



Regulations Limiting APRN Practice and HIV Outcomes: Why it Matters

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Associate Professor of Nursing & Global Health

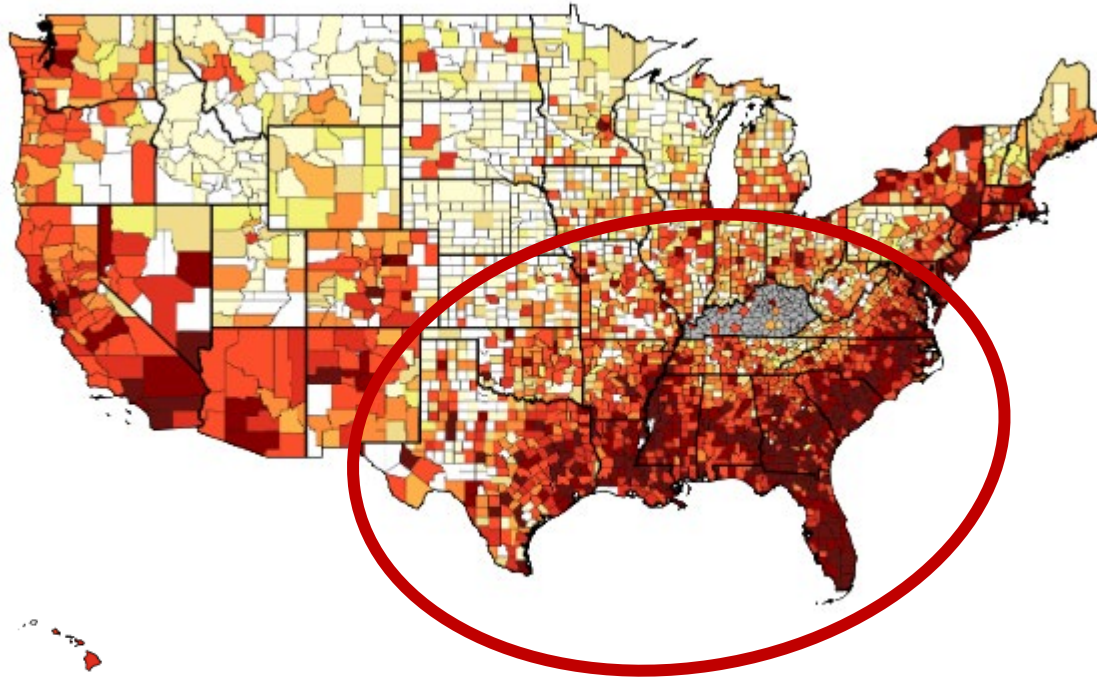
Associate Director, Social & Behavioral Sciences Core, Duke's CFAR

Editor, *Journal of the Association of Nurses in AIDS Care*

HIV Prevalence in the US



Rates of Persons Living with HIV, 2018



Rethinking the Obvious The United States South

- highest rates of HIV diagnosis
- lowest survival rates
- greatest number of PWH of any US region

- high rates of STIs
- laws that perpetuate stigma
- racial inequality and bias

0 - 50 51 - 60 61 - 80 81 - 90 91 - 120 121 - 150 151 - 190 191 - 250 251 - 380 381+

*DATA NOT SHOWN

**DATA NOT RELEASED TO AIDS VU

* Data not shown to protect privacy because of a small number of cases and/or a small population.

** State health department, per its HIV data re-release agreement with CDC, requested not to release data to AIDS VU. See Data Methods for more information.

NOTE: There are no county-level maps for Alaska, District of Columbia, and Puerto Rico because there are no counties in these states.

<https://map.aidsvu.org/map>

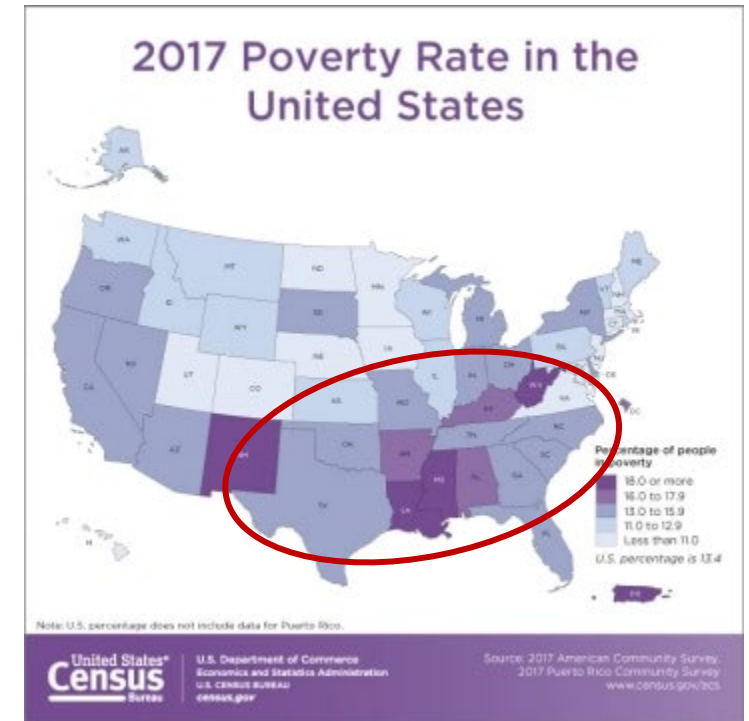
https://aidsetc.org/sites/default/files/resources_files/SEAETC_Strengthening_HIV_Workforce_11022016_Final.pdf

Reif, S., et al. (2017). State of HIV in the Deep US South. J Community Health, 42 (5), 844-853. doi: 10.1007/s10900-017-0325-8.

