

Nurse Practitioners: Keeping Our Commitment to Arkansas

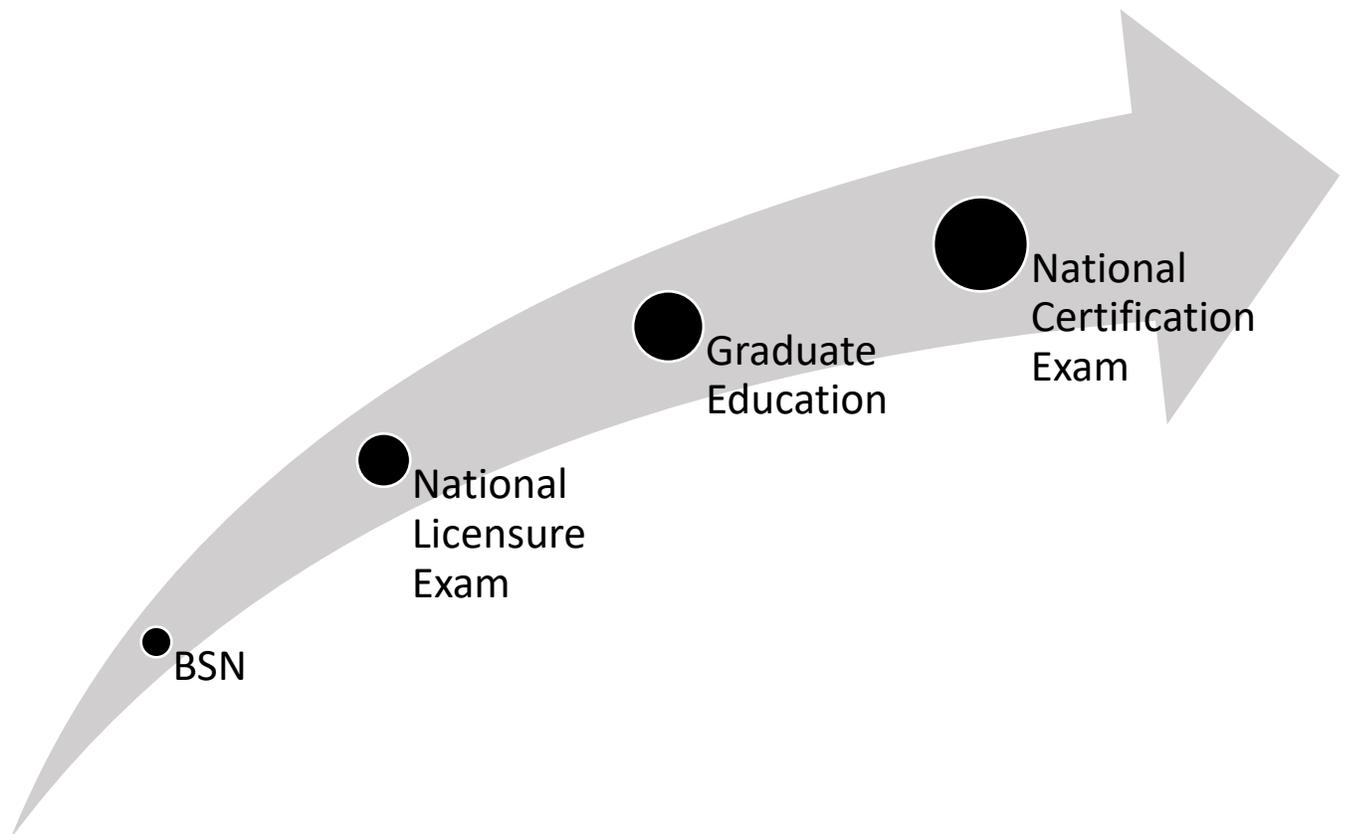
- Certified Nurse Practitioner (CNP) was one of four APRN roles established by Act 409 of 1995
- Currently 7,072 active CNP licenses (Arkansas State Board of Nursing [ASBN], 2/18/2026)
- 1,067 CNPs and CNSs with Certificates of Full Independent Practice (ASBN, 2/20/2026)

