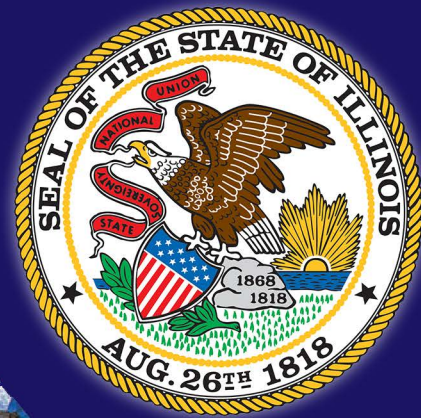




IDFPR

Illinois Department of
Financial and Professional Regulation



JB Pritzker
Governor

Mario Treto, Jr.
Secretary

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Completed in 2023, 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 by Eblasts post 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.

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About the Data/Introduction

The Illinois Nursing Workforce Center Full Practice Authority Advanced Practice Registered Nurse (FPA-APRN) Workforce Survey 2022

This is the second voluntary participation survey of Illinois Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs). Initial licensure of Illinois FPA-APRNs began in 2019. This is the first time that data was successfully collected through two separate eblasts to the Illinois licensed FPA-APRN email addresses after the extended biennial license renewal process was completed. The two 2022 eblast messages can be found in Appendix B.

The primary source of data for this report was from a voluntary survey offered to individual Full Practice Authority - Advance Practice Registered Nurses (FPA-APRNs) through two eblasts distributed in October 2022. The eblasts were distributed on October 5 and October 17, 2022, to the IDFPR FPA-APRN database of email addresses, approximately 2,000 Illinois FPA-APRNs. The biennial FPA-APRN license renewal was completed August 31, 2022. The eblasts were distributed after the FPA-APRN license renewal portal was closed, and at a time agreeable with Illinois Department of Financial and Professional Regulation (IDFPR) Licensing Section.

The 2022 license renewal period was extended from May 30 to August 31, 2022, by a Variance to 68 Illinois Administrative Code 1300.40 and 68 Illinois Administrative Code 1300.30(b), which require registered professional nurses (RNs), advanced practice registered nurses (APRNs), and advanced practice registered nurses with full practice authority (FPA-APRNs) to submit renewal documentation and pay the renewal fee by the deadline of May 31, 2022. The Variance was granted by Division of Professional Regulation Director Cecilia Abundis on April 5, 2022. RNs, APRNs and FPA-APRNs deadline for license renewal was 8/31/22.

On October 5, 2022, 2,182 Full Practice Authority - Advanced Practice Registered Nurses (FPA-APRNs) licensed in Illinois received the first eblast request to voluntarily participate in completion of an individual survey. As of October 16, 2022, 525 (24%) responses were received. On October 17, 2022, a second eblast was distributed to 2,157 Illinois FPA-APRNs; the email message had been adjusted in two places. First, the end of the first line the phrase: "...deadline for survey submission October 31, 2022"; and second, a final sentence was added: "If you have already completed this survey, thank you, you do not need to complete the survey a second time". The survey was closed on November 15, 2022, with 896 or 41% response rate of those who hold an Illinois FPA-APRN license.

The survey included 55 questions consistent with the Health Resources and Services Administration (HRSA) designed National Sample Survey of Nurse Practitioners (NSSNP) and the National Forum of State Nursing Workforce Centers (Forum) Supply Nursing Minimum Dataset. There were also additional questions on billing practices, compensation, place-of-work zip codes, retirement, and professional collaboration. There were questions about workplace violence and the impact of COVID-19 SARS-2 pandemic. A full list of survey questions is provided in Appendix A. Information from the survey is categorized into the following areas in this report: 1) demographic information such as age, diversity (race, ethnicity, gender), and retirement horizon; 2) human capital elements such as level of education, workplace role and employment specialty area; 3) job characteristics of work setting, annual salary, workplace violence, and 4) COVID-19 SARS-2 impact.

The survey was conducted through a direct email request for voluntary participation; 41% of the Illinois licensed 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

IL Nursing Workforce Center Full Practice Authority - Advanced Practice Registered Nurse (FPA-APRN) Survey 2022

Voluntary survey participation was offered to Illinois FPA-APRNs through two eblasts, on October 5 and October 17, 2022. The data portal remained open from October 5 through November 15, 2022. A total of 896 FPA-APRNs completed the survey, a 41% survey response rate.

The data quantifies the services FPA-APRNs provide, the diversity of FPA-APRN specialty areas, the process that is used to bill for these services, the variety of settings where patients receive these specialized services and reimbursement for 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, the median annual income is \$100,000-110,000.
- Employment setting: fifty-five per cent practice in an ambulatory setting – hospital outpatient clinic, private physician or nurse-run practice, urgent care, retail-based clinic, etc.
- Diversity: there is more racial and ethnic diversity of FPA-APRNs under the age of 54 years.
- Age: The IDFPR Active Licensee database has 24% of the FPA-APRNs age 55 and older. Approximately 40% of the FPA-APRN survey respondents indicated that they are 55 years of age or older. Survey respondents and the IDFPR Active Licensee Database both have approximately 29% of FPA-APRNs between 45 and 54 years of age.
- Education: 24% of FPA-APRNs have a doctoral degree, 21% of the doctoral degrees are a Doctorate of Nursing Practice (DNP).

Workplace Settings

55% Practice in an ambulatory care setting, such as a private physician or nurse-run private practice, hospital outpatient clinic, urgent care, retail-based care, etc.

15% Practice in hospital acute care settings, an inpatient unit, the emergency room, etc.

7% Practice in long term care, 7% public health, 2% palliative care, 12% other.

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 that of the APRN licensees, with slightly more African American (11%) and Male (8%) FPA-APRNs.

The racial and ethnic diversity of FPA-APRNs is more robust in FPA-APRNs under 44 years.

APRN Billing/Reimbursement

56% Manage a panel of patients and 48% bill exclusively under their individual National Provider Identifier (NPI) number, 18% bill under the clinic/facility NPI number.

Most FPA-APRNs see between 11 - 20 patients per day, with reimbursement for services from Medicare (23%), Medicaid (26%), Private Insurance (39%).

The full report is available on the INWC website after December 15, 2023.

<https://nursing.illinois.gov/resources/data-reports.html>

Executive Summary

General overview: This is the second voluntary participation survey of Illinois Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs). Initial licensure of Illinois FPA-APRNs began in Illinois in 2019. Data on the characteristics, supply, and distribution of Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs) licensed 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 data in this report was collected through two separate eblasts to FPA-APRNs living in Illinois. Participation was voluntary, 896 or 41% of the approximately 2,000 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, as well as educational preparation. This report also quantifies the services FPA-APRNs provide, the process that is used to bill for these services, and reimbursement for services provided. Finally, the survey captures the diversity of FPA-APRN specialty expertise and practice settings where patients receive these specialized services.

Specialty/Workplace Characteristics: There are three types of FPA-APRNs: Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM) and Certified Nurse Practitioner (CNP). The survey respondents reported on their nursing specialty expertise, and workplace setting where diagnosis and treatment is provided. The respondents were provided a choice amongst job settings as well as the option to write in settings that were not listed. Approximately 55% of respondents practice in ambulatory care settings; approximately 15% 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 provide direct patient care. Approximately 40% do not have a collaborating physician on site, though respondents reported a range of physician-collaborator relationships.

Age of workforce: The report presents important information about the age of the Illinois FPA-APRN workforce. More of the survey participants are in the upper age range (55+ years), than are in the IDFPR Active Licensee database, and the average age also varies based on type of FPA-APRN. The IDFPR Active Licensee database has 24% of the FPA-APRNs age 55 and older. Approximately 40% of the FPA-APRN survey respondents indicated that they are 55 years of age or older. The primary age range of two types of FPA-APRN survey respondents (CNP, CNM) is between 35 -54 years of age, 32% of Certified Nurse Practitioners and 24% of Certified Nurse Midwives are < 44 years of age. Most, over 70%, of FPA-APRN CNS survey respondents are 55 years of age or older.

