



2019 Indiana Advanced Practice Registered Nurse Brief

Bowen Center for Health Workforce Research and Policy // January 2021

INDIANA'S ADVANCED PRACTICE REGISTERED NURSE (APRN) WORKFORCE THROUGHOUT THE YEARS

Indiana is fortunate to have a robust mechanism to identify, quantify, and describe the Advanced Practice Registered Nurse (APRN) workforce. For the past several decades, Indiana APRNs have provided information on their demographic, educational, and professional practice characteristics on a voluntary basis through a series of supplemental questions embedded within the registered nurse license renewal process. In 2018, a law was enacted which requires licensees of selected health occupations (nursing as well as other selected health professions) to provide key information at the time of completing the license renewal process online. This information is collected for the purpose of informing Indiana State healthcare workforce policy and planning (through Senate Enrolled Act/SEA 223-2018¹). The law went into effect for registered nurses (including APRNs) beginning with the 2019 license renewal cycle.

The figure below depicts the trends in Indiana APRNs by APRN type from 2009 to 2019. The large license count “jump” in 2019 is likely attributable to an increase number of APRNs that responded to the supplemental survey as a result of the requirement authorized under SEA 223-2018. Many of these APRNs were previously non-respondents on the voluntary survey.¹

THE 2019 INDIANA ADVANCED PRACTICE REGISTERED NURSING WORKFORCE

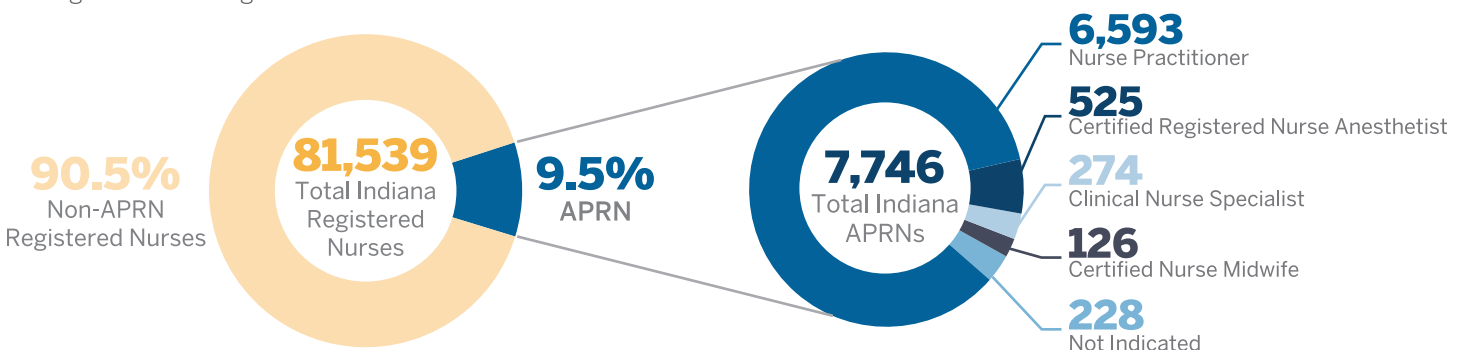
In 2019, 116,259 registered nurses renewed their Indiana license. Of those renewals, 7,746 nurses were identified as APRNs (9.46%). The majority of APRNs in Indiana are Nurse Practitioners (85.1%).



APRNS: HOW ARE THEY IDENTIFIED AND COUNTED IN INDIANA?

There is no APRN license in the state of Indiana. Rather, APRNs are licensed registered nurses with additional education/training and an expanded scope of practice. Most APRN types are permitted to obtain an APRN prescriptive authority license, but not all APRNs choose to hold this license. Therefore, it is insufficient to use the prescriptive authority license as the definitive identifier of APRNs in the State.

In nursing workforce data reporting prior to 2017, Indiana APRNs were identified by dually holding an APN Prescriptive Authority license administered by the Indiana State Board of Nursing. While an objective method of APRN identification, this was not a comprehensive approach. The Indiana Code that defines APRNs includes Certified Registered Nurse Anesthetists (per IC 25-23-1-1), which is an APRN type that is not authorized to obtain a prescriptive authority license (per IC 25-23-1-19.5). In order to ensure all APRNs were included in nursing workforce data reporting, a new, two-step approach was established for identifying APRNs for the 2017 Data Report: 1) an active APRN Prescriptive Authority license and/or 2) self-identification as an APRN on the license renewal survey. Using this approach, CRNAs were included as an APRN type beginning in 2017. The same two-step identification approach was also used in 2019. So why the “jump” in APRNs if the same identification strategy was used in 2017 and 2019? SEA 223-2018 has resulted in an increase in available data on the total registered nurse workforce, resulting in a more complete picture of Indiana’s APRNs. Caution must be taken when comparing more recent data to previous years because of the many changes in data management resulting in variation in the counts of APRNs overall.

