Nurse Practitioners & Health Care (Zachary Helms Commentary)

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On Oct. 5, Arkansas Business reported on an issue that has plagued Arkansas for far too long: There simply aren't enough physicians to meet our needs.

We're reaching milestones that are not only deplorable, but dangerous, with a rate of uncontrolled diabetes that is now six times the national benchmark and the highest level of obesity in the country. Diabetes and obesity, by the way, are significant contributors to cardiovascular disease, the leading cause of death in the United States. With proper care, both conditions can be prevented, but therein lies the problem.

Rural towns find it extremely difficult to attract physicians. Sixty-two out of the 75 counties in Arkansas are rural, and 47 percent of Arkansans live in them. With the shortage of providers growing steadily, getting the care Arkansans need to survive becomes more difficult each day. If the demand for health care is ever to be met, expanding the role of nurse practitioners is likely to be necessary.

One reason it's so hard for rural clinics and hospitals to attract physicians is that practicing in rural areas is a financial burden. Physicians need a steady stream of patients to generate enough revenue to continue practicing, and higher populations provide more patients.

Nurse practitioners, or NPs, have different cost structures than physicians and are more likely to be drawn to rural areas as a result. Yet the current practice environment restricts the ability of NPs to provide care. In Arkansas, NPs must be supervised by a licensed physician in order to practice, they are restricted from prescribing Schedule II controlled substances (many of which are necessary in treating diabetes and other chronic conditions), and they are not considered to be "primary care providers." In the 20 states where NPs face no such restrictions, outcomes are better and people are healthier.

Patients and legislators worry that NPs might make mistakes. Although NPs are registered nurses who have earned advanced degrees, they do not have medical degrees, and they don't have the same residency requirements as physicians. It's understandable to be nervous when a poor decision by a trusted provider could result in a patient paying the ultimate price, but multiple systematic reviews spanning thousands of observations found no significant difference between primary care provided by NPs and physicians. In fact, NPs spend an extra 5 minutes on average interacting with patients. For conditions like diabetes and obesity, where the treatment often involves adhering to lifestyle changes, this extra time may be critical.

If NPs can provide care for lower costs, that could present a problem for your local doctor, or at least that's the assumption. This, however, is not the case. Multiple studies have shown that allowing NPs to practice to the full extent of their training has no effect on physician wages or the critical role of physicians in providing primary care. In some states where NPs have more freedom to prescribe medications and treatments for patients, physicians actually earn more.

While there aren't many who would debate that health care in Arkansas is not functioning well, few grasp the full weight of the issue. Regulatory boundaries are tying the hands of capable providers. While we have made every effort to progress beyond our current limitations, restricting the practice of the providers most willing to serve rural and underserved areas is holding us down. With the grave state of health care in Arkansas, we should be enabling all providers to help those in need, not tying their hands.

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