The Nurse Practitioner Solution

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EXECUTIVE SUMMARY

Nurse practitioners (NPs) are advanced nurses trained and certified at the master's and post master's level to deliver high quality health care to patients of all ages. However, numerous laws and regulations limit the scope of services NPs provide by requiring they work under the supervision of physicians. These restrictions have reduced the availability of primary and specialty health care, worsened patient outcomes, and increased costs.

Fortunately, some states around the country have steadily eliminated barriers on NPs and expanded the practice authority of these professionals to serve the health care needs of communities. In addition, the Veterans Health Administration has taken important steps to allow NPs to independently deliver patient care without physician supervision.

These reforms have dramatically expanded access to health care services around the country, including rural and underserved communities. States that enact full practice authority have increased the availability of check-ups, decreased hospital use, and reduced emergency room visits. Providing NPs full practice authority has also helped states reduce health care costs. States that implement these reforms spend 17 percent less per-capita on outpatient care, 11 percent less on prescription drugs, and 15 percent less on pediatric preventive care than states that restrict access to NPs.

These reforms show expanding the practice authority of NPs can effectively increase health care access and lower medical costs for patients and communities in need. As states experience increasing primary care shortages, NPs can play a crucial role in ensuring families can attain high quality medical care.

NURSE PRACTITIONERS

NPs are advanced nurses that are trained and certified to provide a full range of important healthcare services including taking comprehensive histories; providing physical examinations; diagnosing, treating, and managing diseases and illnesses; ordering, performing, supervising, and interpreting laboratory and imaging studies; aiding in health promotion, disease prevention, health education, and counseling; and prescribing medications and durable medical equipment. In order to practice, NPs must complete a masters or a doctoral degree, receive national certification, and pass clinical outcome evaluations.

Public and private colleges and universities began introducing NP programs in 1965 after Congress created Medicare and Medicaid. Both programs dramatically increased demand for physician services and created an urgent need for additional health care providers to meet patients' needs. Today there are over 400 NP programs that teach a variety of specialties including family medicine, pediatrics, acute care, and women's health.

NP programs cost significantly less than primary care programs, allowing nurses to offer lower prices for medical care. On average, a Master of Science in Nursing (MSN) degree costs between $8,671 and $17,751 per year and takes two years to complete. By contrast, a Doctor of Medicine (MD) degree on average costs between $28,830 and $51,851 per year and can take up to eight years to complete.[1]

As a result, NPs on average charge patients significantly less for a variety of health care services compared to primary care physicians. In 2015, economists at Brandeis University found NPs charge patients 29 percent less for health evaluations and 11 percent less for inpatient care than physicians.[2] This leads to lower out-of-pocket spending, lower premiums, and greater savings for taxpayers.

Studies consistently show NPs deliver care as safely and effectively as physicians. In 2012, the National Governors Association released a systematic review of peer-reviewed academic studies that concluded patients treated by advanced nurses enjoyed the same health outcomes as those served by physicians.[3]

More recently, experts have further demonstrated some patients even receive better care from NPs than physicians. In 2018, researchers published a study in the Journal of the American Public Health Association that compared health outcomes for disabled Medicare beneficiaries treated by NPs versus those treated by physicians.[4] The authors found patients treated by NPs needed fewer hospitals admissions and emergency room visits compared to individuals who received care from primary care physicians. These results further demonstrate NPs have the education and experience to serve the health care need of patients.

STATE-IMPOSED BARRIERS ON NURSING

Yet despite overwhelming evidence NPs deliver high-quality care, many lawmakers fear NPs lack the training and experience to safely treat patients and impose a range of restrictions on their practice authority. Currently, 28 states curtail the ability of nurse practitioners to deliver patient care in a variety of ways. For example, many states require NPs to work under the supervision of physicians through contracts known as "Collaborative Practice Agreements" or "Nurse protocol agreements." Under these mandatory contracts, physicians determine which services NPs are allowed to offer and restrict the ones they believe NPs lack the training to deliver.

States also limit how far NPs can practice from their supervising physician. For example, Florida requires NPs practice 25 miles or less from their supervising physician's office or 75 miles within a county that is contiguous to the physician office's county.[5] In Missouri, NPs are prohibited from practicing more than 75 miles from their supervising physician.[6]

Other states also impose clinical practice requirements that mandate NPs practice under physician supervision for a minimum period of time before they can independently practice. For instance, Virginia requires NPs work under the full-time supervision of a doctor for at least five years.[7] In Illinois, nurses must work 4,000 hours under physician supervision and complete 250 additional hours of continuing education.[8] And in Minnesota, NPs must work 2,080 hours under the supervision of a physician before they can independently practice.[9] The website nursepractitionerschools.com contains a comprehensive list of state statutes and regulations that determine the practice authority of NPs.[10]

NURSE RESTRICTIONS HARM HEALTH CARE ACCESS

These restrictions have significantly contributed to the growing primary care shortage communities face around the country. Collaborative Practice Agreements routinely prevent NPs from offering health care services they are fully trained and certified to deliver. In addition, limiting the distance NPs can practice from their supervising physician prevents them from treating patients in rural communities that are far from physician offices. As a result, over 80 percent of all Americans who face a primary care shortage—roughly 63 million individuals—live in states that restrict access to NPs.[11]

These primary care shortages impose long-lasting and even fatal harm on America's most vulnerable patients. Individuals who lack a reliable source of primary care experience delays in diagnosis, pay higher health care costs, and die earlier than patients who can regularly access basic medical care.[12]