The United States South

Rethinking the Obvious

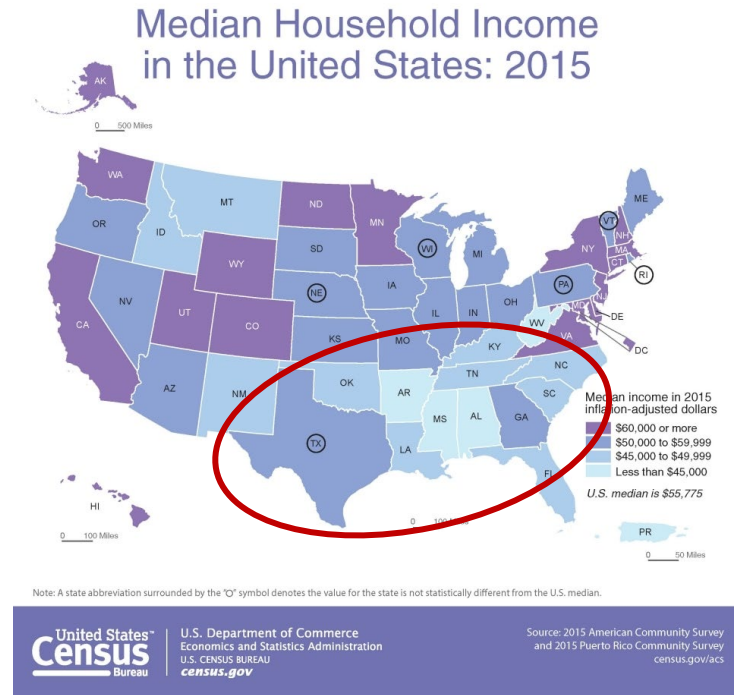
- highest rates of poverty



The United States South

Rethinking the Obvious

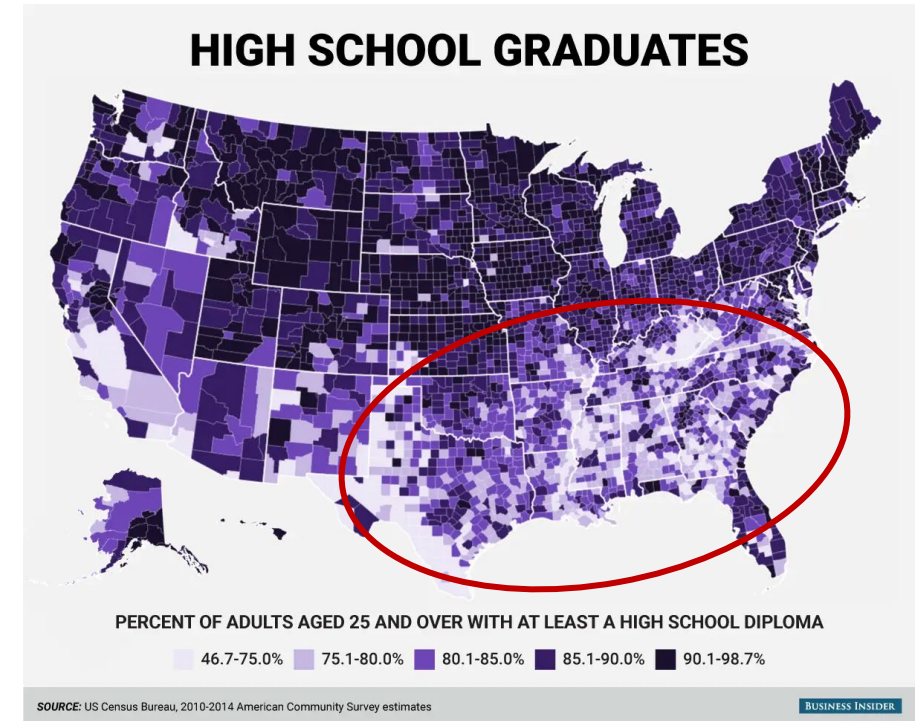
- highest rates of poverty
- **lowest median household income**



The United States South

Rethinking the Obvious

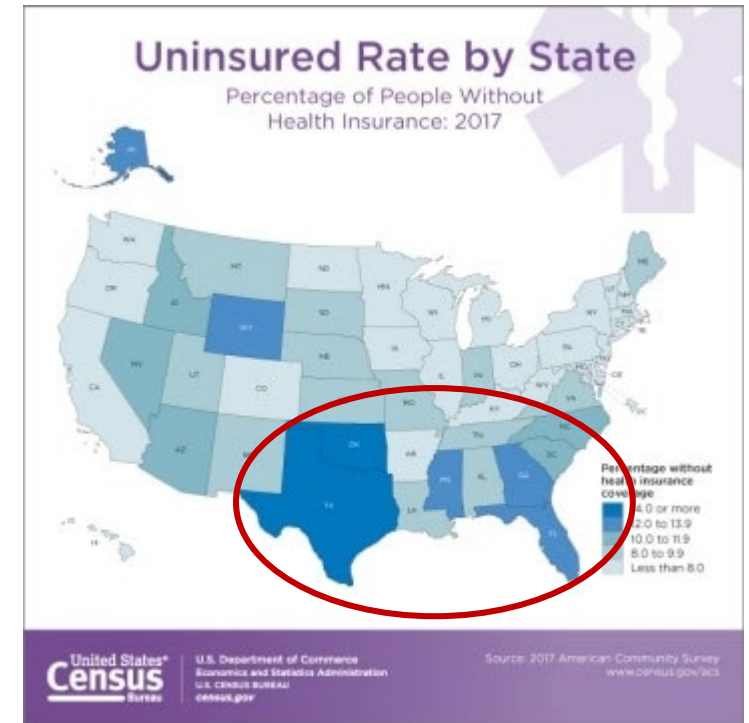
- highest rates of poverty
- lowest median household income
- **greatest number of individuals with <HS education**



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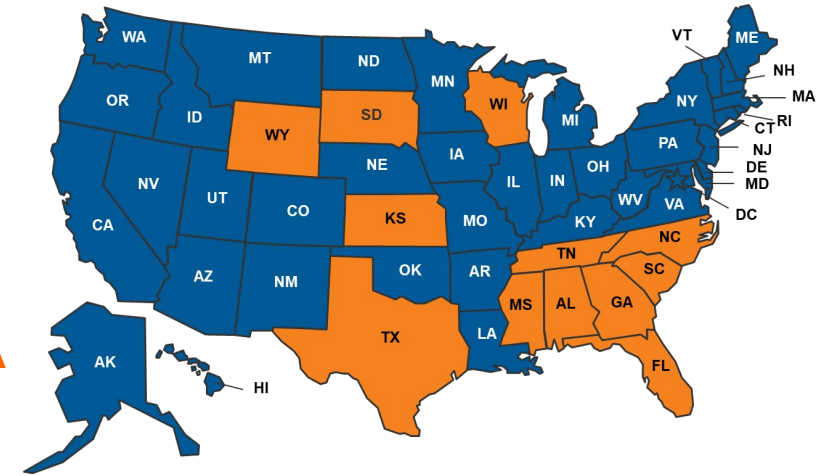
- highest rates of poverty
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- greatest number of individuals with <HS education
- **highest number of un- or underinsured**