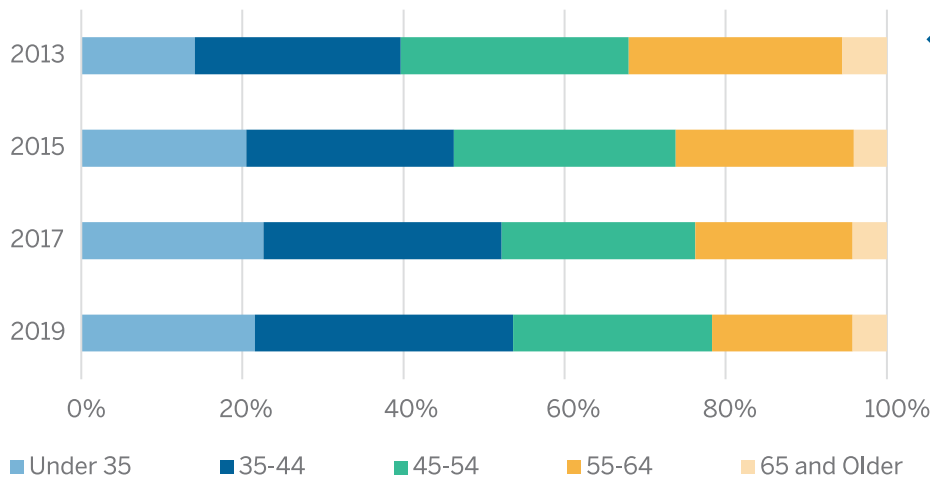


1. NOTE: APRNs completing their renewal manually (on paper) do not receive the supplemental survey questions.

2. Those individuals within the category “Not Indicated” hold a prescriptive authority license but did not indicate their APRN role

DEMOGRAPHICS CHARACTERISTICS

What are trends in APRN age over time?



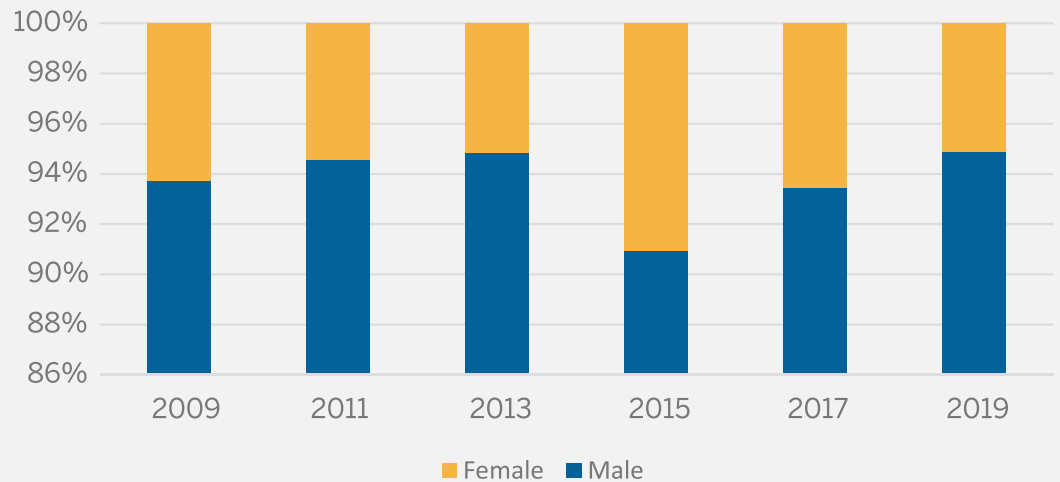
The APRN workforce is increasingly younger over time.

45.1

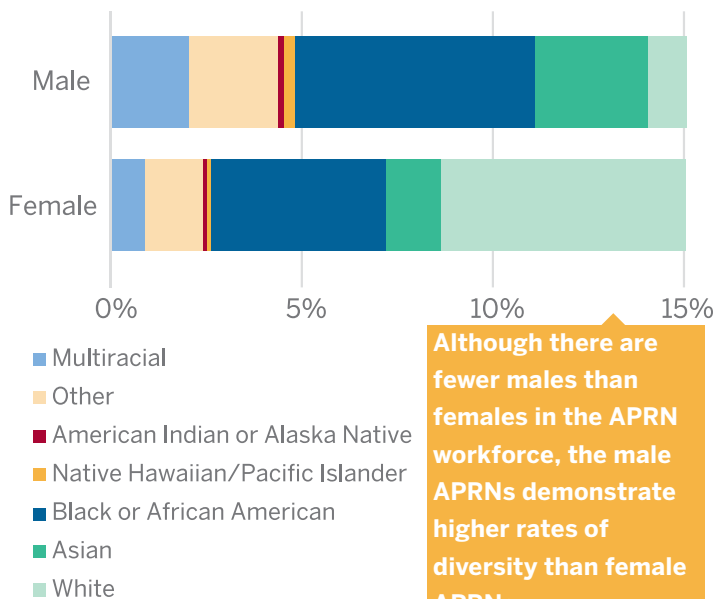
Average Age of Indiana APRNs in 2019

Gender Trends in Indiana's APRN Workforce

The gender distribution is relatively unchanged over the last decade.

