



Tennessee should end restrictions on advanced practicing nurses

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It is time to tell it like it is. Many Tennesseans do not have necessary access to needed primary care, mental health, and other health care services.

This is a major obstacle for addressing the poor health status among Tennesseans, especially those who live in rural and economically-depressed counties.

What makes this problem particularly troubling is there is something that can be done now to improve access as a prelude to improving health status. Why is this not being done? This is not being done because the Tennessee Medical Association refuses to loosen their grip on a key aspect of nursing practice.

Together the Tennessee Nurses Association and Tennessee Medical Association have failed repeatedly at forging an agreement both parties can endorse.

Patients would benefit from changing the law

Currently, Tennessee is one of the twelve most restrictive states in the United States in regards to Advanced Practice Registered Nurses (APRNs) practice (APRNs include Nurse Practitioners, Certified Registered Nurse Anesthetists, Certified Nurse Midwives, and Clinical Nurse Specialists).

Tennessee's current outdated and unnecessary APRN practice restrictions which mandate physician supervision of APRN's practice do not offer patients the protection we expect from government regulations. Instead Tennessee's current restrictive practice regulations protect the status quo.

With the current physician shortage in Tennessee, many believe advanced practice nurses should be able to offer common health care services such as managing diabetes, obesity, hypertension and prenatal care. (Photo: Getty Images/iStockphoto)

The price Tennesseans pay for protecting the status quo is steep. Tennessee practice restrictions limit access to needed care, curb competition, and impede choice among providers and types of care.

Numerous respected national organizations and bodies have concluded that removing APRN practice restrictions does not negatively impact quality of care or patient outcomes.

Among the organizations that have spoken in support of allowing APRNs to practice free of unnecessary practice restrictions are the American Enterprise Institute, Cato Institute, Federal Trade Commission, National Academy of Medicine (formerly the Institute of Medicine), and the National Governor's Association. It is important to note that these organizations with diverse perspectives and positions have a common regard for the value of APRN practice and the need to support this practice, rather than impose unjustified barriers.

My frustration today is prompted by another failed attempt of the Tennessee Nurses Association and key state legislators to forge a plan with the Tennessee Medical Association during the current legislative session to improve access to care, choice, and competition for state residents.

People in Tennessee are suffering because of inaction

Four years ago, the Tennessee General Assembly commissioned a legislative task force to develop recommendations to break the long-standing impasse between the Tennessee Nurses Association and Tennessee Medical Association about practice authority.

Members of the task force, including physician and nurse representatives, state legislators, a county mayor, state regulators, and others were able to move the needle ever so slightly (pages 3 and 8) to decrease unneeded physician control over APRN practice. The cost of the agreed-to changes, many of which have not yet been implemented, was steep.

A three-year moratorium on any APRN practice legislation was imposed. During the three-year moratorium, inadequate access to needed primary care and poor health outcomes have persisted. Tennessee has a 33% gap in the number of primary care professionals and continues to rank in the bottom overall in America's Health Rankings.

This is unacceptable. People and communities are suffering because the Tennessee Medical Association and the Tennessee Nurses Association are unable to come together to modernize the state's APRN practice laws. It is particularly troubling when the needed changes remove barriers that do not contribute to better patient care or outcomes and patient gains associated with removing the barriers are notable.

While the Tennessee Nurses Association, Tennessee Medical Association, and the Tennessee General Assembly are unable to agree on a solution that works for Tennesseans, access to care is deficient and health outcomes are unsatisfactory. The problem is much more than a turf battle between Tennessee nurses and physicians. There is collateral damage. The standoff is impeding better health in Tennessee. It is time to put people over politics!

What can you do? Let your state legislator know that you support improving access to care and enhancing competition and choice among providers. Let state legislators know you do not support burdensome, costly, and useless practice restrictions. Let state legislators know you oppose unnecessarily restricting APRN practice to the detriment of Tennesseans who do not enjoy high-quality, cost-effective care or have sufficient choices.