



IDFPR

Illinois Department of
Financial and Professional Regulation



Full Practice Authority (FPA) Advanced Practice Registered Nurse (APRN)

2020 Workforce Survey Report

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Completed in 2020, under the leadership of the Illinois Nursing Workforce Center's Advisory Board of Directors, this survey was the first Illinois Full Practice Authority - Advanced Practice Registered Nurse (FPA-APRN) workforce survey offered with individual on-line license renewal. The acquisition of data was accomplished through the collaboration of the following IDFPR sections: Licensing, the Division of Nursing, the Board of Nursing, the Illinois Nursing Workforce Center and the State of Illinois Department of Innovation and Technology.

Special thanks to the Full Practice Authority - Advanced Practice Registered Nurses (FPA-APRNs) licensed in Illinois who responded to the survey. The feedback provided will make a significant contribution to planning health services in Illinois, specifically those focused on the nursing workforce. Finally, thank you to the Illinois Society Advanced Practice Nursing (ISAPN) for encouraging their members to complete the survey.

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Key Findings

IL Nursing Workforce Center Full Practice Authority - Advanced Practice Registered Nurse (FPA-APRN) Survey 2020

This is the first survey of Illinois Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs). Initial licensure of Illinois FPA-APRNs began in 2019. The survey was conducted through a direct email request for voluntary participation; 25% of the Illinois FPA-APRNs completed the survey. The data quantifies FPA-APRNs services provided, the process that is used to bill for these services, as well as reimbursement. The survey captures the diversity of FPA-APRN specialty expertise and the settings where patients receive these specialized services.

Key Findings

- The majority of FPA-APRNs are a salaried employee working one job full-time, 31-50 hours per week, providing direct patient care, making \$110,000 or more annually.
- Employment setting: approximately half practice in an ambulatory care setting – outpatient clinic, private physician or nurse-run practice, urgent care, retail-based clinic, etc.
- Diversity: there is more racial and ethnic diversity of APRNs under the age of 54 years in the Illinois workforce.
- Age: the age range of FPA-APRNs is middle of the grid, between 34-54 years of age; 36% of Certified Nurse Practitioners and Certified Nurse Midwives are less than 45 years.
- Education: 24% of FPA-APRNs have a doctoral degree, 21% of the doctoral degrees are a Doctorate of Nursing Practice (DNP).

Workplace Settings

49% Practice in an ambulatory setting—private practice, urgent care, retail-based care, etc.

14% Practice in hospital acute care settings, an inpatient unit, the emergency room, etc.

95% Provide direct patient care.

Diversity

Most Illinois FPA-APRNs are between 35-54 years of age.

The racial, ethnic and gender diversity of FPA-APRN licensees is similar to the APRN licensees, with slightly more African American and Male FPA-APRNs.

Approximately half of Hispanic, African American and White FPA-APRNs are under 54 years of age

Approximately seventy five percent of Asian FPA-APRNs are 54 years of age or younger.

APRN Billing/Reimbursement

59% Manage a panel of patients.

49% Bill exclusively under their individual National Provider Identifier (NPI) number, 17% bill under the clinic/facility NPI number.

Most FPA-APRNs see approximately 20 patients per day, with reimbursement for services from Medicare (29%), Medicaid (25%), Private Insurance (37%).

Executive Summary

General overview: This is the first survey of Illinois Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs). Initial licensure of Illinois FPA-APRNs began in 2019. Data on the characteristics, supply, and distribution of Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs) in the State of Illinois is essential to expanding access to care and planning for provision of essential primary and other health care services. The survey was conducted through an email direct request for participation. Participation was voluntary, 301 or 25% of the 1,185 Illinois FPA-APRNs completed the survey. This report contains data on the demographics of Illinois' current FPA-APRN workforce, including type of FPA-APRN, the relative numbers of FPA-APRNs in each age group, their racial, ethnic and gender diversity, and educational preparation. The data quantifies the services FPA-APRNs provide, the process that is used to bill for these services, and reimbursement for services. Finally, the survey captures the diversity of APRN specialty expertise and settings where patients receive these specialized services.

Age of workforce: The report presents important information about the aging of the Illinois FPA-APRN workforce. There are three types of FPA-APRNs: Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM) and Certified Nurse Practitioner (NP). The average age varies based on type of FPA-APRN. The primary age range of two types of FPA-APRNs (CNP, CNM) is middle of the grid, 53% are between 34-54 years of age. 36% of Certified Nurse Practitioners and Certified Nurse Midwives are < 45 years of age. Over 70% of CNSs are 55 years of age or older. Most FPA-APRNs are over 35 years of age, possibly reflecting working as an RN and an APRN prior to applying for Illinois FPA-APRN licensure.

Diversity: In contrast to the increase in ethnic and racial diversity in the state of Illinois, data indicate a less ethnic and racially diverse Full Practice Authority - Advanced Practice Registered Nursing workforce. Though the majority, 81% of FPA-APRNs are White or Caucasian, a higher percent of FPA-APRNs from ethnic and racially diverse backgrounds are under the age of 55 years. For example, approximately 59% of Hispanic/Latinx, Black or African American as well as White/Caucasian FPA-APRNs are 54 years of age or younger; 75% of Asian FPA-APRNs are under the age of 54 years. Twelve percent of the FPA-APRNs are male. The results are similar to, but reflect slightly more gender, racial and ethnic diversity than data reported in the 2020 APRN survey.

Specialty/Workplace Characteristics: The survey respondents reported on their nursing specialty, and workplace setting. The respondents were provided a choice amongst job settings as well as the option to write in settings that were not listed. Approximately 60% of respondents practice in ambulatory settings; approximately 22% practice in a hospital/inpatient setting. Some FPA-APRNs indicated time was split between acute care in-patient and non-acute-care outpatient settings. The

majority of FPA-APRNs are salaried, work between 31-50 hours per week and do not take evening or weekend call. Approximately half do not have a collaborating physician on site, though respondents reported a range of physician-collaborator relationships.

Billing/Reimbursement: FPA-APRNs see approximately 20 patients per day, with reimbursement for services from Medicare (29%), Medicaid (25%), Private Insurance (37%) and no insurance or self-pay (7%). Almost half of the FPA-APRN respondents indicated they manage a panel of patients. 100% of FPA-APRNs have a National Provider Identifier (NPI) number. Forty-nine percent of respondents bill exclusively under their NPI number; this was followed by 18% billing under the clinic/facility NPI number. In addition, 7% do not bill as they are employed by a hospital, approximately 4% are employed by a federal facility and 4% are contract employees. There is a range of services and a range of billing for services.

Summary: The 2020 Illinois FPA-APRN survey was the first survey of Illinois Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs). Initial licensure of Illinois FPA-APRNs began in 2019. This data will be extremely valuable as health care planners project the human health care capital that will be needed in Illinois. These data will be of great use in estimating the current FPA-APRN supply, their demographics, and practice specialties. The anticipated shortage of primary care providers is particularly acute in Illinois. Focused workforce planning is urgently needed to assure access to healthcare for Illinois residents. The full report is available on the IDFPR/Illinois Nursing Workforce Center website <http://nursing.illinois.gov/ResearchData.asp>

About the Data

This is the first survey of Illinois Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs). Initial licensure of Illinois FPA-APRNs began in 2019. The primary source of data for this report was a survey offered to individual Illinois Full Practice Authority-Advanced Practice Registered Nurses (FPA-APRNs) completing a direct email survey. The survey was conducted through one direct request email from the Illinois Department of Financial and Professional Regulation (IDFPR), Division of Professional Regulation, requesting participation. The IDFPR email was sent to Illinois FPA-APRNs on November 18 and the survey was closed on December 30, 2020. Participation was voluntary, 25% or 301 of the 1,185 Illinois FPA-APRNs completed the survey. There were 1,185 FPA-APRNs licensed in Illinois on December 17, 2020.