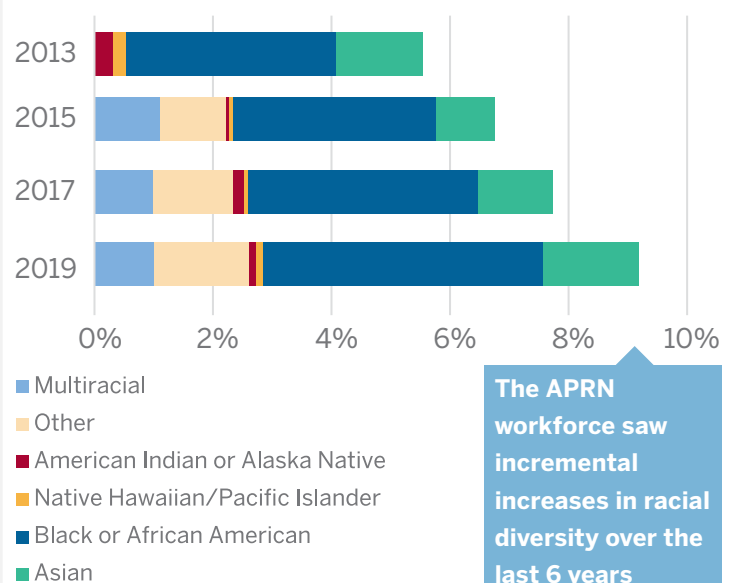


What is the racial composition of male APRNs vs. female APRNs?



Although there are fewer males than females in the APRN workforce, the male APRNs demonstrate higher rates of diversity than female APRNs.

What are trends in APRN workforce racial diversity over time?

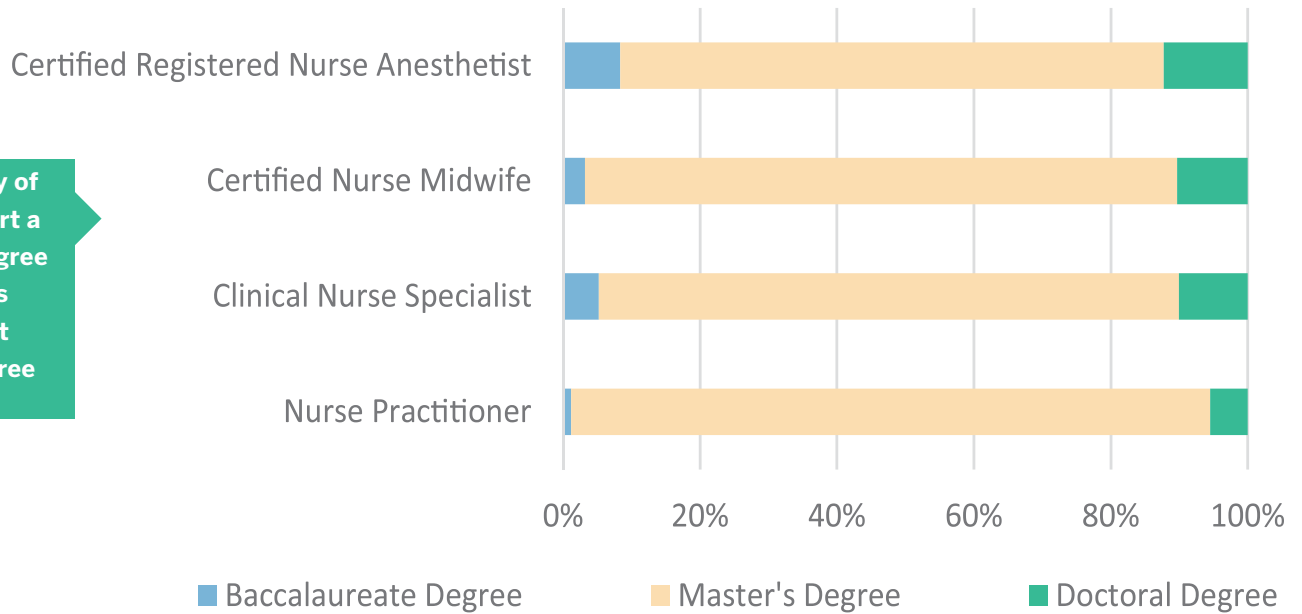


The APRN workforce saw incremental increases in racial diversity over the last 6 years

