

# Expanding NP Autonomy: Comparing Health Campaigns and Influencing Policy Change

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Nurse Practitioner Full Practice Authority (FPA) continues to be a central policy issue affecting access to care, workforce capacity, and health equity in North Carolina. Persistent provider shortages, particularly in rural and underserved regions, have intensified the need to modernize outdated scope-of-practice laws that limit the ability of nurse practitioners to practice to the full extent of their education and training [1,2]. Building on the initial policy brief developed in Week 2, this second paper expands the analysis by examining existing health campaigns and advocacy efforts that address NP practice barriers at both the state and national levels. By comparing the strategies, messaging, and impact of these campaigns, this paper explores how their approaches can inform and strengthen ongoing efforts to advance the SAVE Act in North Carolina [3]. The purpose of this paper is to analyze relevant health campaigns, determine the most feasible legislative pathway for implementing FPA in North Carolina, and identify effective advocacy methods to advance policy reform that strengthens the state's healthcare workforce and improves access to high-quality care [4,5].

## Health Campaigns Addressing NP Full Practice Authority

Efforts to modernize Nurse Practitioner Full Practice Authority have gained momentum at both the national and state levels, resulting in several organized campaigns aimed at reducing practice barriers and improving access to care. Two major campaigns – the American Association of Nurse Practitioners' (AANP) national Full Practice Authority initiative and the North Carolina Nurses Association's (NCNA) SAVE Act advocacy campaign – offer valuable insights into effective strategies for advancing legislative reform. Although both campaigns share

the overarching goal of expanding NP autonomy, they differ in scope, target audiences, and advocacy approaches.

The AANP Full Practice Authority Campaign is a national initiative designed to promote FPA across all states [4]. This campaign emphasizes the extensive evidence demonstrating that NPs provide safe, high-quality, and cost-effective care, and it highlights the inefficiencies and financial burdens created by outdated supervisory requirements [4,5]. AANP's strategy includes disseminating national workforce data, publishing policy briefs, engaging in federal and state legislative advocacy, and mobilizing grassroots supporters through coordinated action alerts [4]. The campaign also leverages national media, social media platforms, and partnerships with other professional organizations to increase public awareness and influence policymakers [4]. Because of its broad reach, the AANP campaign focuses on large-scale messaging that underscores national trends, such as primary care shortages, rising healthcare costs, and the success of FPA in the 26 states where it has already been implemented [2,6].

In contrast, the NC Nurses Association SAVE Act Campaign is a state-specific initiative focused exclusively on passing the SAVE Act (H.B. 218/S.B. 175) in North Carolina [3]. This campaign targets local legislators, health systems, rural communities, and North Carolina residents who are directly affected by provider shortages [3]. NCNA's advocacy efforts include organizing legislative days, providing talking points and fact sheets to NPs and RNs, coordinating testimony at committee hearings, and sharing patient stories that illustrate the consequences of restricted NP practice [3]. The campaign also emphasizes the economic impact of FPA, noting that removing supervisory requirements would reduce unnecessary costs for both providers and the healthcare system [7]. Unlike the national AANP campaign,

NCNA's messaging is tailored to the unique demographic and geographic challenges of North Carolina, particularly the severe shortages in rural counties where residents often lack access to timely primary care [8].

Together, these campaigns offer complementary strategies for advancing NP Full Practice Authority. The national AANP campaign provides the evidence, research, and broad messaging necessary to support legislative reform, while the NCNA SAVE Act campaign applies these principles at the state level through targeted, community-focused advocacy [9, 10]. Understanding the strengths of each campaign helps inform a comprehensive approach to advancing the SAVE Act and modernizing NP practice in North Carolina.

### **Legislative Pathway: Modification of Existing Law or New Legislation**

The plan proposed in Part I – to expand Nurse Practitioner Full Practice Authority in North Carolina – cannot be enacted through simple modification of existing regulations. North Carolina's current supervisory requirements for nurse practitioners are embedded in state statute, meaning that regulatory agencies such as the North Carolina Board of Nursing or the North Carolina Medical Board do not have the authority to independently remove or alter these mandates [11,12]. Because the supervisory structure is codified in law, legislative action is the only mechanism capable of granting NPs the ability to practice to the full extent of their education and training [10].

The SAVE Act (H.B. 218/S.B. 175) represents the most viable legislative pathway for achieving this reform. The bill proposes to eliminate mandatory physician supervision for nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists once they meet nationally recognized certification and training standards [3,13]. This legislation aligns with recommendations from national organizations such as the AANP and the National Academy of Medicine, both of which emphasize that restrictive scope-of-practice laws limit access to care, increase costs, and exacerbate workforce shortages [2,14,15].

