



Senate Bill 73: Nurse-Collaboration-Prescribe

Amends the Nurse Practice Act regarding APN full practice authority and allows APNs to practice based on education and expertise.

Sponsored by Senator Heather Steans

Who are Advanced Practice Nurses (APNs)?

- Nurses with a graduate degree, national certification, advanced knowledge and clinical skills.
- There are four categories of APNs: certified nurse-midwife (CNM), clinical nurse specialist (CNS), certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA).
- APNs diagnose illnesses, prescribe treatments and medications, and provide primary care services in various settings including hospitals, clinics, community health centers, nursing facilities, and schools.
- The number of APNs in Illinois is steadily increasing. In 2001, there were 1,976 APNs in Illinois. As of June 2012, there are 8,199 (Illinois Department of Professional Regulation).

The Problem

- 100 counties in Illinois have an identified State Physician and/or Federal Health Professional Shortage area within them as designated by the U.S. Dept. HHS.
- Approximately 500,000 low income residents will become eligible for Medicaid in 2014. Once insured, they are more likely to seek primary care providers. APNs are well positioned to meet their needs.
- Illinois ranks in the bottom quartile for overall state health, prevention and treatment, and avoidable use and costs (Commonwealth Fund State Score Card).
- Demographics are changing; the aging population, prevalence of chronic diseases, and health disparities must be addressed.
- State laws are barriers for APNs to practice to the full extent of their education and training; SB 73 addresses this.

The Facts

- APNs increase patient safety, access, and continuity of care (Institute of Medicine, *Future of Nursing Report*, 2010).
- The average cost of an NP visit is about 20 percent lower than the average cost of an office-based visit with a physician (Medical Expenditure Panel Survey).
- Malpractice rates of NPs are no higher in states with independent NP practice when compared with those where collaboration is required for practice.

The Solution- SB 73

- Removes references to a Written Collaborative Agreement (WCA) throughout the Nurse Practice Act and other existing laws. Collaboration and consultation with other healthcare providers is required within the APN's scope of practice. Removal of the WCA allows APNs to practice to the fullest level of education and experience and removes the mandate that physicians may determine, through delegation, the ability of the public to access APN primary care services.
- Provides for full prescribing authority without reliance on physician delegation to determine which medications are best for patients the physician may have never examined.
- Eliminates physician mandate to be present when a CRNA is providing anesthesia, which drives up costs and increases liability for physicians who are not anesthesiologists.

Health & Medicine Policy Research Group
29 E. Madison Street Suite 602 Chicago, IL 60602
Ph. 312.372.4292 Fax: 312.372.2753
Email: info@hmprg.org