The United States South

Rethinking the Obvious

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- **8 Southern States have not expanded Medicaid under ACA**



The United States South

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- lack of qualified providers
- fewest number of primary care practitioners in the Nation
- rural geography as a barrier to care
- transportation issues
- stigma (homophobia, transphobia, sexuality)



*Person-centered, comprehensive,
culturally relevant HIV prevention, care and treatment
is more than virologic suppression!*

The Issue of Stigma

Discrimination, medical distrust, stigma, depressive symptoms, antiretroviral medication adherence, engagement in care and quality of life among women living with HIV in North Carolina: a mediated structural equation model

J Acquir Immune Defic Syndr. 2019 July 01; 81(3): 328–335. doi:10.1097/QAI.0000000000002033.

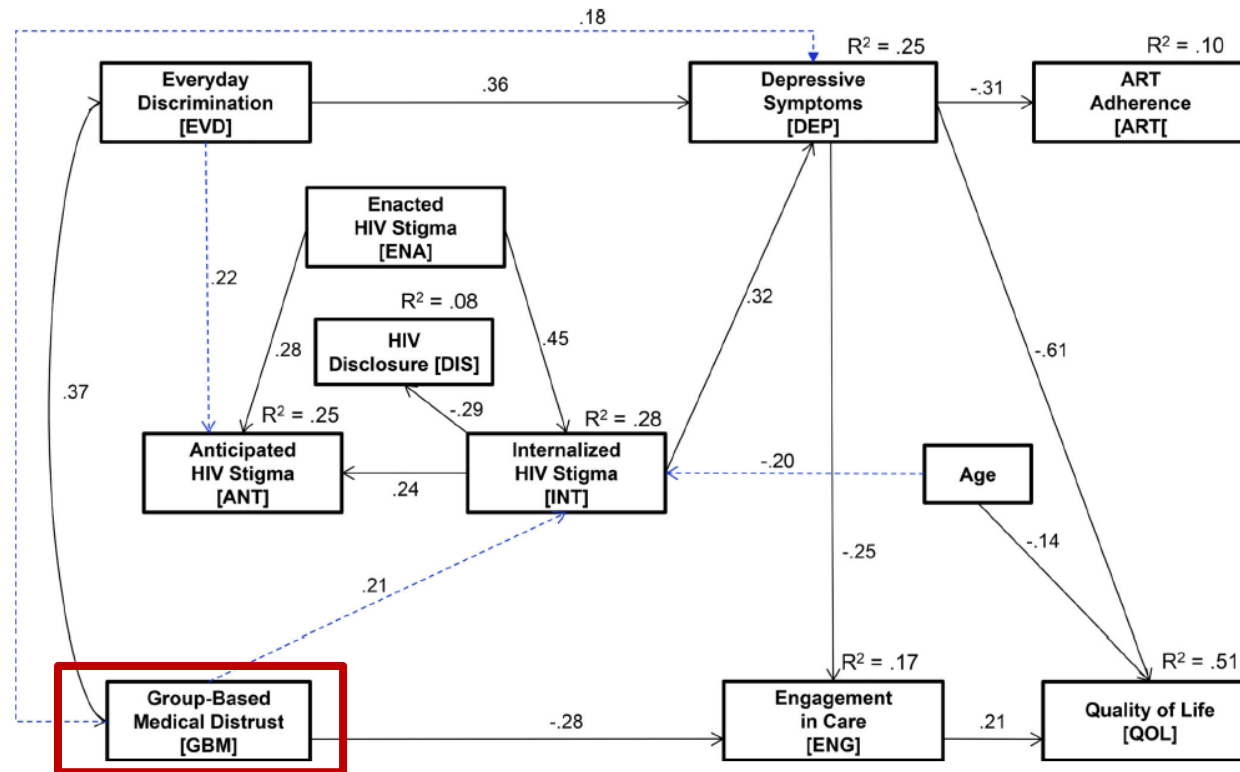


Figure 2. The final fitted structural equation model with stigma as a multidimensional construct. Fit Indices for Model: $\chi^2 = 35.004$, $df = 39$, $p = .653$; $\chi^2/df = .898$
 GFI = .951; NFI = .889; IFI = 1.014; RFI = .843; CFI = 1.000; RMSEA = .000 [90% CI = .000 – 0.53]
 Note: Dotted pathways indicated in blue were newly identified during stepwise model generation.

