Report: Massachusetts Law, Regulations Among Most Restrictive in Practice of Advanced Practice RNs

Boston, Mass. – While Massachusetts has led the nation in health reform, the laws and regulations that govern how some of the Commonwealth’s most highly trained nurses are authorized to practice remain amongst the most restrictive in the nation.

Legislative and institutional barriers prevent Advanced Practice Registered Nurses (APRNs), including Certified Nurse Midwives, Nurse Practitioners, Psychiatric Clinical Nurse Specialists and Certified Registered Nurse Anesthetists, from practicing to the full extent of their education and training. These restrictions limit patients’ access to high-quality, cost effective health care across a variety of specialties including primary care, internal medicine, and pediatrics where patient care needs exceed physician supply.

These findings, along with regional comparisons and a gap analysis, which assessed the Massachusetts Nurse Practice Act against the National Council of the State Boards of Nursing’s Consensus Model for APRN Regulation, are detailed in the MA Action Coalition Report on The Advanced Practice Nurse in Massachusetts. The report was prepared by a 20-member team of nursing professionals from academic and practice settings as well as advanced practice professional organizations. The group is one of several project teams convened by the Massachusetts Action Coalition (MAAC), which is engaging health care providers, nurse educators, and public sector leaders to affect and support changes in how nurses are educated, trained, and practice in order to better serve the health care needs of the Commonwealth.

APRNs have specialized education at the masters or doctoral level and preparation that expands their scope of practice beyond that of a Registered Nurse to include advanced competencies such as assessing, diagnosing and prescribing therapeutic measures.

Key findings of the report include:

- Massachusetts is the only New England state not to provide full practice authority for APRNs. The report authors recommend that the Massachusetts Nurse Practice Act, Controlled Substance Act (94C), and related regulations be brought in line with industry norms, which would expand the autonomy afforded to APRN professionals in other states.

- Given a review of access to care data in context with current health care reform imperatives, it is essential to create access to cost effective health care; Massachusetts can no longer afford to maintain the regulatory status quo that restricts residents’ access to APRN-driven care.

- Nationwide, only 12 states continue to practice in what is considered a restricted practice model. With a dual mandate for physician oversight of APRN prescriptive practice and joint promulgation, the practice environment in Massachusetts is among the most restrictive in the nation.

- In addition to scope of practice reform at the state level, solutions must also include the removal of unnecessary institutional barriers, as well as those implemented by third party payers. APRNs working in hospital settings should be credentialed and privileged as full members of the hospital staff, thus ensuring continuity of care as well as transparency and accountability for clinical outcomes.