The survey included 50 questions consistent with the Health Resources and Services Administration (HRSA) designed National Sample Survey of Nurse Practitioners (NSSNP) with additional questions on billing practices, compensation, place-of-work zip codes, retirement, and professional collaboration. The survey questions are the same questions that were asked with the APRN 2020 survey. A full list of survey questions is provided in Appendix A. Information from the survey is categorized into the following areas in this report: demographics (including age), human capital (education, specialties, earnings), and employment, job characteristics (settings, services, collaboration).

Demographics

Demographics are “the statistical characteristics of human populations...” <https://www.merriam-webster.com/dictionary/demographic>. This section examines the breakdown of select characteristics, such as age, sex, race, and ethnicity among the population of Full Practice Authority - Advanced Practice Registered Nurses (FPA-APRNs) in Illinois.

The overall distribution of FPA-APRN survey participants by selected age categories is described below. Data were derived from participant responses to a question asking their date of birth (non-response one person). The age ranges of respondents are similar to the FPA-APRN age range in the Illinois Department of Financial and Professional Regulation (IDFPR) licensure data base. Since the age ranges differ based on type of FPA-APRN; it is useful for each category to be reviewed separately.

Figure 1 apportions age by type of Advanced Practice Registered Nursing type. There are four types of APRNs licensed in Illinois, but only three types of FPA-APRNs. The three types of FNP-APRNs are: Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM) and Clinical Nurse Specialist (CNS). Figure 1 illustrates that the age range for nurse practitioners and certified nurse midwives is essentially middle of the grid, between the ages of 35-54 years of age. Thirty-six percent (36%) of the Certified Nurse Midwives (CNMs) and Certified Nurse Practitioners (NPs) are younger than 45 years of age. The majority, approximately seventy-five percent (75%) of Clinical Nurse Specialists (CNSs) are over 55 years of age. The growth of the FPA-APRN CNS workforce may be impacted by the limited number of Illinois universities and colleges that offer the CNS program and certification.

Figure 1: Type of Full Practice Authority-Advanced Practice Registered Nurse (FPA-APRN) and age

Type of Full Practice Authority Advanced Practice Registered Nurse	<24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-70 years	71+ years	Total
Certified Clinical Nurse Specialist (CNS)	0% 0	0% 0	11% 2	11% 2	47% 9	26% 5	5% 1	7% 19
Certified Nurse Midwife (CNM)	0% 0	0% 0	36% 5	14% 2	43% 6	7% 1	0% 0	5% 14
Certified Clinical Nurse Practitioner (CNP)	0% 0	8% 20	28% 72	27% 68	27% 69	8% 21	2% 6	88% 256
Total responses	0	20	79	72	84	27	7	289

Figure 1: No response: age= 1 respondents

Figure 1: No response: type of FPA-APRN= 11 respondents

In Illinois there is one DNP Certified Nurse Midwifery program at the University of Illinois at Chicago, Chicago, Illinois. The number of Illinois APRN Certified Nurse Midwives (CNM) continues to increase, from 406 in 2012 to 487 in 2022. It is important to note that there are Women’s Health Nurse Practitioner (WHNP) programs that focus on preparing clinicians who provide comprehensive healthcare throughout women’s lives. These WHNP’s are providing some of the care that CNM’s provide in addition to offering primary care to women of all ages.

Diversity, race, and ethnicity reported by survey respondents are illustrated in Figure 2 (below). To capture both race and ethnicity respondents answered the question “are you Hispanic or Latino”; followed by the question “Select one of the following races that apply to you”. Summary responses are illustrated in Figure 2 below. (Because U.S. Census Bureau regards the Hispanic ethnonym as a culture, irrespective of race, these data may represent duplicate counts. <https://suburbanstats.org/population/how-many-people-live-in-illinois>)

Figure 2: Diversity: Race and Ethnicity Overall Summary 2020

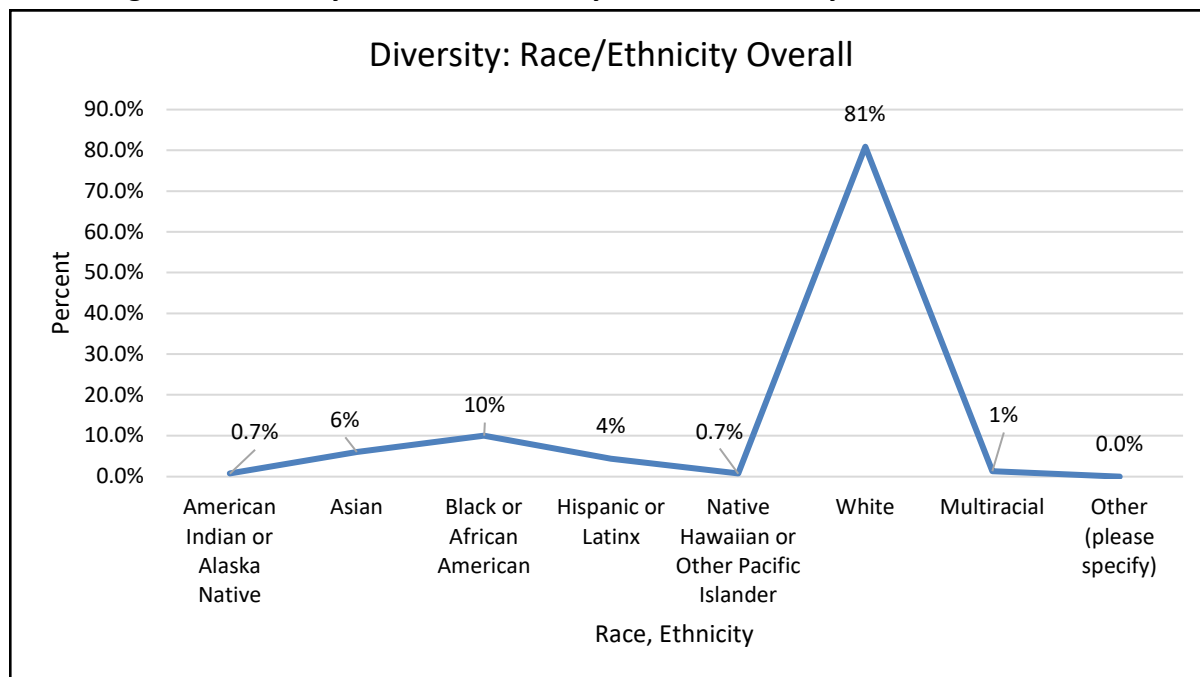


Figure 2: No response: ethnicity, Hispanic or Latino= 2 respondents

Figure 2: No response: race = 2 respondents

The distribution of racial and ethnic diversity of the Illinois Full Practice Authority -Advanced Practice Registered Nurse (FPA-APRN) workforce is less robust than the diversity of the general population of the state. The United States (U.S.) Census Bureau in July 2020 reported that the Illinois population totaled 13.1 million.

Of the 13.1 million Illinois residents, 15% are Black/African American. In contrast, Black/African American race was indicated by 10% of FPA-APRN respondents. Hispanic/Latinx

comprise 17% of the population of Illinois but 4% of survey respondents. Survey responses indicated a clear majority of FPA-APRNs are White/Caucasian (81%), similar to the APRN (83%). In 2021 the Illinois Board of Higher Education (IBHE) Strategic Plan, *A Thriving Illinois*, has included Equity as one of the three overarching goals. Equity includes creating and supporting a higher education ecosystem in Illinois focused on meeting the needs and supporting the success of historically underserved and underrepresented students. Schools of nursing and workforce incentives are working to recruit and retain student cohorts reflective of the diversity of the general population.