Most FPA-APRNs are over 44 years of age, possibly reflecting working as an RN and an APRN prior to applying for Illinois FPA-APRN licensure.

Diversity: The racial and ethnic diversity of FPA-APRNs is more robust in those FPA-APRNs that are under 44 years of age. Though the majority, 79% of FPA-APRNs are White or Caucasian, a higher percent of FPA-APRNs from ethnic and racially diverse backgrounds are under the age of 44 years. For example, approximately 31% of Black or African American and 40% of Hispanic/Latinx and Asian American APRNs are 44 years of age or younger. Eight per cent of the FPA-APRNs are male. The results are similar to the racial and ethnic diversity data reported in the 2022 APRN survey.

Billing/Reimbursement: FPA-APRNs see approximately 20 patients per day, with reimbursement for services from Medicare (23%), Medicaid (26%), Private Insurance (39%) and no insurance or self-pay (11%). Slightly more than half (55%) of the FPA-APRN respondents indicated they manage a panel of patients. 100% of FPA-APRNs have a National Provider Identifier (NPI) number. Forty-eight percent of respondents bill exclusively under their NPI number; this was followed by 18% billing under the clinic/facility NPI number. In addition, 8% do not bill as they are employed by a hospital, approximately 4% are employed by a federal facility and 5% are contract employees. There is a range of services and a range of billing for services.

Summary: The 2022 Illinois FPA-APRN survey was the second survey of Illinois Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs). Initial licensure of Illinois FPA-APRNs began in 2019. This data is valuable as health care planners project the human health care capital that will be needed in Illinois. This report will be of useful 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 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>

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. The age ranges of survey respondents are similar to, but slightly older than the FPA-APRN age range in the Illinois Department of Financial and Professional Regulation (IDFPR) Active Licensee database <https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/licenselookup/alr/fy23/2023-10-01-activelicenseereport.pdf> . The IDFPR FPA-APRN age range is only available for the total number of FPA-APRNs, not the different types of FPA-APRNs. Since the age ranges differ based on type of FPA-APRN; it is useful for each category to be reviewed separately.

Figure 1 apports Advanced Practice Registered Nursing (APRN) age by type. There are four types of APRNs licensed in Illinois, but only three types of FPA-APRNs. The three types of FPA-APRNs are: Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM) and Certified Clinical Nurse Specialist (CNS). Figure 1 illustrates that the age range for CNP is essentially between the ages of 35-54 years of age (59%). CNM’s are slightly older, with 59% between the age range of 45-64 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. Approximately thirty-seven percent (37%) of Clinical Nurse Specialists (CNSs) are 66 years of age or older. The elevated age of the FPA-APRN CNS workforce may be partially 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	<30 years	30-34 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	6% 3	15% 7	43% 20	26% 12	11% 5	6% 47
Certified Nurse Midwife (CNM)	0% 0	5% 2	18% 7	15% 6	44% 17	13% 5	3% 1	5% 39
Certified Clinical Nurse Practitioner (CNP)	0% 0	4% 26	28% 212	31% 233	25% 185	9% 66	3% 21	89% 746
Total responses	0	28	222	246	222	83	27	832

Figure 1: No response: age= 10 respondents, Figure 1: No response: type of FPA-APRN= 55 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 506 in October 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 were asked two questions: “Are you Hispanic or Latinx”; 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 2022

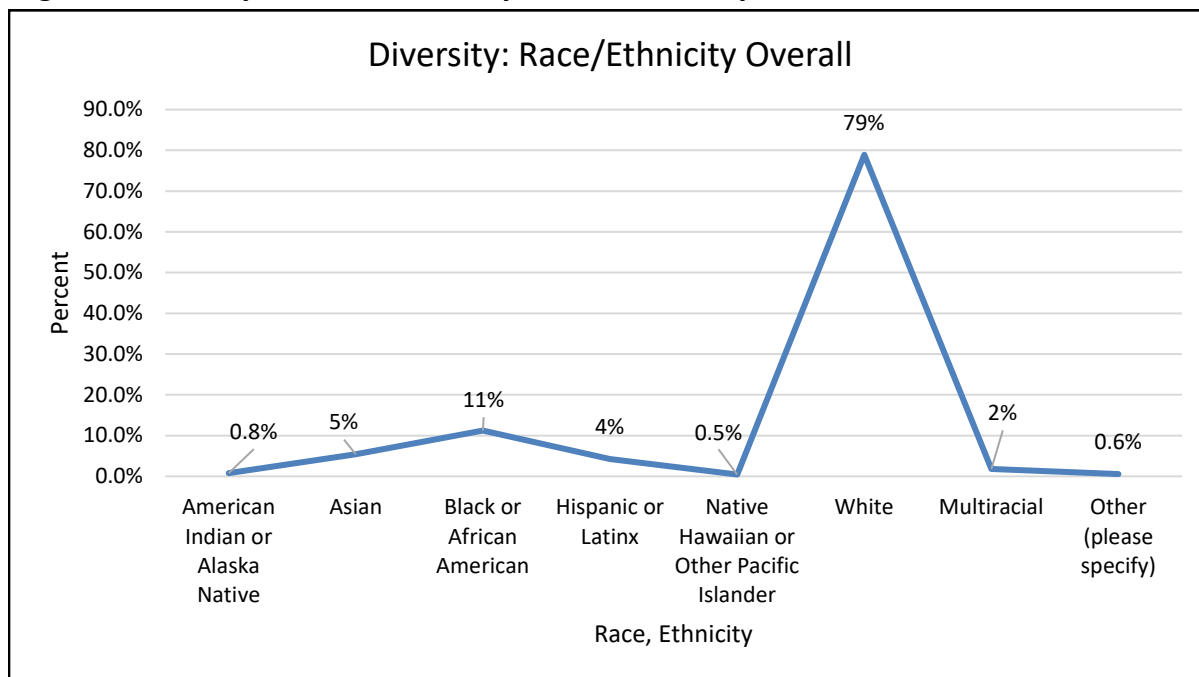


Figure 2: No response: ethnicity, Hispanic or Latino= 4 respondents.

Figure 2: No response: race = 8 respondents.

The distribution of racial and ethnic diversity of the Illinois Advanced Practice Registered Nurse (APRN) workforce is less robust than the diversity of the general population of the state. The United States (U.S.) Census Bureau July 1, 2022, reported that the Illinois population totaled approximately thirteen million (12,582,032). <https://www.census.gov/quickfacts/fact/table/IL/PST045222>

Of the Illinois residents, 15% are Black/African American. In contrast, Black/African American race was indicated by 11% of FPA-APRN respondents; while this is less than Illinois

population, it is more than the 8% APRN population that are Black/African American. Hispanic/Latinx comprise 18% of the population of Illinois but only 4% of survey FPA-APRN respondents. Survey responses indicated a clear majority of FPA-APRNs are White/Caucasian (79%), while 76% of Illinois residents are White/Caucasian. Schools of nursing and workforce initiatives continue to seek to recruit and to retain student cohorts reflective of the diversity of the general state population.