EDUCATIONAL CHARACTERISTICS

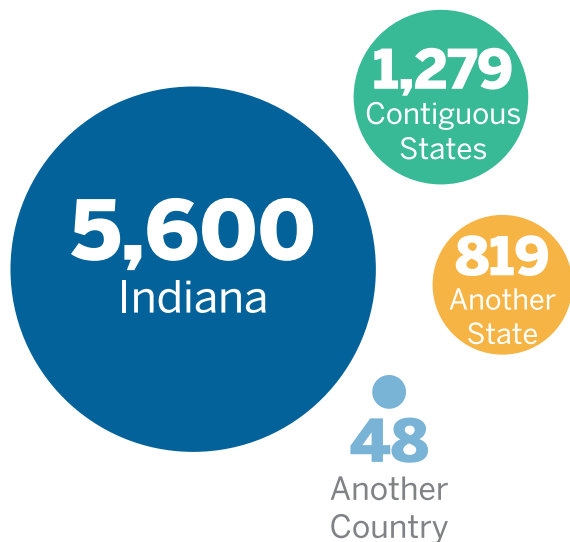
WHAT IS THE HIGHEST NURSING EDUCATION RECEIVED BY APRNS BY TYPE?

The majority of APRNs report a Master's degree in nursing as their highest nursing degree

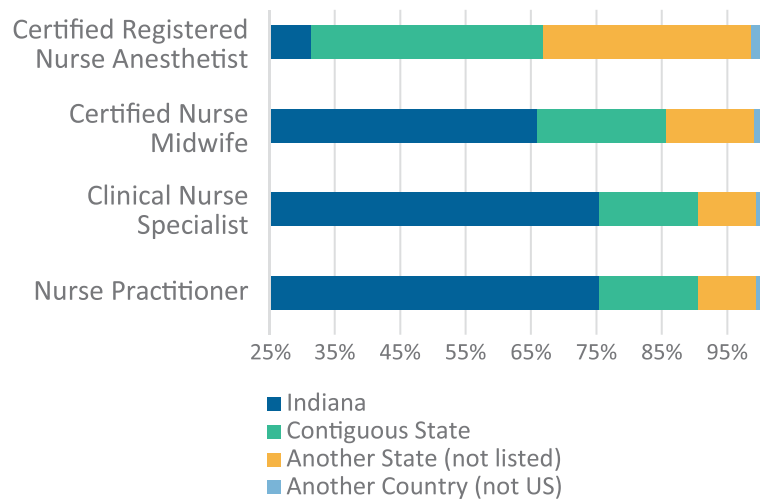


WHERE DO APRNS REPORT COMPLETE THEIR RN-QUALIFYING DEGREE?

Total APRNs Education Location



APRN Education Location by APRN Type



Note: Education data are self-reported and therefore subject to reporting bias

EMPLOYMENT CHARACTERISTICS

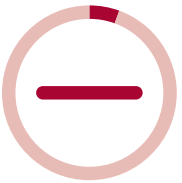
WHAT ARE THE EMPLOYMENT PLANS FOR APRNS FOR THE NEXT TWO YEARS?



86.3%
of APRNs have
NO PLANNED CHANGES
to employment
(+0.4% increase since 2017)



6.1%
Plan to
INCREASE hours
(-0.7% decrease since 2017)

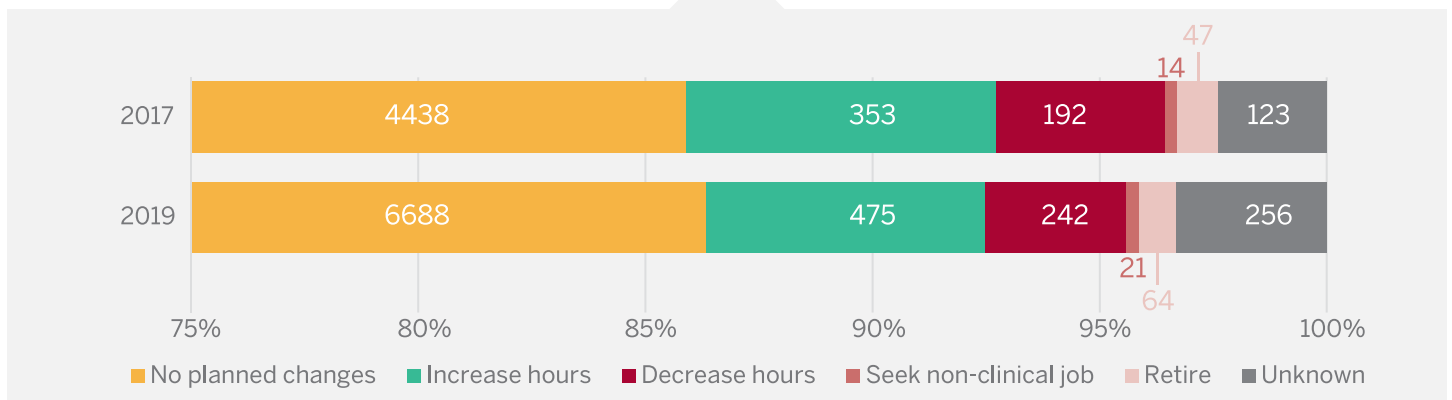


4.9%
Plan to **LEAVE** workforce
or **DECREASE** hours of those...
(+0.5% increase since 2017)