Figure 3: Diversity: Ethnicity, Race and Gender by age

Age Ethnicity and Race	<24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-70 years	71+ years	Total
American Indian or Alaska Native (percent) N	0% 0	0% 0	0% 0	50% 1	50% 1	0% 0	0% 0	0.7% 2
Asian N	0% 0	6% 1	25% 4	44% 7	25% 4	0% 0	0% 0	5% 16
Black or African American N	0% 0	3% 1	33% 9	23% 7	37% 11	7% 2	0% 0	10% 30
Native Hawaiian or Other Pacific Islander N	0% 0	0% 0	0% 0	50% 1	50% 1	0% 0	0% 0	0.7% 2
White N	0% 0	7% 18	28% 68	24% 55	28% 69	10% 25	3% 7	82% 242
Multiracial N	0% 0	0% 0	33% 1	33% 1	0% 0	33% 1	0% 0	1% 3
Hispanic or Latinx N	0% 0	9% 1	46% 5	27% 3	9% 1	9% 1	0% 0	4% 11
Female N	0% 0	6% 15	28% 75	23% 61	30% 79	11% 28	3% 7	88% 265
Male N	0% 0	14% 5	26% 9	37% 13	23% 8	0% 0	0% 0	12% 35
Age, Gender	<24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-70 years	71+ years	Total

Figure 3 Note: Hispanic is a culture regardless of race so respondent options for Hispanic were not included in the Multiracial category. Race question: No response = 2 respondents; ethnicity question: no response = 2 respondents; gender question: no response = 1 respondents.

The majority of the FPA-APRNs are between the ages of thirty-five to fifty-four years of age. For example, 59% of the Latinx FPA-APRNs and the Black/African American FPA-APRNs are fifty-four years of age or younger. The White/Caucasian FPA-APRNs are fairly evenly spread in age between the thirty-five and sixty-four years of age categories, but overall, 59% are fifty-four years of age or younger. Seventy-five percent of the Asian FPA-APRNs are age fifty-four years or younger. There are very few FPA-APRNs survey respondents under the age of 35 years. This probably reflects that the average respondent has been licensed as an RN for approximately 20 years, 60% since 2000 or before (Q#10). The majority of FPA-APRN survey respondents (55%) received their initial APRN license between 2007 and 2016 (Q#8); a few between 1977 and 1996 (13%). This reflects, in part, the Illinois Nurse Practice Act statute, the FPA-APRNs requirements that are needed prior to applying for an Illinois FPA-APRN license. While the percent of racial and ethnic diversity representation amongst Illinois FPA-APRNs does not match that of the Illinois population, it is increasing. <https://www.census.gov/quickfacts/fact/table/IL/PST045218>

Though FPA-APRN is a new type of license, beginning in 2019, nurse retirement is a concern. Respondents were asked “approximately when do you plan to retire?” Responses, indicate that more than half of survey participants (52%) plan to stay in the workforce beyond 10 years. Eighteen percent (18%) indicate they will retire within the next 10 years.

Human Capital

Human capital refers to the stock of knowledge, education, experience, habits, social and personality attributes, including creativity, embodied in the ability to perform labor to produce economic value.

In the highly skilled workplace environment of healthcare delivery, patient cases are more complex than in the past, the population is aging, and the technology is increasingly sophisticated. Taken together, these factors mean that the ongoing development of human capital is increasingly important to ensure high quality of care and positive patient outcomes.

The skills, knowledge, education, talents, expertise and experiences of Advanced Practice Registered Nurse (APRN) and FPA-APRN employees (their human capital) are an extremely important asset to the employer and to the entire healthcare system. Human capital is cultivated from continuing professional development, including academic coursework, conferences, workshops, and experience.

Advanced educational credentials are a requirement of the Advanced Practice Registered Nurse (APRN) workforce. In Illinois a minimum requirement of APRN licensure is a masters’ degree in nursing and APRN certification. To obtain the Full Practice Authority (FPA)-APRN license in

Illinois, the APRN has additional requirements, including that the APRN has acquiring at least 4,000 hours of clinical training working as an APRN, at least 250 CE hours and an IDFPR approved application (IL NPA Article 65, Section 65-5(4)). Educational background is reflected in the survey responses: ninety-eight per cent of respondents have APRN certification, eighty-nine per cent have a masters’ degree or higher, and twenty-seven per cent have a doctorate; at least twenty-one per cent of FPA-APRNs have a Doctor of Nursing Practice (DNP). The survey also shows the education progression of the practitioners. It shows that thirty-three per cent began their nursing career with an associate degree in nursing and eighty-two per cent began with a baccalaureate degree in nursing. Less than two per cent of respondents reported completing a “certificate program” as initial preparation for licensure as an APRN and these individuals have been grandfathered into Illinois APRN licensure for many years.

Figure 4: All Educational Degrees Earned

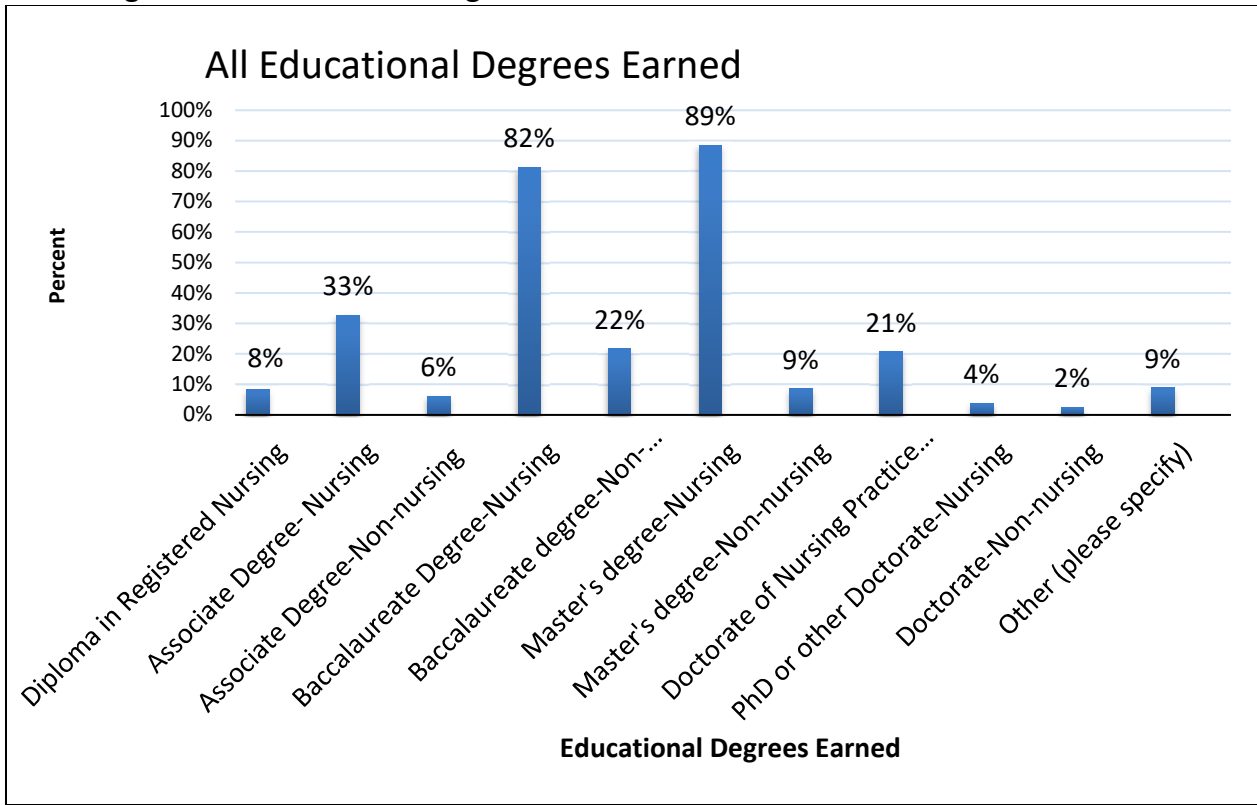


Figure 4: No response = 11 respondents

In Illinois APRNs as well as FPA-APRNs must first be licensed in Illinois as a registered nurse (RN) prior to becoming licensed as an APRN. The Illinois Nurse Practice Act (NPA) mandates for licensure as an advanced practice registered nurse in Illinois, the education minimum is a master’s degree in nursing (IL NPA Article 65, Section 65-5). Figure 4 above shows the types of degrees that Illinois APRNs have earned, beginning with the educational degree that was received prior to first

becoming licensed as a RN. In the survey, respondents checked off the multiple degrees that were earned, the degree obtained prior to both an RN license and an APRN license. The FPA-APRN license is obtained after licensure as an APRN, acquiring at least 4,000 hours of clinical training working as an APRN, at least 250 CE hours and an Illinois Department of Financial and Professional Regulation (IDFPR) Board of Nursing (BON) approved application. In Illinois there are a variety of education articulation pathways amongst nursing education programs leading to graduate education to practice as an Advanced Practice Registered Nurse. This is reflected in the number and type of degrees that Illinois APRNs have acquired prior to becoming licensed as an APRN. The survey did not ask what the highest degree was as a separate question. The Nursing Workforce Center website includes links to nursing education programs, pre-licensure through graduate degrees <http://nursing.illinois.gov/>