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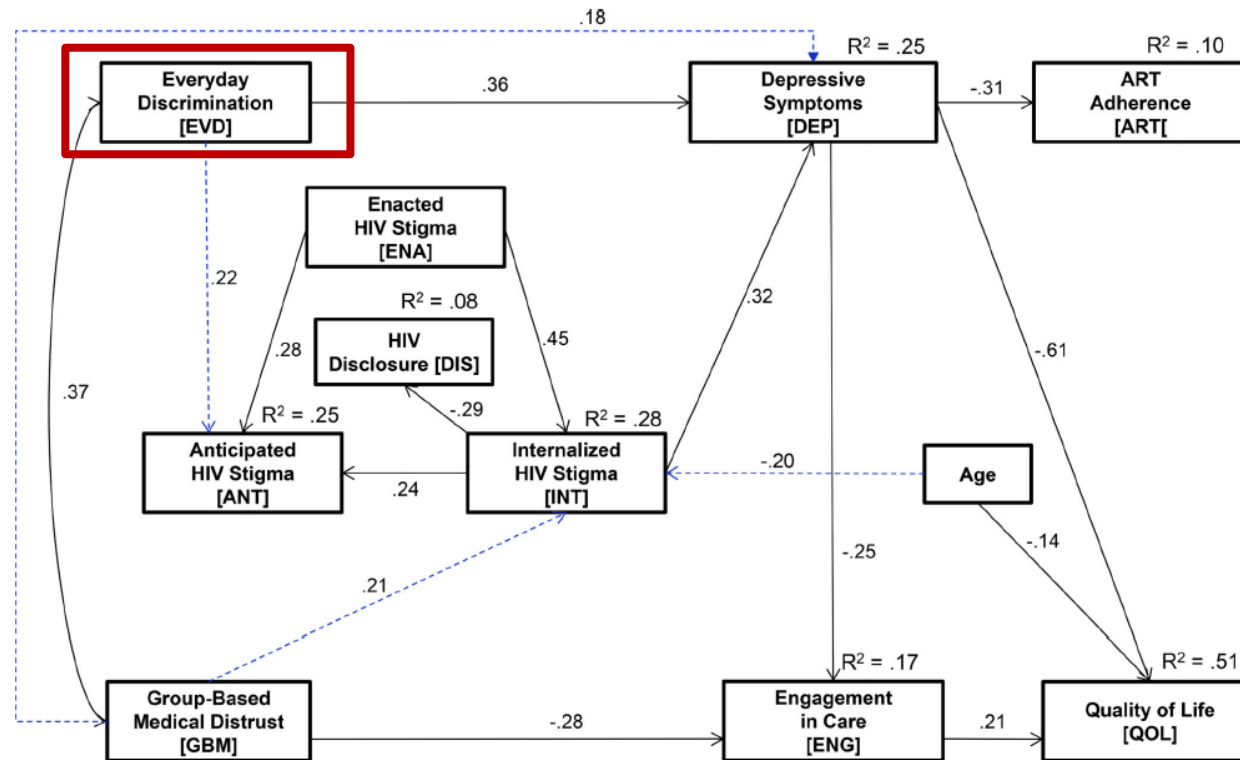


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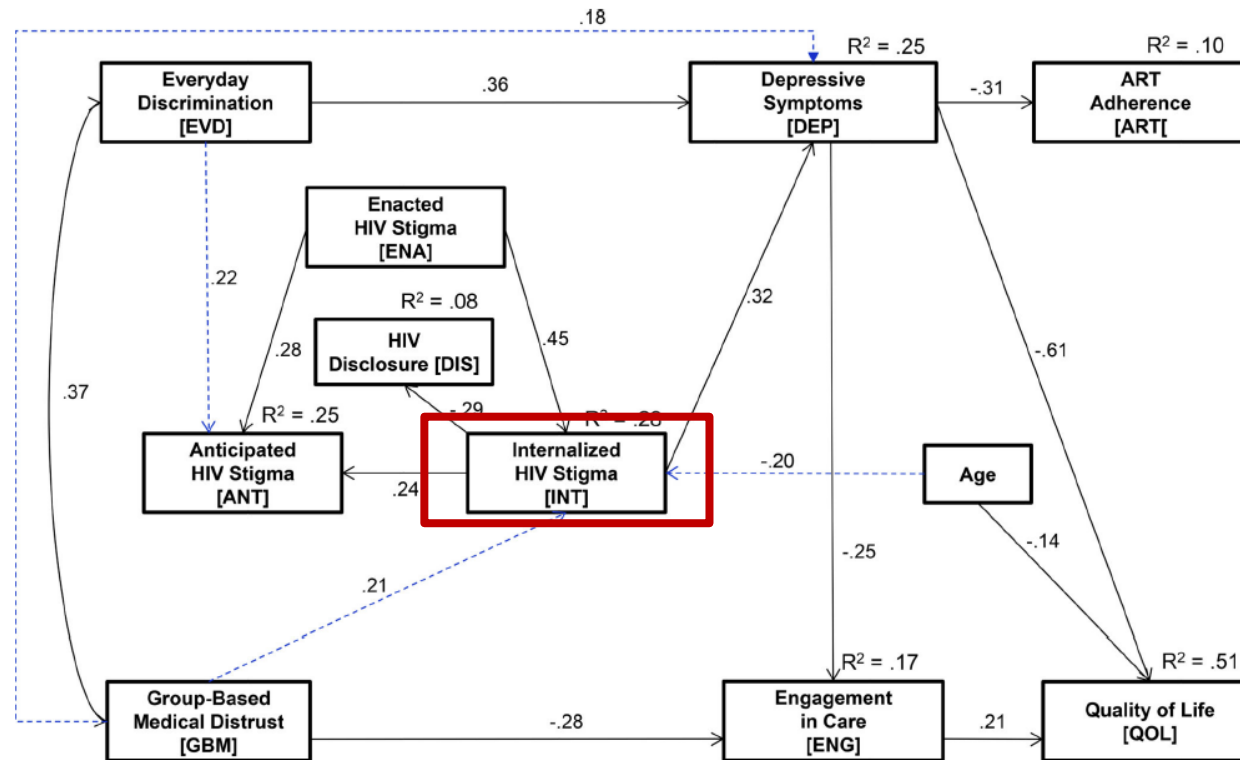


