The Role of Federal and State Government in Advanced Practice Nursing

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Report

Examining federal and state legislation related to advanced nursing practice begins with recognizing the role of organized nursing associations representing the needs and rights of nurses [1]. In 1935, the American Society of Superintendents of Training Schools for Nurses supported the movement for increased training, registration and licensing in midwifery [2]. The role of the federal and state governments, related to advanced practice nursing, goes back to the 1800 public health movement [2]. Until that time, nurses in multiple areas engaged in advanced practice with autonomy and independence, reflected in the nursing care provided by New York's Henry Street Settlement [2]. The 1920 report, commissioned by the New York City Department of Health foreshadowed the power struggle between the “increasingly powerful medical elite” (p. 7) physician lobby, which in this case were obstetricians and nurses [2].

The purpose of federal and state legislation, regarding the practice of nursing is to protect public health, safety and welfare [3]. The federal government has provided regulations supporting the evolution of nursing to meet the needs of society, whereas the state legislation provides control and regulation of the standards of practice by defining boundaries of acceptable practice. When environmental needs for primary care exceed provider capacity, as is being witnessed now, federal acts have supported nursing programs that meet the need. The Robert Wood Johnson Foundation in collaboration with the Institutes of Medicine (IOM) began work on a report in 2008 on the initiative for the future of nursing. This partnership resulted in The IOM's The Future of Nursing: Advancing Health, Leading Change report [4] which recognized the important role nursing must play in the delivery of health care in the twenty-first century. Concurrently Congress, in 2010 passed the Comprehensive Health Care Law, or the Affordable Care Act (ACA).

Physician shortages, low access to care and environmental factors also support the advance of specialty nursing. Historically, the urgent need for nurses on the battlefield encouraged federal legislation establishing the rank “Army Nurse Corps, Female” in 1909 [5]. The National Mental Health Act of 1946 funded psychiatric nursing programs and the Nurse Training Act of 1964, providing funds for graduate nursing specialty programs, both exemplifying the positive role of the federal government in the advance practice nursing movement. The IOM's Future of Nursing outlines innovative strategies supporting the expansion of nursing scope of practice to meet the national, state and local needs of the diverse American population.

The determination of granting full practice rights for advanced practice nurses, however, does not arise from a federal mandate, but rather from state-based legislative action. At present 22 states allow advanced practice nurses full, independent practice rights. Many more have legislated for reduced practice, allowing APRN's to diagnose and treat patients, but with a collaborative MD agreement. Still, in other states, APRN's must practice under the oversight of a medical physician. National organizations for nursing, as well as the specialized forums for Advanced Practice Specialties, provide excellent educational and lobbying support, however the ability for APRN's to practice to the full extent of the education and expertise still rests in the hands of the state legislators. Increasing a nurse's engagement in state politics, through the state based nursing organizations, can provide the required education and the experience to move the voters and the state legislators towards understanding the need for APRN's to attain full practice nationally. Federal laws and recommendations have unlocked the doors, now it is up to nurses to turn the key and walk through.

References

5. WSNA (2008) History of WSNA & ANA.