

Nurse Practitioners Care for PA

Full Practice Authority: A Free-Market Solution to Care for Pennsylvania

"State law currently requires nurse practitioners to enter into expensive contracts, called collaborative agreements, with two physicians. These contracts cost nurse practitioners up to \$25,000 per year, but they do not serve the public interest. They do not improve the quality of care for patients. And they do not promote health care access."

– Commonwealth Foundationⁱ

Competition in health care is good for patients and consumers because it boosts innovation and quality while lowering costs. But current Pa. law mandates that nurse practitioners must secure business contracts, called collaborative agreements, with two physicians in order to practice. This costly and outdated requirement has been eliminated by 23 other states and enjoys support from prominent free market advocates.

Senate Bill 25: Endorsed by Commonwealth Foundation and Americans for Prosperity Pennsylvania

Full Practice Authority uses the free market to help fix the primary care shortage.

- **Commonwealth Foundation:** "State lawmakers can ease waiting times and improve the quality of care by encouraging more charity care and giving providers like nurse practitioners the freedom to run their own practices."ⁱⁱ
- **Heritage Foundation:** "States should use their existing oversight authority to expand the pool of licensed primary care health care providers, including the scope of practice privileges for advanced-practice primary care nurses and physician's assistants."ⁱⁱⁱ
- **Cato Institute:** "States that currently have reduced or restricted scope of practice should explore loosening these restrictions, because doing so could go some way to addressing the looming doctor shortage and increase access to care without a reduction in quality."^{iv}

SB25: Full Practice Authority for nurse practitioners does not cost taxpayers a dime.

- Unlike other taxpayer-funded proposals to expand access to health care, Full Practice Authority poses no costs to taxpayers.

Current Pennsylvania law hurts consumers by inflating health care costs.

- **Federal Trade Commission:** "Mandatory physician supervision and collaborative practice agreement requirements are likely to impede competition among health care providers and restrict APRNs' ability to practice independently, leading to decreased access to health care services, higher health care costs, reduced quality of care, and less innovation in health care delivery."^v
- **Cato Institute:** "In states that require nurse practitioners to be supervised by doctors and do not allow independent prescription writing ... fees charged for health care services are 3 to 16 percent higher. In states that allow nurse practitioners to practice independently and write prescriptions, the fees charged

for services are lower while health care quality (as measured by changes in the infant mortality rate and malpractice insurance premiums) is not affected.”^{vi}

Pennsylvania law stifles competition.

- **Federal Trade Commission:** “Competitive harm is especially likely when state law requires an independently-practicing APRN to secure a physician collaboration agreement, and allows a physician to charge a fee for this agreement.”
- **Federal Trade Commission:** “These requirements may raise competition concerns because they effectively give one group of health care professionals (doctors) the ability to restrict access to the market by another, competing group of health care professionals (APRNs).”

Pennsylvania’s regulations especially hurt rural access to health care.

- **Federal Trade Commission:** “Collaborative practice agreements, including prices paid by APRNs to physicians, may be especially high in markets exhibiting certain characteristics. For example, APRNs may find it particularly difficult to form such contracts in rural or other underserved areas where collaborating physicians are in short supply.”

There is no evidence to support the claim that Full Practice Authority poses a risk to patient health. To the contrary, over 100 studies have proven the high quality and safety of nurse practitioner-led care.

- **Federal Trade Commission:** “Empirical research and on-the-ground experience demonstrate that APRNs provide safe and effective care within the scope of their training, certification, and licensure.”
- **Institute of Medicine:** “What nurse practitioners are able to do once they graduate varies widely for reasons that are related **not to their ability, education or training, or safety concerns**, but to the political decisions of the state in which they work.” (Emphasis added).^{vii}

Patient-centered, team-based health care is not a regulatory construct.

- **Federal Trade Commission:** “Collaboration between APRNs and physicians is common in all states, including those that permit APRNs to practice independently.”
- Patient-centered care is part of the core training and mission of all providers, including physicians and nurse practitioners.
- Patient-centered care is thriving in the 23 states that already have Full Practice Authority for nurse practitioners.

Senate Bill 25: Full Practice Authority for nurse practitioners is straightforward way to use the free market to expand access to care – particularly primary care, and health care in rural areas.

ⁱ Commonwealth Foundation, “Free Market Solution Expands Access to Care,” May 2016.

ⁱⁱ Commonwealth Foundation, “Obamacare’s Broken Promises Leave Pennsylvanians Looking for Solutions,” Oct. 2014.

ⁱⁱⁱ Heritage Foundation, “Not Enough Doctors? Too Many? Why States, Not Washington, Must Solve the Problem,” Nov. 2010.

^{iv} CATO Institute, “Medical Licensing in the States: Some Room for Agreement—and Reform,” Jul. 2014.

^v Federal Trade Commission, “*The doctor (or nurse practitioner) will see you now: Competition and the regulation of advanced practice nurses*,” March 7, 2014.

^{vi} CATO Institute, “Occupational Licensure,” Summer 2014.

^{vii} Institute of Medicine, “The Future of Nursing: Leading Change, Advancing Health,” Oct. 2010.