Certifications of active CNPs

Family	70%
Psychiatric/Mental Health	11%
Adult/Gerontology Acute Care	9%
Adult/Gerontology Primary Care	5%
Pediatric Primary Care	3%
Women's Health	2%
Acute Care	2%
Pediatric Acute Care	1%
Neonatal	1%
Adult	1%
Gerontological	<1%

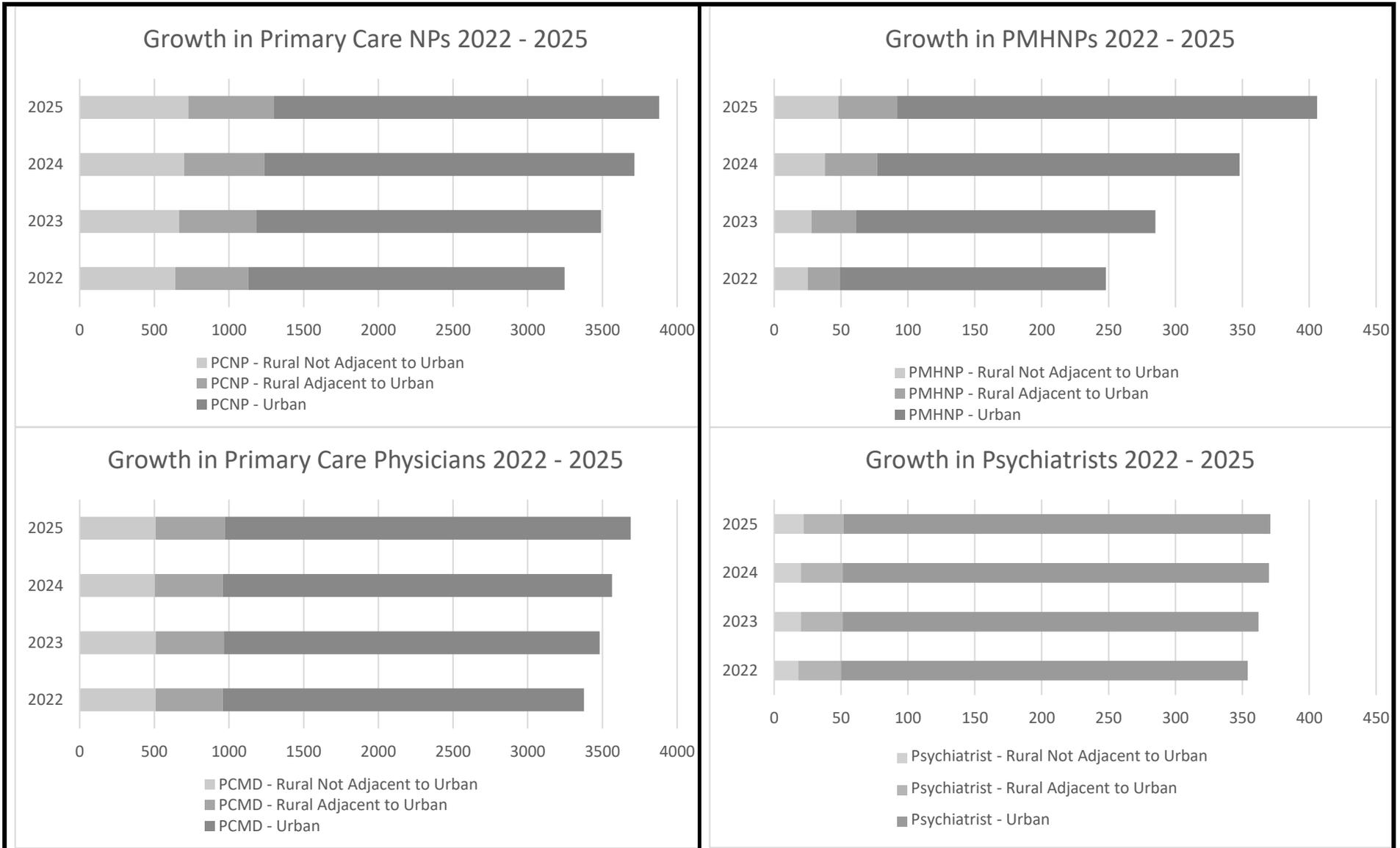
(ASBN, 1/8/2026)