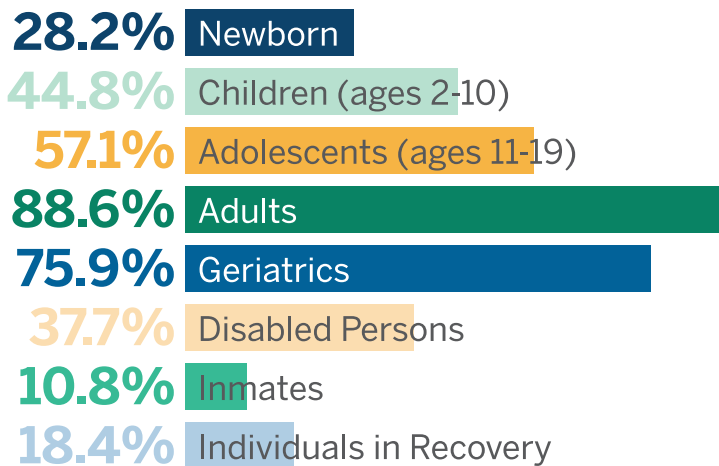


3.3%
Plans are
UNKNOWN
(+0.9% increase since 2017)

- 3.7% to DECREASE hours
- 0.3% to SEEK NON-CLINICAL job
- 0.8% to RETIRE

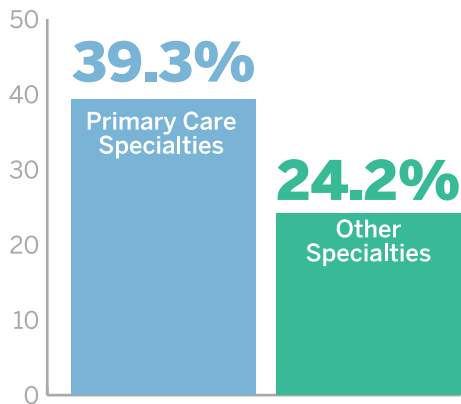


POPULATIONS SERVED BY INDIANA NPS

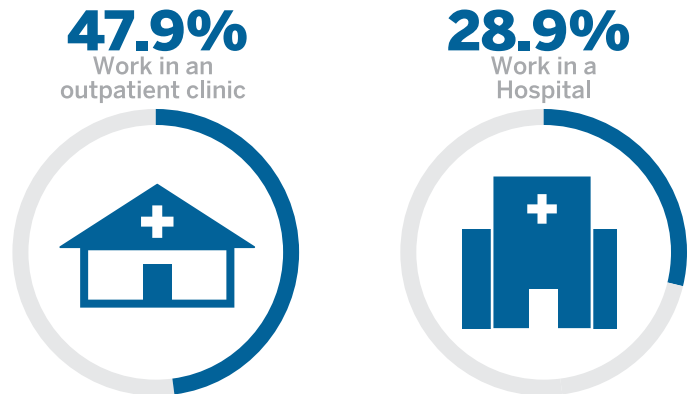


PRACTICE CHARACTERISTICS

PRACTICE SPECIALTIES



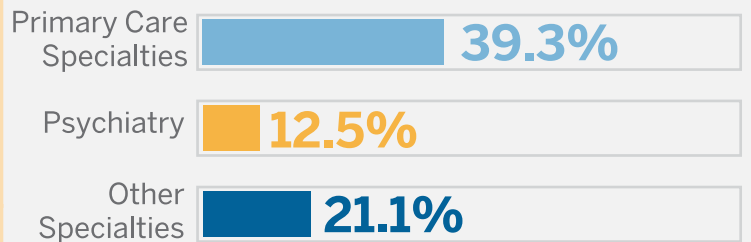
PRACTICE SETTINGS



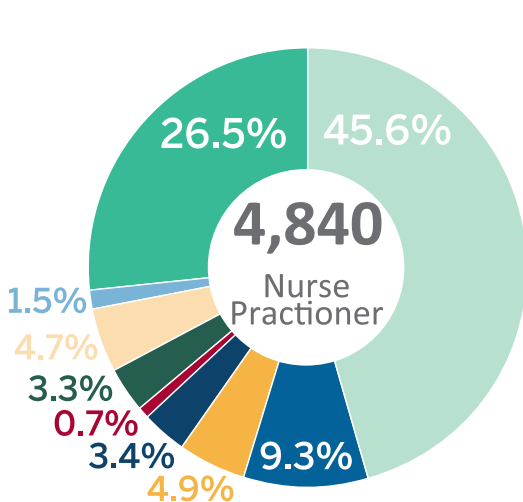
The top specialties reported by APRN telemedicine providers include



