



Exploring the Role: Understanding the Scope of LPN Practice in Massachusetts

Prepared by the NCWS Policy and Practice Committee

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Executive Summary

The delivery of appropriate bedside patient care is dependent on a multidisciplinary team of individuals. These individuals fill various roles and may be licensed, certified, or unlicensed assistive personnel. The care team is most often led by nurses. Hence, there is an appropriate hyperfocus on the nursing workforce, given its essential nature to patient care. However, when considering nursing care there is a significant disparity that exists.

The nursing workforce is frequently perceived as consisting solely of Registered Nurses (RNs); however, Licensed Practical Nurses (LPNs), also known as Practical Nurses (PNs) and Licensed Vocational Nurses (LVNs), are licensed to provide nursing care in all settings where RNs work. Although their training, education, and scope of practice differ from those of RNs, LPNs are a crucial yet often overlooked part of the nursing workforce.

LPNs have long been integral to the nursing workforce, delivering safe, quality care throughout the commonwealth, especially in long-term care settings. Historically, LPNs were also key members of hospital nursing teams, managing individual patient assignments or participating in a team nursing approach. This model is now experiencing a resurgence in some patient care facilities across the United States.

Despite skyrocketing demand for this critical role in our healthcare system, the overall LPN workforce in Massachusetts continues to remain stagnant and, in some years, has decreased. Furthermore, due to a widespread lack of knowledge about what LPNs are permitted to do, there are concerns that across the state, LPNs are underutilized and are not working at the top of their license.

The NCWS Policy and Practice Committee conducted extensive research into the LPN scope of practice in Massachusetts to determine if changes were needed to improve LPN practice, patient care, or the state's ability to grow the LPN pipeline. Additionally, committee members met with LPNs, healthcare organizations, and LPN instructional sites (i.e., vocational/technical schools and community colleges) to gain a better understanding of the challenges that impact

LPNs. Furthermore, numerous nursing professionals were interviewed and asked about their understanding of the role of the LPN.

A consistent theme emerged almost immediately during this undertaking: across the healthcare continuum, very few individuals have a comprehensive understanding of the role and scope of LPN practice. This is a critical issue. Without a full understanding of the role or scope of practice, the value of the LPN is diminished. Furthermore, a lack of understanding contributes to the likelihood that LPNs are not working at the top of their license, even when patients are in desperate need of care. The lack of understanding of the role of the LPN, combined with the frequency of LPNs not working at the top of their license, is exponentially more concerning as healthcare facilities across the state are nearly universally experiencing staffing shortages.

After an extensive research process, the committee concluded that Massachusetts does not need to change the LPN scope of practice; however, there is an urgent need to increase understanding regarding certain LPN functions and roles. Additionally, it is crucial to clearly define the LPN role and implement measures to strengthen the LPN pipeline.

Background

Practical nursing can be traced back to the 19th century. By the mid-1800s, the first school of practical nursing was established in London. From there, both the field and demand grew at a steady rate. This led to more schools of nursing, nursing organizations, and more individuals entering the field. Formal licensure, separating licensed nurses from registered nurses, began occurring in the early 1950's

Today LPNs are a vital part of the nursing workforce. In Massachusetts, there are well over 20,000 licensed practical nurses. These nurses predominantly provide care in skilled nursing facilities and home health settings as both their primary and secondary roles (see Figure 1 and 2). Additionally, the majority of LPNs identify long-term care as their primary area of practice with home health as a distant second.

Figure 1: LPNs whose Primary Practice Location is in MA by Primary Practice Setting

| Primary Practice Setting | N | % |
|----------------------------------|------|--------|
| Assisted Living Facility | 1029 | 7.38% |
| Physician Office | 1355 | 9.72% |
| Home Health Care Services | 1866 | 13.38% |
| Skilled Nursing Facility/Hospice | 5424 | 38.91% |

Source: LPN license renewal survey questionnaire, administered 2021

Figure 2: Most Frequently Reported Areas of Practice in Primary Nursing Positions

(Top 13)

| Areas of Practice | N | % |
|-------------------------------|----------|----------|
| Acute Care | 653 | 4.68% |
| Mental Health/Substance Abuse | 941 | 6.75% |
| Rehabilitation | 977 | 7.01% |
| Primary Care | 1074 | 7.70% |
| Other | 1289 | 9.25% |
| Home Health | 1751 | 12.56% |
| Long Term care | 4946 | 35.48% |