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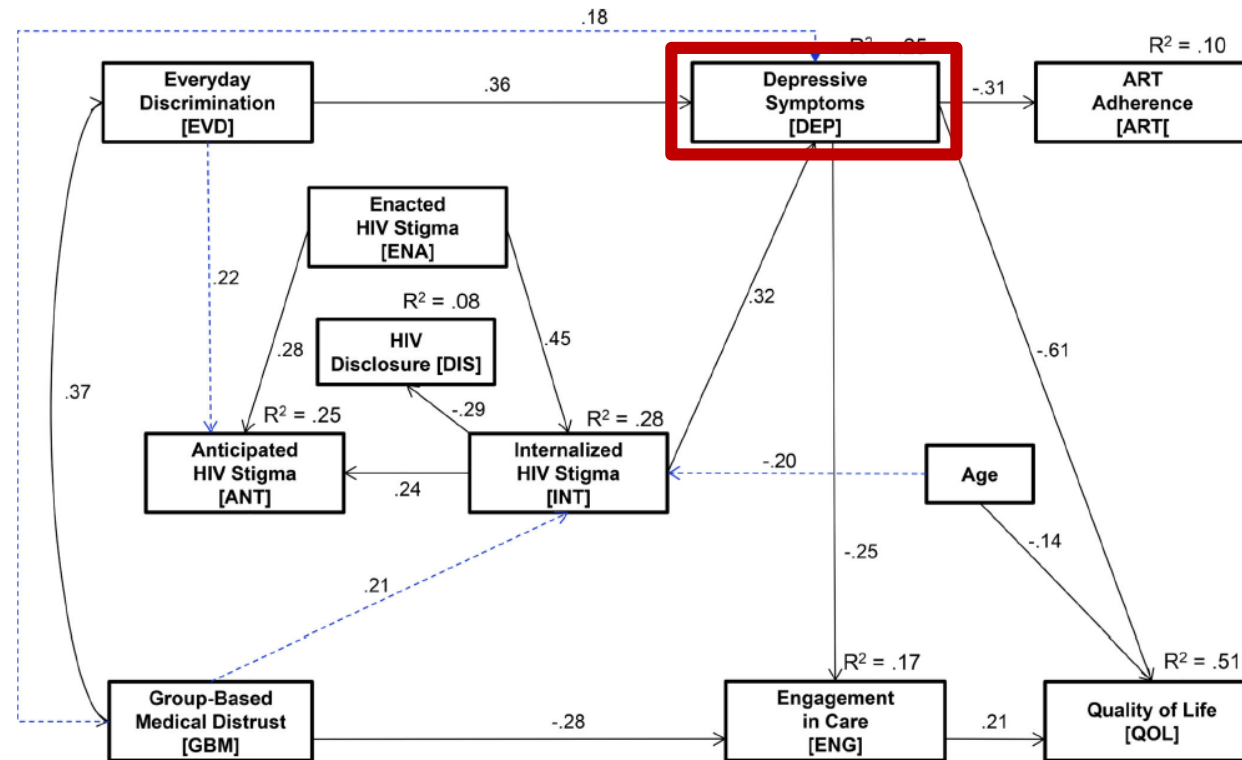


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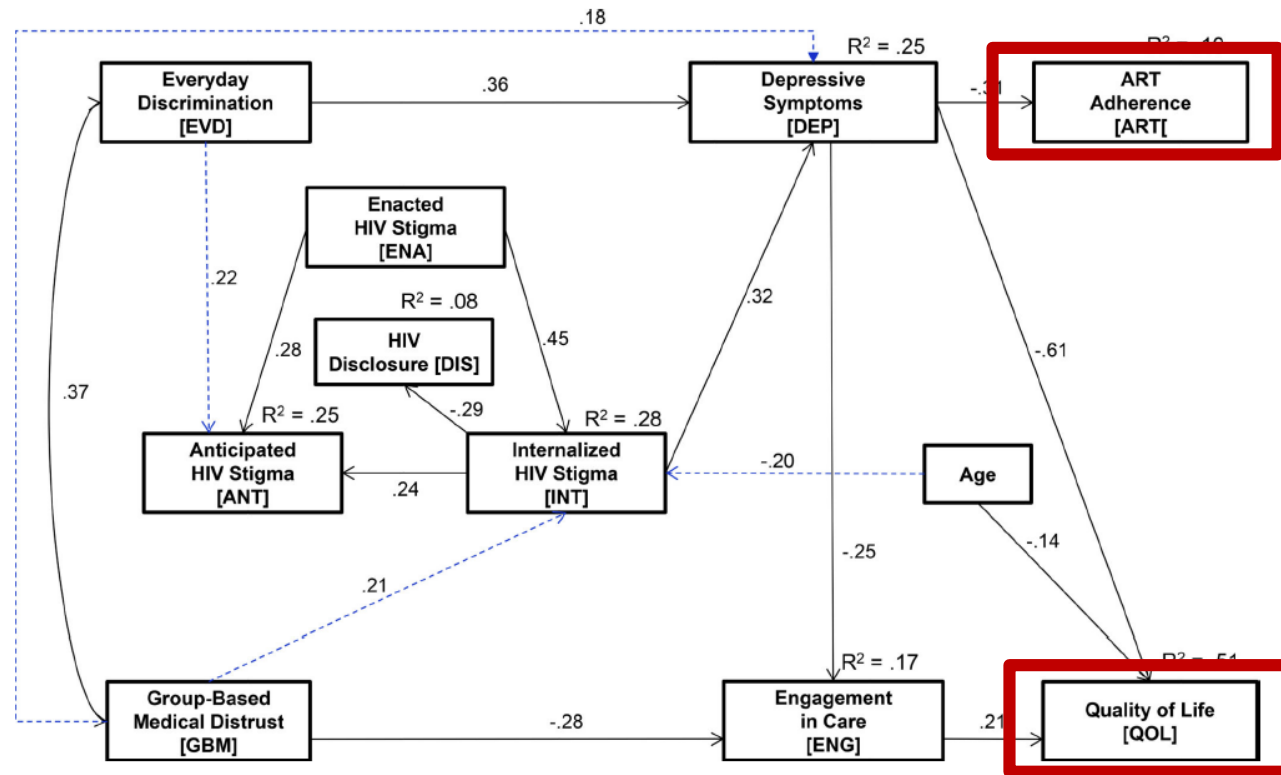
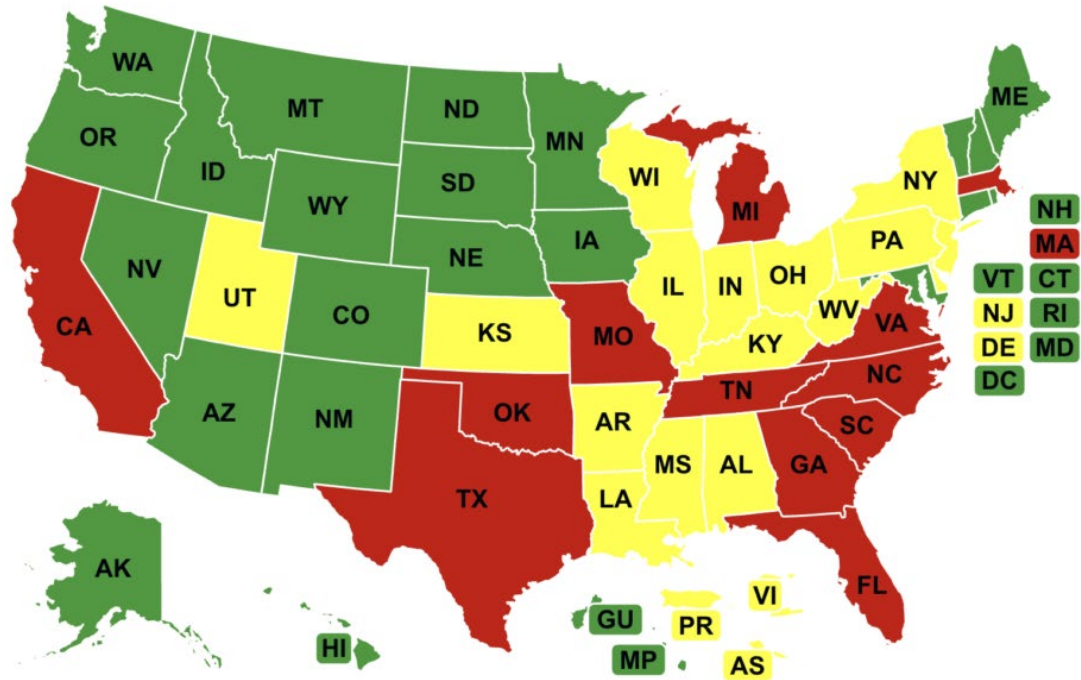