CNP Education



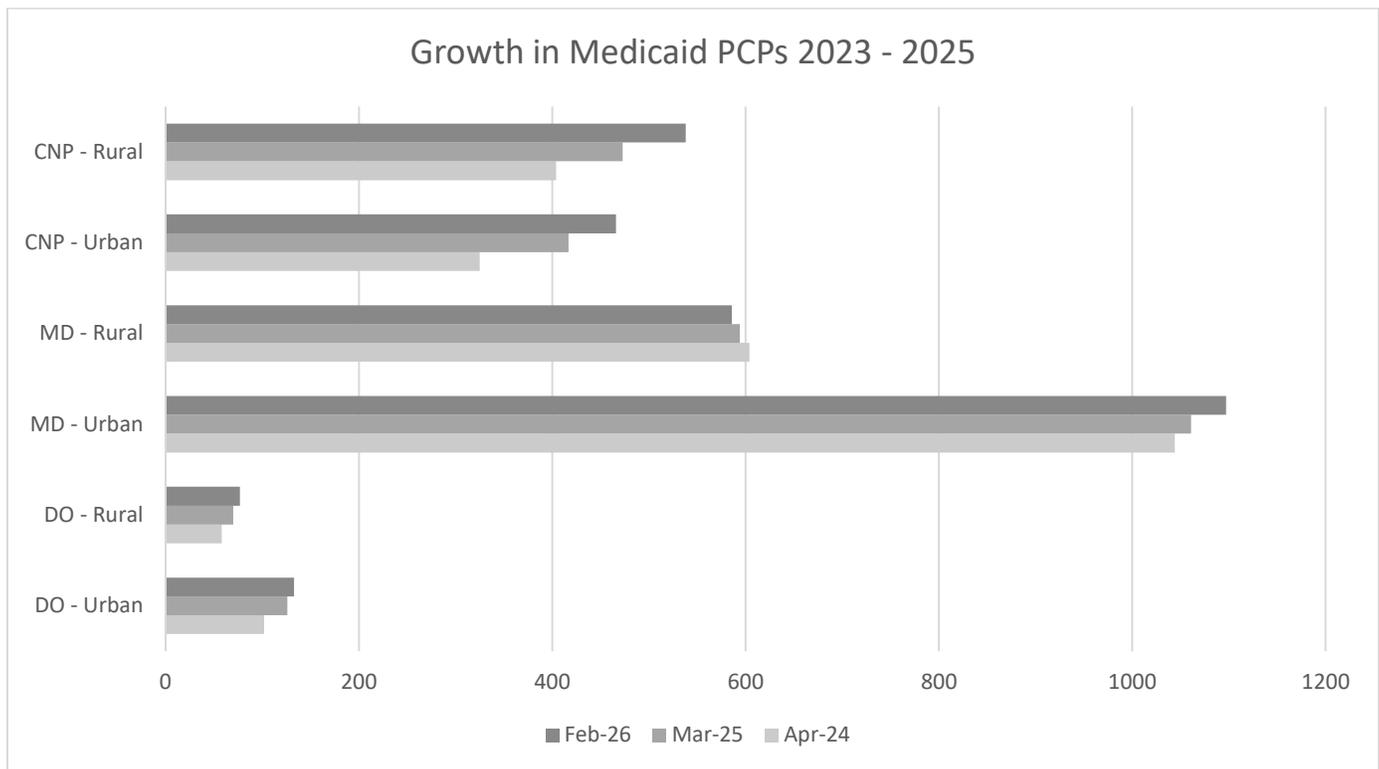
CNPs Increase Access to Rural Primary and Mental Healthcare

