



2021

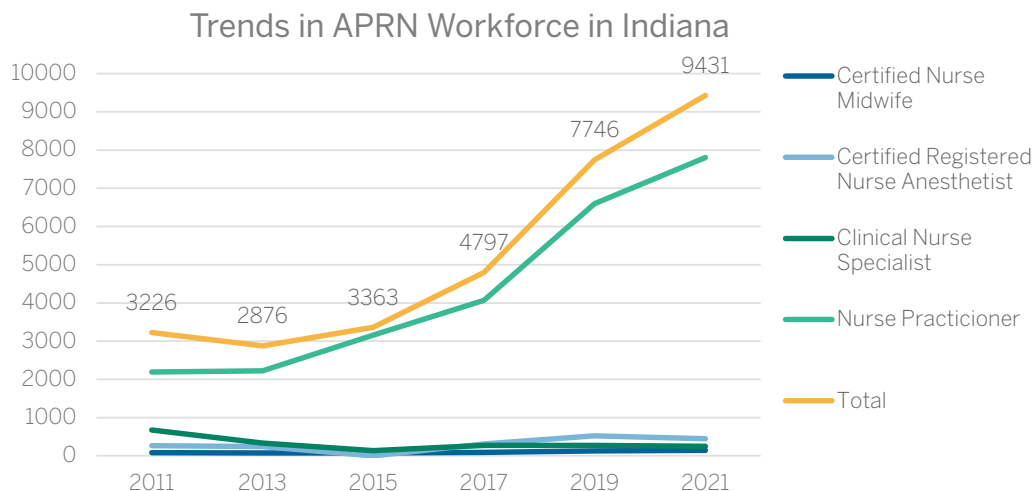
INDIANA ADVANCED PRACTICE REGISTERED NURSE WORKFORCE BRIEF



SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

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

About the Data in this Brief: In Indiana, nurses are licensed and regulated by the Indiana State Board of Nursing at the Indiana Professional Licensing Agency (PLA). Indiana's advanced practice registered nurses (APRNs) provide information on their demographic, education, and practice characteristics through a series of supplemental questions that were embedded within the online license renewal process on the Indiana registered nurse license. These data are critical to monitoring trends in the nursing workforce and identifying gaps across the state. As such, APRNs renewing their registered nurse license online are required to provide key information to inform State policy and planning.¹ NOTE: Nurses completing their renewal manually (on paper) do not receive the supplemental survey questions. For more information on how nursing data is used to inform workforce trends see the [2021 Indiana Registered Nurse Workforce Data Report](#).



Indiana Nursing Workforce

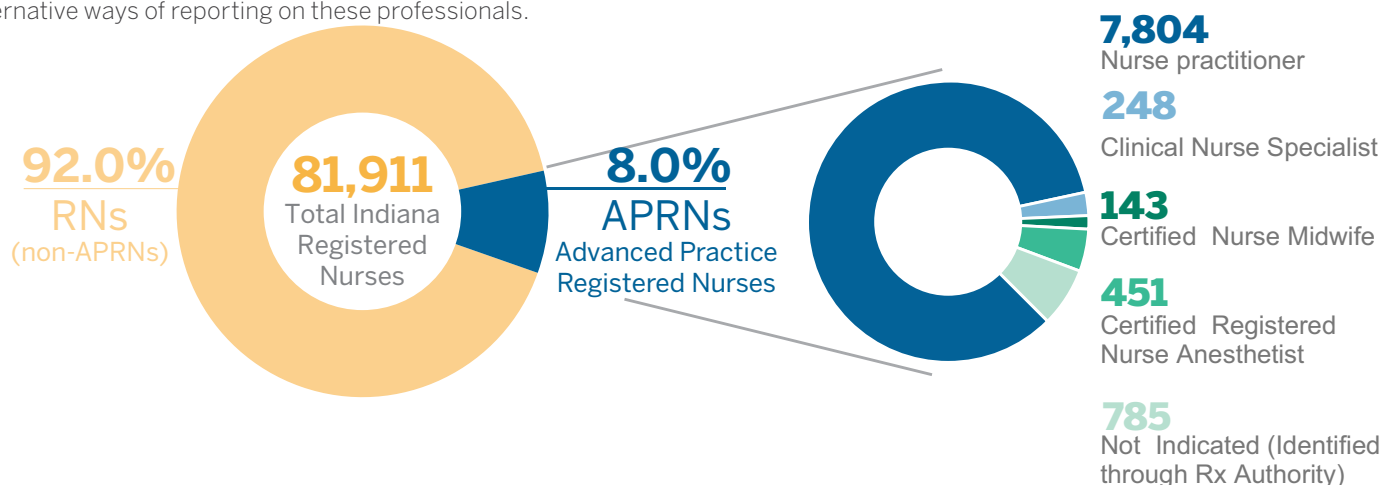
Trends: The figure to the left depicts the trends in total Indiana advanced practice registered nurses, respondents to the supplemental questions, and APRN specialties from 2009 to 2021. Although the criteria for identifying APRNs has changed over the years, the total number of known APRNs and online survey respondents has increased steady over the last decade.

THE 2021 INDIANA ADVANCED PRACTICE REGISTERED NURSE WORKFORCE

In 2021, 118,445 registered nurses renewed their Indiana license. Of those renewals, 9,431 nurses were identified as APRNs (7.96%). The majority of APRNs in Indiana are Nurse Practitioners (82.7%).

APRNS: HOW ARE THEY IDENTIFIED AND COUNTED IN INDIANA?

There is no license to practice as an APRN in the state of Indiana (beyond the CNM license). Rather, APRNs are licensed registered nurses with additional education/training and an expanded scope of practice. In the absence of a license to identify all APRNs in the state, a two-step data management approach has been established to identify and report on the APRN workforce. APRNs were included in reporting if 1) an RN also held an APRN prescriptive authority license or 2) if an RN reported that they serve as an APRN for their primary work position. In the absence of an APRN license, this approach was determined to be the most reasonable way to identify APRNs in Indiana. The Bowen Center is working to expand the APRN data management strategy, which may include alternative ways of reporting on these professionals.