Source: LPN license renewal survey questionnaire, administered 2021

Table 3: LPNs' Role in Second Nursing Position (Top 7) (N = 2994)

| Primary Role | N | % |
|----------------------------------|----------|----------|
| Assisted Living Facility | 265 | 8.85% |
| Home Health Care Services | 690 | 23.05% |
| Skilled Nursing Facility/Hospice | 1093 | 36.51% |

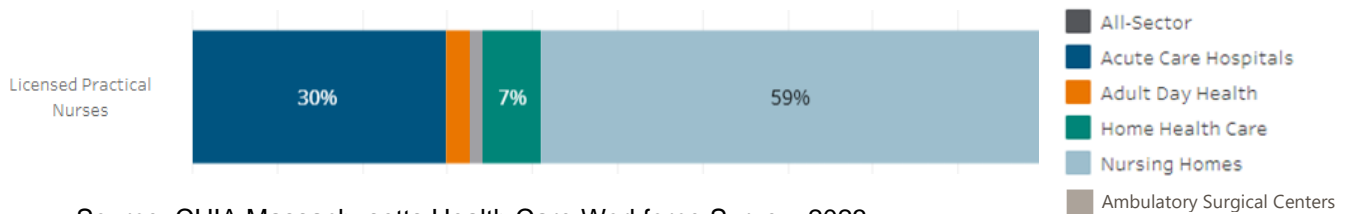
Source: LPN license renewal survey questionnaire, administered 2021

LPNs: Vital Members of the Caregiving Team

It is imperative to understand the critical value of Licensed Practical Nurses (LPNs) in the caregiving team. Across Massachusetts, LPNs provide quality patient care throughout the continuum of health services that includes but is not limited to acute care hospitals, nursing homes, assisted living communities, and home and community-based services. The LPN role is key to quality care, creating a realistic and attainable pipeline of new nurses and creating a vital stepping-stone between Certified Nursing Assistants (CNAs) and Registered Nurses (RNs) in the nursing career pathway.

While the entire healthcare continuum employs LPNs, the long-term care sector has historically employed the largest percentage of LPNs. Per the newly released [statewide cross-sector analysis](#) of the Massachusetts Healthcare Workforce published by the Massachusetts Center for Health Information and Analysis (CHIA), the proportion of LPNs working in nursing homes is the highest across sectors at 59%, followed by 30% in acute care hospitals.

Figure 4: Proportion of Employees in Specific Occupations (LPN) by sector



Source: CHIA Massachusetts Health Care Workforce Survey, 2023

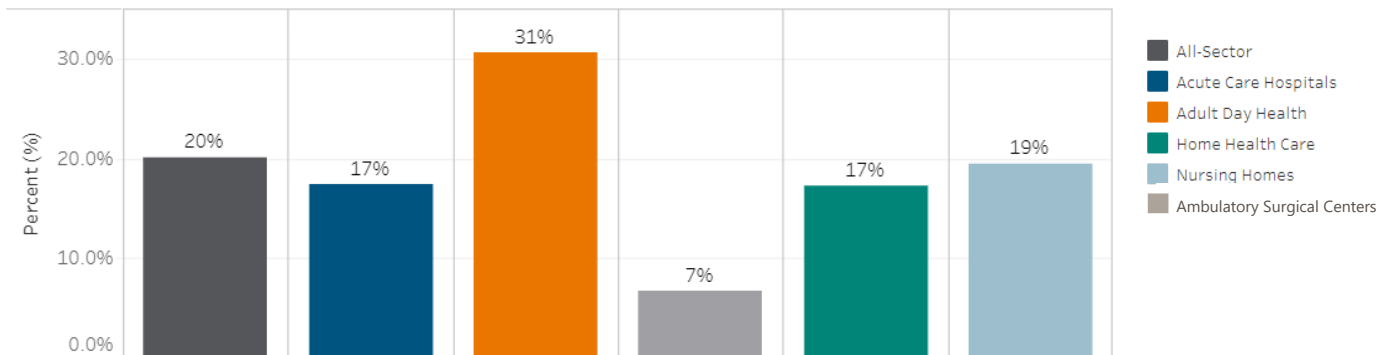
Unlike many other care settings, nursing homes employ more LPNs (9,000) than RNs (6,500). LPNs supervise Certified Nursing Assistants (CNAs) and perform all duties within their scope of practice, including but not limited to assessment, medication administration, documentation, treatments, and communication across the healthcare team.

LPNs have always served a vital role on the caregiving team in nursing homes. With nursing shortages challenging all sectors in the Commonwealth, LPNs are increasingly recruited outside of long-term care. This poses a credible threat to sustaining and growing the LPN workforce in nursing homes. Acute care hospitals, which historically have prioritized RNs, are now recruiting to fill a 17% vacancy rate for LPNs, and home and community-based services are reporting a 31% vacancy rate compared to 19% for nursing homes.

