

Stacie Householder: Nurse practitioners can help solve health care access

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STACIE HOUSEHOLDER
VIEWPOINT

As a nurse practitioner with more than 12 years of experience and 19 years as a nurse, I've dedicated my career to providing quality health care to my community. But despite my extensive training and commitment, I've faced significant barriers in my efforts to serve my patients to the best of my ability. These obstacles are a direct result of outdated state regulations that limit the ability of advanced practice registered nurses like me to practice independently. It's time for Indiana to grant full practice authority to APRNs, and my story illustrates why this change is so crucial.

After years of teaching and working in various health care settings, including starting a telemedicine program for a large health system, I was eager to bring accessible, high-quality care to my community. That is why I and a fellow nurse practitioner decided to open our own practice here in our community. However, I quickly encountered a significant roadblock: finding a collaborating physician.

In Indiana, state regulations require NPs to have a formal agreement with a collaborating physician to practice independently. While this rule is maintained under the guise of “collaboration,” the reality is much different, as the physician only examines a small percentage of patient prescribing charts retroactively and never has any interaction on the patient’s care plan.

Many physicians are restricted by their employers from entering such agreements, and others are simply unavailable. When I set out to open my practice, no physicians in the area were available. As a result, I had to resort to an out-of-state, online physician collaboration service, incurring costs as high as \$800 per month per APRN provider. This financial burden is unnecessary and hinders my ability to serve my patients. Adding insult to injury, these fees send money out of state.

Fort Wayne is a suburban area with pockets of rural communities. Our region lacks enough primary care providers, making it difficult for residents to receive timely and comprehensive care. Larger medical systems in the area have recently stopped accepting various insurances and eliminated cash-pay options. Without accessible primary care, chronic conditions remain unmanaged, leading to higher rates of hospitalization and long-term health problems.

This isn't just a rural problem; suburban and urban areas are equally affected. The need for telehealth and alternative care options has never been more apparent, yet the regulatory framework in Indiana prevents APRNs from being a part of the solution. My practice focuses on providing cash-pay options and integrative health services, filling a critical gap. However, the financial and logistical challenges imposed by the current regulations make it difficult to sustain and expand these services.

Granting full practice authority to APRNs would allow us to use our extensive training and experience to provide high-quality care without the burdensome and unnecessary physician collaboration agreements. This change is not about reducing the role of physicians but about optimizing our health care workforce to meet the growing demands of our state. APRNs are fully capable and ready to take on more responsibility, as evidenced by our extensive education, clinical training and proven track record in states where full practice authority has already been implemented.

I urge the Indiana General Assembly to pass legislation granting full practice authority for APRNs. This move will empower health care providers like me to open and operate our practices independently, increasing access to much-needed care for underserved communities across our state.

It's time to put patient care first and unlock the full potential of our health care providers. The health of Indiana depends on it. •

Householder is a nurse practitioner in Fort Wayne.

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