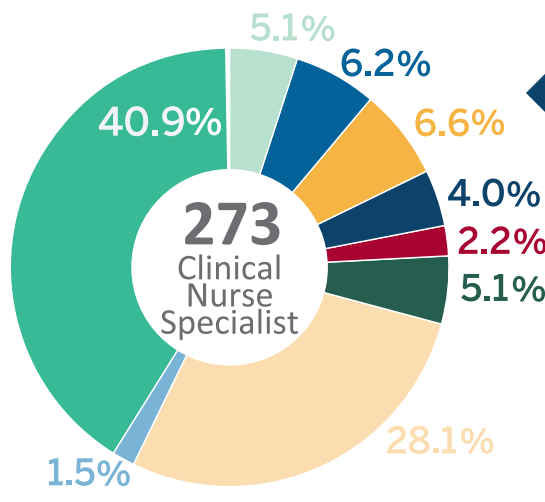
8.2%
of APRNs report
providing telemedicine



What specialties do Indiana NPs and CNSs report?



- Primary Care Specialties
- Pediatric Subspecialties
- General Surgery
- Psychiatry (Adult and Child)
- Other Specialty



- Internal Medicine Subspecialties
- Obstetrics & Gynecology
- Surgical Subspecialties
- Anesthesiology, Pathology, Radiology or Emergency Medicine

Although not included on this chart, unsurprisingly, 93.5% of CRNAs report working in Anesthesiology, Pathology, Radiology or Emergency Medicine and 93.7% of CNMs report working in Obstetrics & Gynecology.

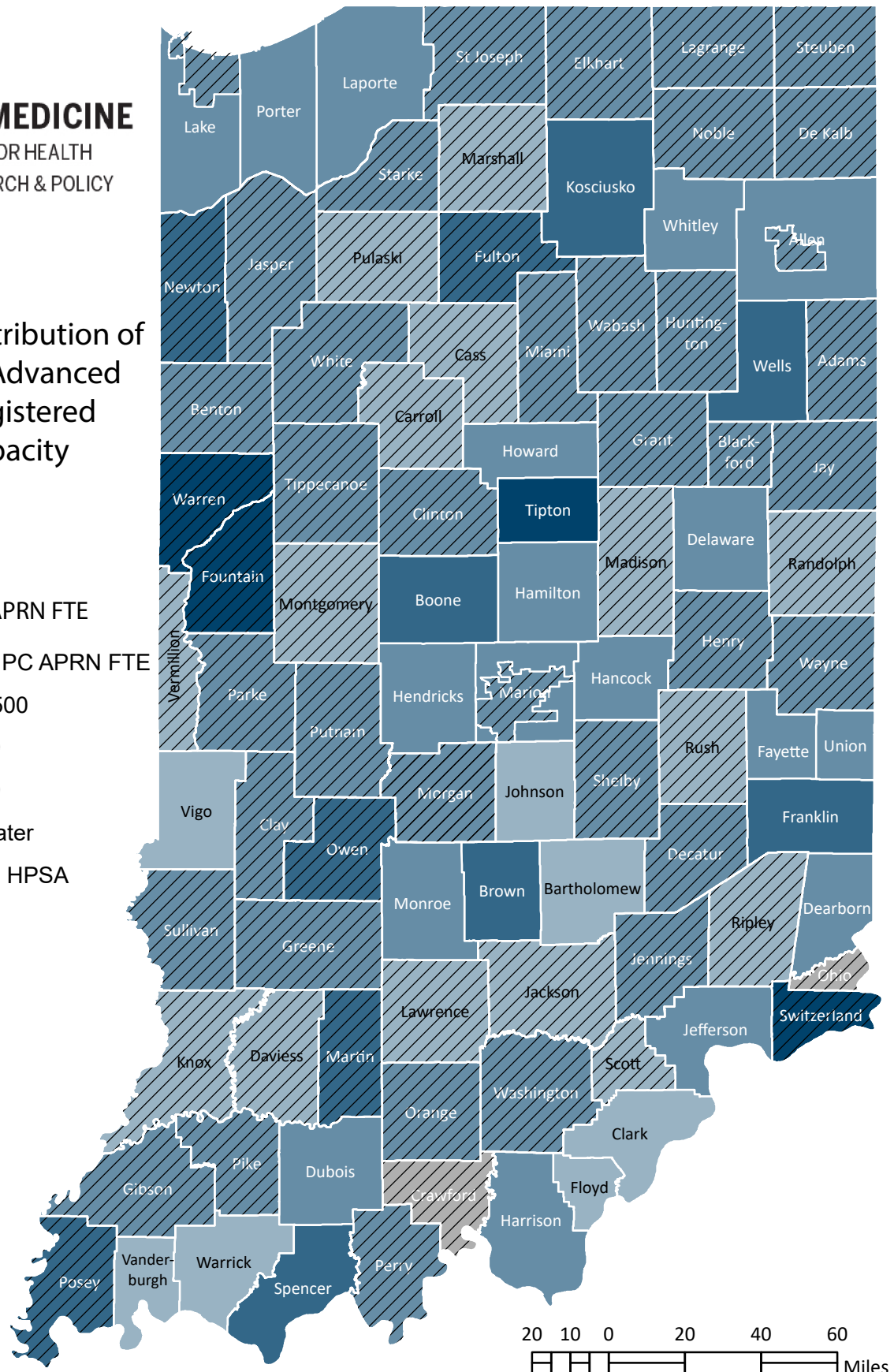
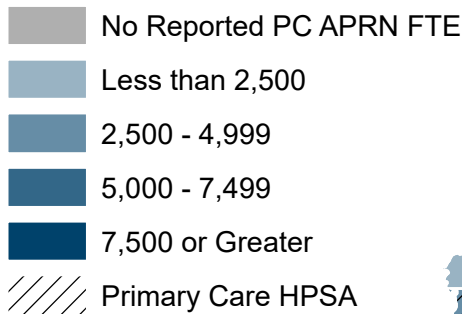


SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

Geographic Distribution of Primary Care Advanced Practice Registered Nurse Capacity

Population to
One Primary Care APRN FTE



Sources: 2019 Registered Nurse License and Supplemental Survey Data; Annual Estimates of the Resident Population of Counties in Indiana: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-18)

Notes: Population to provider FTE ratios cannot be calculated for counties with no reported provider FTE.

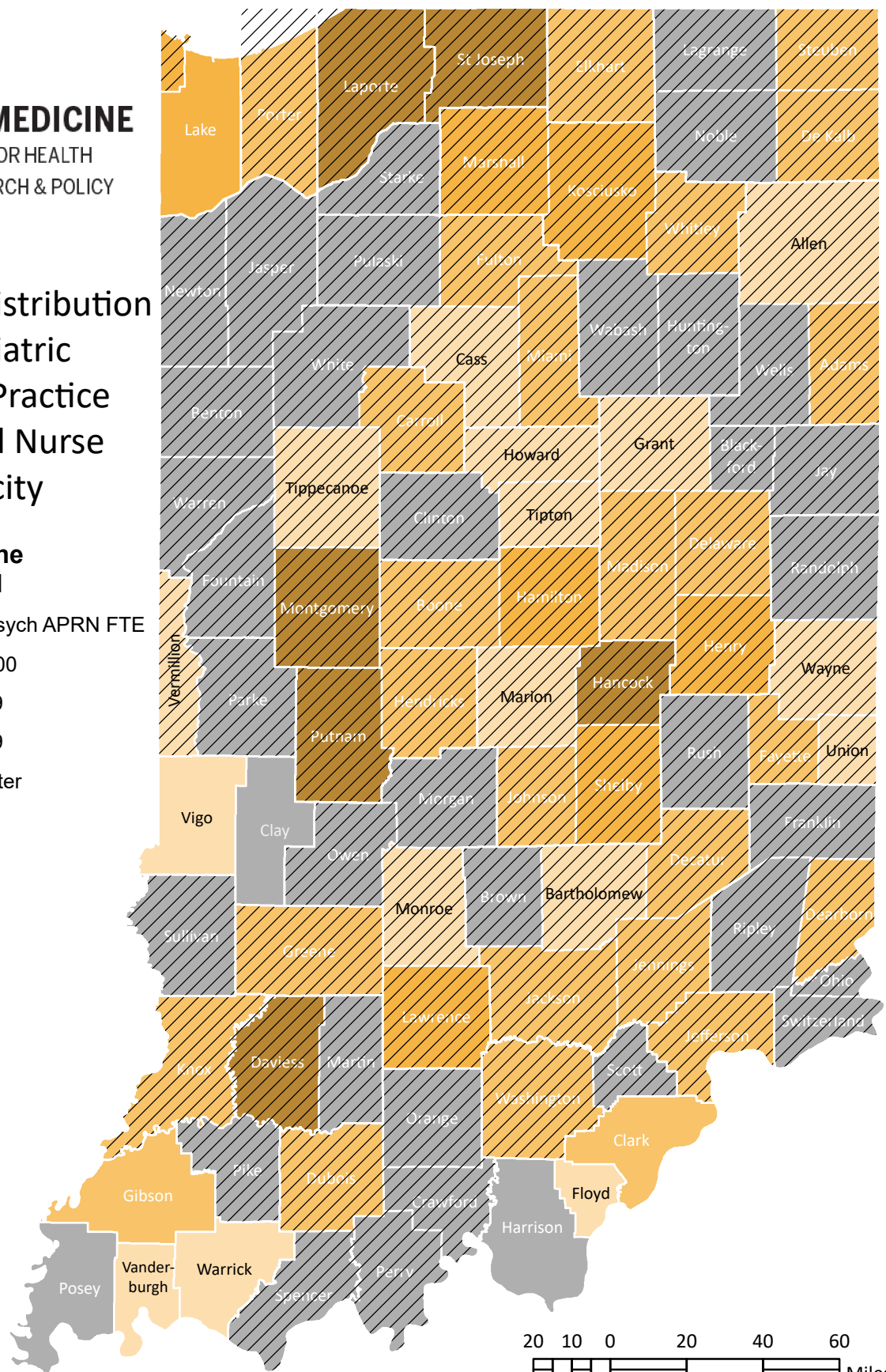
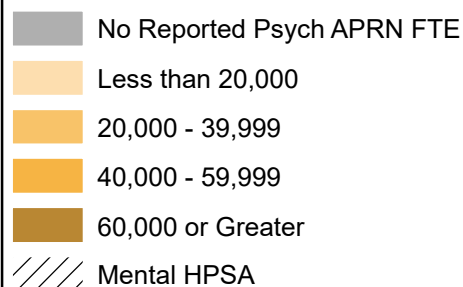