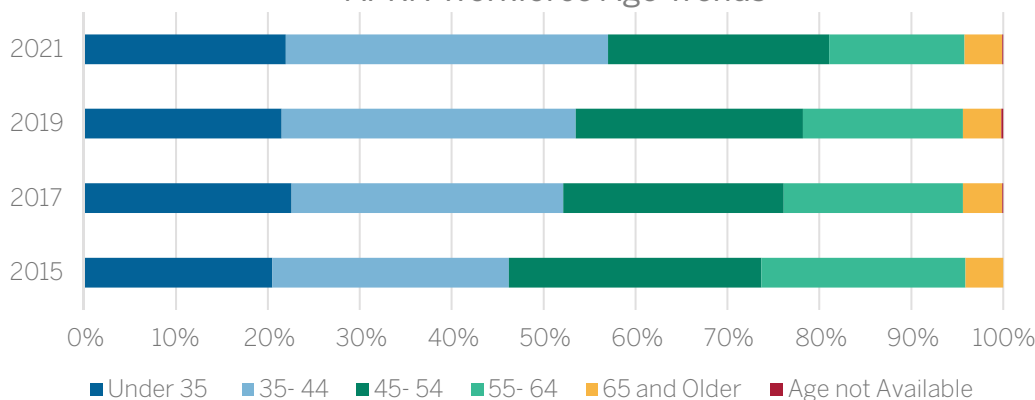


A note about APRNs and the Nurse Licensure Compact: APRNs from out-of-state (and specifically a Compact-participating state) may apply for APRN Prescriptive Authority in Indiana under authorities granted by their RN license. For these APRNs, an Indiana RN license is not held/renewed. The strategy to identify APRNs through prescriptive authority only included APRNs who concurrently hold Indiana RN licenses. As such, out-of-state RNs with the multistate (compact) license that hold Indiana APRN Prescriptive Authority are not currently captured in APRN reporting but may be included in future years.

1. <https://scholarworks.iupui.edu/handle/1805/5956>

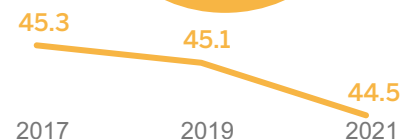
INDIANA APRN WORKFORCE: DEMOGRAPHIC CHARACTERISTICS

APRN Workforce Age Trends



44.5

The average age of Indiana APRNs in 2021



AGE

The APRN workforce is becoming younger over time.

GENDER

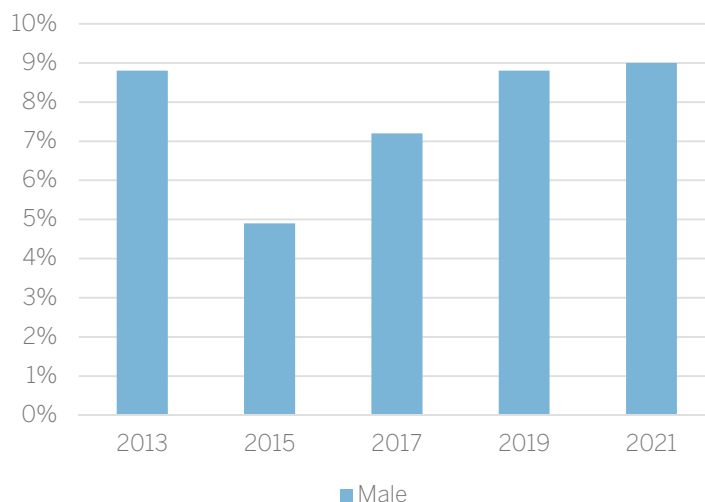
There is a slightly greater representation of males in the APRN workforce (9.0%) compared to the total RN workforce (7.0%)

DIVERSITY

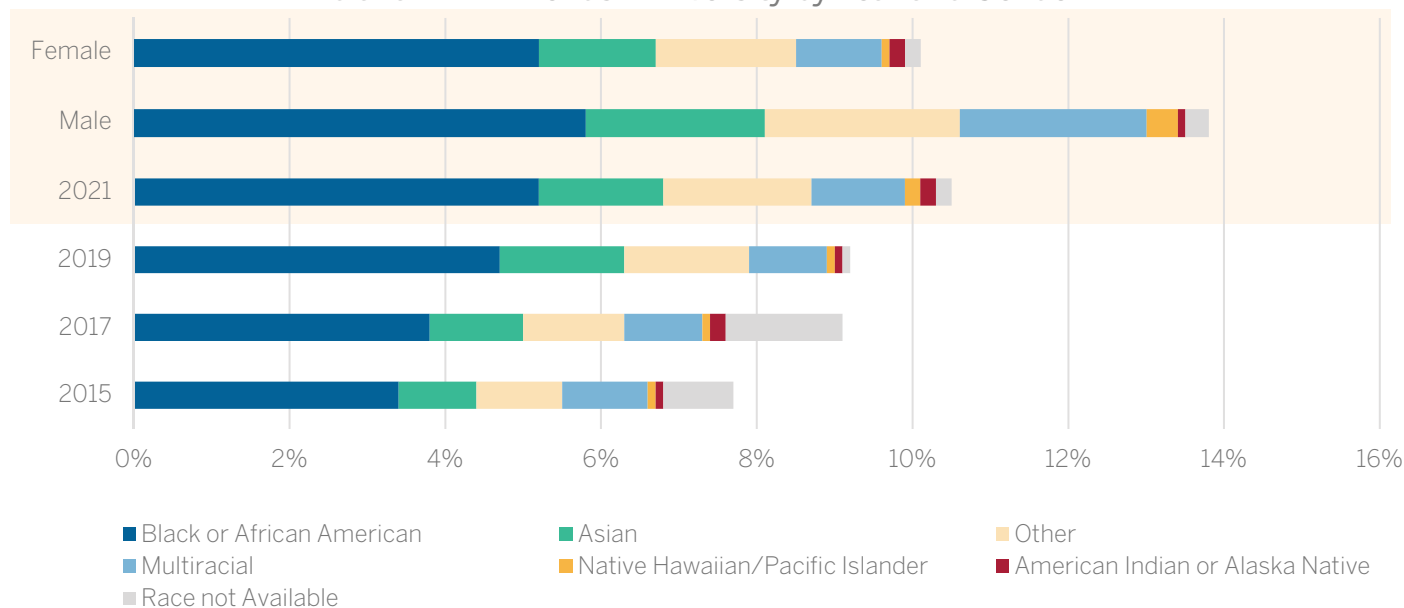
The APRN workforce has seen incremental increases in racial diversity over the last 6 years