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

Age Ethnicity and Race	<30 years	30-34 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	14.29% 1	28.57% 2	28.57% 2	14.29% 1	14.29% 1	0.8% 7
Asian N	0% 0	2.17% 1	36.96% 17	39.13% 18	19.57% 9	0% 0	2.17% 1	6% 46
Black or African American N	0% 0	1% 1	30% 30	35% 35	24% 24	4% 4	6% 6	11% 100
Native Hawaiian or Other Pacific Islander N	0% 0	0% 0	50% 2	0% 0	50% 2	0% 0	0% 0	0.5% 4
White N	0% 0	4.17% 29	25.32% 176	27.77% 193	28.2% 196	11.08% 77	3.46% 24	79% 695
Multiracial N	0% 0	0% 0	37.5% 6	43.75% 7	6.25% 1	12.5% 2	0% 0	2% 16
Hispanic or Latinx N	0% 0	7.89% 3	31.58% 12	26.32% 10	28.95% 11	5.26% 2	0% 0	5% 38
Female N	0% 0	3.7% 30	26.63% 216	28.85% 234	26.88% 218	9.99% 81	3.95% 32	92% 811
Male N	0% 0	2.82% 2	30.99% 22	33.8% 24	26.76% 19	5.63% 4	0% 0	8% 71
Age, Gender	<30 years	30-34 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 = 15 respondents; ethnicity question: no response = 3 respondents; gender question: no response = 2 respondents.

The majority of the FPA-APRN survey respondents are between the ages of thirty-five to fifty-four years of age. For example, approximately 65% of both 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, 56% are fifty-four years of age or younger. Seventy-eight 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; 54% survey respondents became licensed as an RN either in 2000 or before (Q#10). RN licensure is required prior to APRN and FPA-APRN licensure.

The IDFPR Active Licensee database has 24% of the FPA-APRNs age 55 and older. Approximately 40% of the FPA-APRN survey respondents indicated that they are 55 years of age or older; survey age cohorts for Illinois FPA-APRNs in 2022 are similar to those reported in 2020. Survey respondents and the IDFPR Active Licensee Database both have approximately 29% of FPA-APRNs between 45 and 54 years of age.

The majority of FPA-APRN survey respondents (58%) received their initial APRN license between 2010 and 2022 (Q#8); a few between 1978 and 1999 (16%). 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 is not as robust as that of the Illinois population, it is increasing. <https://www.census.gov/quickfacts/fact/table/IL/PST045218>

Though Illinois 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 almost half of survey participants (46%) plan to stay in the workforce beyond 10 years. Thirty-seven percent (37%) indicate they will retire within the next 10 years; twelve per cent indicate that they are undecided when they will retire.

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 (1).

Advanced educational credentials are a requirement of both the Advanced Practice Registered Nurse (APRN) and the Full Practice Authority (FPA)- 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 acquired 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) approved application (IL NPA Article 65, Section 65-5(4)).

This extensive 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 obtained when they acquired their pre-licensure RN education. Less than two per cent of respondents reported completing a "certificate program" as initial preparation for licensure as an APRN. These APRNs with only certificates have been grandfathered into Illinois APRN licensure for many years.

Figure 4: All Educational Degrees Earned

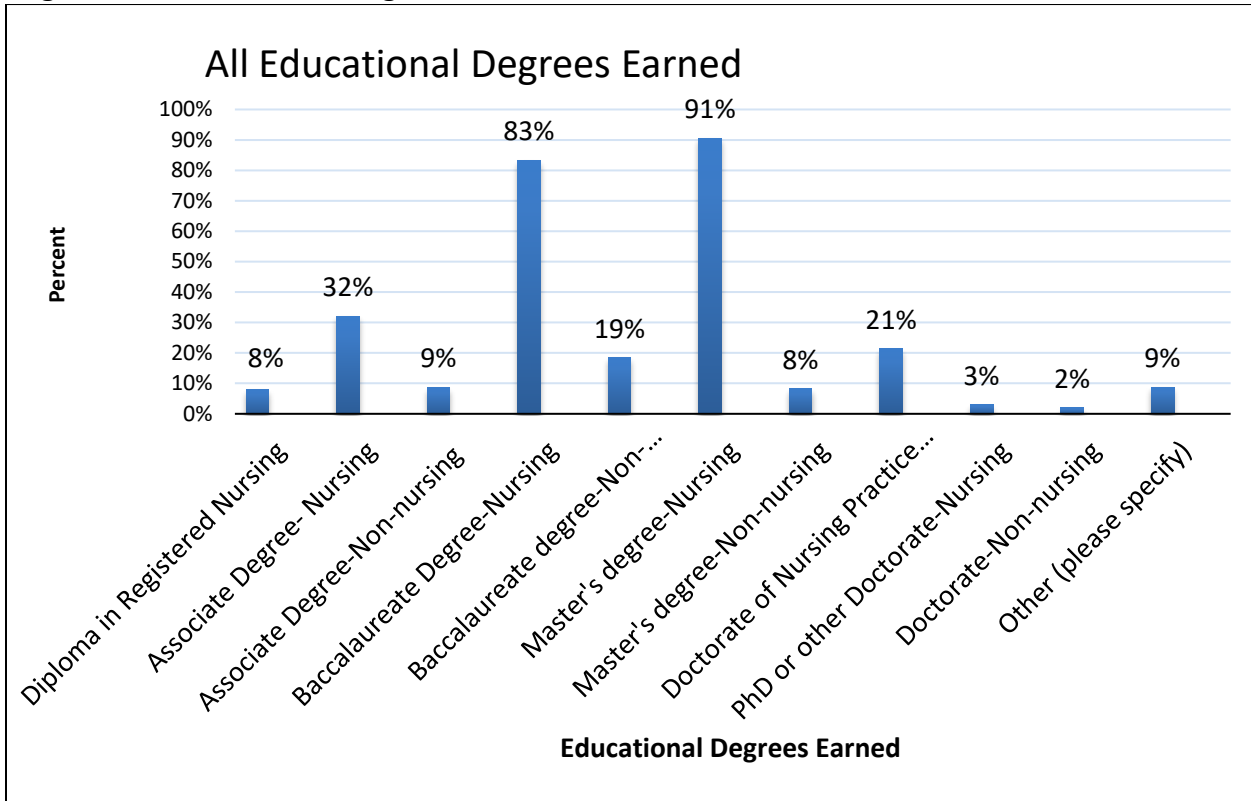


Figure 4: No response = 1 respondent.

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) also mandates for licensure as an advanced practice registered nurse in Illinois, the education minimum is a master’s degree in nursing (Illinois NPA Article 65, Section 65-5). Figure 4 above shows the types of degrees that Illinois APRNs have earned, including 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, including the degree obtained prior to licensure as an RN and prior to licensure as an APRN.

The FPA-APRN license requires: 1) licensure as an APRN; 2) acquiring at least 4,000 hours of clinical training working as an APRN; 3) at least 250 CE hours and 4) 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 Illinois Nursing Workforce Center website includes links to nursing education programs, pre-licensure through graduate degrees <https://nursing.illinois.gov/education.html>