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NP Practice Environment & Workforce Shortage



Legend



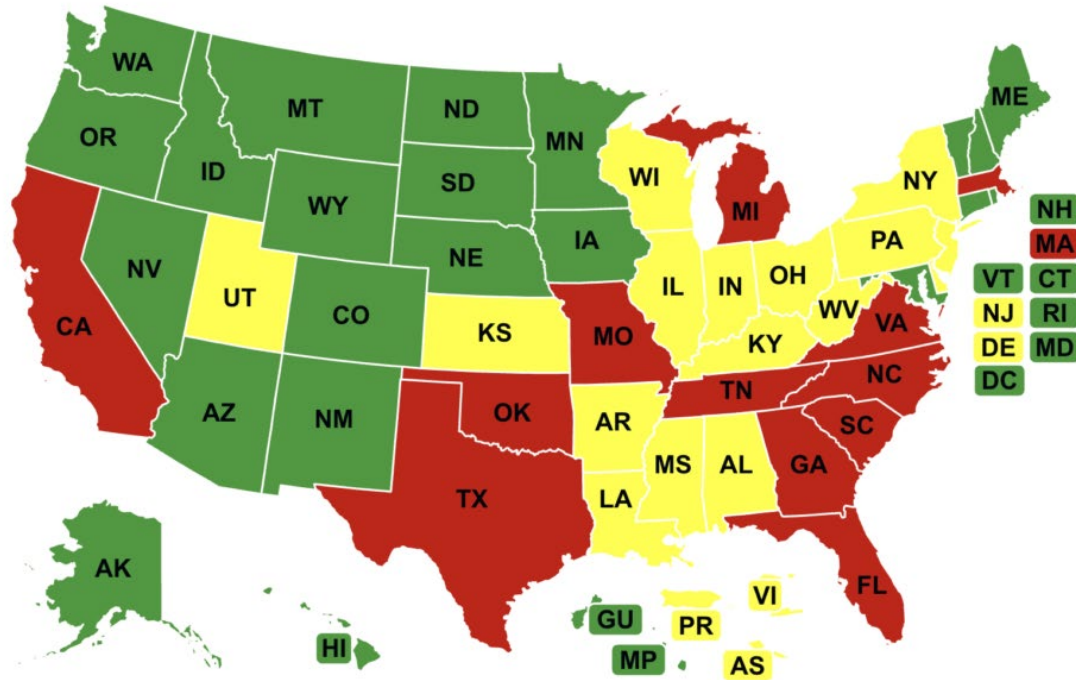
Full Practice: State practice and licensure laws permit all NPs to evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing.

Reduced Practice: State practice and licensure laws reduce the ability of NPs to engage in at least one element of NP practice. **State laws require a career-long regulated collaborative practice agreement with another health provider** in order for the NP to provide patient care; or it limits the setting of one or more elements of NP practice.

Restricted Practice: State practice and licensure laws restrict the ability of NPs to engage in at least one element of NP practice. **State laws requires career-long supervision, delegation, or team management by another health provider** in order for the NP to provide patient care.

