American Journal for Nurse Practitioners*, 11(4): 8-24.