

The Intelligencer

Research shows giving NPs authority helps patients

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April 1, 2019

As a retired oncology and adult health nurse practitioner, NP, I disagree respectfully with the concerns expressed by Dr. Mark Lopatin on March 21 regarding full practice authority for nurse practitioners, Pennsylvania Senate Bill 25. There is considerable research that supports granting this authority to nurses and 22 states have already enacted this reform. The result has been better care, stronger health care teams and healthier patients.

Physicians and other researchers at the National Academy of Medicine thoroughly investigated NP care for the landmark 2010 report, “The Future of Nursing.” The National Academy of Medicine determined that NPs provide safe, high-quality care and endorsed reforms like SB25 and HB100 that grants full practice authority to NPs.

Researchers at Montana State University found that the cost of care for patients with a nurse practitioner primary care provider ranged from 11 to 29 percent less than for patients with a physician primary care provider. Similarly, researchers at the University of California, San Francisco, found that provider prices for primary care services fell by 1-4 percent after full practice authority for NPs was implemented.

The cost savings also extend to physician malpractice payments. A report in Medical Care Research and Review found that less restrictive scope-of-practice laws for NPs decrease the number of payments made by physicians by as much as 31 percent.

All these benefits occurred with no decrease in care quality or patient health outcomes. On the contrary, patient health improved. A study in Nursing Outlook concluded that states with full practice for nurse practitioners have lower hospitalization rates and improved health outcomes in their communities. The same study found that potentially avoidable hospitalization rates were 50 percent higher in states like Pennsylvania with outdated NP laws compared to states with modern laws.

This track record is why SB25 and HB100 are supported by advocates from both parties across Pennsylvania including The Hospital & Healthsystem Association of PA, AARP Pennsylvania, the Pennsylvania Health Access Network, the Commonwealth Foundation and many others.

Some of the strongest advocates of full practice authority are policy thought leaders on both ends of the political spectrum, including the American Enterprise Institute, Americans for Prosperity, Cato Institute, and the Heritage Foundation who argue: Restricted scope represents an unnecessary regulatory barrier, restricting patient access to primary health care.

NPs generally spend more time with patients during consultations than physicians do. Expanding scope is a quick, relatively cheap and effective way to address the primary care physician

shortage. Restrictive laws and regulations force both physicians and advanced practice nurses to fill and perform unnecessary paperwork and conduct unnecessary supervision.

Expanded SOP could mean new jobs: At least 3,800 and as many as 7,128. SOP expansion could save the health system as much as \$4.3 billion. NPs score evenly, and in certain services even higher, compared with physicians. Data suggests that NPs are more willing to practice in the rural areas than physicians. Dr. Lopatin is correct when he says that NPs can do 85 percent of what a doctor does, but he's wrong when he calls the remaining 15 percent a "miss."

NPs understand the limits of their knowledge and training, and they would continue to refer patients to physician colleagues when the medical issue is beyond their scope of practice — even after they reach the 3,000 hours of mandatory collaboration that would be required by the law.

If Dr. Lopatin and his colleagues would discuss the issues surrounding this legislation with their colleagues in the Pennsylvania Coalition of Nurse Practitioners, it could reduce the misinformation and result in greater access to care for patients in Pennsylvania.