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

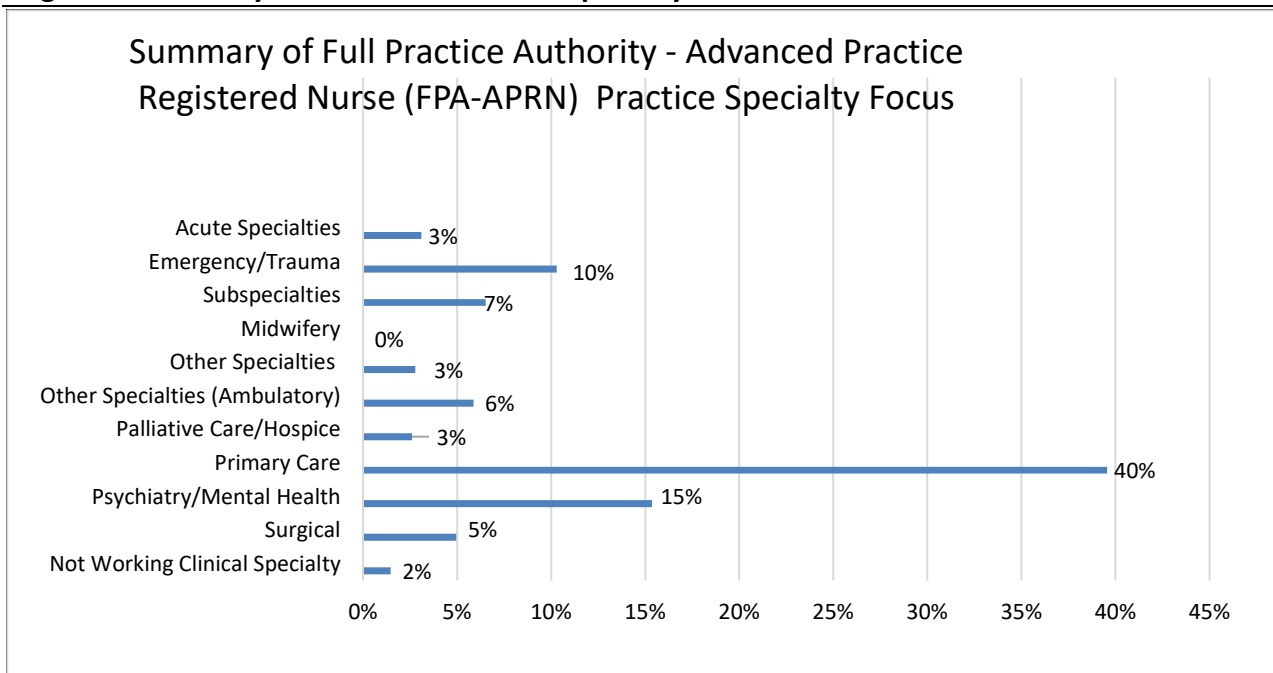


Figure 5: No response = 140 respondents.

The specialties that were combined are as follows:

- **Acute Specialties (3/1%):** Hospitalist (1.31%), Intensive Care (0.65%), Neonatal (1.14%)
- **Emergency, Trauma, Urgent Care (10.3%):** Emergency (2.29%), Urgent care (8.01%)
- **Subspecialties (6.52%):** Advance Disease Management (0.82%), Cardiology (1.96%), Endocrinology (0.65%), Gastroenterology (0.65%), Hematology/Oncology (0.65%), Infectious Disease (0.49%), Pulmonary/Respiratory (0.16%), Renal/Nephrology (0.98%), Rheumatology (0.16%)
- **Midwifery (0%):** (0%)
- **Other Specialties (2.78%):** Allergy and Immunology (0.33%), Dermatology (0.98%), Interventional Radiology (0.0%), Neurology (0.65%), Wound/Ostomy (0.82%)
- **Other Specialties (Ambulatory Settings) (5.87%):** Long Term Care (1.14%), Occupational Health (1.47%), Rehabilitation (0.65%), School Health (0.65%), add Telehealth (1.96%)
- **Palliative Care, Pain Management (no Hospice option offered) (2.61%):** (2.61%)
- **Primary Care (39.55%):** includes Pediatrics through Gerontology/Geriatrics: Internal Medicine (8.01%), Family Practice (21.57%), Geriatrics (5.23%), General Pediatrics (1.63%), Pediatric Specialties (1.80%), OB/GYN Women’s Health (1.31%)
- **Psychiatric/Mental Health (15.36%):** (15.36%)
- **Surgical (4.96%):** Peri-Operative (0.16%), General Surgery (0.82%), Urological Surgery (0.65%), Orthopedic Surgery (0.33), Other Surgery (3%)
- **Other (8%):** (8%)
- **Not Working in a Clinical specialty (1.47%):** (1.47%)

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 2022. 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 2021 FPA-APRN Pre-Tax Annual Earnings

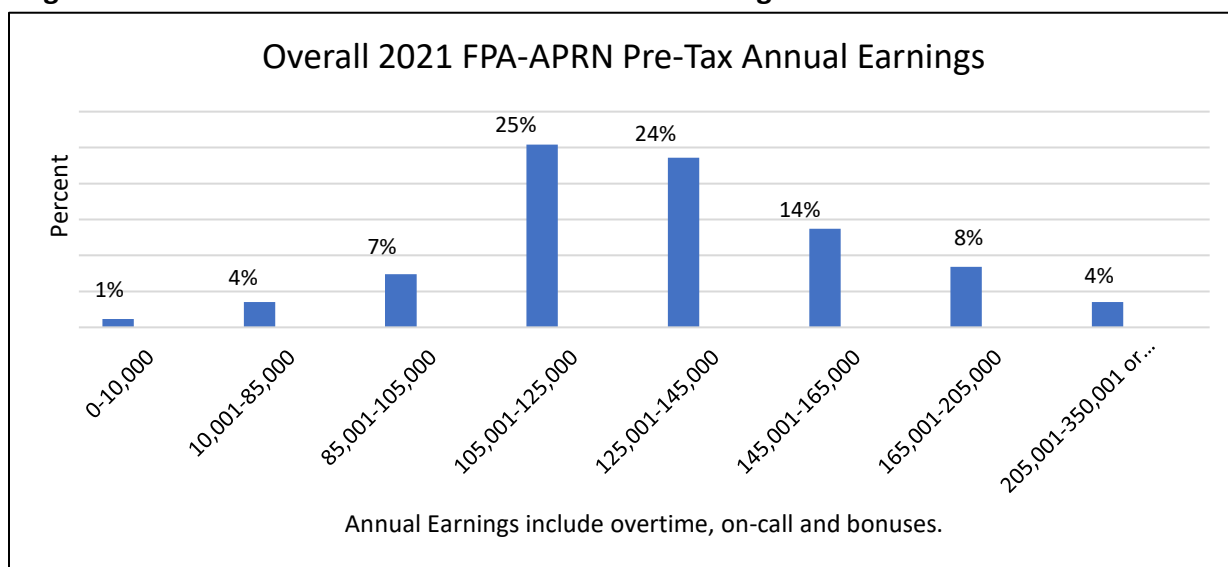


Figure 6: No response = 145 respondents; 13.51% responded that they do not work full-time.

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 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-five per cent indicate they receive an annual salary rather than an hourly rate (22%) or a percentage of billing (9%). This, too, is consistent with the national trend, according to the United States Department of Labor for APRNs (there was no information on FPA-APRNs) (2). The U. S. 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. In addition to working days, they may work evenings, 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> United States Department of Labor, Bureau of Labor Statistics Occupational Outlook Handbook, 2021, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners).

While the majority (65%) of FPA-APRNs are paid an annual salary, 22% are paid by the hour, and approximately 9% are paid by receiving a percentage of billing. The majority of FPA-APRNs (66%) indicate that they are not required to take evening or weekend call. Of those who are required to take call 29% indicate they either are not compensated for taking evening or weekend call, or taking call is included as part of the annual salary compensation. Fourteen percent indicate that they are compensated separately 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, elder care, public or community health and general other. Amongst the various hospital settings, most APRNs work either on an inpatient unit (9%) or emergency department (2%). The major ambulatory or outpatient settings where FPA-APRNs are employed are either a private physician office or practice (16%), a private APRN office/practice or nurse managed clinic (14%), a hospital outpatient clinic (9%) or an ambulatory setting such as urgent care or a retail clinic (9%). This is different from the 2022 APRN workplace settings, where a significant portion of APRN respondents (41%) indicated they worked in a hospital inpatient or other hospital setting, only 22% FPA-APRNs work in an inpatient setting. More FPA-APRNs (14%) work in a private APRN practice, or nurse run clinic compared to the 1% of APRNs that work in similar settings as reported in the 2022 APRN survey report.