The American Association of Nurse Practitioners (AANP) shows a growth in DNP programs nationally. As of 2020 there were 357 DNP programs enrolling students nationwide, and an additional 106 new DNP programs are in the planning stages. DNP programs are now available in all 50 states plus the District of Columbia. States with the most programs (10 or more programs) include California, Florida, *Illinois*, Massachusetts, Minnesota, New York, Ohio, Pennsylvania, and Texas. From 2018 to 2019, the number of students enrolled in DNP programs increased from 32,678 to 36,069. During that same period, the number of DNP graduates increased from 7,039 to 7,944. <https://www.aacnnursing.org/DNP>

The first time that Full Practice Authority APRNs were licensed in Illinois was in the Fall of 2019. The FPA-APRN license is obtained after licensure as an APRN, and additional requirements as per statute (IL NPA Article 65, Section 65-5(4)). The majority (61%) of survey respondents indicate becoming licensed as an APRN between 2007 and 2020, the past thirteen years. By December 2019 there were 370 FPA-APRNs and by December 2020 there were 1,167 Illinois FPA-APRNs. Of the survey respondents, approximately half received their FPA-APRN license in 2019, half in 2020. Most FPA-APRNs are over 35 years of age, possibly reflecting working as an RN and an APRN prior to applying for Illinois FPA-APRN licensure.

Data regarding FPA-APRN employment within medical specialty areas were categorized by practice specialties in the areas of Primary Care, Total Subspecialties, Surgical, and Other Specialty. Similar to the APRN survey, there are specialty areas of significant need (Psychiatric- Mental Health, Long Term Care) which contain a relatively small number of licensed FPA-APRNs.

A summary of Full Practice Authority Advanced Practice Registered Nurse (FPA-APRN) Practice Focus Specialty is described in Figure 5 (below). This summary reflects a combining of practice specialty responses based on similarities in specialty, acuity or location of service. Certain specialties are shown separately due to the uniqueness of their care or setting, e.g., Peri-

Operative Services, Emergency/Trauma, Midwifery, Palliative Care, Psychiatry/Mental Health. Since CRNAs are not eligible for Illinois FPA-APRN licensure, the FPA-APRN specialty area, for purposes of this report, was changed from “Anesthesia” to “Peri-Operative”, though peri-operative was not a specialty area option during the 2020 FPA-APRN survey.

Figure 5: Summary of FPA-APRN Practice Specialty Focus

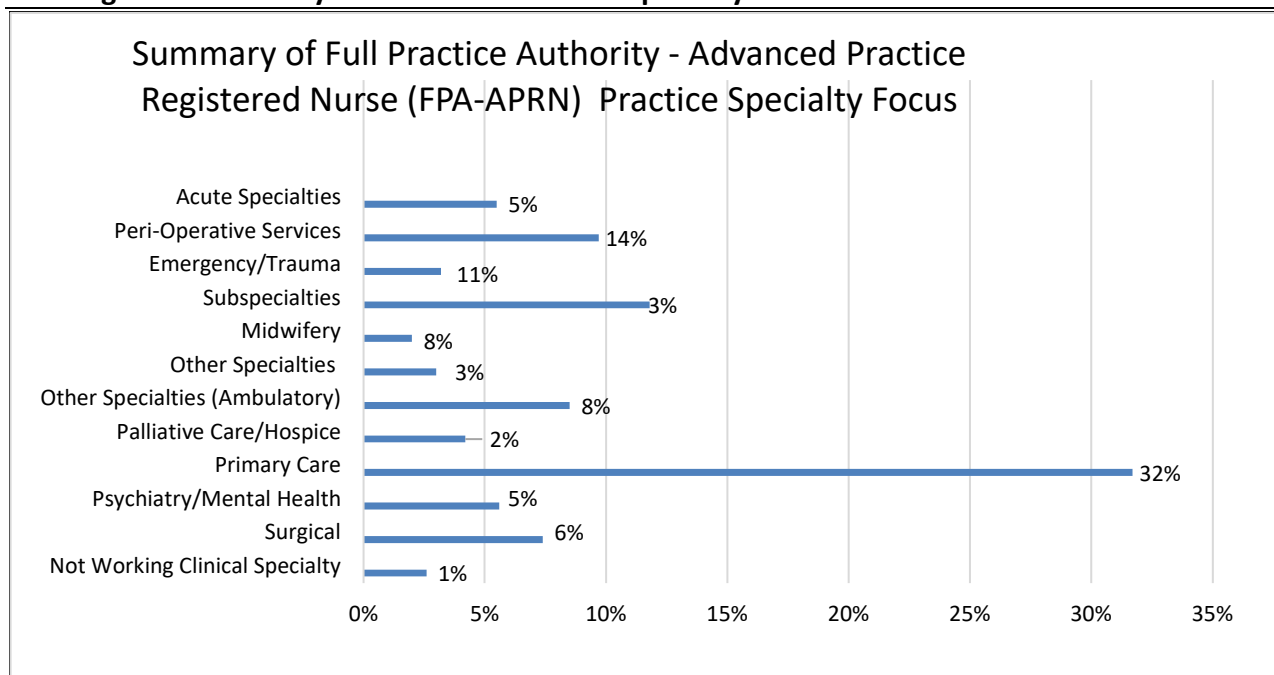


Figure 5: No response = 445 respondents

The specialties that were combined are as follows:

- **Acute Specialties:** Hospitalist (1%), Intensive Care (1%), Neonatal (0.4%)
- **Emergency, Trauma:** (3%)
- **Subspecialties:** Advance Disease Management (0%), Cardiology (1%), Endocrinology (0.8%), Gastroenterology (1%), Hematology/Oncology (0.4%), Infectious Disease (0%), Pulmonary/Respiratory (0.0%), Renal/Nephrology (0.4%), Rheumatology (0.0%)
- **Midwifery:** (3%)
- **Other Specialties:** Allergy and Immunology (0.4%), Dermatology (0%), Interventional Radiology (0.4%), Neurology (1%), Wound/Ostomy (1%)
- **Other Specialties (Ambulatory Settings):** Long Term Care (3%), Occupational Health (2%), Rehabilitation (0%), School Health (1%), Urgent Care (7%)
- **Palliative Care, Hospice:** (2%)
- **Primary Care:** includes Pediatrics through Gerontology/Geriatrics: Internal Medicine (8%), Family Practice (25%), Geriatrics (5%), General Pediatrics (3%), Pediatric Specialties (1%), OB/GYN Women’s Health (3%)
- **Psychiatric/Mental Health:** (10%)
- **Surgical:** General Surgery (0%), Urological Surgery (0.4%), Orthopedic Surgery (0.4%), Other Surgery (3%)

- **Other:** (10%)
- **Not Working in a Clinical specialty:** (2%)