Figure 5: Cross-Sector Analysis of LPN Vacancy Rates

Vacancy Rates - Licensed Practical Nurses

Vacancy rates were calculated by dividing the total number of occupational vacancies in a sector by the sum of current full-time employees, part-time employees, and the number of job vacancies in the past 12 months as reported by organizations.



Source: CHIA Massachusetts Health Care Workforce Survey, 2023

The role of LPNs is vital to the healthcare workforce. However, high vacancy rates persist, and the production of new LPNs remains insufficient. While there is a consistent demand for LPNs in long-term care and home health settings, there has been a recent shift toward more LPNs working in acute care. Despite these shifts, the overall number of available LPNs remains static,

and vacancies are simply moving from one workplace to another. Therefore, it is crucial for the state to prioritize funding, increasing, and sustaining the LPN pipeline.

Understanding LPN Scope of Practice

To fully appreciate and utilize appropriately the role of the LPN, it is imperative to adequately understand the LPN scope of practice. The LPN scope of practice for the Commonwealth of Massachusetts (MA) is characterized by the individual nurse's educational preparation, clinical experience, and demonstrated competencies.

Massachusetts regulations do not regulate care settings. As a result, LPN practice can vary significantly from one care setting to another. For example, acute care hospitals where RNs comprise the majority of nursing roles most often have very different scopes of practice for LPNs when compared to long-term care facilities where the majority of nursing care is provided by LPNs.

LPN practice varies from state to state. These variations result in many healthcare leaders, professionals, and educators having a limited understanding of the role of the LPN specific to Massachusetts. Hence, unnecessary restrictions may be imposed on LPNs due to the lack of clarity related to what is allowed under their licensure versus what is allowed in a particular care setting.

In Massachusetts, LPN practice is governed by the scope of practice from the Massachusetts Board of Registration in Nursing (MA-BORN). The scope of practice can be found here: [244 CMR 3 \(mass.gov\)](#). Additionally, over the past several decades, numerous advisory rulings help to clarify various issues and questions about LPN practice in specific situations. There are currently no available resources that provide a broad overview of LPN scope of practice. This complicates the confusion surrounding the role.

In general, LPNs have a broad scope of practice. As long as they receive appropriate education and training and are deemed competent, LPNs can perform a wide variety of nursing functions. This includes but is not limited to administering IV medication, serving as charge nurses, and taking on nursing leadership roles. There are few restrictions on LPN practice.

It is important to note LPN practice is also governed by the specific policies and procedures of individual healthcare organizations.

The LPN scope of practice will not be covered within this document. Instead of reiterating the LPN scope of practice within the contents of this recommendation, the committee elected to produce a practical recommendation that could alleviate confusion and misunderstanding regarding the role and practice of the LPN.

Conclusion and Committee Recommendations

The Policy and Practice Committee of the Nursing Council on Workforce Sustainability, in collaboration with numerous LPN experts as well as the MA-BORN, examined intently the role of LPNs and the scope of practice and considered opportunities to bolster the pipeline. The committee offers the following recommendations for consideration:

1. Education on LPN Scope of Practice

The committee's work revealed a significant lack of knowledge about the role and scope of practice of LPNs within the Commonwealth. Additionally, the extensive scope of practice document and numerous advisory rulings make it difficult to easily discern a clear scope of LPN practice.

In response to this deficit, **the committee, in cooperation with the MA-BORN, developed a straightforward educational tool to help address questions about the LPN scope of practice** (see Attachment A, *NCWS Understanding LPN Scope of Practice*). This easy-to-use tool should be distributed among healthcare organizations and nursing professional organizations to ensure a broad understanding of the LPN's role in patient care.

Additionally, the committee has provided a refreshed but unaltered copy of the LPN Scope of Practice Decision Tool utilized by the MA-BORN. The user can utilize this tool to determine if certain situations or practices are within the LPN scope of practice. Again, the committee strongly encourages wide distribution and adoption of both the decision tool and the LPN scope of practice document.

2. A Targeted Focus on Improving the LPN Pipeline

Demand for LPNs has steadily increased in Massachusetts, particularly since 2020. However, the number of LPN graduates has remained relatively unchanged for years. Additionally, many LPN programs report student enrollment as far below capacity, and some LPN programs have filed for closure. The LPN pipeline has not only stalled but is facing a direct crisis.

A targeted review of the LPN pipeline must take place. This review should examine the LPN direct workforce as well as the transition to LPN practice from such roles as a Certified Nursing Assistant (CNA). Academic LPN programs should also be reviewed to determine practical interventions that can optimize student enrollment, instructor availability, as well as clinical placements.