Figure 7: Summary of FPA-APRN Employment Settings

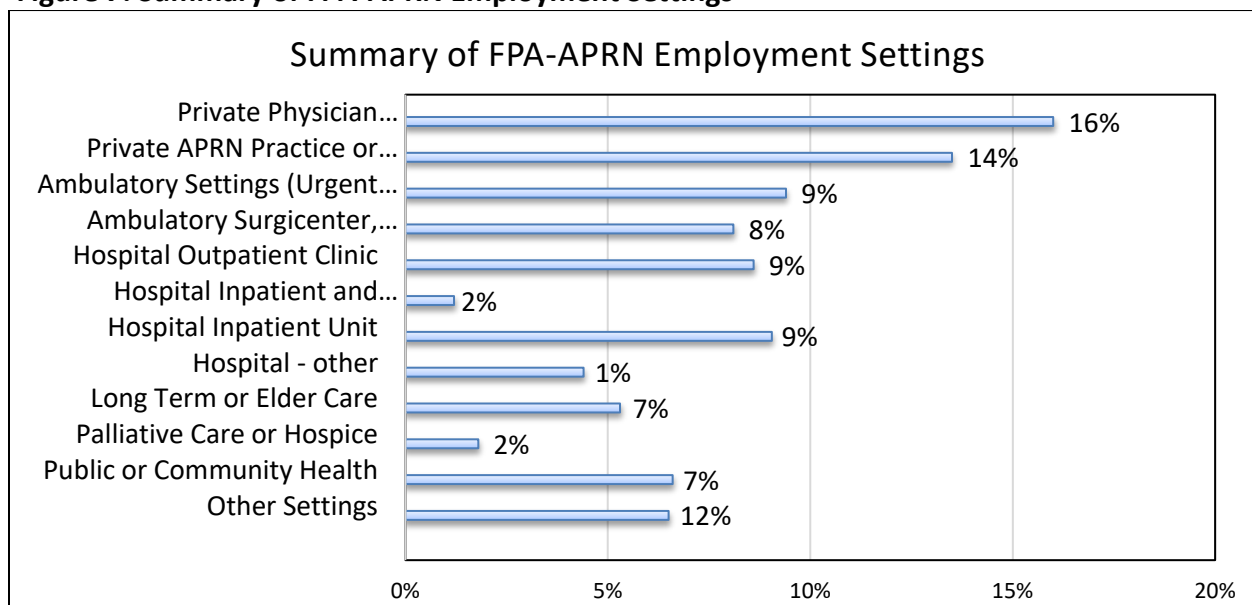


Figure 7: No response = 144 respondents.

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 (15.6%):** private practice physician office, practice
- **Ambulatory settings (30.9%):** Private APRN practice (12.2%), Nurse managed clinic (1.3%), Retail based clinic (2.1%), Urgent care clinic (7.2%), Ambulatory surgery center (0.0%), Federal clinic (FQHC, VA, Military, NIH, IHS) (8.1%)
- **Hospital outpatient clinic setting (8.6%):** (not an emergency department) (8.6%)
- **Hospital inpatient settings (14.8%):** Hospital inpatient unit (9.1%), Hospital operating room and/or peri-operative area (0.2%), Hospital emergency department (2.3%), Federal hospital (Military, VA, NIH, IHS) (0.8%), Hospital administration (1%), Hospital educator/education of staff and/or patients (0.2%), combination hospital inpatient and outpatient settings (1.2%)
- **Long term and elder care (5.3%):** Long-term care facility (3.0%), Home care agency (0.5%) Advance disease management (1.8%),
- **Palliative Care, Hospice (1.8%):** Palliative care (1.5%), Hospice (0.3%),
- **Public or Community Health (6.6%):** Community clinic (3.0%), Correctional facility (0.7%), Health department (1.0%), Mental health center (1.2%), Rural health clinic (0.7%)
- **Other settings (6.5%):** Academic (university/college) education program (2.3%), Health maintenance organization/managed care (0.7%), Occupational/employee health (1.8%), School/college health service (0.7%), Research (0.7%), Government agency (0.3%),
- **Other (3.14%)** (written descriptions): (3%)

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, telemedicine, skilled nursing facility, ambulatory care setting with various types funding and independent contractor/self- employed.

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, some totals were higher than 100%. Regardless of workplace setting, the vast majority of time was spent providing patient care/documentation (73%), with equitable amounts of time spent teaching/precepting/orienting (54%), supervision/administration (47%) and a limited amount of time spent with “other activities” (10%). There was a 25% non-response rate to this question.

The FPA-APRNs were asked how many patients they provided services to in an average day, providing care as described above. FPA-APRNs indicated the number of patients seen in an average day: while sixty per cent saw between 11-20 patients per day, the number varied widely within that range. 15% saw between 0-10 patients in a day, 15% saw between 11-14 patients in a day. Ten per cent saw 15 patients per day, eleven per cent saw between 16-19 patients per day and ten per cent saw 20 patients per day. Very few FPA-APRNs saw more than 20 patients per day, 8% saw between 21-29 patients, very few saw more than 30 patients in a 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 56% of respondents indicated they manage a panel of patients; this is more than the Illinois 2022 APRN survey which indicated that 42% of Illinois APRNs manage a panel of patents. With FPA-APRN licensure, including that approximately 89% 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, though this is approximately the same per cent managing a panel of patients as in 2020.

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

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*
Conduct physical exams, obtain medical histories	84.5% 552	6.6% 43	4.0% 26	4.9% 32	653
Counsel and educate patients and families	83.3% 554	11.3% 75	2.9% 19	2.6% 17	665
Prescribe drugs for acute and chronic illnesses	77.1% 506	11.6% 76	5.8% 38	5.5% 36	656
Diagnosis, treatment, management of acute illnesses	70.5% 464	18.5% 122	5.8% 38	5.2% 34	658
Order, perform, interpret lab tests, x-rays, EKGs, other diagnostic studies	68.6% 452	19.4% 128	6.7% 44	5.3% 35	659
Diagnosis, treatment, management of chronic illnesses	65.3% 428	17.6% 115	10.4% 68	6.7% 44	655
Type of Service	Most Patients	Some Patients	Few Patients	No Patients	Total*
Provide psychotherapy	11.9% 77	16.4% 106	15.1% 98	56.6% 367	648
Perform procedures	13.2% 85	26.9% 173	25.0% 161	34.9% 225	644
Deliver Anesthesia	0.9% 6	2.5% 16	6.1% 39	90.5% 579	640
Type of Service	Most Patients	Some Patients	Few Patients	No Patients	Total*
Provide care coordination	49.2% 321	31.2% 204	13.3% 87	6.3% 41	653
Provide preventive care including screening and immunizations	47.6% 310	18.3% 119	15.2% 99	19.0% 124	652
Make referrals	41.2% 272	39.9% 26495	14.7% 97	4.2% 28	661
Participate in practice improvement activities	35.2% 229	32.0% 208	18.0% 117	14.8% 96	650
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 = 230 respondents

One survey question asked: “Do you have prescriptive authority?” Ninety nine percent of FPA-APRNs do have prescriptive authority. A small number, approximately 12% of respondents answered that they did not have prescriptive authority, and that they did not need prescriptive authority to perform their job. Clinical Nurse Specialists (CNS) often work in inpatient settings where they may not need prescriptive authority. Of those nurses who have prescriptive authority, 96% also have a controlled substance license. Approximately the same percent (95%) also have a DEA number, which allows the APRN to prescribe certain controlled substances. The overwhelming majority of FPA-APRNs have prescriptive authority to prescribe to a panel of patients.

In the Fall of 2022 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. Thirty six percent (36%) responded either “NA - not required” or 13% indicated physicians present zero percent of the time to this question.

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. One question asked about the professional relationship between the FPA-APRN and the physicians. Most FPA-APRNs responses (43%) 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 (30%). The next top three collaboration arrangements were: the collaborating physician is the medical director who oversees the practice (17%); collaborate with a physician at another site (15%) and for 14% of APRNs there is no hierarchy, physician and APRN are equal colleagues. In response to a separate question, the majority of FPA-APRNs (46%) who do work with a collaborating physician do not pay the collaborating physician or physicians a fee. Only 5% of respondents indicated that they do pay the collaborating physician a fee. If collaborating physicians were paid a fee, the fee was monthly (8%), yearly (1%) or a per centage or reimbursement (4%).