If new legislation is pursued, several key components should be included to ensure clarity, safety, and effective implementation. First, the bill should explicitly remove the requirement for physician supervision or collaborative practice agreements for NPs who meet established national certification standards. Second, the legislation should outline a standardized transition-to-practice period for newly licensed NPs, consistent with evidence-based recommendations and practices in other FPA states [16,17]. Third, the bill should include provisions that prevent employers from imposing supervisory requirements that contradict state law, ensuring that NPs can fully exercise their legal scope of practice [17,18]. Fourth, the legislation should incorporate mechanisms for data collection and evaluation, allowing the state to monitor outcomes related to access, quality, and cost following implementation. Finally, the bill should include language supporting rural and underserved communities, such as incentives for NP practice in shortage areas or funding for workforce expansion initiatives [8,19].

Together, these elements create a comprehensive legislative framework that modernizes NP practice, strengthens the healthcare workforce, and improves access to timely, high-quality care across North Carolina. By grounding the legislation in national evidence and aligning it with successful models from other states, the proposed plan offers a feasible and impactful pathway for advancing Full Practice Authority. Once the legislative pathway is established, the next step is determining how to effectively build support for the SAVE Act.

### **Strategies to Influence Legislators, Utilize Social Media, and Address Opposition**

Advancing the SAVE Act requires a strategic, multifaceted approach to legislative influence that combines evidence-based advocacy, coalition building, and effective communication. Because scope-of-practice reform often encounters political, professional, and economic resistance, it is essential to use targeted methods that resonate with policymakers and demonstrate the broad benefits of FPA [9,20]. A successful advocacy plan must also anticipate opposition and proactively address concerns through transparent, data-driven messaging.

Direct engagement through scheduled meetings, legislative visits, and participation in committee hearings allows nurse practitioners, patients, and community leaders to present firsthand accounts of how restrictive practice laws limit access to care - particularly in rural and underserved regions [8]. Providing concise policy briefs, economic impact summaries, and evidence from states that have already implemented FPA strengthens the credibility of these conversations [4]. Mobilizing constituents through coordinated email campaigns, phone calls, and petitions further reinforces the urgency of the issue [21].

A coordinated social media campaign is another essential component of modern policy advocacy. Platforms such as Facebook, X (formerly Twitter), Instagram, and LinkedIn allow advocates to reach large audiences quickly and shape public perception in real time [22]. Educational infographics, short videos explaining FPA, and de-identified patient stories can increase visibility and public support. Partnering with organizations like NCNA, AANP, rural health coalitions, and community clinics amplifies reach and ensures consistent, evidence-based messaging [23]. Social media also provides a platform for rapid response to misinformation, allowing advocates to correct inaccuracies and reinforce the safety and effectiveness of NP-led care [24].

Addressing opposition is a critical part of any advocacy strategy. Physician groups often argue that removing supervisory requirements may compromise patient safety or disrupt traditional care models. These concerns can be respectfully acknowledged while presenting decades of research demonstrating that patient outcomes in FPA states are equivalent to those in states with restrictive laws [5,6]. Evidence also shows that eliminating supervisory contracts reduces unnecessary administrative expenses, lowers healthcare spending, and increases workforce efficiency [7]. By framing FPA as both a cost-saving measure and a strategy to strengthen the healthcare workforce, advocates can counter opposition with compelling, evidence-based reasoning.

Finally, building broad coalitions strengthens the overall advocacy effort. Support from rural health organizations, public health departments, community leaders, and patient advocacy groups demonstrate that the SAVE Act is not solely a nursing issue but a statewide public health priority [25].

### Conclusion

Expanding Nurse Practitioner Full Practice Authority in North Carolina represents a critical opportunity to strengthen the state's healthcare workforce, improve access to timely care, and reduce longstanding disparities affecting rural and underserved communities [8,19]. National and state-level advocacy campaigns demonstrate that coordinated, evidence-based messaging and strategic engagement can significantly influence public opinion and legislative decision-making [9,20]. The AANP's national FPA campaign provides a strong foundation of research and policy guidance, while the NCNA's SAVE Act campaign translates these principles into targeted, state-specific action [3,4]. Together, these efforts highlight the feasibility and urgency of modernizing scope-of-practice laws.

The legislative analysis confirms that meaningful reform requires new legislation – such as the SAVE Act – to remove outdated supervisory requirements and align North Carolina with national standards [10,12]. By incorporating clear statutory language, transition-to-practice guidelines, and mechanisms for evaluating outcomes, the proposed legislation offers a comprehensive and sustainable pathway for expanding NP autonomy [16].

Ultimately, expanding NP Full Practice Authority is a public health imperative. Modernizing outdated regulations and empowering nurse practitioners to practice to the full extent of their training will improve access, enhance quality, and build a more resilient and equitable healthcare system [2,26]. The SAVE Act represents a meaningful step toward achieving these goals, and continued advocacy will be essential to ensuring its passage and successful implementation.

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