

TRANSITION TO PRACTICE FOR APRNs

01

APRNs are SAFE:

Since the NP role was established in 1965, research has consistently demonstrated:

- Excellent outcomes and high-quality of care provided by NPs
- NPs provide care that is safe, effective, patient-centered, efficient, equitable, & evidenced based
- NP care is comparable in quality to that of their physician colleagues with no statistically significant difference across outcome measures
- NPs scheduled prescription ordering and diagnostic tests are equal to physicians
- Patients under the care of NPs have fewer unnecessary hospital readmissions, fewer potentially preventable hospitalizations, higher patient satisfaction and fewer unnecessary emergency room visits than patients under the care of physicians

02

Regulatory Reduction saves money & creates jobs in other states:

There are both health and economic benefits to reducing barriers to advanced practice registered nurse (APRN) care:

Tennessee: The Macroeconomic Benefits of Tennessee APRNs Having Full Practice Authority

- Projects 69,263 additional jobs in Tennessee over 8 years
- Projects \$8.63 billion in economic growth from full practice authority over 8 years

Texas: The Economic Benefits of More Fully Utilizing Advanced Practice Registered Nurses in the Provision of Health Care in Texas: An Analysis of Local and Statewide Effects on Business Activity

- 2012 study by the Perryman Group found that more fully utilizing APRNs would increase efficiencies and lead to substantial economic benefits.
- Net saving of 6.2% in physician services costs
- Could increase the state's economic output by \$8 billion annually
- Could add 97,205 jobs

North Carolina: Economic benefits of less restrictive regulation of advanced practice nurses in North Carolina - 2015 analysis by Duke University economists

- Would ease the shortage of primary care providers
- Could provide at least \$433 million in savings to the health care system in NC
- Would also create at least 3,800 new jobs, generating tax revenues of more than \$20 million

03

Transition to Practice is a good solution for Missouri:

- Collaborative Practice is expensive. A 2023 MONA survey indicates that paying a physician collaborator can cost up to \$52,000 per year
- Embedding full-time APRNs in Nursing Homes has clear advantages of reducing avoidable hospitalizations by 55-60% and sustaining those reductions, according to research from the Sinclair School of Nursing
- The Bills Proposed for the 2024 legislative session offer a Transition To Practice period of 2,000 hours or approximately 1 year of mandatory collaborative practice
- This is similar to Minnesota, Nebraska, and Nevada and more restrictive than the transition to practice requirements in Colorado and South Dakota
- States that pass Transition to Practice or Full Practice Authority legislation don't reverse this type of policy and often enjoy better health outcomes
- Transition to Practice does not increase or expand APRN Scope, it only allows APRNs to practice to the full extent of their education and training



**BETTER ACCESS
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