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 99%. 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 (48%)”, “bill under a physician’s provider number (6%)”, “bill under my clinic/facility number (18%)”, “No billing, cash only (5%)”, and “No, billing, grant supported/ free clinic (1%)”. Approximately half of the FPA-APRNs bill under their own NPI provider number, which is slightly more than the APRNs (43%). 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 (9%), which is to be expected, as FPA-APRNs are not required to work with a collaborating physician.

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

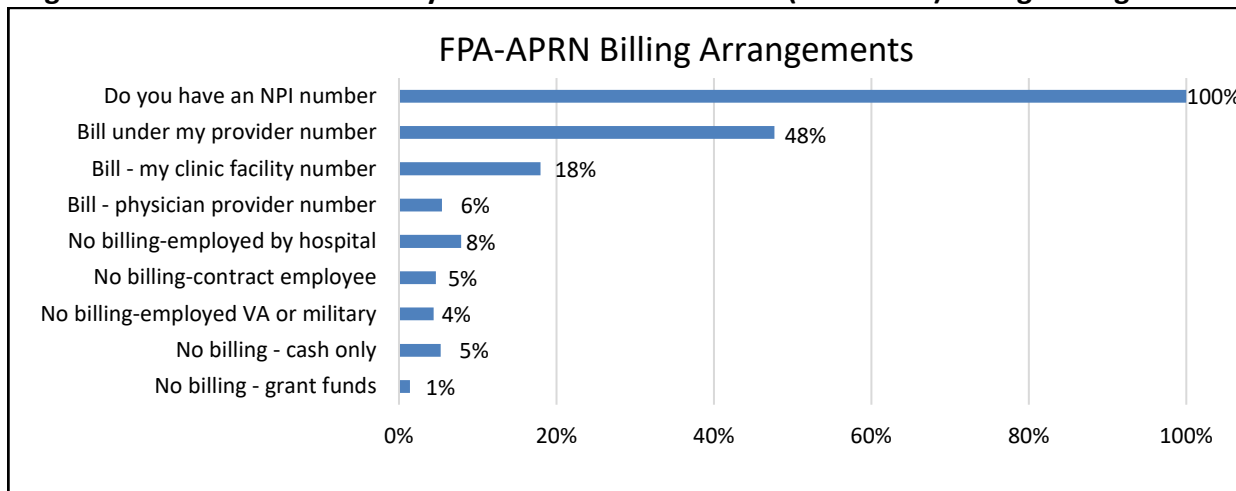


Figure 9: No response: do you have a National Provider Identifier (NPI) number = 255 respondents.

Figure 9: No response: billing arrangements = 235 respondents.

FPA-APRN survey respondents indicated reimbursement for services is from the following reimbursement options: Medicare (23%), Medicaid (26%), private insurance (39%), no insurance/self-pay (11%) and a small percent of FPA-APRN are not involved in direct patient care (1%). Services provided to Medicaid recipients are particularly important since it is anticipated that one-third of MDs will not accept any new Medicaid Patients (3).

There were two questions about malpractice insurance; ten FPA-APRN responded that they did not have malpractice insurance, so 98% of FPA-APRN respondents do have malpractice insurance. Of those that do have malpractice insurance, the employer pays for 73% of the respondents, 18% are self-pay, and for 9%, 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) in 2019 passed the Health Care Violence Prevention Act (Public Act #100-1051, effective 1/1/2019) to combat the violence that occurs against health care workers in nearly all care settings. To better understand workplace violence, three survey 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 (4).

The three workplace violence questions are in the report appendix with the other survey questions. In summary, 42% of APRNs (up from 34% in 2020) reported experiencing physical or verbal abuse (based on the ENA definition) at least quarterly or more often; 16% (up from 12%) have never attended workplace violence training and the clear majority, 81%, know that the facility where they work has a policy for reporting workplace violence. Approximately 30% or 266 respondents skipped each of these questions (in 2020: 25% did not respond these questions).

COVID-19 Impact

Four specific COVID-19 impact questions, were asked. The first asked: *Have you switched jobs since Fall 2020? If yes, please list the type of switch: a different care unit, a different employer, a temporary staffing agency, or if you are working as a travel nurse.* Approximately 19% (167) skipped answering this question (total 896); of those that responded, 63% indicated that they had not switched jobs since Fall 2020. The next highest response rate: 27% indicated that they had switched employers and are with a different employer; 3% indicated they had switched jobs but are with the same employer. Approximately 0.7% indicated that they are working for a temporary staffing agency and one FPA-APRN indicated that she is working as travel nurse. Three FPA-APRNs (0.4%) indicated that they are no longer working as a nurse and 0.8% indicated that they are now retired. Of those that answered this question the majority, 63%, maintained the same role and function during the 2020-2022 pandemic.

Two specific COVID-19 questions: *Are you required to provide proof of completion of COVID-19 vaccination series to maintain employment?* Approximately 19% (173) skipped the question; of those that responded, 70% indicated yes, a COVID-19 vaccination series is required to maintain employment. The second question: *If you have an approved COVID-19 exemption, how often are you required to complete a COVID-19 test to maintain employment?* Only 20% responded to the question; since the response rate is limited, it is not included.

A final question in this section asked about COVID-19 impact on the work environment, staffing, pay, scheduling and nurse support. The question: *Due to ongoing concerns about nurses' emotional well-being and burnout, many organizations have implemented policies directly aimed at the safety, well-being and support of the nursing workforce. Please check which revisions have occurred at your current place of employment since Fall 2020. Check all that apply.* There was a 66% response rate to this question. Response options: are divided into the following areas:

- Work environment: 45% experienced new PPE policies and practices; 20% experienced increased access to mental health services.
- Pay: 25% received an increase rate of pay; 13% COVID-19 received hazard pay; 16% received bonus pay; and 4% received an increased amount of paid time off.
- Scheduling: 24% received an increased flexible scheduling; 9% received an increased “ease ability” to schedule paid time off; 5% paid leave of absence.
- Temporary staffing assistance: 13% experienced increased number of travel nurses as coworkers; 11% increased number of temporary agency nurses as coworkers.
- Other: approximately half of the comments stated that the FPA-APRN did not receive any change in rate of pay, bonus pay, additional time off or access to mental health resources.

In summary, for nurses responding to this COVID-19 impact question there were many changes in the work environment including rate of pay, scheduling and support services.

Limitations

This is the second voluntary participation survey of Illinois Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs) conducted by the Illinois Nursing Workforce Center. Initial licensure of Illinois FPA-APRNs began in 2019. This is the first time that data was successfully collected by two separate eblasts to the approximate 2,000 Illinois licensed FPA-APRN email addresses after the extended biennial license renewal process was closed August 31, 2022. The response rate was 41%. The two 2022 eblast messages can be found in Appendix B.

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 ten people). The age ranges of respondents are similar to, but slightly older than the FPA-APRN age range in the Illinois Department of Financial and Professional Regulation (IDFPR) Active licensee data base. The IDFPR FPA-APRN age range is only available for the total number of FPA-APRNs, not the different types. Since the age ranges differ based on type of FPA-APRN; it is useful for each category to be reviewed separately. The differences between the survey respondents and the IDFPR FPA-APRN active licensee age ranges can be found in Appendix D.

Discussion and Implications

The 2022 Illinois Full Practice Authority Advanced Practice Registered Nursing (FPA-APRN) survey report provides valuable data on this important and new healthcare 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, 89% 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 6% FPA-APRN CNSs and 7% APRN CNSs 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. 24% of the FPA-APRNs have doctoral degrees, 21% of the doctoral degrees are DNPs. The APRNs, 18% have doctoral degrees, 16% of these are DNPs. A higher percentage of Illinois FPA-APRNs have doctoral degrees as do APRNs.