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

Indiana APRN Gender Trends



Indiana APRN Trends in Diversity by Year and Gender



INDIANA'S APRN WORKFORCE: EDUCATIONAL CHARACTERISTICS

EDUCATION REQUIREMENTS BY ROLE

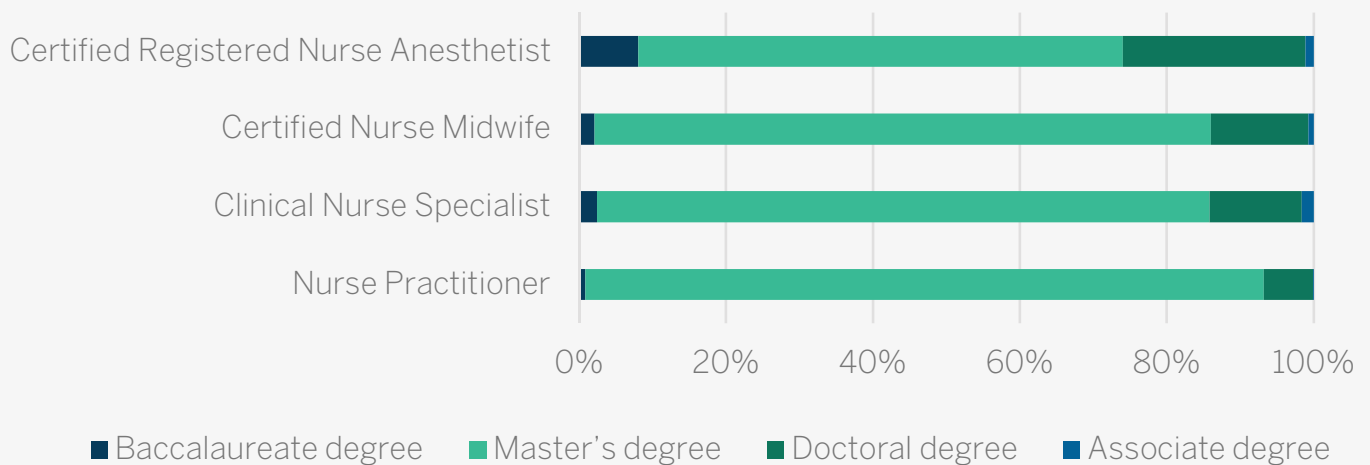
APRNs are required to attain an advanced level of nursing education. The minimum requirements for all four (4) of the APRN roles for entry to practice and entry to prescriptive authority (where appropriate) is listed in the table below.

Entry to Practice				
APRN Role	Qualifying Educational Program	National Certification Program	Entry to Prescriptive Authority	
			Entry Requirements	Renewal Requirements
Any Role	Must hold RN license or authority (Nurse Licensure Compact license)		<ul style="list-style-type: none">• Complete a graduate, postgraduate, or doctoral advanced practice registered nurse program• 2+ Hours Graduate-level Pharmacology within 5 years of application• 30+ contact hours of CE (inc. 8 CE in pharmacology), or Prescriptive experience in another jurisdiction within 5 years• Enter into a collaborative Practice Agreement with a licensed practitioner unless otherwise specified.• Compliance with national certification or equivalent appropriate for role	<ul style="list-style-type: none">• Maintain a collaborative Practice Agreement with a licensed practitioner unless otherwise specified.• Maintain national certification or equivalence appropriate for role <p>Initial Renewal:</p> <ul style="list-style-type: none">• 15+ contact hours (at least 4 in pharmacology)• Two Hours in Opioid Abuse & Prescribing (for controlled substance registration) <p>Subsequent Renewals:</p> <ul style="list-style-type: none">• 30+ contact hours (at least 8 in pharmacology)• Two Hours in Opioid Abuse & Prescribing (for controlled substance registration)
Nurse Practitioner (NP)	Graduate of qualifying, accredited NP graduate program	Completion of national certification program & certifying exam*		
Certified Nurse Midwife (CNM)	Graduate of nationally accredited school of midwifery	Completion of National Certifying Examination by the American College of Nurse-Midwives		
Clinical Nurse Specialist (CNS)	Graduate of qualifying accredited graduate program (master’s degree or higher)	N/A		
Certified Registered Nurse Anesthetist (CRNA)	Graduate of program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs	Completion of certification exam by the Council on Certification of Nurse Anesthetists, Maintain certification	This role is not permitted to obtain prescriptive authority.	

Note: There may also be provisions to allow individuals under previous authorities to practice under these roles. A baccalaureate degree in nursing or higher is required in order to prescribe legend drugs (848 IAC 5-1-1); *Optional pathway: Completion of national certification program for nurse practitioners is an optional and secondary pathway to nurse practitioner in Indiana and is not required. Sources: 848 IAC 4-1-4, IC 25-23-1-13.1, 848 IAC 4-1-5, IC 25-23-1-1.4, IC 25-23-1-19.5

INDIANA'S APRN WORKFORCE: EDUCATIONAL CHARACTERISTICS (CONT.)

Highest nursing education received by APRN by type?

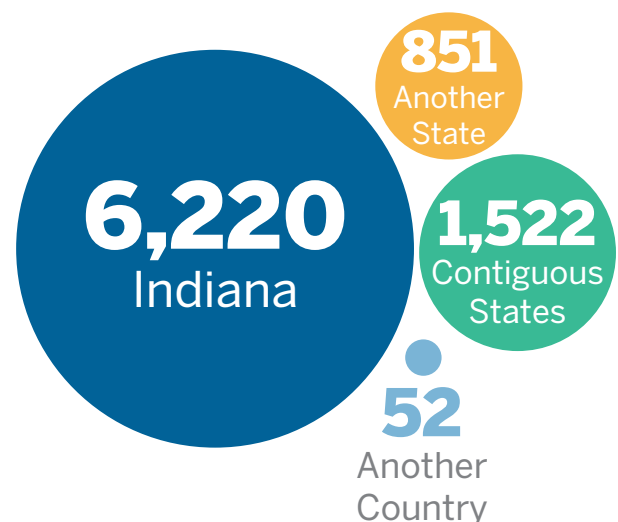


HIGHEST NURSING DEGREE

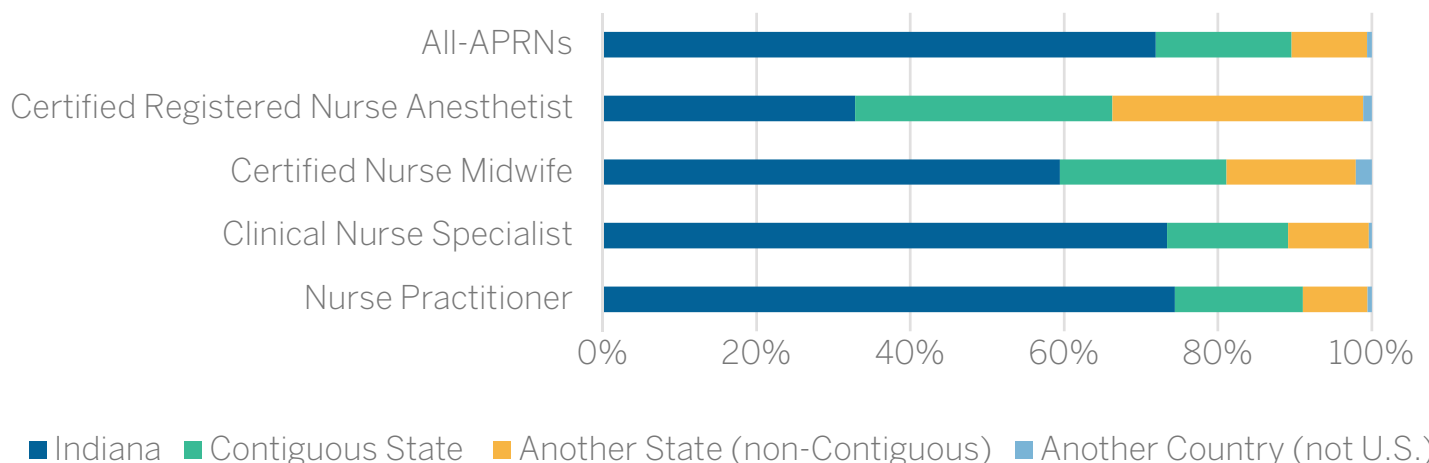
The majority of APRNs report a Master's degree in nursing as their highest nursing degree