<https://storage.aanp.org/www/documents/advocacy/State-Practice-Environment.pdf>

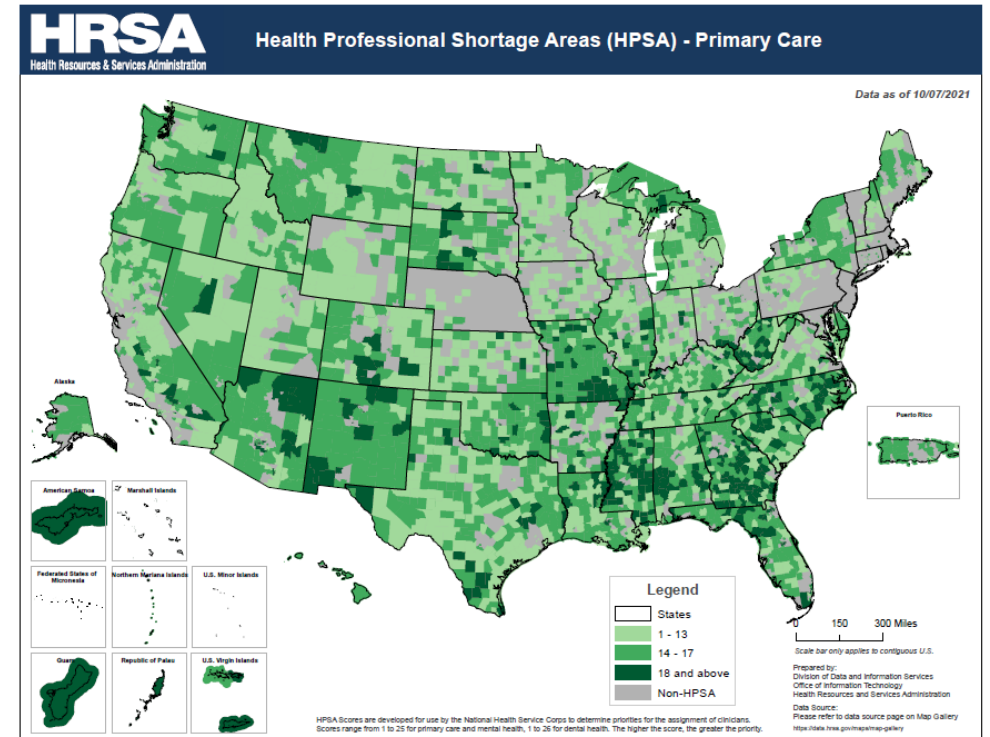
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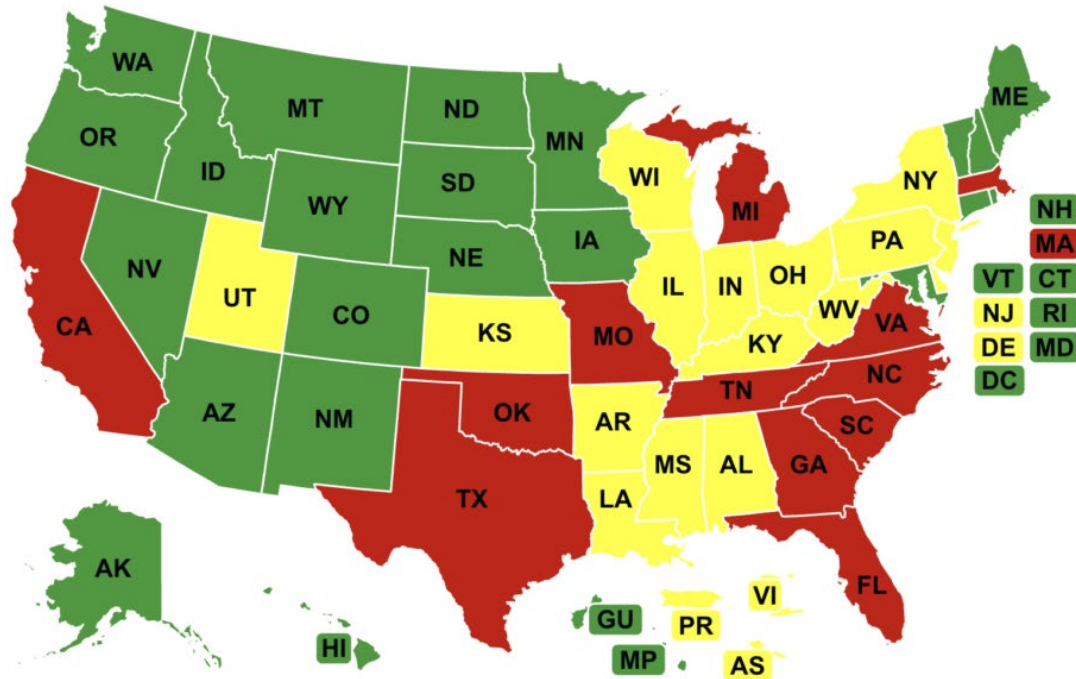
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<https://storage.aanp.org/www/documents/advocacy/State-Practice-Environment.pdf>



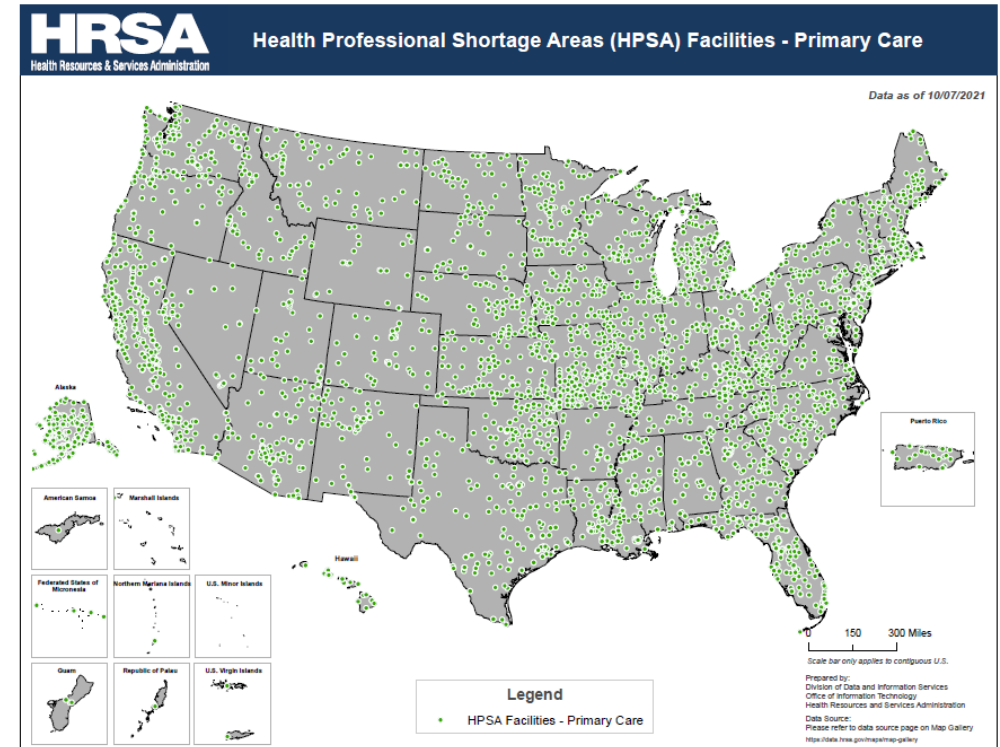
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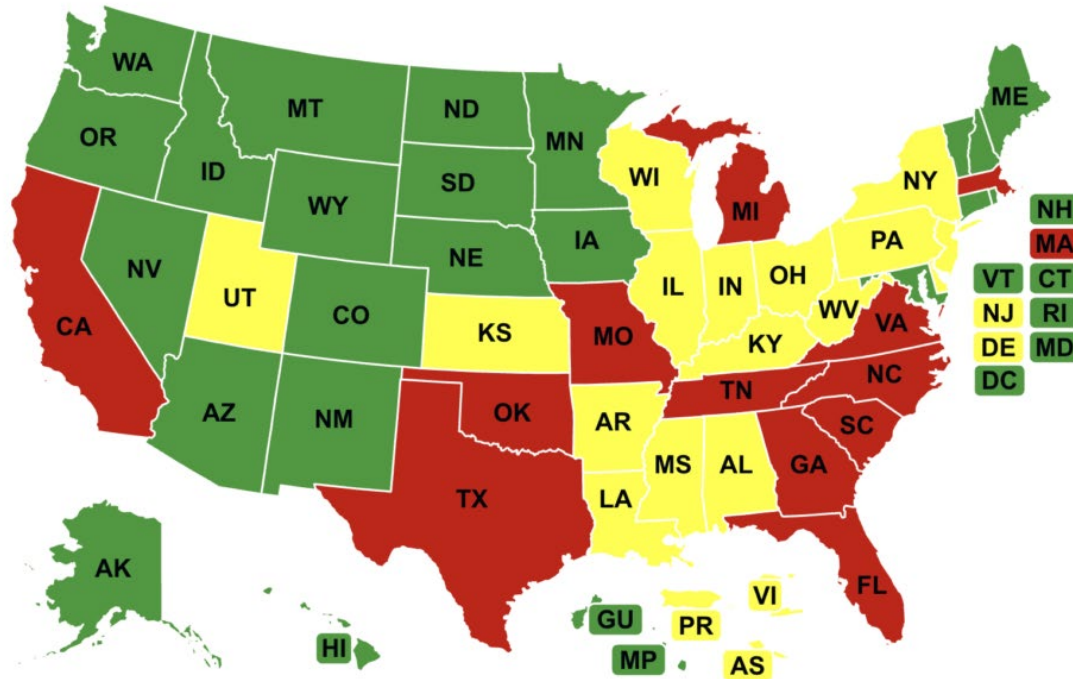
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NP Practice Environment & Workforce Shortage