Another difference is the workplace settings. A significant portion of APRN respondents (33%) indicated they worked in a hospital acute care inpatient setting, while only 15% FPA-APRNs work in an inpatient setting. More FPA-APRNs (14%) work in a private APRN practice, or nurse run clinic compared to the 5% 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 89%, manage a panel of patients, while only 42% 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 15% FPA-APRNs have psych-mental health as their area of expertise, while approximately 6% APRN survey respondents claim the same expertise. Family practice, 22% FPA-APRN versus 15% APRN; urgent care clinic 8% 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 (5). Though there are more FPA-APRNs (15%) specializing in mental health compared to APRNs (6%), 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%), also concerning is the small percent of FPA-APRNs practicing in Geriatrics (5%) and in long term care (1%). The complex needs of these populations and the growing shortages of physicians compound the workforce needs for this group (6).

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 (79%). This is of particular concern considering the cultural and racial diversity of the State: 18 % Hispanic or Latinx and 15 % Black or African American, and 6% Asian.

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 fifteen 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 (23%) and Medicaid (26%), which research demonstrates is of high quality yet with a less intensive use of costly health services (6).

Finally, FPA-APRNs are a relatively new type of primary healthcare 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 48% bill under this provider number, while 18% bill using the clinic NPI number, and 8% do not bill as they are employed by a hospital. It will be interesting to monitor how or if this changes when more FPA-APRNs become licensed in Illinois.

The 2022 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 2022 FPA-APRN Voluntary License Renewal Survey

1. What is your gender? (Are you... 4 options: Fem, Male, Prefer not, Other...comment)
2. Are you Hispanic/Latinx? (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 FPA-APRN role?
6. Which educational program did you complete for your initial APRN 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 FPA-APRN 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 FPA-APRN? (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. In how many positions are you currently employed as and FPA-APRN?
14. Full-time employment: Please estimate your 2021 pre-tax annual earnings from your FPA-APRN primary position. Include overtime, on-call earnings and bonuses.
15. Part-time employment: please only answer if you work part-time. Please estimate your part-time 2021 annual earnings. Report an approximate annual rate for working less than an average of 30 hours of service per week or 130 hours of service per month.
16. Are you working as a self-employed FPA-APRN working directly with patients?
17. Are you required to provide proof of completion of COVID-19 vaccination series to maintain employment?
18. If you have an approved COVID-19 exemption, how often are you required to complete a COVID-19 test to maintain employment?
19. Due to ongoing concerns about nurses' well-being and burnout, many organizations implemented policies directly aimed at the safety, well-being and support of the nursing workforce. Please check which revisions have occurred at your current place of employment since Fall 2020. Please check all that apply.
20. Have you switched jobs since Fall 2020? If yes, please list the type of switch: a different unit, a different employer, a temporary staffing agency, if you are working as a travel nurse, etc.
21. If you are not working as an FPA-APRN, what are the reasons? (Check all that apply)
22. Functioning in your primary FPA-APRN 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".
23. For this survey, your primary position refers to the FPA-APRN 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.

24. In what type of setting do you work in your primary FPA-APRN position? (*Please select only one*)
25. Functioning in your primary FPA-APRN position, do you provide direct patient care?
26. Functioning in your primary FPA-APRN position, what percentage of your time is spent in each of the following roles? The total must equal 100%.
27. Regarding your primary FPA-APRN position, for how many patients do you provide the following services?
28. Which of the following best describes your primary FPA-APRN position billing arrangements?
29. How often is a physician present on site to discuss patient problems as they occur in your primary FPA-APRN position? (If you are not working with a collaborating physician, please skip to question #27)
30. What type of professional relationship do you have with the physician(s) in your primary FPA-APRN position? (Select all that apply)
31. Do you pay your collaborating physician a fee?
32. If you do pay your collaborating physician a fee, how would you define the fee schedule (Check all that apply)? Is it:
33. Are you privileged and credentialed at your primary place of employment?
34. To what extent would you agree or disagree with the following: In my primary FPA-APRN position I am able to practice to the fullest extent of my state's legal scope of practice.
35. To what extent would you agree or disagree with the following: In my primary FPA-APRN position, my FPA-APRN skills are being fully utilized.
36. I receive adequate administrative support in my primary FPA-APRN position in order that my FPA-APRN skills are fully utilized.
37. How many patients do you see on an average day?
38. Do you have a panel of patients you manage and for whom you are the primary provider?
39. Are you required to take evening or weekend call for your primary FPA-APRN position?
40. Are you compensated for taking evening or weekend call for your primary FPA-APRN position?
41. Are you covered by malpractice insurance?
42. Who pays for your malpractice insurance?
43. Do you have prescriptive authority?
44. If you don't have prescriptive authority - why not?
45. Do you have a National Provider Identifier (NPI) number?
46. Do you have a controlled substance license in Illinois?
47. Do you have a personal drug enforcement administration (DEA) number?
48. Do you and/or your practice accept Medicaid?
49. Regarding patients for whom you provide care, who pays the majority of the cost?
50. How are you paid for your primary FPA-APRN position? (Select all that apply)
51. In a typical week, how many hours do you work in your primary FPA-APRN position?

52. What is the ZIP code(s) where you practice your FPA-APRN 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.
53. How often have you experienced patient/visitor/family physical or verbal abuse while at work?
54. Where have you attended workplace violence training?
55. Does your hospital/facility have a policy in place for reporting workplace violence incidents?
56. Approximately when do you plan to retire from nursing and FPA-APRN work?

Appendix B

Survey Eblast Wording

Date: October 5, 2022

Subject line: Full Practice Authority Advanced Practice Registered Professional Nurse (FPA-APRN) License – data collection from licensee:

We are requesting approximately 5 minutes of your time. All data will be reported in the aggregate for use in determining nursing workforce projections and needs in Illinois. Individual responses will remain anonymous and confidential. Although this report is not mandatory, your participation is critical, since employees in the field are our best and most reliable real-time source of information available. By participating in this report, you will be helping to ensure that there will be an uninterrupted supply of nurses to meet the increasing future demands in the healthcare industry.

Please click here to participate in the [survey](#)

Date: October 17, 2022

Subject line: Full Practice Authority - Advanced Practice Registered Professional Nurse (FPA-APRN) License – data collection from licensee:

We are requesting approximately 5 minutes of your time. Deadline for survey submission October 31, 2022. All data will be reported in the aggregate for use in determining nursing workforce projections and needs in Illinois. Individual responses will remain anonymous and confidential. Although this report is not mandatory, your participation is critical, since employees in the field are our best and most reliable real-time source of information available. By participating in this report, you will be helping to ensure that there will be an uninterrupted supply of nurses to meet the increasing future demands in the healthcare industry.

Please click [here](#) to participate in the survey.

If you have already completed this survey, thank you, you do not need to complete the survey a second time.