The majority of APRNs are trained in Indiana, but more than 2/3 of CRNAs were trained out-of-state

All APRN Degree Locations in 2021



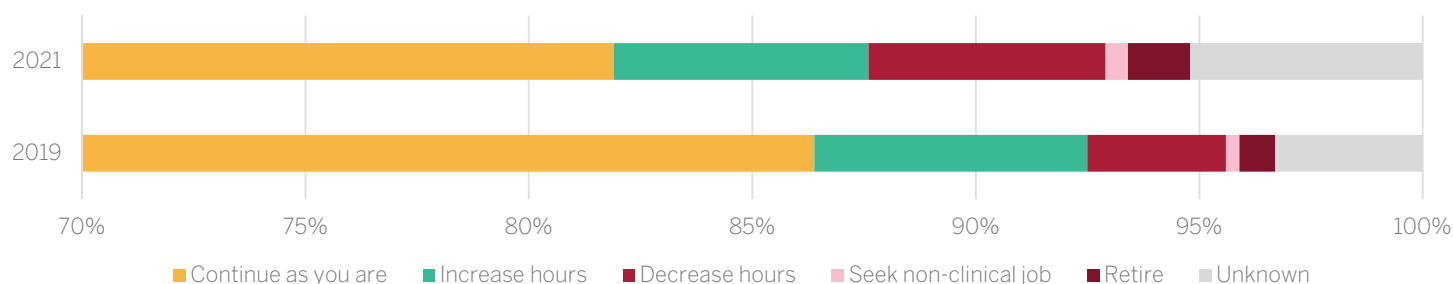
Where did APRNs complete their qualifying degree?



Of note, the specific question posed to APRNs which informed this graphic is "Where did you complete your nursing education that qualified you for your first US RN license?"; this does not refer to where the APRN completed their APRN-qualifying license.

PREPARING FOR THE FUTURE APRN WORKFORCE: INDIANA APRNS EMPLOYMENT PLANS

APRN Employment Plans in the Next Two Years



81.9% NO PLANNED CHANGES
(-4.4% decrease since 2019)

5.7% INCREASE hours
(-4.4% increase since 2019)

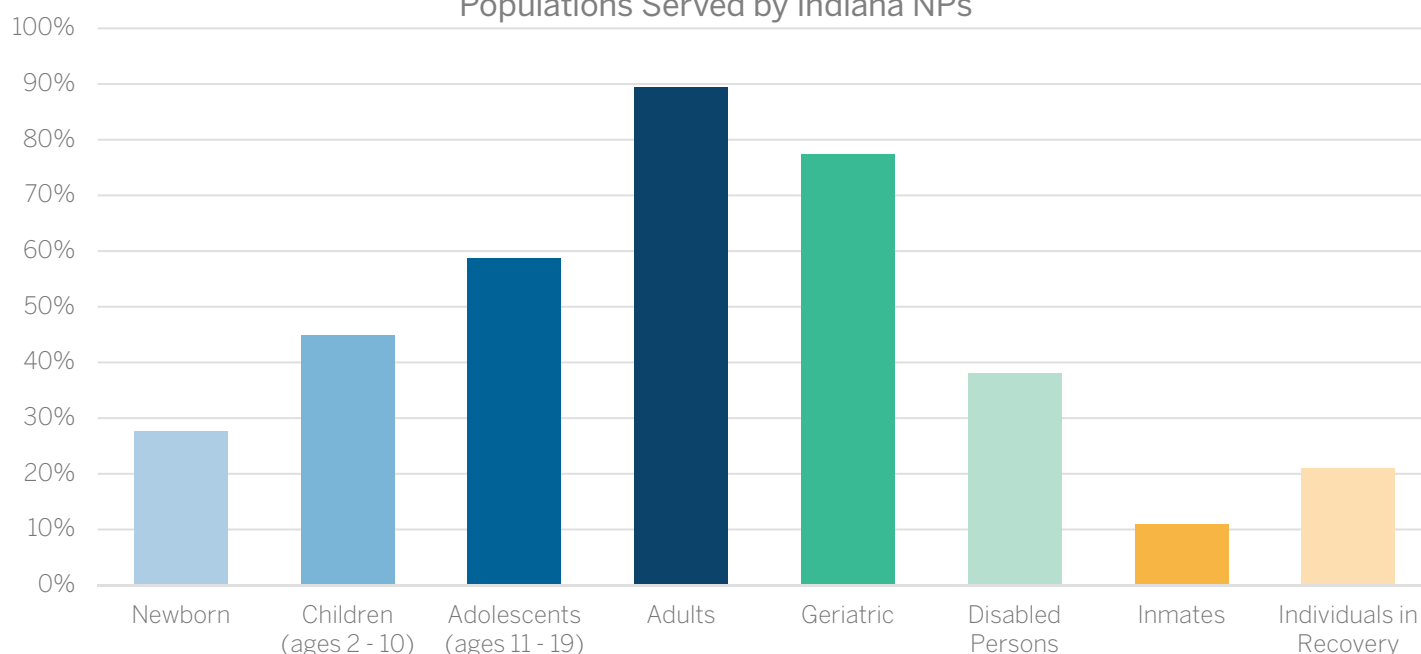
7.2% LEAVE workforce or DECREASE hours
(+3.3% increase since 2019)

5.2% UNKNOWN
(+1.9% increase since 2019)

NURSE PRACTITIONER TRAINING TRACKS AND POPULATIONS SERVED

Nurse practitioners make up the greatest portion of APRNs, with 7,804 nurse practitioners in Indiana. Nurse practitioners are trained to provide a variety of health care services to a variety of populations. In fact, according to the American Association of Nurse Practitioners and the American Association of Colleges of Nursing,¹ there are 11 different nurse practitioner education tracks that serve different population foci (Family, Adult Gerontology Primary Care, Adult Gerontology Acute Care, Pediatric Primary Care, Pediatric Acute Care, Psychiatric-Mental Health-Across the Lifespan, Women's Health, Neonatal, Adult, Adult Psychiatric & Mental Health, Gerontology). These education tracks prepare NP students to practice in different specialties or with different populations. Some certifications may only permit a NP to serve specified populations (such as children). Although an NP's specific education program information is not collected during the licensure survey, all APRNs are required to report the age categories of the patient populations they serve. Below is the distribution of patient populations served by Indiana's NPs.