Overall pre-tax earnings reported by FPA-APRN respondents are illustrated in Figure 6 (below). This is the same salary range as reported by APRNs in their 2020 survey. The median income for FPA-APRNs in Illinois is approximately \$100,000 to \$110,000. However, the survey did not ask if the annual salary was for part-time or full-time work. The Illinois FPA-APRN annual salary is slightly lower than the national data from the United States Department of Labor, Bureau of Labor Statistics for APRNs, which reports that the “median annual wage for nurse anesthetists, nurse midwives, and nurse practitioners was \$117,670 in 2020. The median wage is the wage at which half the workers in an occupation earned more than that amount, and half earned less. The lowest 10 percent earned less than \$84,120, and the highest ten percent earned more than \$190,900.” (<https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm#tab-5>)

Figure 6: Overall 2019 FPA-APRN Pre-Tax Annual Earnings

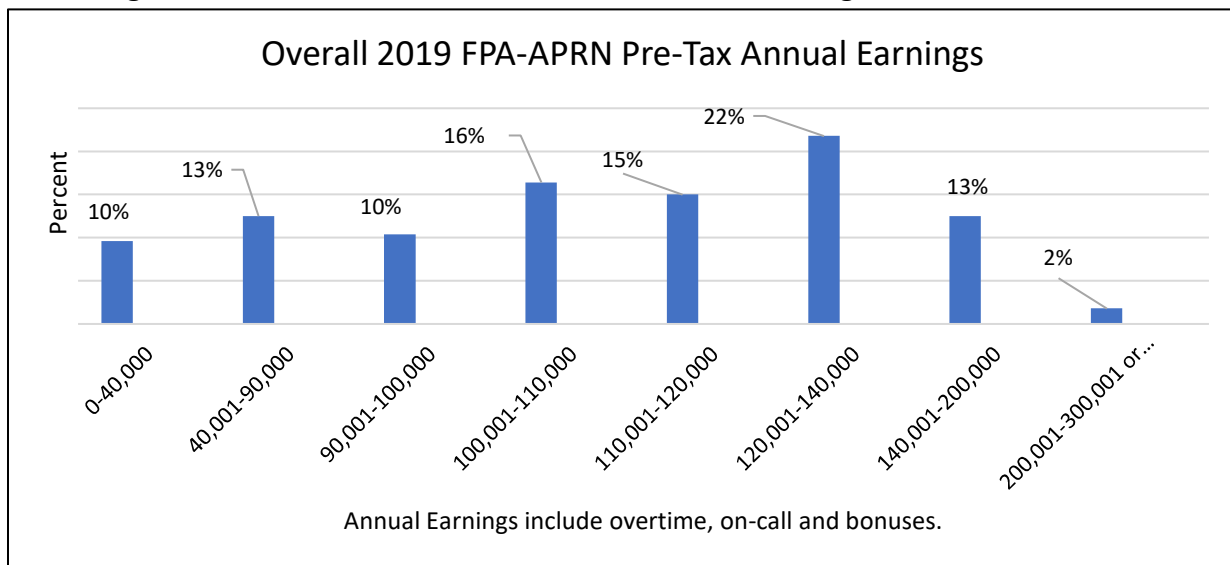


Figure 6: No response = 21 respondents

Information about annual salaries was reported by approximately 90% of the survey respondents, and information about typical weekly hours for primary positions was provided by nearly 70% of survey respondents. Among the many survey questions, participants were asked about the number of hours worked in a typical work week, how and when they were paid, the estimated pre-tax annual earnings, and whether or not they worked overtime and on-call hours. The overwhelming majority (95%) of Illinois FPA-APRNs reported that they provide direct patient care. The majority work one job full-time (63%), 31-50 hours per week, and 69% are a salaried employee. Approximately thirty-nine percent of FPA-APRNs work between 31-40 hours per week;

thirty percent work between 41-50 hours per week. Thirty eight percent responded that they take weekend or evening call; nineteen percent are compensated separately for taking on-call. Approximately 21% of respondents indicated that they worked a second job. For the majority of the survey salary questions, the question included asking for a response for “the primary position”. Of the 301 total participants, 23 did not respond to the question about number of positions (Q#15), approximately 90% response rate. Salaries at the lower end of the scale may be associated with employment at less than full-time hours.

Responses to the survey show that Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs) are typically paid an annual salary. Sixty-nine per cent indicate they receive an annual salary rather than an hourly rate (20%) or a percentage of billing (7%). This, too, is consistent with the national trend, according to the United States Department of Labor for APRNs (there was not information on FPA-APRNs). The Bureau of Labor Statistics reports that “most advanced practice registered nurses (APRNs) work full time. APRNs working in physicians’ offices typically work during normal business hours. Those working in hospitals and various other healthcare facilities may work in shifts to provide round-the-clock patient care. They may work nights, weekends, and holidays. Some APRNs, especially those who work in critical care or those who deliver babies, also may be required to be on call.” (<https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm#tab-5> (United States Department of Labor, Bureau of Labor Statistics Occupational Outlook Handbook, 2020, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners).

While the majority (69%) of FPA-APRNs are paid an annual salary, 20% are paid by the hour, and approximately 7% are paid a percentage of billing. The majority of FPA-APRNs (62%) indicate that they are not required to take evening or weekend call. Of those who are required to take call 25% indicate they either are not compensated for taking evening or weekend call, or taking call is included as part of the annual salary compensation and 19% indicate that they are compensated for taking evening or weekend call.

The employment practice settings (Figure 7 below) in the survey were grouped into broad categories: multiple types of outpatient ambulatory settings, private physician office or practice, inpatient hospital settings, long term care, and elder care, public or community health and general other. Approximately 22% of FPA-APRNs work in a hospital inpatient acute care or other setting. Amongst the various hospital settings, most APRNs work either on an inpatient unit (8%) or emergency department (5%). The major ambulatory or outpatient settings where FPA-APRNs are employed are either a private physician office or practice (19%), a private APRN office/practice or nurse managed clinic (11%), a hospital outpatient clinic (10%) or an ambulatory setting such as

urgent care or a retail clinic (10%). This is different from the 2020 APRN workplace settings, where a significant portion of APRN respondents (39%) indicated they worked in a hospital inpatient setting, only 22% FPA-APRNs work in an inpatient setting. More FPA-APRNs (11%) work in a private APRN practice, or nurse run clinic compared to the 3% of APRNs that work in similar settings as reported in the 2020 APRN survey report.

Figure 7: Summary of FPA-APRN Employment Settings

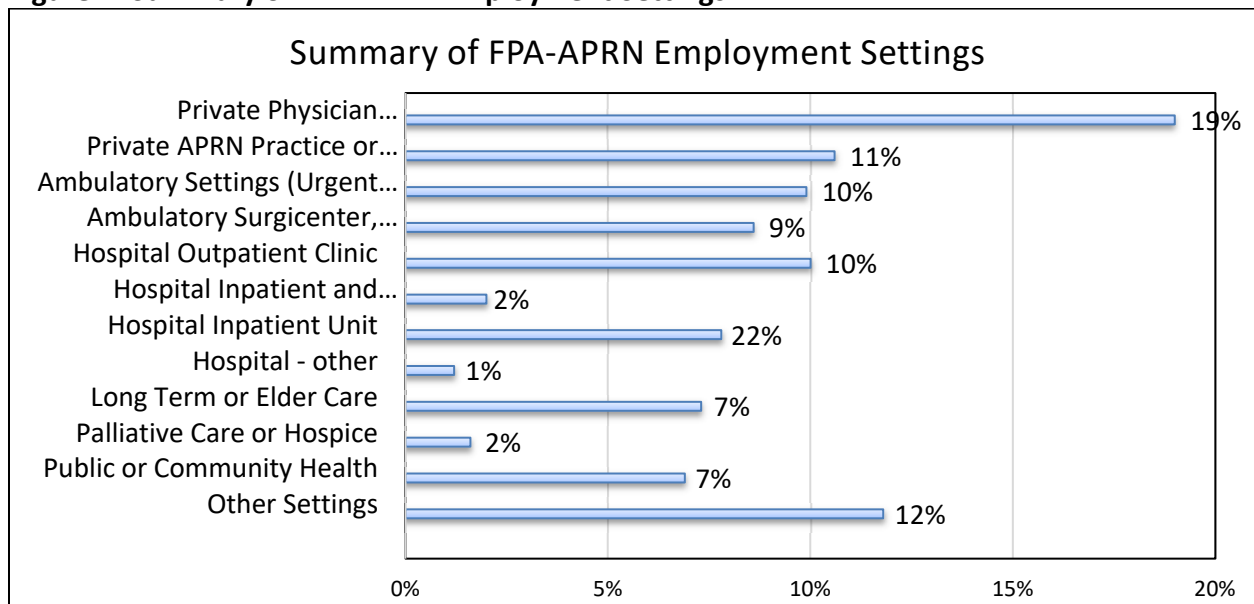


Figure 7: No response = 56 respondents

The survey offered thirty-two different options to choose from to describe the employment setting as well as the opportunity to write in individual responses. If the written individual response fit into a previously listed category, the response was moved into that category and the response percentages were adjusted. For purposes of this report the responses were combined as follows:

- **Private physician office/practice:** (19%)
- **Ambulatory settings:** Private APRN practice (10%), Nurse managed clinic (0.4%), Retail based clinic (5%), Urgent care clinic (5%), Ambulatory surgery center (0.8%), Federal clinic (FQHC, VA, Military, NIH, IHS) (8%)
- **Hospital outpatient clinic setting:** (not an emergency department) (10%)
- **Hospital inpatient settings:** Hospital inpatient unit (8%), Hospital operating room and/or peri-operative area (0%), Hospital emergency department (5%), Federal hospital (Military, VA, NIH, IHS) (0%), Hospital administration (1%), Hospital educator/education of staff and/or patients (0%), combination hospital inpatient and outpatient settings (2%)
- **Long term and elder care:** long-term care facility (5%), Home care agency (2%) Advance disease management (0.4%),

- **Hospice** (0%), Palliative care (2%),
- **Public or Community Health:** Community clinic (2%), Correctional facility (0.4%), Health department (2%), Mental health center (1%), Rural health clinic (2%)
- **Other settings:** Academic (university/college) education program (2%), Health maintenance organization/managed care (1%), Occupational/employee health (2%), School/college health service (1%), Research (0%), Government agency (0.4%),
- **Other** (written descriptions): (5%)

There were a limited number of responses from the “other” category that were moved up into a previously identified category; most responses indicated specifics of a subspecialty. There were some FPA-APRNs that split time between inpatient and outpatient settings. Outpatient settings described included both private physician or private APRN practice or a specialty clinic practice setting. Additional responses included telehealth, transition care, skilled nursing facility and case management.

To determine how FPA-APRNs divided their time in the various settings, FPA-APRNs were provided four professional activities to choose from as to how their work time was spent. The total for each respondent should have had a limit of 100%, but it did not, the summary total of all responses is 117%. Regardless of workplace setting, the vast majority of time was spent providing patient care/documentation (80%), with equitable amounts of time spent teaching/precepting/orienting (14%), supervision/administration (15%) and a limited amount of time spent with “other activities” (8%).

The FPA-APRNs were asked how many patients they provided services to in an average day, providing care as described above. Most FPA-APRNs indicated the number of patients seen in an average day: (48%) saw between 11-20 patients, 39% saw between 0-10 patients in an average day. A panel of patients is the number of individual patients under the care of a specific provider; in this survey, the provider is a Full Practice Authority Advanced Practice Registered Nurse (FPA-APRN). Approximately 59% of respondents indicated they manage a panel of patients; this is more than the Illinois 2020 APRN survey which indicated that 45% of Illinois APRNs manage a panel of patents. With FPA-APRN licensure, including that approximately 88% FPA-APRNs are Nurse Practitioners (NP’s), the number of FPA-APRNs managing a panel of patients, it is anticipated that these numbers will continue to increase.

Services provided are summarized in Figure 8 (below). Responses are ordered by frequency in the “most patients” column. The top responses include: “counsel and educate patients and families”, “conduct physical exams and obtain medical histories”, “order, perform and interpret tests, diagnostic studies”, “prescribe drugs for acute and chronic illnesses” and the

two categories “diagnosis, treatment, management of acute illnesses” and “diagnosis, treatment, management of chronic illnesses” were almost equal.

Figure 8: Summary of Services Provided by FPA-APRNs

Summary of Services Provided by Full Practice Authority Advanced Practice Registered Nurses					
Type of Service	Most Patients	Some Patients	Few Patients	No Patients	Total*
Diagnosis, treatment, management of acute illnesses	66.7% 158	20.3% 48	7.6% 18	5.5% 13	237
Diagnosis, treatment, management of chronic illnesses	67.6% 161	13.0% 31	11.3% 27	8.0% 19	238
Conduct physical exams, obtain medical histories	86.5% 205	6.8% 16	2.1% 5	4.6% 11	237
Counsel and educate patients and families	86.0% 203	8.5% 20	2.5% 6	3.0% 7	236
Order, perform, interpret lab tests, x-rays, EKGs, other diagnostic studies	70.7% 169	13.8% 33	9.2% 22	6.3% 15	239
Prescribe drugs for acute and chronic illnesses	72.7% 173	14.7% 35	6.7% 16	5.9% 14	238
Type of Service	Most Patients	Some Patients	Few Patients	No Patients	Total*
Deliver Anesthesia	1.7% 4	1.7% 4	6.5% 15	90.0% 208	231
Provide psychotherapy	9.1% 21	16.5% 38	11.3% 26	63.2% 146	231
Perform procedures	16.7% 39	29.2% 68	23.6% 55	30.5% 71	233
Type of Service	Most Patients	Some Patients	Few Patients	No Patients	Total*
Provide care coordination	54.2% 128	30.5% 72	10.6% 25	4.7% 11	236
Provide preventive care including screening and immunizations	53.6% 126	16.6% 39	14.0% 33	15.7% 37	235
Make referrals	44.4% 106	39.9% 95	10.9% 26	4.6% 11	238
Participate in practice improvement activities	40.0% 92	34.4% 79	14.4% 33	11.3% 26	230
Type of Service	Most Patients	Some Patients	Few Patients	No Patients	Total*

*Total indicates the number of respondents that perform a service; the number may vary from line to line depending on the number of respondents that answered each individual service affirmatively.

Figure 8: no response = 62 respondents

One survey question asked: “Do you have prescriptive authority, the ability and authority to prescribe medications and treatments to patients?” Ninety nine percent of FPA APRNs do have prescriptive authority. Three respondents answered that they did not have prescriptive authority, they indicated that they either did not need it to perform their job, or that they were in the process of obtaining prescriptive authority. Clinical Nurse Specialists (CNS) often work in inpatient settings where they may not need prescriptive authority. Of those nurses who have prescriptive authority, 97% have a controlled substance license. Approximately the same number (95%) also have a DEA number, which allows the APRN to prescribe certain controlled substances; 96% have a controlled substance license. The FPA-APRNs have prescriptive authority to prescribe to the panel of patients.

In the Fall of 2020 when these data were collected, according to Illinois statute, APRNs were required to work in a collaborative agreement with a physician unless they were practicing in hospital settings, ambulatory surgical treatment centers, or hospital affiliates (Illinois Nurse Practice Act, Article 65, Section 65-45). The Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs) are not required to have a collaborative physician agreement (Illinois Nurse Practice Act, Article 65, Section 65-43). This is reflected in the responses as to how often a physician is present on site to discuss patient problems as they occur. Fifty three percent (53%) responded either “NA- not required” or zero percent to this question (Q#23).

