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Join in to Improve Policy

By Tay Kopanos, DNP, NP, FAANP, VP, AANP State Government Affairs

The American Association of Nurse Practitioners® (AANP) advocates for better health care policies across the country. We support nurse practitioner (NP) practice in all 50 states, the District of Columbia and U.S. territories, with efforts that span seven time zones and the international date line. AANP screens thousands of bills and regulations each year that could impact your practice. Since the beginning of the year, AANP's state policy team has reviewed more than 5,000 state bills, nearly 2,000 state regulations and more than 80 executive orders that intersect with patient care and affect NPs.

AANP works to identify opportunities to remove existing barriers and prevent new ones from forming. Since launching the State Government Affairs department in 2010, AANP has helped ensure the passage of more than 100 state laws, including the enactment of Full Practice Authority in 10 states and two territories. During the COVID-19 pandemic, the association has worked to secure executive orders that suspend unnecessary regulations and has taken action to make many of those waivers permanent.

AANP believes that the expertise of NPs should help guide health care policy, and by removing barriers between NPs and their

patients, our nation can achieve better health and improved access to care at a lower cost. The AANP Board of Directors believes that this can best be achieved through the following actions:

- Providing full and direct access to NP-delivered care by modernizing and right-sizing state licensure and practice laws.
- Leveling the playing field for health system participation, thus enabling patients to get the care they need from the provider of their choice and have that care covered by their insurer.
- Having NPs at the helm as leaders, informing and shaping policy decisions in their institutions, locally and at the state and federal levels.

Every day, while you are focused on seeing patients and taking care of your families, AANP is at work for you. We identify policy opportunities, break down barriers and build partnerships that lead to better care. As AANP gears up for legislation in 2022, we invite you to join our team. Lend your voice to grassroots efforts as you track legislation alongside us, using the legislative tracker, available exclusively to members on the [AANP website](#). Improving policy will take all of us. Join in!

Exciting Legislative Development in the US House of Representatives

By MaryAnne Sapio, VP, AANP Federal Government Affairs

I am pleased to report that the Promoting Access to Diabetic Shoes Act (H.R. 4870), which will authorize nurse practitioners (NPs) to certify their patients' need for therapeutic shoes, has been introduced in the House of Representatives with bipartisan support. Representatives Earl Blumenauer (D-OR) and Darin LaHood (R-IL) introduced this critically-needed legislation as the House companion measure to the Senate version (S. 800), which is led by Senators Sherrod Brown (D-OH) and Susan Collins (R-ME). This bipartisan, bicameral support serves as an important indicator of the broad support this legislative change enjoys.

Now that House and Senate bills have been introduced, it is important that we continue to build additional support for this legislation through increased co-sponsorship. Members of Congress need to hear from you in order to fully appreciate the impact this bill will have on Medicare beneficiaries in your communities.

Please visit the [American Association of Nurse Practitioners® Advocacy Center](#) and urge your members of Congress to co-sponsor and support the advancement of this legislation today! Together with your help, we continue working tirelessly to ensure that the Promoting Access to Diabetic Shoes Act is ultimately signed into law.

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Doctor of Nursing Practice Psychiatric Mental Health Nurse Practitioner: Trends in Enrollment and Graduation

By Julie Baldyga, MS, AANP Research Manager,
and Chantel DePaepe, MPH, AANP Research Specialist

In 2019, approximately one in five Americans aged 18 or older had a mental illness and three in five Americans aged 12 or older had used a substance (e.g., tobacco, alcohol or illicit drugs).¹ Mental illnesses are health conditions that affect a person's thinking, feeling, mood or behavior. They can include depression, anxiety disorders and personality disorders (e.g., antisocial and borderline).

The expansion of the Affordable Care Act, which guaranteed access to mental health services, such as behavioral health treatment (counseling and psychotherapy) and prescription drugs, has positively impacted mental health, allowing mental health concerns and treatment to become more normalized.² In addition, increased efforts made by mainstream media (campaigns via social media platforms) have also had a substantial impact. According to The Harris Poll, conducted on behalf of the American Psychological Association, 87% of Americans believe that people with mental health conditions should not feel ashamed.³

Although there is an increased demand for psychiatric providers, barriers to treatment remain, including a shortage of psychiatric providers, such as psychiatrists.⁴ Psychiatric mental health nurse practitioners (PMHNPs) represent the second largest group of behavioral health professionals within the U.S.⁵ PMHNPs have a specialized body of knowledge and skills. They are educated to assess, diagnose and treat patients with mental illnesses and substance use disorders across the lifespan. Many PMHNPs provide physical and psychosocial assessments, emergency psychiatric care and treatment effectiveness evaluations.⁶ PMHNPs must be licensed by the state in which they practice and board certified through a national credentialing body.