Many programs that support the healthcare workforce in MA already exist. It must be determined if these programs need optimization or a wider scope of focus to include LPNs as part of the target audience.

Realizing the criticality of the LPN pipeline and the need for evidence-based recommendations, the NCWS will undertake this project. The focus will include the LPN pipeline, CNA to LPN pipeline, LPN retention, threats to LPN practice, the need for financing and wrap-around services to support LPN students, as well as optimizing LPN academic institutions, including the vocational-technical (voc-tech) schools.

3. Funding LPN Education in Massachusetts Vocational/Technical Schools

MassReconnect is a program from the Department of Higher Education that funds a college degree from a Massachusetts community college for those Massachusetts residents over the age of 25 who have never had a college degree. This program pays for all tuition and fees and includes a stipend for books and supplies.

An unintended consequence of the MassReconnect program is affecting voc-tech schools across the Commonwealth. Students seeking to go to college using these funds are unable to use the MassReconnect funds to attend a voc-tech school. Therefore, many students admitted to an LPN program at a voc-tech school are choosing not to enroll and instead are opting to wait a year to see if they are able to enroll at a community college where their education will be paid for by the MassReconnect program.

This situation is even more urgent when one considers that **the number of LPNs produced in totality from voc-tech schools in Massachusetts is double the number of LPNs produced by Massachusetts community colleges.** As an unintended consequence, enrollment is down in voc-tech programs as students opt for a free education. These students who could be completing their voc-tech education are being placed on waiting lists at community colleges due to capacity constraints. Voc-tech schools have capacity and can fill these open slots immediately, but students need financial support.

The committee recommends the MassReconnect program be modified to include LPN education at the voc-tech level or another funding source equal to the benefits of MassReconnect be enacted. Voc-tech schools have a history of value and results in Massachusetts and should be supported equally.

4. Supporting Long-Term Care Facilities to Recruit and Retain the LPN Workforce

In many long-term care facilities, more than two-thirds of the licensed staff are LPNs. The inherent issues in the LPN pipeline are further compounded by the shift of LPNs back to acute care facilities and the inability of many long-term care facilities to match wages.

Without an adequate LPN workforce, long-term care facilities will be unable to provide necessary patient care. This shortfall will lead to patients unnecessarily filling acute care facilities, which are already struggling with throughput issues. Therefore, it is crucial to support the recruitment and retention of LPNs in the long-term care community.

The committee recommends a comprehensive review of the long-term care workforce to identify effective recruitment and retention strategies, such as offering stipends or tax credits to LPNs who commit to working in long-term care. Additionally, providing financial support for CNA to LPN students and LPN to RN students, with commitments to long-

term care service, is advised. Engaging key stakeholders is essential to develop practical, evidence-based recommendations to ensure long-term care facilities can adequately care for patients without workforce gaps.

Conclusion

LPNs have a longstanding tradition of patient care and are a vital part of the nursing workforce. However, the current challenges in the LPN pipeline are troubling due to the significant disparity between the high demand for LPNs and the limited number entering the workforce.

Despite these challenges, there are opportunities to optimize existing programs, enhance the academic pipeline, and introduce new, targeted initiatives to boost the number of LPNs joining the Massachusetts workforce.

The recommendations for *Exploring the Role: Understanding the Scope of LPN Practice in Massachusetts* were presented at the NCWS meeting on June 28, 2024. The recommendations were voted on and approved by Council members following the meeting.

References

Blue Hills Regional Technical School. Overview (2024). <https://www.bluehills.org/practical-nursing/overview>

Jones CB, McCollum M, Tran AK, Toles M, Knafel GJ. Supporting the Dynamic Careers of Licensed Practical Nurses: A Strategy to Bolster the Long-Term Care Nurse Workforce. Policy Polit Nurs Pract. 2021 Nov;22(4):297-309. doi: 10.1177/15271544211030268. Epub 2021 Jul 7. PMID: 34233542; PMCID: PMC8600579.