(Raw data from Monthly NPPES Downloadable files [https://download.cms.gov/nppes/NPI_Files.html] June 2022, June 2023, June 2024, & June 2025. Data management and analysis by L. DeClerk)



Growth in CNPs as Medicaid Primary Care Providers (PCPs)

(Data collected longitudinally from <https://afmc.org/individuals/connectcare> by L. DeClerk, analysis by L. DeClerk)



CNPs are the only Medicaid PCPs in Calhoun and Newton County, and in 47 communities in Arkansas.

Ongoing Barriers that Delay or Stop Care for CNPs' Patients

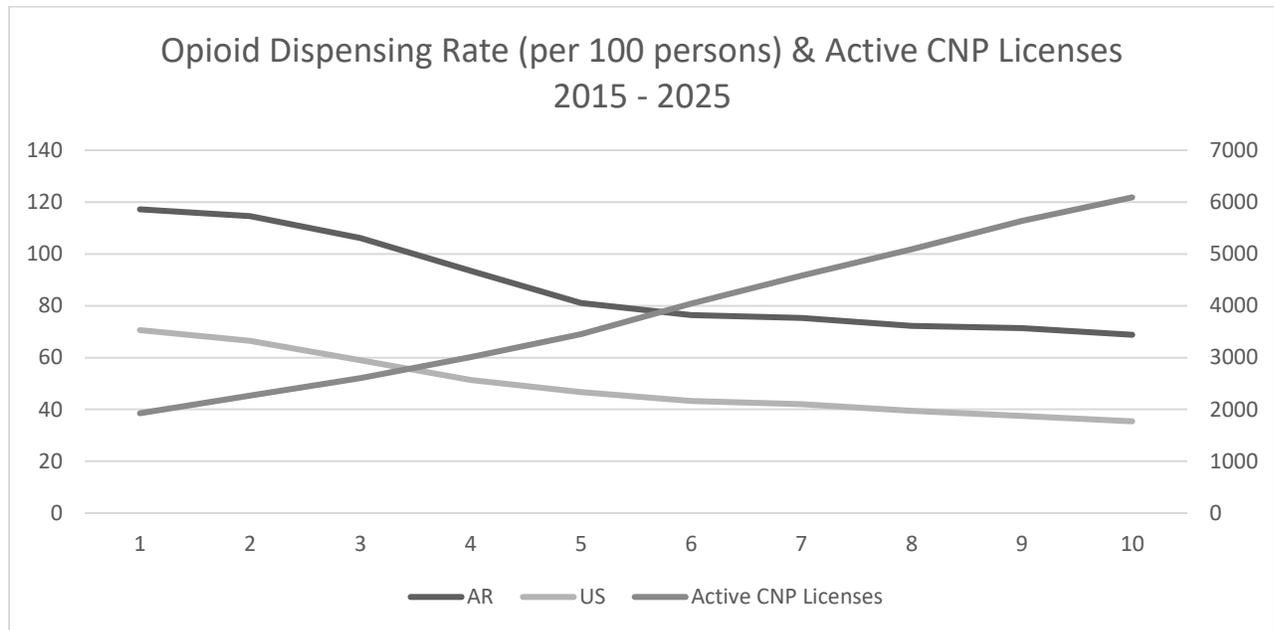
- 1) CNPs are unable to
 - a. Initiate and adjust stimulants to manage ADHD.
 - b. Prescribe opioids if appropriate for patients with chronic pain disorders unless the patient is seen by a physician every 6 months.
- 2) CNPs are limited in their options of medications to manage chronic pain and acute pain that lasts more than 5 days.
 - a. These statutory barriers necessitate patients making an additional appointment with a provider they do not know for care of their chronic health conditions, increasing cost and delaying care.
 - b. Patients may choose not to get care due to the added costs – copays, time of work, travel, etc.
- 3) CNPs receive lower reimbursement than physicians for the same care
 - a. 80% of the physician allowable for Medicaid, and 75 – 85% for other insurances.
 - b. This makes it more difficult to maintain a clinic in rural and underserved areas.
- 4) Obtaining and maintaining a collaborative practice agreement (CPA) with a physician can be difficult and expensive (typically \$2000+ per month).
 - a. This especially limits PMHNPs, who are often 1099 contract employees and pay for their CPA, as well as CNPs who own a clinic.
 - b. 27 states have full practice authority, allowing NPs to practice to the level of the education and certification without a contract with another provider.
 - c. In 10 states, CNPs are never required to have a CPA or other contract with another provider.