SCHOOL OF MEDICINE

BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

Geographic Distribution of Psychiatric Advanced Practice Registered Nurse Capacity

Population per One Psychiatric APRN



Sources: 2019 Registered Nurse License and Supplemental Survey Data; Annual Estimates of the Resident Population of Counties in Indiana: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-18)

Notes: Population to provider FTE ratios cannot be calculated for counties with no reported provider FTE.

INDIANA NURSING WORKFORCE POLICY UPDATES

WHAT ARE RECENT POLICY INITIATIVES..."

STATUS POLICY TOPIC



Signed into law **HOUSE ENROLLED ACT 1392-2020¹** Permitting APRNs to certify the cause of death



Signed into law **HOUSE ENROLLED ACT 1392-2020¹** Requires that there be representation on the Indiana State Board of Nursing by an APRN that has or has previously held prescriptive authority



Signed into law **HOUSE ENROLLED ACT 1207-2020²** Pharmacists must recognize and honor prescriptions written by out-of-state APRNs



Not signed into law

SENATE BILL 343-2019³

APRN with prescriptive authority practicing without a practice agreement, if APRN has:

- 1 year full-time under a practice agreement
- 5% of prescriptive charts reviewed
- Held a license under Indiana State Board of Nursing ("Board") for 5 years
- Submit an attestation of completion of required practice agreement
- Designated as "APRN prescriptive authority-C" by the Board



Not signed into law

SENATE BILL 394-2019⁴

APRN with prescriptive authority practicing without a practice agreement, if APRN has:

- 1 year full-time under a practice agreement
- 5% of prescriptive charts reviewed
- Held a license under Indiana State Board of Nursing ("Board") for 5 years
- Submit an attestation of completion of required practice agreement
- APRN must practice in same area as practice agreement
- A referral plan is established
- Designated as fulfilling requirements on APRN Rx Authority license
- APRN must notify patients through posting that they are practicing independently

And by 7/1/2023, Board shall report information on APRNs practicing without a practice agreement, including: count of APRNs without agreement, geographic practice areas, medical population practice areas, summary of disciplinary actions



Not signed into law

HOUSE BILL 1097-2019⁵

APRN with prescriptive authority practicing without a practice agreement, if APRN has:

- 6,000 hours of documented patient care under a practice agreement
- 10% of prescriptive charts reviewed during first year of agreement, 5% reviewed during years 2-3
- Held a license under Board for 5 years
- Submit an attestation of completion of required practice agreement
- APRN must practice in same area as practice agreement
- A referral plan is established
- Designated as fulfilling requirements on APRN Rx Authority license
- APRN must notify patients through posting that they are practicing independently

And by 10/1/2019, Board shall study and report information on clinical training required for APRNs and information on implementation of this act

Sources

1. <http://iga.in.gov/legislative/2020/bills/house/1392>
2. <http://iga.in.gov/legislative/2020/bills/house/1207>
3. <http://iga.in.gov/legislative/2019/bills/senate/343>
4. <http://iga.in.gov/legislative/2019/bills/senate/394>
5. <http://iga.in.gov/legislative/2019/bills/house/1097>



ACKNOWLEDGEMENTS

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