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Patient management includes prescription of psychotropic medication and the provision of psychotherapy, both of which are highly specialized and specific services that are within the full scope of a PMHNP. PMHNPs obtain master- or doctoral-level degrees specific to mental health and function in highly autonomous settings demonstrated through ownership of clinics, provision of consultation to community partners, and contribution to health care policy and quality improvement.⁹ The Institute of Medicine proposed in 2011 that advanced practice nurses should be eligible to practice to the full extent of their education and be engaged as partners in patient care.¹⁰ Moreover, the Institute of Medicine advocated for the removal of regulatory barriers related to the scope of practice in order to maximize benefit to patient care. Therefore, this proposed legislation is not only a disservice to NPs in Pennsylvania but more importantly is a disservice to the 1.1 million Pennsylvanians living with mental health problems who deserve access to high-quality care.¹¹

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Dear Editor in Chief:

In response to the article by Diez-Sampedro et al, “COVID-19 and Advanced Practice Registered Nurses: Frontline Update,”¹ published in the September 2020 edition of *The Journal for Nurse Practitioners*, the authors provide factors that advanced practice registered nurses (APRNs) have been challenged with during the coronavirus disease 2019 (COVID-19) pandemic. They also deliver a synopsis of the essential clinical information health care providers should be knowledgeable of regarding the COVID-19 pandemic (eg, symptoms, testing, treatment challenges, patient education).

As the article pinpoints, APRNs have had to address patient confidentiality concerns, ensure the availability and accessibility of personal protective equipment (PPE), stay abreast of alterations in evidence-based practice treatment modalities, and educate patients and families on the ever-changing signs and symptoms of COVID-19. The article provides additional pandemic considerations for APRNs, which include educating populations on preventing the spread and transmission of disease, working to augment essential policies and procedures, synthesizing evidence-based practice guidelines, and engaging stakeholders in the prevention of future pandemics.

As an APRN, the section of the article that piques my interest is concerning practice changes. The authors provide brief insight about how the COVID-19 pandemic has affected the scope in which APRNs practice. In my opinion, additional information on how changes from the pandemic could be used to support full practice authority for APRNs would be helpful.

As the authors state, the limited availability of primary care clinics, physician shortages, and the significant increase in acute care services propelled APRNs to the forefront of patient care. Although the article speaks to the significant challenges APRNs face in providing safe and effective clinical services during this extraordinary time (eg, burnout, mental health effects of nursing staff, patient concerns of health care costs), these noted trials reveal the strength and tenacity of APRNs when faced with adversity.

The leadership capabilities APRNs have been exhibited during the COVID-19 pandemic and have placed APRNs in an optimal position to advocate for permanent full practice authority. More than 290,000 nurse practitioners (NPs) in the United States provide high-quality, cost-effective, and patient-centered care.² Since the beginning of this pandemic, many nurses, NPs, and APRNs have answered the call to be of service and are still currently on the frontlines. When the COVID-19 pandemic is over, health care systems will be forever changed, and policy efforts should focus on supporting the development of NPs' practice.³

Before the COVID-19 pandemic, only 22 states, the District of Columbia, the Department of Veterans Affairs, and the Indian Health Service granted NPs full practice authority.⁴ Now is the time for APRNs to use all of the available resources to lobby local, state, and government officials to remove barriers to full practice authority.

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