

## Research & Commentary: Nurse Practitioners Can Alleviate Mississippi's Primary Care Shortage

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In this Research & Commentary, Christina Herrin evaluates Mississippi's primary care shortage and offers a solution in nurse practitioners.

Like many states, Mississippi faces a growing shortage of doctors, leaving patients unable to access primary care services in a timely and affordable manner. According to the Department of Health and Human Services (HHS), more than 84 million Americans, or one-quarter of the entire U.S. population, live in counties designated as “Primary Care Health Professional Shortage Areas.” Mississippi is no exception. According to the National Institute of Health, Mississippi is expected to need an additional 3,709 doctors by 2030, a substantial increase from the state's 5,714 current active physicians.

Avoiding a physician shortage is a daunting task because many factors contribute to doctor shortages including burnout or changes in physician and patient populations. For instance, onerous licensing standards create significant barriers. One reform that could alleviate such shortages is the expansion of the scope of practice for nurse practitioners.

Rep. Donnie Scoggin (R-Jones County) of Mississippi introduced House Bill 1303, which would expand opportunities for nurse practitioners. According to Empower Mississippi, under current law, a nurse practitioner is required to enter into a collaborative agreement with a physician. HB 1303 would exempt nurse practitioners from that requirement after 3,600 hours of practice. This bill would expand the scope of practice for nurse practitioners across the state of Mississippi, which would give patients more health care options.

Critics of these reforms claim expanding the scope of practice will lower the overall quality of care. Yet, NPs routinely perform nearly all the services of a primary care doctor to the same high standards expected from physicians. A 2012 article in *Health Affairs* reviewing 26 studies noted the “health status, treatment practices, and prescribing behavior [of NPs] were consistent between nurse practitioners and physicians.” NPs play a critical role in delivering quality care to patients, and with America's aging population this need is only growing. In 2013, the Department of Health and Human Services (HHS) estimated states could reduce America's primary care shortage by two-thirds simply by loosening laws that prevent nurses from independently treating patients.

The reality is that the United States faces a growing shortage of licensed physicians. Indeed, the Association of American Medical Colleges (AAMC) estimates the United States will have a

doctor shortage of 122,000 physicians by 2032. Expanding the scope of practice of nurse practitioners is a strong first step for Mississippi to begin addressing its physician shortage. Relaxing regulations on the books would dramatically expand access to quality care.

The following articles examine the doctor shortage, scope of practice, and medical licensing from varied perspectives.

### **Quality of Primary Care by Advanced Practice Nurses: A Systematic Review**

<https://www.mc.vanderbilt.edu/documents/nursingoaap/files/Quality%20of%20Primary%20Care%20Advanced%20Practice%20Nurses.pdf>

In this study, published in the *International Journal for Quality in Health Care*, the authors conduct a systematic review of randomized controlled trials of the safety and effectiveness of primary care provided by advanced practice nurses and evaluate the potential of their deployment to help alleviate primary care shortages.

### **Healthcare Openness and Access Project: Mapping the Frontier for the Next Generation of American Health Care**

<https://www.heartland.org/publications-resources/publications/healthcare-openness-and-access-project-mapping-the-frontier-for-the-next-generation-of-american-health-care>

The Healthcare Openness and Access Project (HOAP) is a collection of state-by-state comparative data on the flexibility and discretion U.S. patients and providers have in managing health care. HOAP combines these data to produce 38 indicators of openness and accessibility. The project provides state-by-state rankings over a number of variables, including occupational licensing.

### **End State Licensing of Physicians**

<https://www.cato.org/publications/commentary/end-state-licensing-physicians>

Shirley Svorny of the Cato Institute argues in this article for the ending of state licensing for physicians. Svorny says the state licensing system is both costly and unneeded. “The benefits of state licensing are overstated. Licensing authorities verify education and training, but little else. State licenses do not indicate an individual physician’s specialty-specific skills. Specialty certification is the purview of medical specialty boards, which are private,” wrote Svorny.

### **Medical Licensing: An Obstacle to Affordable, Quality Care**

<http://heartland.org/policy-documents/medical-licensing-obstacle-affordable-quality-care>

Shirley Svorny of the Cato Institute argues licensure not only fails to protect consumers from incompetent physicians, it also makes health care more expensive and less accessible by raising barriers to entry. Only institutional oversight and a complex network of private accrediting and certification organizations, all motivated by the need to protect reputations and avoid legal liability, offer whatever consumer protections exist today.

### **Reform for a Healthy Future: Expanding Scope of Practice for Nurse Practitioners in Texas**

<https://www.texaspolicy.com/library/doclib/2014-05-PP19-ScopeofPractice-CHCP-JohnDavidson.pdf>

In this *Policy Perspective*, John Davidson of the Texas Public Policy Foundation argues Texas’

medical practice laws are highly restrictive compared to many other states and incentivize NPs to practice elsewhere, thereby exacerbating a growing provider shortage in the state.

### **The Medical Monopoly: Protecting Consumers or Limiting Competition?**

<http://heartland.org/policy-documents/medical-monopoly-protecting-consumers-or-limiting-competition>

Sue A. Blevins of the Cato Institute examines the effect of government health care policies on the health care market. Blevins finds licensure laws appear to limit the supply of health care providers and restrict competition to physicians from non-physician practitioners. The primary result is an increase in physician fees and income, driving up health care costs.

### **Medical Licensing in the States: Some Room for Agreement – and Reform**

<http://www.cato.org/blog/medical-licensing-states-some-room-agreement-reform>

Charles Hughes of the Cato Institute discusses the growing doctor shortage, how it is likely to increase with the implementation of Obamacare, and the steps some states are taking to address the issue.

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