Sadly, state primary care shortages are only projected to get worse. Over the next 13 years, growing numbers of physicians will be entering retirement while more Americans will be retiring and demanding more health care.[13, 14] According to the Association of American Medical Colleges, the United States will have 122,000 fewer physicians than will be required to meet patients' needs by 2032.[15]

STATES END BARRIERS ON NURSING

Fortunately, growing numbers of states around the country recognize the enormous harm barriers on NPs impose on patients and have begun to steadily eliminate these restrictions. Since 1980, 22 states and the District of Columbia have eliminated mandates that require NPs work under the direct supervision of a physician as well as other limitations on their practice authority.[16]

Once states remove these barriers, NPs flock to underserved areas and provide patients relief. In 2018, researchers at the University of Rochester found that the number of NPs serving primary care shortage areas increased 30 percent within states that provide nurses full practice authority.[17] After Arizona enacted these reforms, the number of NPs serving rural communities increased 73 percent.[18]

These reforms have dramatically improved health care access and health outcomes for patients. In 2014, a study by economists from the U.S. Census Bureau and the University of Hawaii found adults were 11 percent more likely to receive a routine physical examination in states that expanded the practice authority of NPs. In addition, they found that states that pursued these reforms reduced emergency room visits by 21 percent.[19]

VETERANS HEALTH ADMINISTRATION EMPOWERS NURSES

The Veterans Health Administration (VA) has also taken important steps to expand access to NPs. In December 2016, the agency finalized new rules that allow VA facilities to give advanced practice registered nurses (APRN), including NPs, full practice authority to deliver care to veterans without the supervision of a physician.[20] Then Under-Secretary David Shulkin promised these changes would increase "our capacity to provide timely, efficient, effective and safe primary care, aids VA in making the most efficient use of APRN staff capabilities, and provides a degree of much needed experience to alleviate the current access challenges that are affecting VA."[21]

Before these reforms, NPs within the VA were subjected to the patchwork of state-level supervision laws that routinely restricted their ability to effectively treat patients. In 2016, a report by the congressionally established Commission on Care concluded this patchwork of laws "fail[s] to optimize use of advanced practice registered nurses (APRNs)." In order to improve access to patient care, the Commission recommended the VA "develop policy to allow full practice authority for APRNs."[22]

Fortunately, the agency applied the Commission's recommendations and gave NPs in every VA facility full practice authority to independently treat patients. Although the VA is still collecting data and measuring the effects of these reforms, some facilities are already seeing wait times improve. For example, after the VA facility in Amarillo, TX moved to allow NPs to independently provide care, the average wait time to see a primary care provider decreased from 16 days in March 2017 to three days in September 2018.[23] These results show promising signs that giving NPs full practice authority can enhance patient access to quality health care.

LESSONS FOR STATES

These successful reforms demonstrate NPs can help state policymakers address their communities' health care challenges. According to the Kaiser Family Foundation, over 132,000 NPs currently reside in 28 states that limit their practice authority.[24] Removing these practice barriers would significantly expand health care access and alleviate physician shortages in these states. Analysis by HHS estimates states could reduce their primary care shortage by two-thirds simply by loosening laws that prevent NPs from independently treating patients.[25]

These reforms will also significantly reduce the cost of health care services for patients. In 2014, analysis from the National Bureau of Economic Research found patients spend 15 percent less for pediatric checkups in states that expand the practice capabilities of NPs compared to more restrictive states.[26] More recently, a 2019 study in the Journal of Nursing Regulations showed families spend 17 percent less on outpatient care and 11 percent less on prescription drugs in full practice authority states.[27]

Experts predict these low prices would generate enormous savings for state health care systems. Researchers from the University of Central Florida estimate expanding the practice authority of nurses would reduce annual health care spending in Florida by over $9 billion.[28] In North Carolina, removing barriers on NPs would reduce annual medical costs by $4.3 billion.[29] And in Pennsylvania, empowering NPs with full practice authority would reduce health care spending by $12.7 billion over ten years.[30] These savings will ensure far more families can afford the health care they need.

As lawmakers consider their various options to expand patients access to NPs, they should pursue the following reforms:

Eliminate Supervision Requirements: States should repeal mandates that require NPs establish a collaborative practice agreement, a standard care agreement, or a protocol with a physician.

Repeal Clinical Practice Mandates: States should eliminate laws that mandate NPs practice under the supervision of a physician for a minimum amount of time before they can independently practice medicine.

Lift Scope of Practice Restrictions: States should remove regulations that prevent NPs from providing the full range of tests, procedures and medication prescriptions they are trained to deliver.

Adopt Licensing Reciprocity: States should recognize out-of-state NPs licenses and authorize out-of-state nurses to practice without needing an additional in-state license.

CONCLUSION

For decades, NPs have delivered high quality primary and specialty care to patients of all ages in a variety of settings and communities. In particular, NPs have demonstrated they can effectively address the health care needs of individuals and families in rural communities that often lack reliable access to physicians.

Sadly, a variety of state laws prevent NPs from effectively serving the health care needs of tens of millions of Americans. Many states require nurses establish collaborative practice agreements with physicians that severely limit the range of tests and procedures they can provide patients. In addition, states also require NPs work under the supervision of physicians for years before they can independently provide care. All of these restrictions have reduced health care access and increased the cost of medical care.

Fortunately, growing numbers of policymakers in state legislatures and the VA have taken important steps to remove these harmful barriers on NPs. These reforms have expanded the availability of routine health care, improved patient health, and lowered health care costs. States should learn from these successes and empower these qualified providers to serve our nation's growing health care needs.

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