



**ARKANSAS CENTER FOR
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A BROAD CONSENSUS ON EXPANDING NURSE PRACTITIONERS' SCOPE OF PRACTICE

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INTRODUCTION

Arkansas, like many states, faces a growing shortage of primary care physicians. However, other states are ahead of us in dealing with this problem by empowering nurse practitioners to provide more primary care services. Currently, Arkansans are restrained from getting care and services that our nurse practitioners have already been expertly trained in. These are procedures patients need and nurse practitioners are trained to provide.

The consensus that nurse practitioners can safely do more is widespread. What follows are direct quotes from policy statements, reports, and academic papers that support expanding scope of practice for nurse practitioners. The Trump and Obama Administrations, the National Governors Association, AARP, and research institutes from across the political spectrum all found the same result: **nurse practitioners can be just as effective as physicians at providing primary care without reducing patient safety.**

SUPPORT FOR THIS POLICY:

- ✓ TRUMP WHITE HOUSE
- ✓ OBAMA WHITE HOUSE
- ✓ NATIONAL GOVERNORS ASSOCIATION
- ✓ NATIONAL ACADEMY OF MEDICINE
- ✓ AARP
- ✓ FEDERAL TRADE COMMISSION
- ✓ AMERICAN ENTERPRISE INSTITUTE
- ✓ BROOKINGS INSTITUTION
- ✓ CATO INSTITUTE
- ✓ HEARTLAND INSTITUTE

WHO FAVORS ENHANCED SCOPE OF PRACTICE FOR NURSE PRACTITIONERS?

TRUMP WHITE HOUSE

In *Reforming America's Healthcare System Through Choice and Competition*, released in 2018, prepared by the Department of Health and Human Services (HHS) in collaboration with the Departments of the Treasury and Labor, the Federal Trade Commission, and several offices within the White House, the Trump Administration explained how both federal and state laws and policies affected the health care market, as well as laid out actions that states or the federal government could take to create a better healthcare market.

1. "When state regulators impose **excessive entry barriers and undue restrictions** on SOP for particular types of providers, they often are not responding to legitimate consumer protection concerns. There is a risk that healthcare professionals with overlapping skill sets will seek these restrictions; they view SOP restrictions as an easy, state-sanctioned opportunity to insulate themselves from competition. The risk of **anti-competitive** harm may be even greater when the regulatory board that imposes SOP restrictions on one occupation is controlled by members of another, overlapping occupation that provides complementary or substitute services, and the board members are themselves active market participants with a financial stake in the outcome." (page 31)
2. "Economic analysis indicates that expanding APRN SOP, consistent with APRN education, training, and experience, would have **clear consumer benefits, particularly in rural and poorer areas.**" (page 35)
3. "Extremely rigid collaborative practice agreements and other burdensome forms of physician and dentist supervision are **generally not justified by legitimate health and safety concerns.** Thus, many states have granted full practice authority to APRNs, but there is significant room for improvement in other states and for other professions." (page 35)

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OBAMA WHITE HOUSE

In [*Occupational Licensing: A Framework for Policymakers*](#), released in July 2015, and prepared by the Department of the Treasury Office of Economic Policy, the Council of Economic Advisers, and the Department of Labor, the Obama White House points to several sources of evidence to make a case for expanded scope of practice for nurse practitioners. This argument for advanced scope of practice came within a larger argument for **lessening licensing burdens**, and they believed that expanding scope of practice for some licensed fields was the way to do it (page 46-47).

1. "State-level evidence suggests that easing scope of practice laws for APRNs represents a viable means of **increasing access to certain primary care services**. Research finds that APRNs can provide a range of primary care services to patients as effectively as physicians." (pages 31-32)
2. "A systematic review of the literature found that outcomes for nurse practitioners (NPs) compared to physicians (or teams without NPs) **are comparable or better** for all 11 outcomes reviewed, including blood glucose, blood pressure, mortality, patient satisfaction with care, and number of emergency department visits." (page 59)

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NATIONAL GOVERNORS ASSOCIATION

In *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care*, a paper released by the National Governors Association (NGA), the NGA conducted a review of the literature on scope of practice for nurse practitioners.

1. "Research suggests that NPs can perform many primary care services as well as physicians do and **achieve equal or higher patient satisfaction rates** among their patients." (page 1)
2. "None of the studies in NGA's literature review raise concerns about the quality of care offered by NPs. Most studies showed that NP-provided care is comparable to physician-provided care on several process and outcome measures. Moreover, the studies **suggest that NPs may provide improved access to care.**" (page 7)
3. "Existing research suggests that NPs can perform a subset of primary care services as well as or better than physicians. Expanded utilization of NPs has the **potential to increase access to health care, particularly in historically underserved areas.**" (page 11)

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NATIONAL ACADEMY OF MEDICINE

In *The Future of Nursing: Leading Change*, Advancing Health, released in 2011, the Institute of Medicine and the National Academies outlined the future of nursing and recommendations about the profession in a published report. The National Academy of Medicine has more than 2,200 members elected in recognition of professional achievement and commitment to volunteer service in activities of the National Academies of Sciences, Engineering, and Medicine ("the National Academies").

1. "Current laws are hampering the ability of APRNs to contribute to **innovative health care delivery solutions.**" (page 102)
2. "Specifically, in order that all Americans may have **access to high-quality, safe health care**, federal and state actions are required to update and standardize scope-of-practice regulations to **take advantage of the full capacity and education of nurses.**" (page 145)
3. "The **education and training of nurses support their ability to offer a wider range of services safely and effectively**—as documented by numerous studies." (page 146)

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AARP

In 2010, AARP [updated their policy](#) regarding scope of practice for APRNs after passage of the ACA. The board of directors recognized that the current legal barriers to APRNs are harming consumers.