The survey requested responses as to the specific type of professional relationship the FPA-APRN has with the collaborating physician and respondents could choose more than one option. A question (Q#24) was asked, about the professional relationship between the FPA-APRN and the physicians. The majority of FPA-APRNs responses (39%) indicated that physician collaboration is not required. Those that did collaborate with a physician indicated that they collaborated with a physician who was on site (28%). The next top three collaborations arrangements were: the collaborating physician is the medical director who oversees the practice (20%); collaborate with a physician at another site (17%) and for 13% of APRNs there is no hierarchy, physician and APRN are equal colleagues. In response to a separate question (Q#25), the majority of FPA-APRNs (48%) who do work with a collaborating physician do not pay the collaborating physician or physicians a fee. Only 6% of respondents indicated that they do pay the collaborating physician a fee.

The respondents were asked “to what extent would you agree or disagree that you are allowed to practice to the fullest extent of your state’s legal scope of practice?” The second

question asks about the extent of agreement with “...my FPA-APRN skills are being fully utilized.” For both questions, approximately eighty percent of the FPA-APRNs respondents agreed that they are practicing to the full extent of their scope of practice and that their skills fully utilized.

Survey responses to billing arrangements and the use of a National Provider Identifier (NPI) number were derived from two questions. The response rate to the first question, “Do you have an NPI number”, was 100%. The second question asked, “Which of the following best describes your billing arrangements for your primary FPA-APRN position?” Options include “bill under my provider number (49%)”, “bill under a physician’s provider number (6%)”, “bill under my clinic/facility number (18%)”, “No billing, cash only (7%)”, and “No, billing, grant supported/ free clinic (3%)”. Approximately half of the FPA-APRNs bill under their own NPI provider number, which is slightly more than the APRNs (45%). How the FPA-APRNs and how APRNs bill, the billing options used, the percentages are similar, though less FPR-APRNs (6%) bill under a physician provider number compared with APRNs (10%), which is to be expected, as FPA-APRNs are not required to work with a collaborating physician.

Figure 9: Advanced Practice Nurse (FPA-APRN) Billing Arrangements

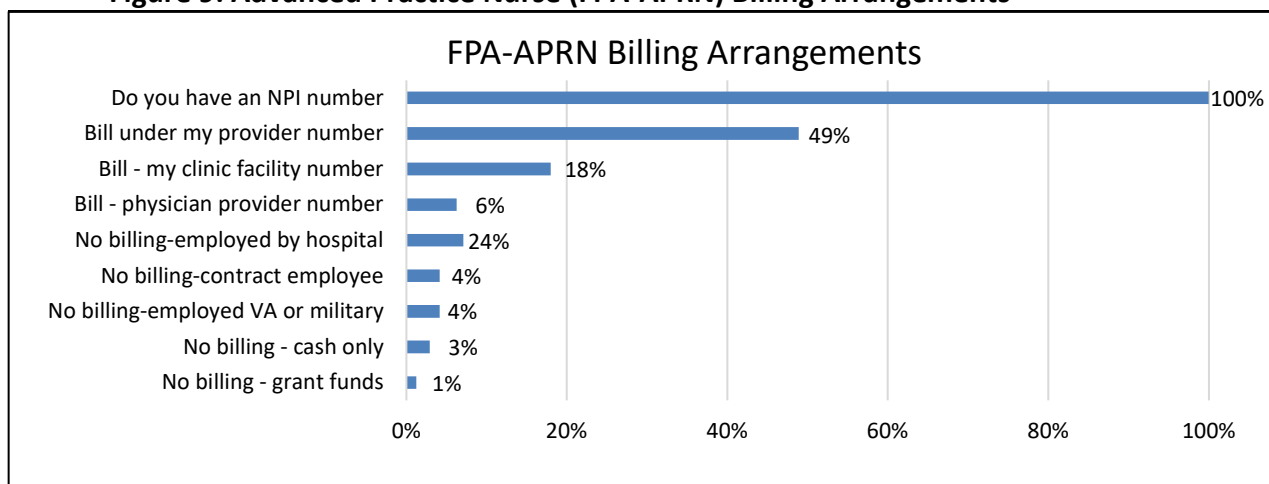


Figure 9: No response: do you have a National Provider Identifier (NPI) number = 70 respondents

Figure 9: No response: billing arrangements = 62 respondents

FPA-APRN survey respondents indicated reimbursement for services is from the following reimbursement options: Medicare (29%), Medicaid (25%), private insurance (37%), no insurance/self-pay (7%) and a small percent of FPA-APRN are not involved in direct patient care (3%). Services provided to Medicaid recipients are particularly important since it is anticipated that one-third of MDs will not accept any new Medicaid Patients. ¹

There were two questions about malpractice insurance (Q#35 and Q#36); one FPA-APRN responded that they did not have malpractice insurance, so 99.9% of FPA-APRN respondents do

have malpractice insurance. Of those that do have malpractice insurance, the employer pays for 74% of the respondents, 15% are self-pay, and for 11%, the cost of malpractice insurance is shared by both the employer and the FPA-APRN employee.

Emerging Trends: Workplace Violence

The Illinois General Assembly (IGA) recently passed the Health Care Violence Prevention Act (Public Act #100-1051) to combat the violence that occurs against health care workers in nearly all care settings. To better understand workplace violence, three questions were added. The questions were prefaced by the Emergency Nurses Association (ENA) definition of violence: an act of aggression directed toward persons at work or on duty that ranges from offensive or threatening to homicide. Workplace violence is commonly understood as any physical assault, emotional or verbal abuse, or threatening, harassing, or coercive behavior in the work setting that causes physical or emotional harm. Both the questions and the definition were used with permission from the Emergency Nurses Association.²

The three workplace violence questions are in the report appendix with the other survey questions. In summary, 34% of APRNs reported experiencing physical or verbal abuse (based on the ENA definition) at least quarterly or more often; 12% have never attended workplace violence training and the clear majority, 84%, know that the facility where they work has a policy for reporting workplace violence. Approximately 25% or 70 respondents skipped each of these questions.

Limitations

This is the first survey of Illinois Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs). Initial licensure of Illinois FPA-APRNs began in 2019. The Illinois Nursing Workforce Center requested a distribution of the FPA-APRN survey, the same time that the APRN survey would be distributed in November 2020. The request for participation was sent by the Illinois Department of Financial and Professional Regulation (IDFPR) Licensing Section to the 1,185 Illinois FPA-APRNs via email once on November 18, 2020. The survey was closed to data collection on December 31, 2020; the overall response rate was 301 or 25%. The 301 survey responses were the only responses included in this report.

Discussion

The 2020 Illinois Full Practice Authority Advanced Practice Registered Nursing (FPA-APRN) survey report provides valuable data on this important workforce. Initial licensure of Illinois FPA-APRNs began in 2019. There are four types of APRNs licensed in Illinois, but only three types of

FPA-APRNs. The three types of FNP-APRNs are: Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM) and Clinical Nurse Specialist (CNS). Much of the discussion will include comparisons between the FPA-APRN workforce and the APRN workforce in Illinois.

The size of the Illinois FPA-APRN workforce continues to grow. Similar to APRNs, most of the FPA-APRNs are the Certified Nurse Practitioner (NP) specialty group. With FPA-APRNs the overwhelming majority are NPs, 88% are NPs, in the Illinois APRN workforce, 78% are NPs. The comparison between the APRN and FPA-APRNs other specialties, Clinical Nurse Specialists (CNS) and Certified Nurse Midwives (CNM), the percentages are similar, there are 7% are CNSs for both FPA-APRNs and APRNs and 5% FPA-APRN CNMs with 4% APRN CNMs. The remainder of the APRNs are 11% Certified Registered Nurse Anesthetists (CRNA's); in Illinois CRNA's are not eligible to apply for an FPA-APRN license.

Another area of difference between the Illinois APRNs and the FPA-APRNs is the education that the practice is based upon. More FPA-APRNs have doctoral degrees than APRNs. In Illinois, to be eligible for either APRN or FPA-APRN licensure, one must have at least a master's degree in nursing. 27% of the FPA-APRNs have doctoral degrees, 21% of the doctoral degrees are DNPs. The APRNs, 15% have doctoral degrees, 12% of these are DNPs. Almost twice as many Illinois FPA-APRNs have doctoral degrees as do APRNs.

