

Removing Barriers to APRN Practice in Specialty Care Settings

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Advanced Practice Registered Nurses (APRNs), including Adult-Gerontology Primary Care Nurse Practitioners (AGNP-PCs), are essential providers in managing chronic neurological conditions such as Parkinson's disease, Alzheimer's disease, epilepsy, and multiple sclerosis [1]. Yet, despite their advanced education and clinical expertise, APRNs remain constrained by restrictive scope-of-practice laws and institutional policies that limit their ability to deliver care in specialty outpatient settings (Feeney, 2025). With the aging population driving a surge in neurological disorders, these barriers represent a critical population health challenge by obstructing timely and equitable access to specialty services [1]. Removing restrictions on APRN practice is necessary to expand access, reduce healthcare costs, and improve patient outcomes [1]. This paper argues that legislative reform, hospital policy changes, and reimbursement equity are key strategies to empower APRNs to practice fully and meet the growing demand for neurology care.

Contextual Analysis of the Issue

Neurological disorders are becoming more prevalent as the population ages, yet the availability of neurologists remains insufficient to meet this growing demand. The American Academy of Neurology projects that by 2025, the demand for neurologists will exceed supply by nearly 19%, leading to longer wait times and reduced access to care [2]. Currently, the average wait time for a new patient to see a neurologist is approximately 35 business days, underscoring the severity of the shortage [2]. At the same time, the burden of chronic neurological conditions continues to rise. In 2025, an estimated 6.9 million Americans aged 65 and older are living with Alzheimer's disease, a figure expected to nearly double by 2060 [3]. Parkinson's disease also represents a growing challenge, with more than 1.1 million

Americans currently affected and approximately 90,000 new cases diagnosed each year [4]. These trends highlight the urgent need for expanded workforce capacity in neurology.

Incorporating Advanced Practice Registered Nurses (APRNs) into outpatient neurology clinics offers a promising strategy to expand access to care and strengthen continuity for patients. Despite this potential, many APRNs face barriers due to restrictive state scope-of-practice regulations and hospital bylaws, which can limit their ability to independently manage patients, prescribe therapies, or receive reimbursement for services [1].

Historical Development of the Issue

Nurse Practitioner (NP) roles first emerged between the 1960s and 1980s as a means of expanding access to primary care [5]. Specialty NP positions, including those in neurology, began to develop in the 1990s as outpatient clinics sought to address rising patient demand and neurologist shortages [5]. Early integration of APPs into neurology teams was gradual, often limited to supportive roles, but expanded significantly in the 2000s as evidence demonstrated their ability to manage stable patients and improve clinic efficiency [1]. In 2010, the Institute of Medicine recommended that APRNs practice to the full extent of their training to meet growing healthcare needs [6]. Building on this, the American Academy of Neurology (AAN) issued updated position statements in 2020 and 2025 acknowledging the increasing contributions of nurse practitioners and physician assistants in neurology care teams, emphasizing their role in improving access, reducing wait times, and supporting chronic disease management [1,7]. This timeline illustrates the evolution of specialty NP roles in neurology from supportive positions to integral providers within multidisciplinary teams.

Socio-Political Influences

Legislative barriers continue to limit APRN practice, as many states mandate physician oversight for prescribing authority and

specialty care. In North Carolina, nurse practitioners operate under a restricted practice model, meaning they must maintain a collaborative practice agreement with a supervising physician to prescribe medications and manage patients independently [8]. Despite ongoing legislative efforts, such as Senate Bill 537 (2025), which sought to redefine APRN practice and expand autonomy, full practice authority has not yet been achieved in the state [9]. These restrictions are particularly impactful in rural and underserved areas, where physician shortages exacerbate access issues. Professional resistance also persists, with some physician organizations opposing independent NP practice due to perceived differences in training. However, policy shifts during the COVID-19 pandemic temporarily lifted restrictions in several states, demonstrating that APRNs can safely expand access to care when allowed to practice autonomously [10].

Literature Review and Analysis

Hain and Fleck (2014) provide one of the earliest comprehensive examinations of barriers to nurse practitioner practice, drawing on primary research to demonstrate how restrictive legislation undermines healthcare redesign. Their findings show that when APRNs are prevented from practicing independently, patient outcomes suffer due to delayed access to care, and healthcare costs increase because physician resources are consumed by cases that could be managed safely by APRNs. This study underscores that scope-of-practice restrictions are not merely professional obstacles but systemic inefficiencies that directly affect population health [6].