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Understanding Licensed Practical Nurse (LPN) Scope of Practice

| Area/Scope | LPN Practice |
|------------------------------------|--|
| Key points for LPN practice | <p>LPNs may perform nursing activities for which they have received education and training and have been deemed competent. An organization's policy and procedure are essential in determining what is acceptable for the LPN to perform.</p> <p>Full regulation for LPN scope of practice: 244 CMR 3 (mass.gov)</p> |
| Need for supervision | <p>LPNs function independently on their own license. They are responsible and accountable for their actions, judgments, and competencies.</p> |
| Delegation | <p>LPNs may delegate to unlicensed personnel.</p> <p>Advisory Ruling: Title: The Licensed Practical Nurse in the Charge or Supervisor Nurse Role (formerly Licensed Practical Nurse Charge Nurses/Nurse Supervisors) (mass.gov)</p> |
| Positions LPN can fill | <p>Including but not limited to:</p> <ul style="list-style-type: none"> • Staff nurse (acute, sub-acute, physician's office, clinic, etc.); Charge nurse; Management (assignments, schedules, evaluations, etc.); Working in a school setting |
| Where can an LPN work? | <p>There are no restrictions to the areas of practice in which an LPN can work.</p> |
| Common LPN functions | <p>Including but not limited to:</p> <ul style="list-style-type: none"> • Manage, direct, and supervise safe and effective nursing care, including the delegation of selected activities to unlicensed assistive personnel. • Participate in the development, implementation, evaluation, and modification of the plans of nursing care for individuals and families. • Perform basic nursing assessments and participate in patient teaching. • Administer immunizations, IV infusions, medications, and blood transfusions. • Other nursing functions for which the LPN has received appropriate training and for which the organization's policies and procedures permit (ex: starting IVs, performing EKGs, etc.) <p>Scope of practice decision-making tool: Learn about the nursing scope of practice Mass.gov</p> |

Understanding Licensed Practical Nurse (LPN) Scope of Practice

| | |
|--|---|
| <p>Prohibitions to LPN practice</p> | <p>Examples of what is not within the LPN's scope of practice:</p> <ul style="list-style-type: none"> • Insert or remove a PICC. • Operate fluoroscopy or radiographic equipment. • Assist with conscious sedation. • Assist at peripheral nerve blocks. • Perform long-acting reversible contraception procedures. • Perform as a first assist in surgery. • Pronounce death in an authorized setting where registered nurses as permitted. |
| <p>Links to Advisory Rulings for LPN practice</p> | <p>Advisory rulings for the Board of Registration in Nursing Mass.gov</p> <p>AR 10-01 Analgesia by Catheter Techniques revised 8-10-16.doc (live.com)</p> <p>AR 9101 Administration of Medications for Sedation-Analgesia.doc (live.com)</p> <p>AR 9901 RN as First Assistants at Surgery.doc (live.com)</p> <p>Massachusetts Board of Registration in Nursing: Peripheral Nerve Block</p> <p>download (mass.gov): Long-acting Reversible Contraception</p> <p>Massachusetts Board of Registration in Nursing: Cosmetic and Dermatologic Procedures</p> <p>download (mass.gov): Infusion Therapy</p> <p>AR 9301 Peripherally Inserted Central Catheters (PICC) revised 3-11-15.doc (live.com)</p> |

The Board of Registration in Nursing’s Decision-Making Guidelines for Licensed Practical Nurse (LPN) Scope of Practice in Massachusetts

To evaluate a certain nursing practice or activity as within the scope of practice for an LPN, RN or APRN, you should answer the following:

Describe the practice or activity to be performed.

Is this practice specifically permitted or prohibited in any existing statute or regulation?

| If this practice is permitted, or you are unsure, continue and answer the questions: | |
|--|--|
| 1. Does the basic educational preparation of the nurse provide the necessary knowledge base and skills to engage in the practice or perform the activity? | If YES , the activity may be within the scope of practice of the RN or LPN. If NO , documentation of additional educational preparation, training and experience for the RN or LPN may be required, or it may be an act within the scope of practice of a nurse authorized to practice in an advanced role. |
| 2. Is the act or practice consistent with the scope of practice based on one of the following factors? | If YES , continue on. If NO , it is not within the nurse's scope of practice (or scope, within a particular facility). |
| 3. Does the nurse have documented evidence of knowledge and competence, including continued competence, to perform the activity or engage in the practice? | If YES , continue on. If NO , it is not within the nurse's scope of practice. |
| 4. Is this practice within an accepted standard of care which would be provided by a reasonable and prudent nurse with similar education and experience? | If YES , continue on. If NO , it is not within the nurse's scope of practice. |
| 5. Does the nurse have the ability/resources to respond to complications in such a way that patient safety and quality of care are assured? | If YES , continue on. If NO , it is not within the nurse's scope of practice and may place both the patient and nurse at risk. |
| 6. Is the nurse prepared to accept the consequences of performing the activity or engaging in the practice? | If YES , the nurse may perform the activity, based on a valid order when required, and in accordance with established policies, procedures and standards of care. If NO , it is not within the nurse's scope of practice. |