1. "The package of health care reforms, signed into law by President Obama in April 2010, identifies nurses as critical players in meeting the changing health care needs of Americans. Unquestionably, nurses, especially advanced practice registered nurses (APRNs), **can provide much of the care we need**. But first, statutory and regulatory barriers at the state and federal levels that **prevent scores of nurses from practicing to the full extent** of their licensure must be lifted." (page 1, introduction)
2. "Current state nurse practice acts and accompanying rules should be interpreted and/or amended where necessary to **allow APRNs to fully and independently practice as defined by their education and certification**." (page 1)

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FEDERAL TRADE COMMISSION

In March of 2014, the Federal Trade Commission staff, Daniel J. Gilman and Tara Isa Koslov, authored a policy paper on APRNs, entitled *Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses*, as a part of their commitment to promoting competition in healthcare.

1. "APRN scope of practice limitations should be narrowly tailored to address well founded health and safety concerns, and should not be more restrictive than patient protection requires. Otherwise, such limits **can deny health care consumers the benefits of competition, without providing significant countervailing benefits.**" (page 4)
2. "Expanded APRN practice is widely regarded as a key strategy to **alleviate provider shortages**, especially in primary care, in medically underserved areas, and for medically underserved populations. Imposing greater restrictions on APRNs will only exacerbate existing and projected health care workforce shortages by limiting the ability of APRNs to fill gaps in patients' access to primary care services." (page 20)
3. "Beyond aggregate or average projected shortages, the United States suffers from widespread distributional problems in the supply of health care professionals. Reduced access has the greatest impact on America's poorest citizens, including Medicaid beneficiaries. Physicians are less likely to practice in low-income areas or to participate in state Medicaid programs. **Rural communities, too, are particularly vulnerable to provider shortages and access problems.**" (page 21)

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AMERICAN ENTERPRISE INSTITUTE

In September of 2018, Peter Buerhaus authored a report entitled, “[Nurse Practitioners: A Solution to America’s Primary Care Crisis](#)” to explore, explain, and integrate new evidence into the growing body of research on nurse practitioners and their potential contribution to America’s primary care shortage.

1. “State-level NP scope-of-practice restrictions **do not help protect the public from subpar health care**. Analysis of different classifications of state-level scope-of-practice restrictions provided no evidence that Medicare beneficiaries living in states that imposed restrictions received better-quality care.” (page 16)
2. “Drop the restrictions on PCNP scope-of-practice! These are **regressive policies** aimed at ensuring that doctors are not usurped by NPs, which is not a particularly worthwhile public policy concern, especially if it comes at the expense of public health. The evidence presented here suggests that scope-of-practice restrictions do not help keep patients safe. They actually **decrease quality of care overall and leave many vulnerable Americans without access to primary care**.” (page 17)
3. “NPs are more likely to work in rural areas, which already do and will increasingly need more primary care providers. They are more likely to serve poor and vulnerable Americans, and their services cost less. Most importantly, they **provide primary care of equal or better quality compared to physicians**.” (page 17)

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BROOKINGS INSTITUTION

E. Kathleen Adams and Sara Markowitz authored this report for the Brookings Institution in June of 2018. The report is titled *Improving Efficiency in the Health-Care System: Removing Anticompetitive Barriers for Advanced Practice Registered Nurses and Physician Assistants* and examines the evidence surrounding the effects of scope of practices laws as they pertain to APRNs.

1. “The evidence supports reducing legally mandated physician oversight requirements for PAs and APRNs. . . we propose that state policymakers enable APRNs and PAs to be fully authorized to practice in accordance with their education, training, and experience. This would **enhance competition in the healthcare sector** by mitigating the anticompetitive consequences of **administratively burdensome** SOP laws.” (page 15)
2. “The overriding goal of this proposal is to enable labor markets for health-care providers to work uninhibited by unnecessary state-based SOP restrictions. This would encourage competition among providers as they respond to the demand of patients and payers to **increase patient access to care at more affordable prices.**” (page 15)

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CATO INSTITUTE

In the 8th edition of the Cato Institute's [Handbook for Policymakers](#), in section 35 under Health Care Regulation, they take a look at an incredible number of policies, including reforming scope of practice for APRNs.

1. "When physician groups argue to restrict the scope of practice of nurse practitioners, they argue that a broader scope of practice would threaten patient safety. Yet study after study has shown **midlevel clinicians provide a level of quality equal to that of physicians performing the same services.**" (page 352)
2. "For many services, nurse practitioners and other midlevel clinicians are substitutes for physicians and **provide those services at a much lower cost.** As noted above, a primary care visit can cost 30 percent less at a nurse-practitioner-staffed retail clinic than at a physician's office." (page 353)

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HEARTLAND INSTITUTE

In a research and commentary [article](#), Senior Policy Analyst Matthews Glans looks at a proposed bill from the 2018 Virginia State Legislature that would let nurse practitioners practice medicine independently after a trial supervision period.

1. “Allowing NPs to administer care would **greatly reduce the upcoming doctor shortage and increase access to care.**” (paragraph 7)
2. “Expanding the scope of practice of nurse practitioners is a strong first step Virginia can take to **address its doctor shortage.**” (paragraph 8)

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The views expressed are his own and do not represent the University of Central Arkansas. If you have any questions about the research on nurse practitioners or about these sources, please contact Dr. David Mitchell at dmitchell@uca.edu.

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