Nurse Practitioners

- Nurse Practitioners are nurses who:
  - Complete advanced clinical training at the Doctorate or Master’s level
  - Complete a national certification exam
  - Focus on health promotion, disease prevention, and health education
- Able to:
  - Assess
  - Diagnose
  - Order and interpret diagnostic tests
  - Prescribe
  - Manage and treat acute and chronic disease processes
Nurse Practitioners

- According to the South Dakota Nursing Workforce:
  - Currently there are 690 nurse practitioners in South Dakota
  - Nurse Practitioner jobs in South Dakota are expected to grow by 22.2% by the year 2022
Workforce Supply/Demand

- South Dakota’s Nurse practitioners tend to come from rural practice and return to these communities to practice primary care.

- Workforce supply is affected by:
  - Decreased number of physicians entering primary care who are able to serve as collaborating physicians.
  - Limited number of preceptors able and willing to precept.

- Demand:
  - State has rural and frontier counties and demand for primary care providers are high in these areas.
  - Nurse practitioners serve in areas that are considered medically underserved and frontier.
Workforce Supply/Demand

- South Dakota is a rural state which frequently has physician providers come on J1 Visas, gain full licensure recognition, and leave which affects continuity of care.

- Nurse Practitioners provide primary care, but leave the state due to outdated laws.
  - Arizona, North Dakota, and Nevada have all seen an increase in licenses issued once full practice authority was authorized.
  - South Dakota needs to be able to competitively recruit and retain nurse practitioners.
Barriers to Practice

- Outdated Laws and Over-regulation of Nurse Practitioners place unnecessary restriction on nurse practitioners
  - Nurse practitioners are unable to practice without a contracted agreement with a licensed physician
  - As physicians retire, accept hospital-based positions, leave, or don’t engage in regulated collaborative agreements it directly reduces the number of NPs who are authorized to provide advanced nursing care/primary care in the state
  - Nurse Practitioners move to surrounding states which allow their full educational knowledge to be used without the regulatory restrictions present in South Dakota
Barriers to Practice

- These barriers lead to:
  - Decreased access to care
    - NP practice sites closing due to regulatory requirement for physician agreements
    - Reduced opportunities for NPs to migrate to rural and underserved areas
    - Loss of SD NPs to neighboring states with more favorable licensure and practice laws
  - Increased healthcare costs
    - Lack of access is associated with delays in care and deferral of preventative care
    - Increased care seeking at higher cost settings (i.e., the ER instead of the primary care practice)
    - Nurse Practitioners who are willing to see Medicare or Medicaid patients are limited unless the affiliated collaborating physician accepts these types of insurance
  - Decrease quality of life
    - Challenges for rural SD residents to “age in place” with lack of local providers
    - Loss of patient choice in healthcare provider
Key Issues/Trends Affecting Profession

- Reduced practice sites
  - Closing due to inability to secure a regulated collaborative agreement contact
  - Inadequate supply of physicians in primary care
  - Decreased willingness of physicians to enter into the regulated collaboration agreements
  - NPs are the fastest growing primary care provider profession, but SD is less attractive to prospective providers due to existing regulations

- **Bottom Line**: By linking the authorization of NP practice to physicians as a condition of NP licensure and practice, SD is artificially ratcheting down the state’s ability to use the NP workforce to meet patient care needs.
Key Issues/Trends Affecting Profession

- Over 40% of states authorize nurse practitioners to provide care using their full educational training without regulated collaborative agreement contracts with physicians.
  - Providers still collaborate but is not required by an unnecessary contract
  - Not increasing scope of practice
  - Backed by several national reports
    - IOM report
    - FTC report
    - National Governors’ Association
    - Rand Report

- **Bottom Line**: To be competitive for recruitment and retention of NPs, SD’s licensure regulation need to align with national standards.
Priorities at the State Level

- Ensure every person has access to care
- Provide quality, affordable and accessible health care throughout the state
- Adopt the national model that is consistent with recommendations
- Authorize that nurse practitioners are able to provide care using full educational scope of practice directly under the Board of Nursing without a regulated contract with a physician