Populations Served by Indiana NPs



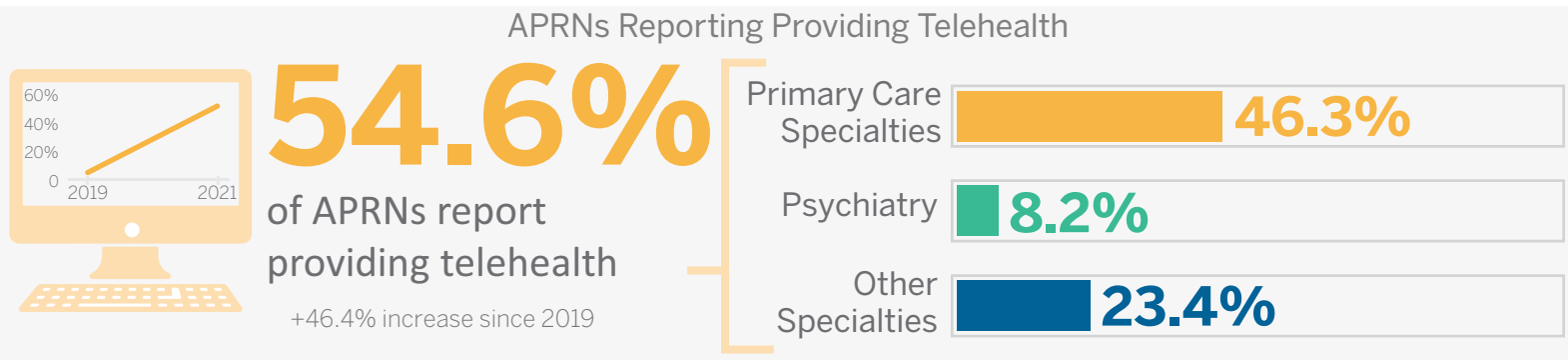
1. More information on population foci and programs can be found at <https://npprogramsearch.aanp.org/Search>

INDIANA APRN WORKFORCE: PRACTICE CHARACTERISTICS

WHAT IS TELEHEALTH?

Indiana Code defines telehealth as “the delivery of health care services using interactive electronic communications and information technology, in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), including: (1) secure videoconferencing; (2) store and forward technology; or (3) remote patient monitoring technology; between a provider in one (1) location and a patient in another location.” There have been numerous recent updates to the telehealth definition over the past few legislative sessions (in 2016, 2021, and 2022).

Across the country, the adoption and use of telehealth services rapidly expanded in response to the COVID-19 pandemic. Indiana saw a similar trend, evidenced by Indiana APRNs’ reported engagement in telehealth during the latest renewal periods.



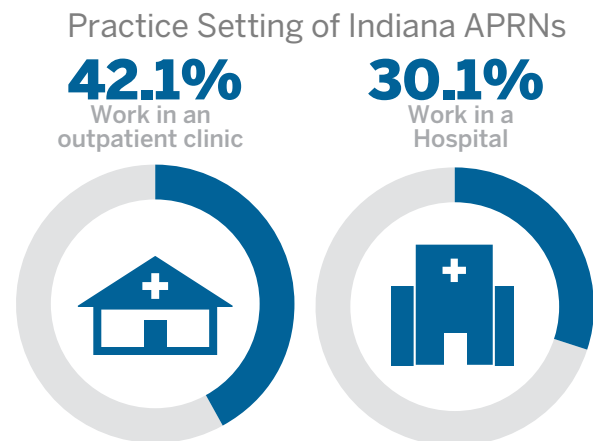
PRACTICE SPECIALTIES

APRNs report practicing predominantly in Primary Care Specialties (37.0%) and other specialties (23.1%).

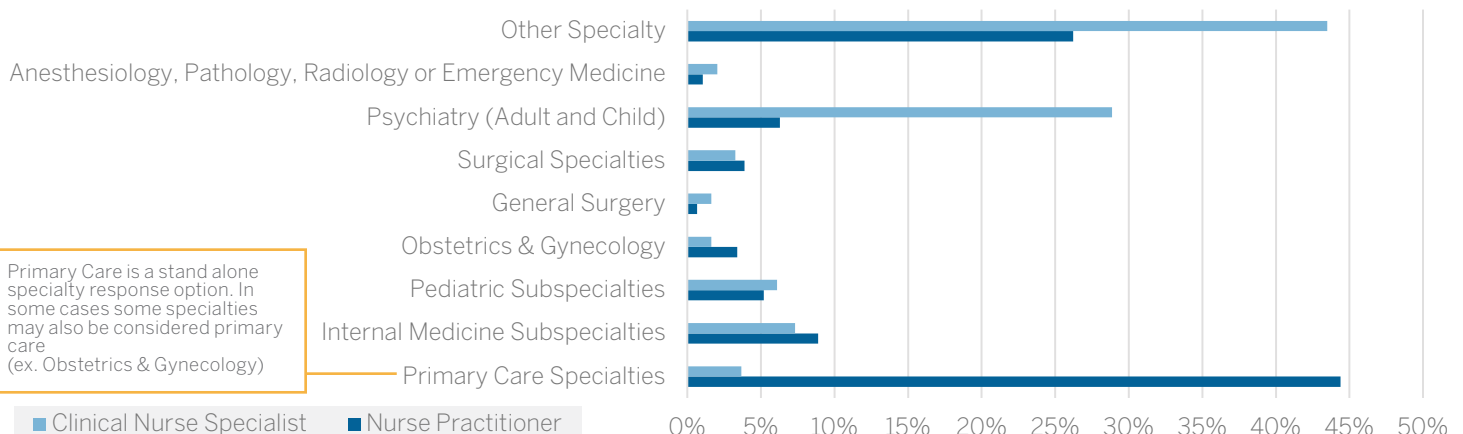
There was a sharp increase in the portion of APRNs that report providing telehealth from 8.2% in 2019 to 54.6% in 2021. Primary care (46.3%), Other specialties (23.4%), and psychiatry (8.2%) were the top specialties reported by telehealth participating APRNs.