Appendix C

Illinois APRNs* and FPA-APRNs** by Illinois County

Illinois County	County (Est) Population	APRNs per County	Illinois County	FPA-APRNs per County
ADAMS	65,326	167	ADAMS	16
ALEXANDER	4,340	6	ALEXANDER	3
BOND	16,413	28	BOND	4
BOONE	53,232	56	BOONE	8
BROWN	6,037	10	BROWN	0
BUREAU	32,725	46	BUREAU	3
CALHOUN	4,242	5	CALHOUN	0
CARROLL	15,798	13	CARROLL	1
CASS	12,862	14	CASS	1
CHAMPAIGN	207,299	481	CHAMPAIGN	56
CHRISTIAN	33,801	46	CHRISTIAN	1
CLARK	15,191	27	CLARK	2
CLAY	13,129	19	CLAY	3
CLINTON	36,641	83	CLINTON	12
COLES	44,760	93	COLES	5
COOK	5,299,802	7,900	COOK	853
CRAWFORD	18,337	36	CRAWFORD	6
CUMBERLAND	10,270	14	CUMBERLAND	3
DE WITT	98,998	19	DE WITT	2
DEKALB	15,204	113	DEKALB	15
DOUGLAS	19,668	23	DOUGLAS	4
DUPAGE	937,662	1,705	DUPAGE	200
EDGAR	16,353	21	EDGAR	2
EDWARDS	6,101	9	EDWARDS	2

Illinois County	County (Est) Population	APRNs per County	Illinois County	FPA-APRNs per County
EFFINGHAM	34,797	91	EFFINGHAM	16
FAYETTE	21,293	30	FAYETTE	3
FORD	13,369	17	FORD	0
FRANKLIN	37,276	43	FRANKLIN	8
FULTON	32,571	57	FULTON	5
GALLATIN	4,754	6	GALLATIN	0
GREENE	11,415	20	GREENE	1
GRUNDY	53,274	72	GRUNDY	17
HAMILTON	7,855	31	HAMILTON	2
HANCOCK	17,176	14	HANCOCK	4
HARDIN	3,448	7	HARDIN	0
HENDERSON	6,105	6	HENDERSON	0
HENRY	48,924	68	HENRY	6
IROQUOIS	26,285	32	IROQUOIS	2
JACKSON	50,802	118	JACKSON	10
JASPER	9,164	20	JASPER	2
JEFFERSON	36,600	90	JEFFERSON	10
JERSEY	21,071	27	JERSEY	4
JO DAVIESS	21,843	16	JO DAVIESS	4
JOHNSON	13,527	31	JOHNSON	1
KANE	516,897	647	KANE	90
KANKAKEE	105,717	152	KANKAKEE	16
KENDALL	137,008	203	KENDALL	35
KNOX	49,082	64	KNOX	6
LA SALLE	717,606	117	LA SALLE	13

Illinois County	County (Est) Population	APRNs per County	Illinois County	FPA-APRNs per County
LAKE	108,377	952	LAKE	109
LAWRENCE	14,815	15	LAWRENCE	3
LEE	33,578	53	LEE	4
LIVINGSTON	34,873	30	LIVINGSTON	1
LOGAN	27,291	35	LOGAN	6
MACON	25,627	208	MACON	16
MACOUPIN	310,670	54	MACOUPIN	10
MADISON	171,368	495	MADISON	47
MARION	101,967	91	MARION	11
MARSHALL	44,127	9	MARSHALL	0
MASON	264,833	13	MASON	0
MASSAC	37,216	13	MASSAC	0
MCDONOUGH	11,472	43	MCDONOUGH	1
MCHENRY	12,612	361	MCHENRY	54
MCLEAN	13,791	296	MCLEAN	32
MENARD	12,174	28	MENARD	0
MERCER	15,477	17	MERCER	3
MONROE	35,562	91	MONROE	11
MONTGOMERY	27,742	52	MONTGOMERY	6
MORGAN	32,126	55	MORGAN	7
MOULTRIE	14,430	13	MOULTRIE	4
OGLE	51,275	60	OGLE	10
PEORIA	180,432	476	PEORIA	30
PERRY	20,525	22	PERRY	5
PIATT	16,655	44	PIATT	7

Illinois County	County (Est) Population	APRNs per County	Illinois County	FPA-APRNs per County
PIKE	14,232	27	PIKE	2
POPE	3,550	8	POPE	2
PULASKI	4,902	3	PULASKI	2
PUTNAM	5,526	6	PUTNAM	0
RANDOLPH	29,170	44	RANDOLPH	6
RICHLAND	15,687	27	RICHLAND	5
ROCK ISLAND	143,811	160	ROCK ISLAND	14
SAINT CLAIR	253,602	389	SAINT CLAIR	31
SALINE	23,426	42	SALINE	3
SANGAMON	196,007	617	SANGAMON	47
SCHUYLER	6,710	8	SCHUYLER	0
SCOTT	4,826	53	SCOTT	7
SHELBY	20,579	27	SHELBY	1
STARK	5,223	18	STARK	0
STEPHENSON	43,706	43	STEPHENSON	5
TAZEWELL	130,128	322	TAZEWELL	45
UNION	17,706	16	UNION	0
VERMILION	71,956	121	VERMILION	17
WABASH	11,184	15	WABASH	2
WARREN	16,574	16	WARREN	3
WASHINGTON	13,473	36	WASHINGTON	2
WAYNE	16,005	20	WAYNE	2
WHITE	13,640	14	WHITE	1
WHITESIDE	54,848	68	WHITESIDE	6
WILL	701,995	1,165	WILL	155

WILLIAMSON	67,393	179	WILLIAMSON	13
WINNEBAGO	282,374	495	WINNEBAGO	45
WOODFORD	38,407	89	WOODFORD	6
Illinois County	County (Est) Population	APRNs per County	Illinois County	FPA-APRNs per County
		APRN		FPA-APRN

*APRN: Advanced Practice Registered Nurse license

**FPA-APRN: Full-Practice Authority -Advanced Practice Registered Nurse license

The above grid of the number of Advanced Practice Registered Nurse Active Licensees (APRNs) and Full-Practice Authority-Advanced Practice Registered Nurse Active Licensees (FPA-APRNs) per each of the Illinois 102 counties was completed June 2-6, 2023. The grid includes nurses that have a name, date of birth, and an address including zip code in Illinois. The county address is based on the address that the APRN or FPA-APRN submitted with either license application or license renewal. Historically, the address is either where the nurse licensee lives or works - especially if the employer pays the licensure fee.

The June 2023 population number of individuals per county is from Illinois population by counties 2023 weblink <https://worldpopulationreview.com/states/illinois/counties>

Appendix D

Illinois Full Practice Authority- Advanced Practice Registered Nurses (FPA-APRN) Ages

Age Ranges by Birth Year	FPA-APRN Active Licensees*	Per Cent of Respondents	Difference	FPA-APRN Survey Responses**	Per Cent of Respondents
18-24 years 1998-2005	0	0%		0 0= 1993-2002	
25-34 years 1988-1997	202	8%	AL: (+) +4%	30-34yrs	4%
35-44 years 1978-1987	974	38%	AL: +11%	239	27%
45-54 years 1968-1977	750	29%		259	29%
55-64 years 1958-1967	483	19%	Survey: +8%	238	27%
65-70 years 1952-1957	130	5%	Survey: +5%	86	10%
70+ years 1925-1951	39	0.4%	Survey: +3%	32	4%
FPA-APRN Total	2,578	98.9%		896	100%

*FPA-APRN Active Licensee (AL) data, done June 2023, is from the IDFPR licensure database. Active Licensee data includes FPA-APRNs only licensed as an FPA-APRN, with a date of birth, and includes both those with an Illinois mailing address and those with a mailing address in another state.

**The 2022 FPA-APRN Survey Responses data is from the data collected voluntarily from FPA-APRNs responding to the survey request. The request for participation was sent by eblast on both October 5 and 17, 2022 to approximately 2,000 actively licensed Illinois FPA-APRNs. The survey was sent to both those that have an Illinois mailing address those with a mailing address in another state. The survey portal was closed 11/16/2022. For this question about age/date of birth, approximately 10 survey participants or 0.11% did not respond. A total of 896, approximately 41%, of Illinois FPA-APRNs participated in the supply survey questions, including this question about age.

Difference: Central column: this column shows the difference between the number of FPA-APRNs in the active licensee database and the number of FPA-APRNs that voluntarily responded to the survey request for participation. In general, more FPA-APRNs over the age of 55 years responded to the survey, approximately 16% more. A significant percent (46%) of actively licensed Illinois FPA-APRNs are age 25-44 years of age.

Full Practice Authority (FPA)

Advanced Practice Registered Nurse (APRN)

DRAFT#5

2022 Workforce Survey Report