

APRN Scope of Practice Laws and Regulations in Louisiana

Student's Name:

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### APRNs Scope of Practice in Louisiana

The nurse practice autonomy differs from state to state, as the specific state board of nursing defines it. While some US states have already embraced full scope nurse practice, others are still reluctant. Louisiana is one of the states that have continuously rejected the laws allowing APRNs full practice autonomy. The state has one of the most restrictive laws regulating APRN practice (Louisiana state board of medical examiners, 2018). This is despite the high rate of health professional shortage in the state (Lilley, 2016). These restrictive laws prohibit APRNs from practicing to the full extent of their training. Therefore, the state continues to experience a shortage of care providers, even in services that APRNs have been trained for and can adequately provide.

The state laws require APRNs to only practice under the supervision of physicians. They are required to sign a collaborative practice agreement with a physician outlining the APRN's prescriptive authority, a plan for patients requiring admission, arrangements for diagnostic testing, and a method for documentation of patient visits and interactions. The collaborating physician is not mandated to be in the practice site always but is required to be always available for consultation. A secondary collaborative physician who is only contacted if the primary collaborating physician cannot be reached is also assigned. APRNs in Louisiana can prescribe medications and controlled substances, but their competencies in this practice must be outlined in the collaborative practice agreement (Louisiana state board of medical examiners, 2018).

**Additionally, APRNs must include the collaborating physician's contact information on the prescription and provide the prescription with a documented patient assessment and**

**diagnose. However, APRNs are prohibited from prescribing controlled substances for chronic pain, obesity, themselves or family members.**

### **How will eliminating this barrier improve healthcare for Americans?**

**These restrictions have prevented nurses from practicing to the full extent of their training. Eliminating the laws requiring APRNs to practice under the supervision of physicians would positively transform healthcare in the state. It would increase the supply of healthcare workers, improve access to quality, timely and cost-effective essential healthcare services, especially in rural underserved and vulnerable populations. It would improve efficiency by allowing direct access to care without physician collaboration and supervision. It would enable maximum utilization of APRNs, thus reduce expenditures on recruiting more healthcare workers. Healthcare cost would be reduced by preventing unnecessary ER visits (Chapman, Tuckley & Frank, 2019). It would be essential in APRN retention as the high rate of migration is attributed to the restrictive practice. It would also improve quality of care, patient satisfaction and experience. This is because nurses have been equipped with essential skills for direct patient interaction; therefore, they can deliver healthcare services in a better manner than physicians. Such skills include patient centered and culturally sensitive care.**

### **Strategies for Expanding Practice**

**These practice barriers can be removed through expanding the reimbursement rate for APRNs and physicians, to authorize APRNs to advocate for full practice authority activity. Another strategy is educating the policymakers on the practice potential of APRNs and the potential benefits of APRN full practice authority (Woodley, 2017).**

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