PRACTICE SETTINGS

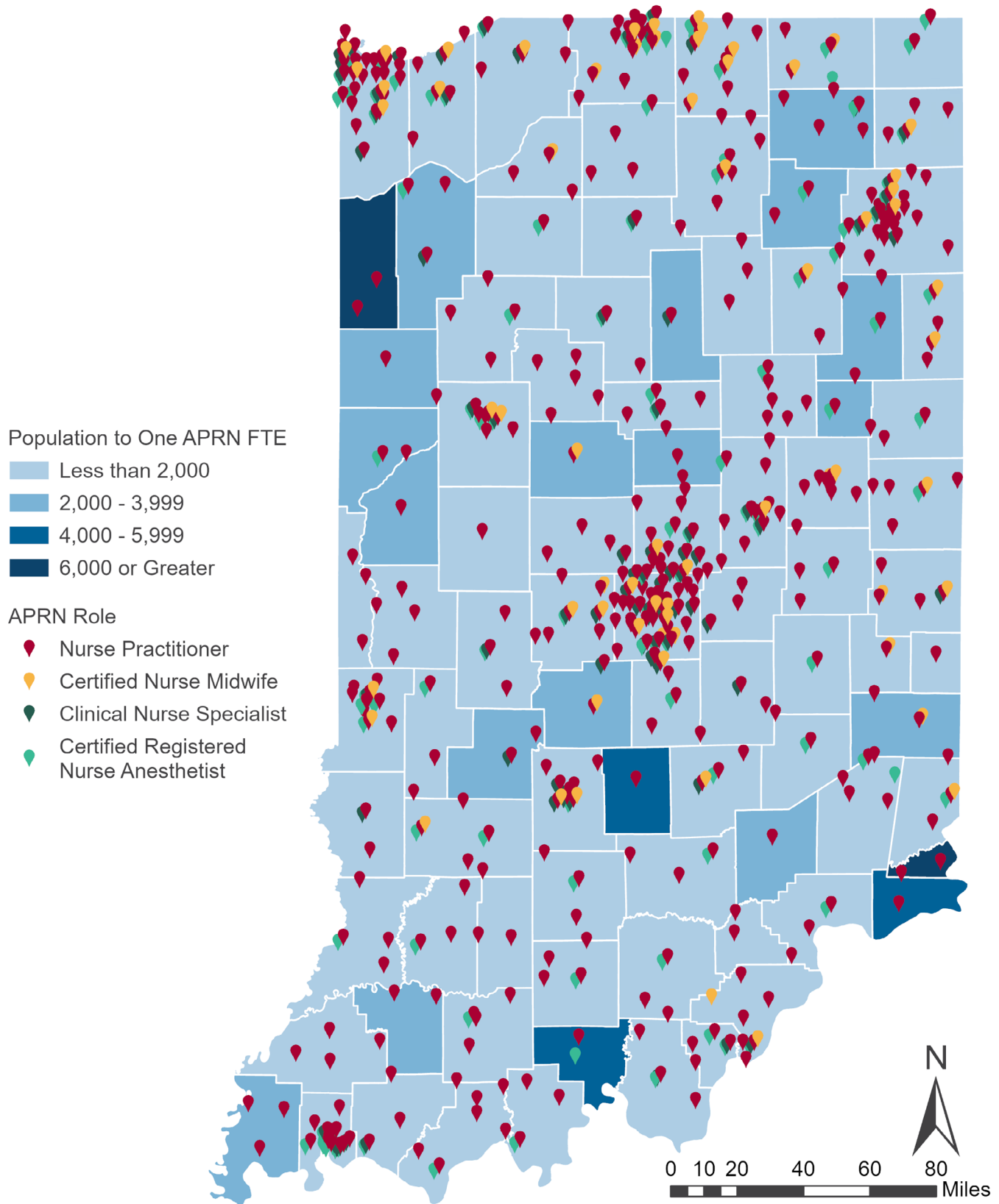
Almost half of APRNs in Indiana report working in an outpatient clinic (42.1%) as their primary setting, and nearly a third work in a hospital (30.1%)



What is the distribution of specialty of NPs and CNSs in Indiana?



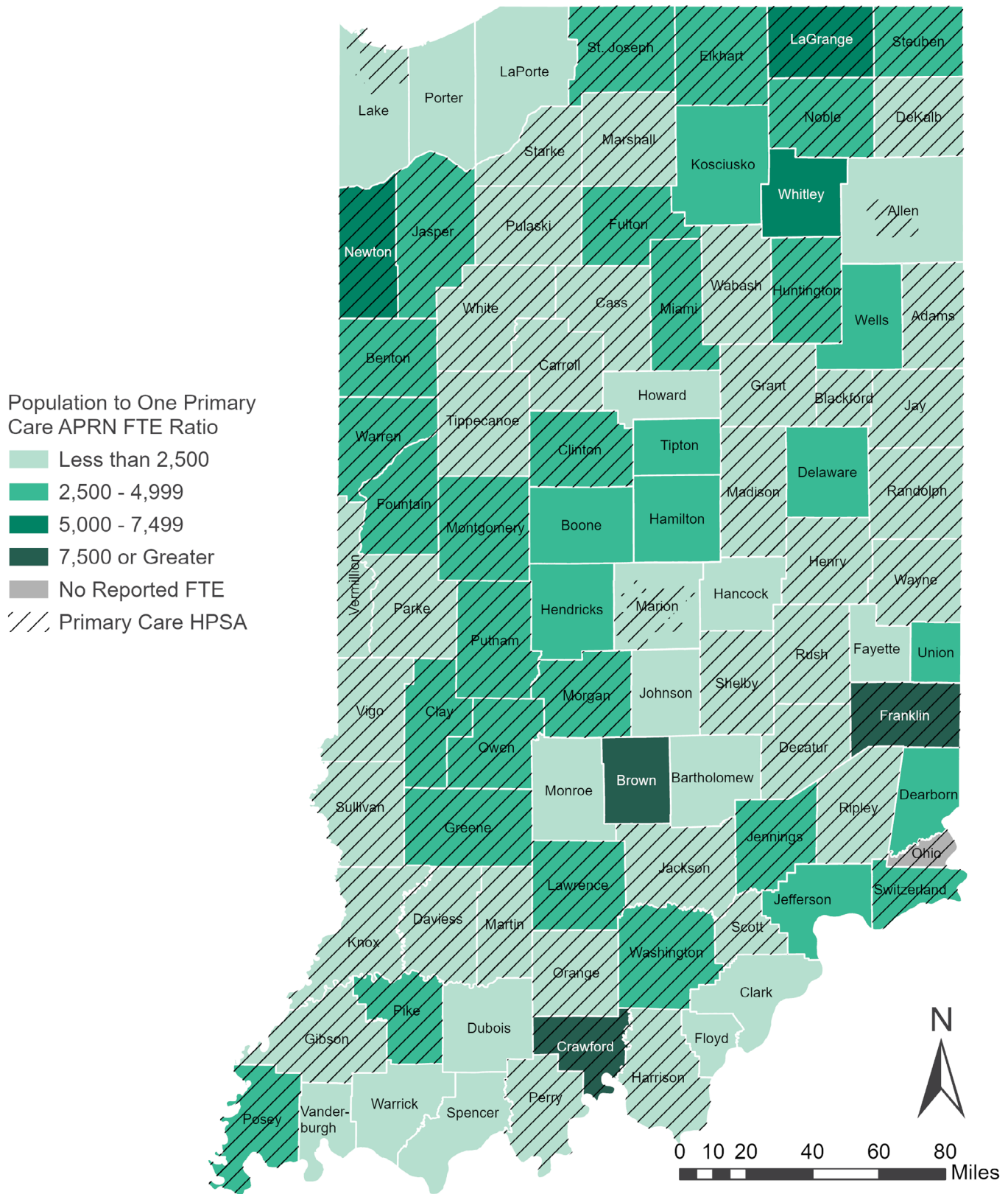
Indiana Advanced Practice Registered Nurses (APRN) Reported Practice Locations



Source: 2021 Indiana Registered Nurse License Supplemental Survey Data; U.S. Census Bureau, 2016 - 2020 American Community Survey 5-Year Estimates.