Of note, not being a Full Practice Authority State limited the amount that Arkansas could receive in the Rural Health Transformation Grant.

CNPs are Safe Opioid Prescribers

From 2015 to 2024, opioid dispensing rates in Arkansas decreased from 117.2 per 100 residents to 68.8 per 100 residents. Although much higher than the U.S rate the decrease followed a similar trend.

- During that time, the number of CNPs licensed in AR more than tripled, from 1926 to 6642
- There were some statutory changes in CNP practice
 - Authority to prescribe hydrocodone containing compounds that were rescheduled to Schedule II in 2015
 - Authority to prescribe 5 days of Schedule II opioids for acute pain in 2019



Data on opioid dispensing rates from <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>. Data on CNP licenses from ASBN Annual Reports and ASBN Update July 2025.

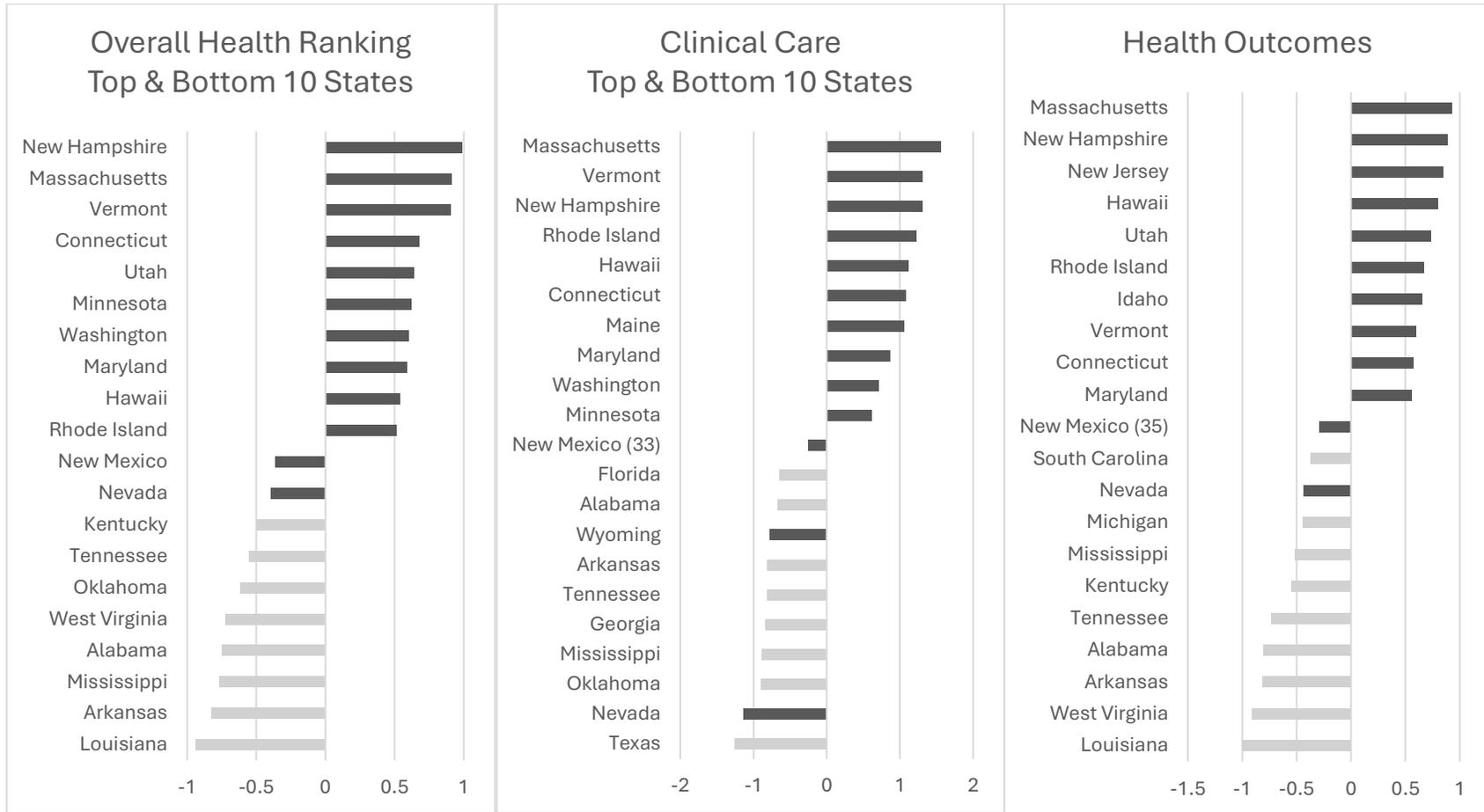
Safeguards that increase safety of opioid prescribing:

- Arkansas prescription drug monitoring program and mandatory review
- Required Board of Nursing CE prior to license renewal
- Mandatory opioid CE before obtaining / renewing DEA registration
- Chronic pain management requirements in ASBN Rules
- Revised CDC chronic pain management guidelines
- Mandatory co-prescription of naloxone in certain instances

Comparison of Top and Bottom Performing States

(from <https://www.americashealthrankings.org/publications/reports/2025-annual-report>)

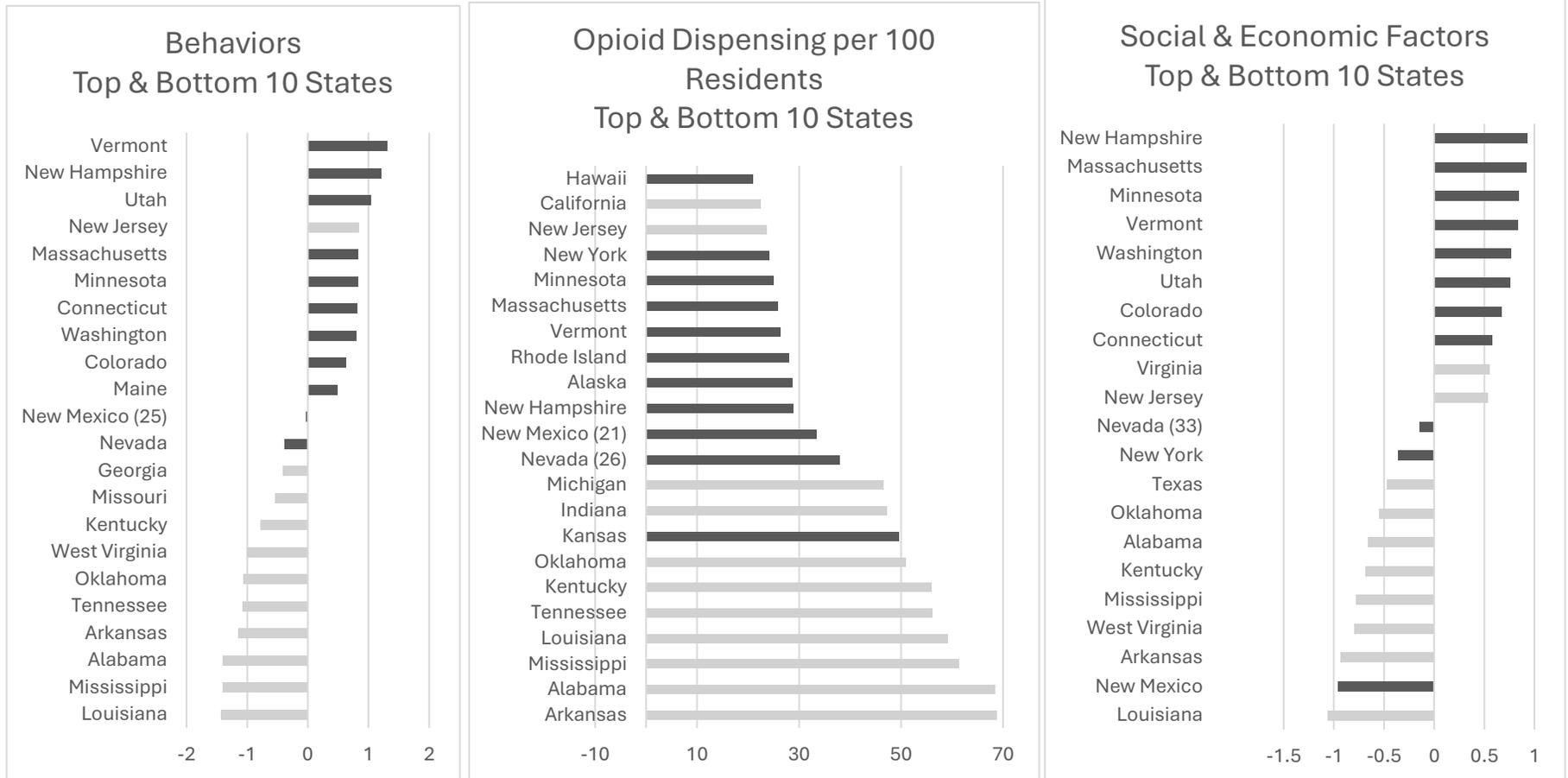
Including two lowest ranked FPA States (Nevada & New Mexico). Dark bar = FPA State, Light bar = Non-FPA State



Comparison of Top and Bottom Performing States

(from <https://www.americashealthrankings.org/publications/reports/2025-annual-report>)

Including two lowest ranked FPA States (Nevada & New Mexico). Dark bar = FPA State, Light bar = Non-FPA State



2024 opioid dispensing data from <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>

Arkansas Counties by Rural Urban Continuum Codes

Rural – Not Adjacent to Urban	Rural – Adjacent to Urban	Urban
Benton	Arkansas	Ashley
Craighead	Carroll	Baxter
Crawford	Cleburne	Boone
Crittenden	Cleveland	Bradley
Faulkner	Conway	Calhoun
Garland	Cross	Chicot
Grant	Dallas	Clark
Little River	Franklin	Clay
Lonoke	Greene	Columbia
Madison	Hempstead	Desha
Miller	Hot Spring	Drew
Perry	Howard	Fulton
Poinsett	Jackson	Independence
Pulaski	Jefferson	Izard
Saline	Lafayette	Johnson
Sebastian	Lawrence	Lincoln
Washington	Lee	Marion
	Logan	Monroe
	Mississippi	Nevada
	Montgomery	Newton
	Prairie	Ouachita
	Saint Francis	Phillips
	Scott	Pike
	Sevier	Polk
	Van Buren	Pope
	White	Randolph
		Searcy
		Sharp
		Stone
		Union
		Woodruff
		Yell