The Role of Advanced Practice Registered Nurses and Physician Assistants in HIV Care
Policy Statement
Approved: March 2014



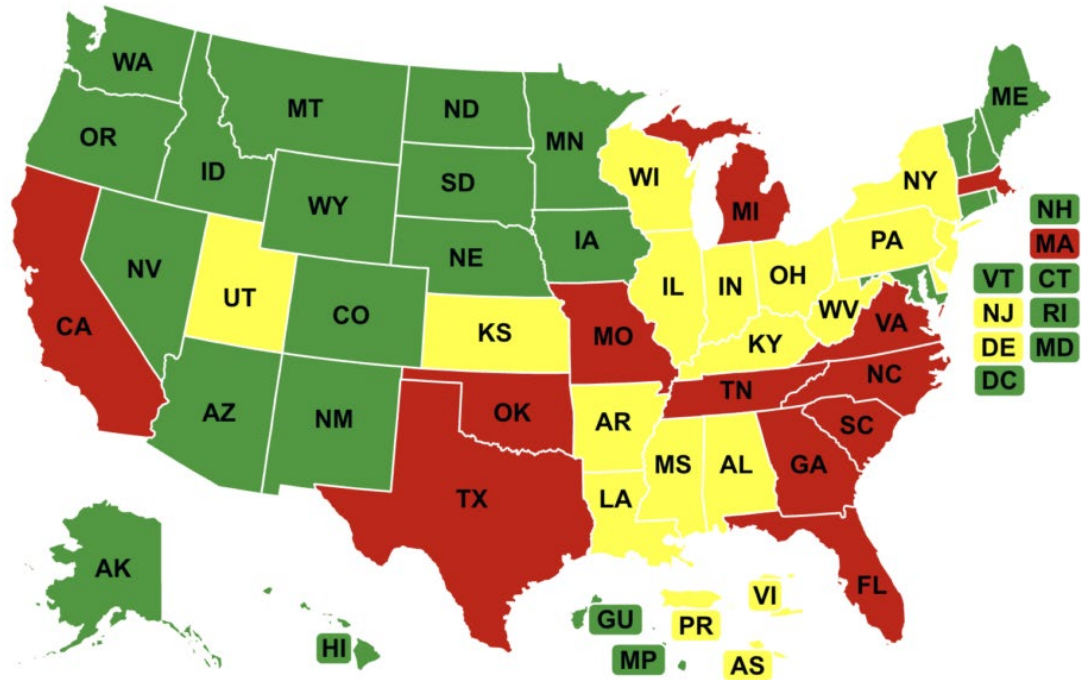
Legend



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- 1. APRNs and PAs practicing to the full extent of their training and expertise in consultation with the appropriate medical support as needed.** APRNs and PAs, like all medical providers, are responsible for recognizing the limits of their training and identifying when it is appropriate to refer patients or consult with a medical provider with more advanced or specialized training.
- 2. APRNs having the authority to prescribe and practice without a collaborative practice agreement with a physician.** We recommend all APRNs caring for patients with HIV infection have established consultative relationships with expert HIV physicians as part of their patients' care team.

NP Practice Environment & Workforce Shortage



Legend



Restricting Access: A Secondary Analyses of Scope of Practice Laws and Pre-Exposure Prophylaxis (PrEP) Prescribing in the United States, 2017.

Carnes, N., et al, *JANAC* (in press).



Nurse practitioners (NP) in states that allowed independent scope of practice were 1.4 times more likely to have prescribed PrEP compared to NPs in states where their prescribing authority is determined by a supervising medical doctor (MD).

A Call to Action

1

Remove legislative practice barriers to independent NP practice

- Critical priority in the United States South

2

Support move of nursing education towards a competency-based curriculum

- HRSA funding for APRN program with HIV specialty
- Targeted funding
 - Workforce shortage areas
 - NHSC scholarships for the 57 EHE jurisdictions
 - Programs with national reach through distance education
- Integration of the National HIV Curriculum into NP education
 - Expand National HIV Curriculum to address psychosocial issues

Entry-Level Competencies Required of Primary Care Nurse Practitioners Providing HIV Specialty Care: A National Practice Validation Study

Michael V. Relf, PhD, RN, AACRN, ACNS-BC, CNE, FAAN*
James L. Harmon, DNP, RN, ANP-BC, AAHIVS



JOURNAL OF THE ASSOCIATION OF NURSES IN AIDS CARE, Vol. 27, No. 3, May/June 2016, 203-213
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3

Fund demonstration projects to explore RN initiated PrEP through HHS/HRSA/HIV/SPNS