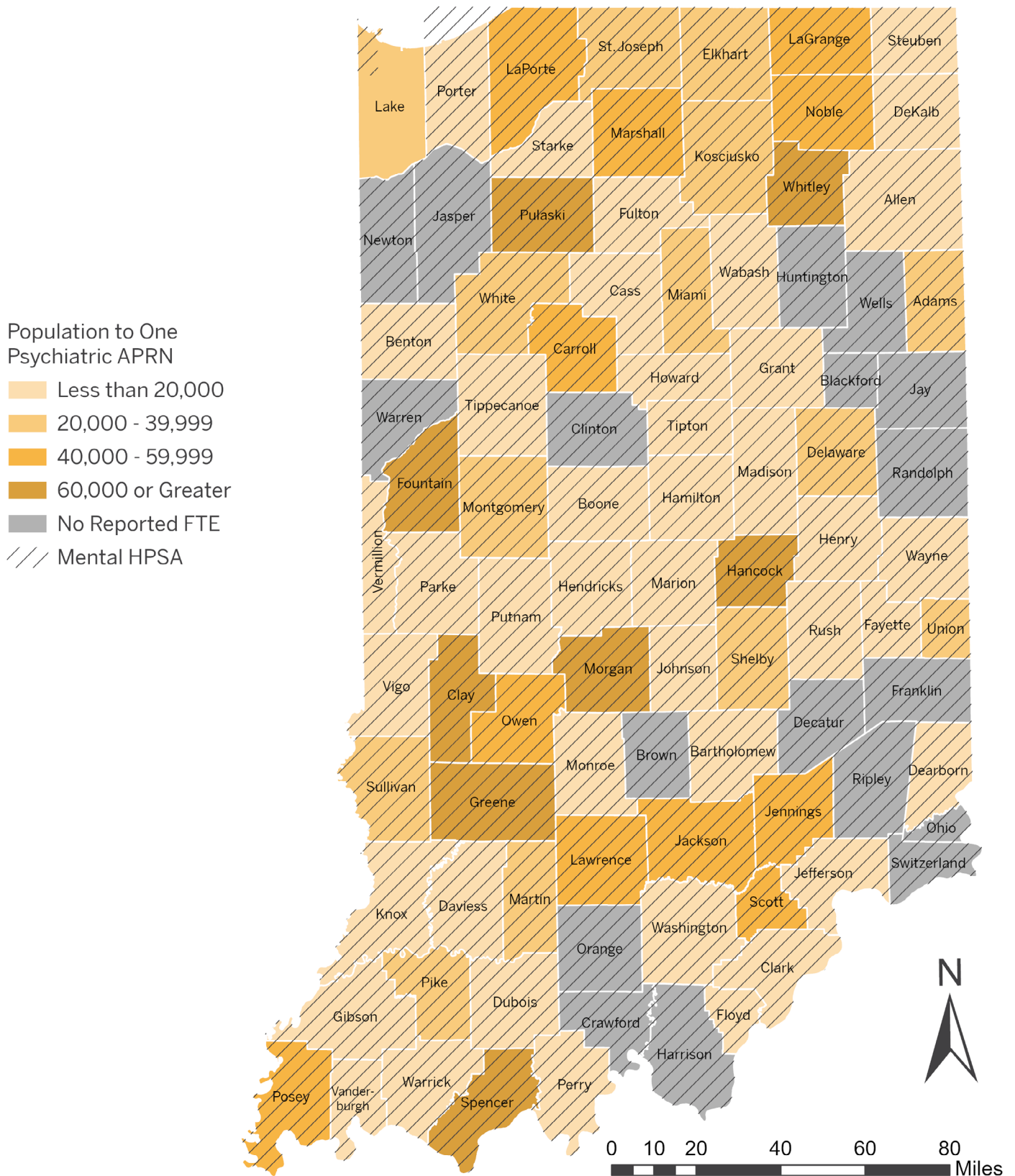
Note: Individuals who did not self report their APRN role were excluded from the map. Nurses could only be geolocated to the zip-code centroid due to the structure of practice questions asked in the supplemental survey. APRN roles were offset for viewing purposes.

Indiana Primary Care Advanced Practice Registered Nurses (APRN) Geographic Distribution



Source: 2021 Indiana Registered Nurse License Supplemental Survey Data; U.S. Census Bureau, 2016 - 2020 American Community Survey 5-Year Estimates.
 Note: Population-to-provider FTE ratios cannot be calculated for counties with no reported APRN FTE. Only APRNs who responded a primary care specialty to question #23 in the license renewal information fields (<https://hdl.handle.net/1805/26907>) were included.

Indiana Psychiatric Advanced Practice Registered Nurses (APRN)



Source: 2021 Indiana Registered Nurse License Supplemental Survey Data; U.S. Census Bureau, 2016 - 2020 American Community Survey 5- Year Estimates.
 Note: Population-to-Provider FTE Ratios cannot be calculated for counties with no reported registered nurse FTE.

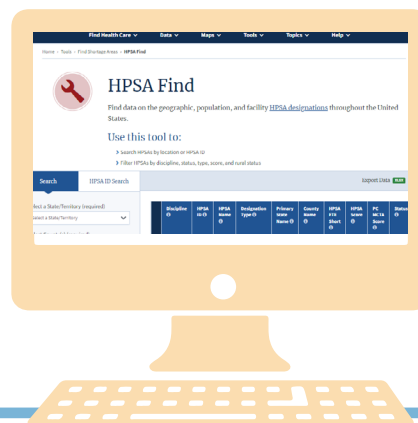
ARE YOU AN APRN STUDENT, PRACTICING PROFESSIONAL, OR EMPLOYER?

CHECK OUT THE INDIANA NURSING WORKFORCE DEVELOPMENT INCENTIVE PROGRAMS THAT MAY BE AVAILABLE!

There are several federally funded, State-operated, and externally-housed incentive programs available to support Indiana APRNs. Most of these programs incentivize service in rural and underserved areas or specialties in Indiana.

DID YOU
KNOW?