Another difference is the workplace settings. A significant portion of APRN respondents (39%) indicated they worked in a hospital acute care inpatient setting, while only 22% FPA-APRNs work in an inpatient setting. More FPA-APRNs (11%) work in a private APRN practice, or nurse run clinic compared to the 3% of APRNs that work in similar settings. Because more FPA-APRNs are in outpatient non-acute settings, that could impact why more FPA-APRNs, approximately 59%, manage a panel of patients, while only 45% of Illinois APRNs manage a panel of patents.

One final area of difference, and some of the differences are not great, is the practice specialty. Though some of the differences are not great, they are different and perhaps the next survey will determine if the differences continue. For example, approximately 10% FPA-APRNs have psych-mental health as their area of expertise, while approximately 6% APRN survey respondents claim the same expertise. Family practice, 25% FPA-APRN versus 15% APRN; Long-term care, 3% FPA-APRN versus 1% APRN; retail clinic, 5% FPA-APRN versus 2% APRN; urgent care clinic 7% FPA-APRN versus 5% APRN. These areas will bear watching.

Yet even with this overall growth, Illinois Nurse Practitioners (NPs) remain at approximately 60 per 100,000 population. There is reason for concern about the availability of APRNs to address the needs of Illinois citizens, particularly within Illinois' 229 Health Professional Shortage Areas.⁴ Though there are more FPA-APRNs (10%) specializing in mental health compared to APRNs (5%),

this is still a small number working as Psychiatric Mental Health (PMH) NPs challenged to address the 126 Illinois Mental Health Professional Shortage areas. With our ever increasing 65 years and over group (15.2%),⁴ also concerning is the small percent of FPA-APRNs practicing in Geriatrics (5%) and in long term care (3%). The complex needs of these populations and the growing shortages of physicians compound the workforce needs for this group.⁴

In Illinois, FPA-APRNs must first be licensed as APRNs prior to meeting Nurse Practice Act requirements as an FPA-APRN in Illinois. Discussion about education reflects discussion of APRN education. Schools/Colleges of Nursing must continue efforts to recruit and enroll diverse student cohorts. While cultural diversity is improving slightly in younger APRN age groups, the license FPA-APRNs remains largely female and the majority Caucasian/White (81%). This is of particular concern considering the cultural and racial diversity of the State: 17 % Hispanic or Latinx and 15 % Black or African American, and 6% Asian.⁵

Approximately fifty percent of FPA-APRNs provide direct care in a variety of ambulatory settings such as retail clinics, private nurse-run or physician practices, urgent care clinics, outpatient clinics. A limited fourteen percent provide inpatient services. Similar to APRNs, FPA-APRNs provide the basics of primary care, diagnosis/treatment/management, physical exams and prescribing medications. A large part of their role is also educating families and providing care coordination. The majority are responsible for a panel of patients, see between 10 and 20 patients per day and bill using their NPI. These FPA-APRNs are valuable providers for basic health needs of Illinois Citizens. In addition, FPA-APRN services are billed to Medicare (29%) and Medicaid (25%), which research demonstrates is of high quality yet with a less intensive use of costly health services.⁶

Finally, FPA-APRNs are a new type of provider license in Illinois. These data serve as an important baseline for gauging the impact of this increased practice authority. Billing may be one area to monitor. While 100% of FPA-APRNs have an NPI number, only 49% bill under this provider number, while 18% bill using the clinic NPI number, and 7% do not bill as they are employed by a hospital. It will be interesting to monitor how this continues to change when more FPA-APRNs become licensed in Illinois.

The 2020 Illinois FPA-APRN and APRN survey results indicate relatively low numbers of APRNs as primary care providers in the state. It is important to continue to recruit and train a diverse APRN workforce to address the human health care capital that will be needed in Illinois. This will be critical to low income and low access areas of the state. Continued data collection and focused workforce planning are vital to assure access to healthcare for all Illinois residents.

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Appendix A

Questions from the 2020 FPA-APRN Voluntary License Renewal Survey

1. What is your gender?
2. Are you Hispanic/Latino? (Yes or No)
3. Select one of the following races that apply to you.
4. What is your year of birth?
5. Please identify your APRN-FPA role?
6. Which educational program did you complete for your initial APRN-FPA preparation?
7. Please check all educational degrees that you have earned:
8. In what year did you receive your initial APRN license?
9. In what year did you receive your initial APRN-FPA license?
10. In what year did you receive your initial RN/registered nurse license?
11. In which state(s) or U.S. territories do you currently have certification/licensure/recognition to practice as an APRN or APRN-FPA? (Select up to 3)
12. In which area(s) have you ever received certification from a national certifying organization for APRNs? (Check all that apply)
13. Please estimate our 2019 pre-tax annual earnings from our APRN-FPA primary position. Include overtime, on-call earnings, and bonuses.
14. If you are not working as an APRN-FPA, what are the reasons? (Check all that apply)
15. In how many positions are you currently employed as an APRN-FPA?
16. Functioning in your primary APRN-FPA position, check the one term below that best describes the focus of your practice/facility. Choose from Primary Care, Subspecialties, Surgical Specialties, Other Specialties or check "Not working in a clinical specialty".
17. For this survey, your primary position refers to the APRN-FPA position in which you work the most hours per week and are compensated monetarily. Do not include volunteer positions or adjunct faculty status. Describe your primary position? Check only one.
18. In what type of setting do you work in your primary APRN-FPA position? (*Please select only one*)
19. Functioning in your primary APRN-FPA position, do you provide direct patient care?
20. Functioning in your primary APRN-FPA position, what percentage of your time is spent in each of the following roles? The total must equal 100%.
21. Regarding your primary APRN-FPA position, for how many patients do you provide the following services?
22. Which of the following best describes your primary APRN-FPA position billing arrangements?
23. How often is a physician present on site to discuss patient problems as they occur in your primary APRN-FPA position? (If you are not working with a collaborating physician, please skip to question #27)
24. What type of professional relationship do you have with the physician(s) in your primary APRN-FPA position? (Select all that apply)
25. Do you pay your collaborating physician a fee?

26. If you do pay your collaborating physician a fee, how would you define the fee schedule (Check all that apply)? Is it:
27. Are you privileged and credentialed at your primary place of employment?
28. To what extent would you agree or disagree with the following: In my primary APRN-FPA position I am able to practice to the fullest extent of my state's legal scope of practice.
29. To what extent would you agree or disagree with the following: In my primary APRN-FPA position, my APRN-FPA skills are being fully utilized.
30. I receive adequate administrative support in my primary APRN-FPA position in order that my APRN-FPA skills are fully utilized.
31. How many patients do you see on an average day?
32. Do you have a panel of patients you manage and for whom you are the primary provider?
33. Are you required to take evening or weekend call for your primary APRN-FPA position?
34. Are you compensated for taking evening or weekend call for your primary APRN-FPA positions?
35. Are you covered by malpractice insurance?
36. Who pays for your malpractice insurance?
37. Do you have prescriptive authority?
38. If you don't have prescriptive authority - why not?
39. Do you have a National Provider Identifier (NPI) number?
40. Do you have a controlled substance license in Illinois?
41. Do you have a personal drug enforcement administration (DEA) number?
42. Do you and/or your practice accept Medicaid?
43. Regarding patients for whom you provide care, who pays the majority of the cost?
44. How are you paid for your primary APRN-FPA position? (Select all that apply)
45. In a typical week, how many hours do you work in your primary APRN-FPA position?
46. What is the ZIP code(s) where you practice your APRN-FPA primary position? You may enter up to three zip codes, each followed by a comma. If you do not know the zip code, please supply the county
47. How often have you experienced patient/visitor/family physical or verbal abuse while at work?
48. Where have you attended workplace violence training?
49. Does your hospital/facility have a policy in place for reporting workplace violence incidents?
50. Approximately when do you plan to retire from nursing and APRN-FPA work?