Literature has documented the anticipated growth of the PMHNP workforce, including

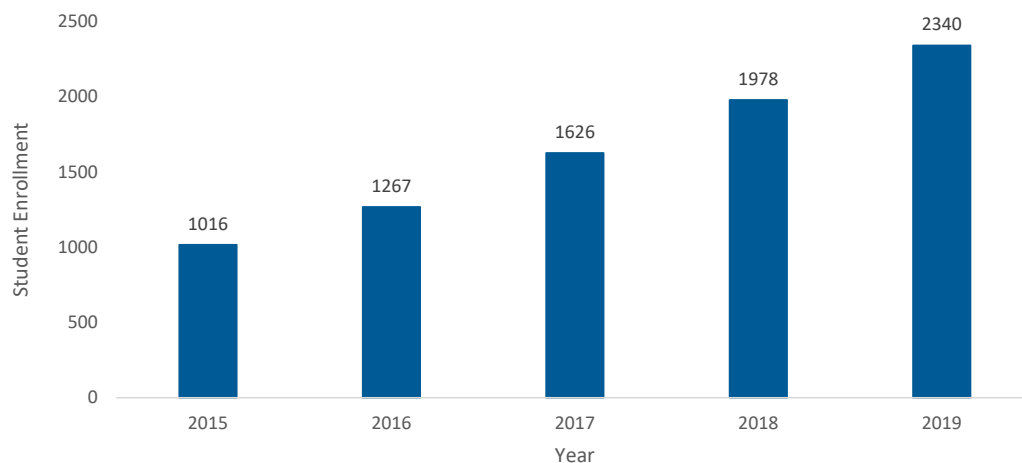
enrollment and graduation rates. For example, in 2019, Delaney and Vanderhoef examined five-year trends in graduation and retirement to anticipate a five-year growth in the PMHNP workforce, finding that the estimated total workforce for PMHNPs and psychiatric mental health certified nurse specialists in 2022 would be 18,458 clinicians.⁴

The purpose of this article is to explore trends specifically in PMHNP doctor of nursing practice (DNP) programs. These programs are offered at the post-baccalaureate (Bachelor of Science in Nursing [BSN]-to-DNP) and post-master's (Master of Science in Nursing [MSN]-to-DNP) levels. BSN-to-DNP programs allow direct entry for nurses who have completed their BSN and are interested in earning their practice-focused doctorate. Depending on the university, specific programs award both an MSN and a DNP degree. Alternatively, NPs with an MSN can apply to MSN-to-DNP programs.

Methods: Aggregate data from the American Association of Colleges of Nursing (AACN) Enrollment and Graduations report were used to examine changes in PMHNP DNP programs over the last five years, 2014–2015 thru 2018–2019. AACN surveys accredited nursing schools annually to collect critical information on nursing education capacity and the nation's future nursing supply. Although data from these nursing programs are broken out by educational level and population focus, only data from PMHNP BSN-to-DNP and MSN-to-DNP programs were utilized in the analyses presented.

Results: In the past five years (2015–2019), PMHNP DNP programs, enrollment and graduations all experienced continued growth. Specifically, PMHNP BSN-to-DNP programs grew by 74.1% and PMHNP MSN-to-DNP grew by 46.4%. Additionally, between 2015 and 2019, PMHNP BSN-to-DNP and MSN-to-DNP

Figure 1. Growth in PMHNP DNP Enrollment 2015-2019



enrollment doubled (see [Figure 1](#)). Graduate numbers in the PMHNP BSN-to-DNP population foci also doubled, while the PMHNP MSN-to-DNP graduate numbers tripled during that time.⁺

Discussion: Results from this analysis highlight a five-year growth trend across BSN-to-DNP and MSN-to-DNP programs, enrollments and graduations. However, despite the projected exponential increase of the PMHNP workforce, patients are likely to experience barriers to care due to state practice and licensure laws that reduce or restrict the ability of PMHNPs to practice to their full [scope of practice](#).⁷ To ensure clinicians are available to meet new challenges, such as the COVID-19 pandemic and the opioid epidemic, state regulatory and institutional barriers that prevent full and direct access to NPs should be lifted. For additional information on trends in enrollment and graduation in other

population foci, please review the complete American Association of Nurse Practitioners[®] (AANP) DNP research brief.

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⁺ AACN collects and reports graduation data that reflects data from the previous fall.



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