Most federal and state opportunities require service in a shortage area. Check out whether your employer qualifies by reading the program eligibility requirements and exploring health professional shortage area designations in Indiana at: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>



FEDERAL OPPORTUNITIES :

[Nurse Corps Loan Repayment Program](#)

- Up to 85% of unpaid nursing education debt for APRNs
- Must work in Critical Shortage Facility
- Or an eligible nursing school as faculty

[Learn more about federal opportunities on HRSA's Website.](#)

[Nurse Corps Scholarship Program](#)

- If accepted, HRSA pays your tuition, fees, and other educational costs. In return, you work at a Critical Shortage Facility upon graduation.

[NHSC Scholarship Program](#) & [NHSC Loan Repayment Programs](#)

- Nurse Practitioner and Nurse Midwife Only with defined specialties.
- Must work at a NHSC-approved location upon graduation for a defined service commitment



STATE OPPORTUNITIES:

- The Indiana Department of Health operates [Indiana's State Loan Repayment Program](#) which offers up to \$20,000 per year to serve in certain geographies or settings throughout the State.

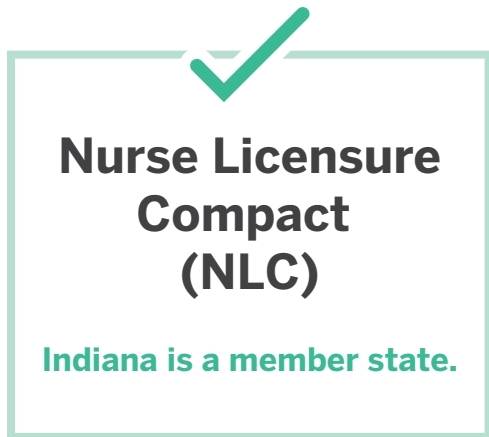
OTHER OPPORTUNITIES:

- There are also numerous other incentive programs operated externally to the State of Indiana through the [Indiana Center for Nursing](#), the [Indiana Health Care Foundation](#), the [Indiana Organization for Nursing Leadership](#), among others. Additional incentive opportunities available to prospective nurses, nursing students, and nursing professionals in Indiana can be found on the [Bowen Portal](#).



APRNS AND COMPACTS

There are currently two licensure compacts “on the market” that relate to nurses. The first is the Nurse Licensure Compact (NLC), which allows RNs and Licensed Practical Nurses (LPNs) to obtain a single license that acts as a multi-state license to practice in any Compact-participating state. The second is the APRN Compact, which is a similar model (multi-state license) for APRNs. Indiana participates in the NLC but is not a member of the APRN Compact. In fact, the APRN Compact is not yet active in any state as only three states are currently members, and it will not be implemented until seven states have enacted legislation.



*Additionally, it is not known whether or not Indiana would be eligible to participate in the APRN Compact due to variations between Indiana's current licensing structure and the [APRN Model Legislation](#).

Although Indiana is not a member state of the APRN Compact and the NLC only relates to RNs and LPNs, there are some intersections between the NLC and Indiana APRNs. To understand these intersections, it is important to first review the current policy infrastructure for Indiana's APRNs. There is no license for APRNs in Indiana (with the exception of Certified Nurse Midwives). As such, Indiana APRNs are RNs who have met the additional requirements associated with each of the APRN roles. APRNs may elect to obtain prescriptive authority. In fact, many do, with 7,023 (71.2%) of Indiana's APRNs holding this designation.

However, prescriptive authority is not required to serve as an APRN, and there are approximately 2,841 (28.8%) APRNs in Indiana who do not hold this designation (including CRNAs who are not permitted to obtain prescriptive authority). In the case of any APRN (whether prescriptive authority is maintained or not), an APRN must hold at minimum an RN license and meet the additional APRN criteria (such as education or certification). This is where the Nurse Licensure Compact may come into play. There are APRNs serving in Indiana who do not have an Indiana RN license, but instead have a multi-state RN license that acts as the foundational license to authorize the practice of APRNs (with exception of CNMs which also require an Indiana CNM license). In the instance of out-of-state APRNs who apply for APRN prescriptive authority, they are identified within the Indiana Professional Licensing Agency provider profiles as “APRN – Compact RN.” For those out-of-state APRNs who do not wish to obtain prescriptive authority, it is unclear how these individuals are identified and quantified in Indiana if an Indiana RN license is not held.

WORKFORCE POLICY UPDATES

WHAT ARE THE LATEST POLICY INITIATIVES RELATED TO INDIANA'S APRN WORKFORCE?

HOUSE ENROLLED ACT 1169-2022 : PUBLIC LAW 143

What did it do?

- Authorizes APRNs to sign orders of referrals for physical therapy.
- Prohibits certain health insurance plans from requiring authorization for covered early intervention services under an individualized family service plan signed by an advanced practice registered nurse
- Requires a health insurance plan to provide coverage for diabetes self-management training ordered by an APRN.

PROPOSED SENATE BILL 4-2023 – PUBLIC HEALTH COMMISSION

What would it do?

- Adds Advanced Practice Registered Nurse as an eligible to service as a Local Health Officer (LHO)
- APRNs serving as an LHO must have formal public health training and enter into a collaborative practice agreement with one of the following:
 - (1) A physician appointed to the local board of health.
 - (2) A physician who is the local health officer in an adjoining county.
 - (3) A physician who is a member of the state department's workforce.
 - (4) Another physician, with the approval of the local board of health.

PROPOSED SENATE BILL 49-2023 - CERTIFIED REGISTERED NURSE ANESTHETISTS

What would it do?

- Removes the requirement that a certified registered nurse anesthetist (CRNA) must be in the immediate presence of a physician to administer anesthesia.
- Updates language to allow a CRNA to administer anesthesia under the direction of a podiatrist or dentist.

PROPOSED SENATE BILL 213-2023, PROPOSED SENATE BILL 371-2023* & PROPOSED HOUSE BILL 1330-2023 - ADVANCED PRACTICE REGISTERED NURSES

What would they do?

- Remove provisions that require an advanced practice registered nurse (APRN) have a practice agreement with a collaborating physician.
- Allow an APRN with prescriptive authority to prescribe a schedule II-controlled substance for weight reduction or to control obesity.

*Also sets conditions in which a psychiatric mental health APRNs with prescriptive authority can practice without a collaborative practice agreement.

PROPOSED HOUSE BILL 1109-2023 - COLLABORATIVE CARE DISCLOSURES

What would it do?

- Would require APRNs that are under a collaborative agreement to display their name, type of license, primary board certification, specialty if applicable, and collaborative physician's primary practice address. Would also require APRNs to provide this information in writing to patients upon initial visit and posted online if advertising services on a website.

Sources:

<http://iga.in.gov/legislative/2022/bills/house/1169>
<https://iga.in.gov/legislative/2023/bills/senate/4>
<https://iga.in.gov/legislative/2023/bills/senate/49>
<https://iga.in.gov/legislative/2023/bills/senate/213>

<https://iga.in.gov/legislative/2023/bills/senate/371>
<https://iga.in.gov/legislative/2023/bills/house/1330>
<https://iga.in.gov/legislative/2023/bills/house/1109>

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