Similarly, Santiago et al. (n.d.) conducted a pilot study at Stanford University evaluating the integration of advanced practice providers into outpatient neurology clinics. This primary source provides quantitative evidence that restructuring clinics to include APRNs reduced average patient's wait times from 86 days to significantly shorter intervals. By improving throughput and access, the study demonstrates that APRN integration alleviates neurologist shortages and enhances continuity of care for patients with chronic neurological conditions. The reduction in wait times translates into improved patient outcomes, earlier interventions, and decreased reliance on emergency services, which collectively lower healthcare costs [11].

Taken together, these primary sources illustrate that practice restrictions hinder efficiency, limit access, and increase costs, while APRN integration into neurology clinics improves patient outcomes and strengthens population health. The evidence supports the argument that removing barriers to APRN practice is both clinically effective and economically necessary.

Recommendations

Legislative Reform

Granting full practice authority across all states is essential to remove unnecessary physician oversight requirements. Eliminating these restrictions would allow APRNs to independently prescribe and manage stable neurology patients, thereby reducing wait times and expanding access for aging populations with chronic neurological conditions. This reform strengthens the clinical dimension of APRN practice by enabling autonomous decision-making and improves population health through timely, equitable care delivery [12].

Hospital Policy Changes

Updating medical staff bylaws to permit APRNs to admit, manage, and discharge patients in specialty clinics ensures their full integration into neurology teams. Such revisions enhance efficiency, reduce bottlenecks in patient flow, and support continuity of care. These changes expand the organizational and leadership dimensions of APRN practice, positioning them as key contributors to hospital operations and patient outcomes [13].

Reimbursement Equity

Establishing fair compensation for APRNs providing outpatient specialty services is critical to sustaining practice models. Equitable reimbursement not only validates APRN contributions but also incentivizes healthcare systems to expand their roles in neurology clinics. This reform strengthens the economic dimension of APRN practice and supports population health by ensuring that cost-effective providers remain accessible to patients [14].

Interprofessional Collaboration

Promoting team-based care models in which APRNs and neurologists share responsibilities fosters a culture of collaboration and mutual respect. This approach improves patient outcomes by leveraging the strengths of each discipline while addressing workforce shortages. Collaboration enhances the professional and relational dimensions of APRN practice and advances population health by ensuring comprehensive, coordinated care [15].

Impact on APRN Role/Setting

Removing barriers to APRN practice in neurology directly enhances multiple dimensions of the APRN role.

Clinical Dimension

Expanded autonomy allows APRNs to independently manage stable neurology patients, improving efficiency and reducing reliance on emergency care. The American Academy of Neurology's position statement confirms that nurse practitioners can safely manage chronic neurological conditions, thereby alleviating physician shortages and improving continuity of care [7]. Practical Neurology further emphasizes that clearly defined roles enable APRNs to deliver care more autonomously, strengthening the clinical dimension of practice [1].

Leadership Dimension

APRNs are increasingly assuming leadership roles in specialty care settings, shaping both policy and practice. Noah (2025) highlights that APRNs are cultivating leadership skills that position them as change agents within healthcare organizations [16]. Similarly, the American Hospital Association outlines leadership structures that elevate APRN visibility and influence in specialty teams, reinforcing their leadership dimension [17].

Policy Dimension

Integration into neurology clinics also expands APRNs involvement in policy development. By advocating for legislative reform and hospital bylaw revisions, APRNs influence organizational and state-level policies that determine scope of practice. Hain and Fleck (2014) argue that restrictive legislation hinders healthcare redesign, underscoring the importance of APRNs policy engagement to remove barriers and improve population health [6].

Education Dimension

APRNs contribute to the education of patients, families, and interdisciplinary teams. The American Nurse Journal (2020) underscores that APRNs expand their scope when integrated into specialty teams, which includes educating patients about chronic disease management and mentoring new providers [18]. This educational role strengthens the professional dimension of APRN practice and supports long-term improvements in patient outcomes.

Conclusion

Removing barriers to APRN practice in outpatient neurology clinics is not only a professional issue but a pressing population health priority. As the prevalence of neurological disorders continues to rise with an aging population [19], restrictive scope-of-practice laws and institutional policies undermine access, efficiency, and equity in care delivery [6]. Empowering APRNs to practice fully through legislative reform, hospital policy changes, and reimbursement equity will expand access, reduce costs, and strengthen patient outcomes [7]. Beyond clinical impact, these reforms elevate APRNs as leaders and collaborators in specialty care, ensuring that the healthcare system can meet the growing demand for neurology services [17]. Advocacy at both the state and national levels is essential to dismantle these barriers and position APRNs as integral providers in advancing population health [20].

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