

NAPNAP Supports the Removal of Unnecessary Barriers to Patient Access to Care

The National Association of Pediatric Nurse Practitioners (NAPNAP) urges state legislatures to remove barriers that prevent nurse practitioners (NPs) and other advanced practice registered nurses (APRNs) from practicing to the full extent of their advanced education, national board certification and licensure as described in the Consensus Model. Barriers to practice result in patients having less access to high quality, affordable health care, especially in times of crisis. In a 2018 study, the Association of American Medical Colleges projected a shortage of up to 121,000 physicians in the U.S. by 2030. With an aging population and increasing number of people with health care coverage, the U.S. Department of Health and Human Services also reports shortages across the country because demand is outpacing the supply of physicians.

Allowing NPs to practice without unnecessary barriers will improve the provider shortage problem by giving patients, especially those in underserved communities, greater access to the health care services they need. NPs graduate from nationally accredited graduate educational programs fully prepared to provide high-quality, evidenced-based and cost-effective care to geographically diverse populations. They complete a graduate nursing program that requires a mastery of nationally validated competencies and competency-based standards. Their graduate academic programs include rigorous didactic and clinical experiences to prepare students for clinical practice. NP education tailors academic and clinical preparation to the needs of specific patient populations (e.g. family, pediatric [acute or primary care], women's health, adult-gerontology [acute or primary care], neonatal, and family psychiatric-mental health). Clinical hours are supervised by experienced clinical preceptors who emphasize the complexities of the health care delivery system, and interprofessional practice.

Upon graduation, NP graduates are eligible to take an accredited national board certification test in their area of NP preparation and then obtain state licensure upon passage. No additional or supplemental academic, clinical or supervisory hours are warranted or required to ensure that NPs deliver safe patient services in primary, acute and specialty care. More than fifty years of research has consistently demonstrated the excellent outcomes and high quality of care provided by NPs.

In 23 states and the District of Columbia, patients have full and direct access to NPs, providing consumers a choice of health care provider and strengthening patient access to care. Numerous studies show that states that have adopted this model are seeing the direct benefit of growing provider workforces to increase patients' access to safe, equitable, high quality, affordable health care. These states consistently rank highly in many quality and access measures of health care.

NAPNAP calls upon state leaders in reduced or restricted practice states to follow the Institute of Medicine recommendation in The Future of Nursing report that "laws, regulations, and policies that prevent advanced practice registered nurses [including nurse practitioners] from providing the full scope of health care services they are educated and trained to provide should be removed" to benefit patients and communities within their states. All children deserve full and direct access to affordable, high-quality health care provided by pediatric-focused APRNs.