

# The Case for Restricted Practice

— **REFUTED**

For Nurse Practitioners, close collaboration with other health care providers is fundamental. NPs practice patient-centered care, where a team of providers works hand-in-hand to improve outcomes and increase patient access to care.

Yet as the movement grows to grant Pennsylvania's NPs Full Practice Authority — a step taken by 27 other states to eliminate a costly, unnecessary "collaborative agreement" with two physicians — there have been questions about what this will mean for PA patients.

So let's examine these arguments for maintaining restricted practice — as well as the many, many studies reaffirming the value of Full Practice Authority — and sort out fact from fiction.

## Nurse Practitioners provide inferior quality of care compared to physicians — **FALSE**

- "We find that NP independence increases the frequency of routine checkups, improves care quality, and decreases emergency room use by patients with ambulatory care sensitive conditions."<sup>1</sup>
- "Our results indicate that average mortality rate decreases or remains statistically comparable following NY's implementation of the policy, suggesting that NY's policy does not statistically lower quality of care."<sup>2</sup>
- "Further analysis comparing patient experiences between providers revealed NPs to be rated significantly higher than their colleagues." (n=53,885)<sup>3</sup>
- "There were few differences in primary care provided by APNs and physicians; for some measures APN care was superior."<sup>4</sup>

## NPs conduct more diagnostic imaging and prescribe opioids more often — **FALSE**

- According to three different studies from 2011-2018, analyzing several billion data points, nurse practitioners do not prescribe opioids more often than physicians.<sup>5,6</sup>
- On average, primary care visits with NPs versus physicians were associated with 0.521 fewer laboratory (95% CI -0.849, -0.192), and 0.078 fewer imaging services (95% CI -0.103, -0.052).<sup>7</sup>
- After weighting, NPs/PAs-alone used fewer medications, diagnostic tests, procedures, hospitalizations and low-value than physicians.<sup>8</sup>

## Full Practice Authority will result in NPs practicing in "silos" — **FALSE**

- "The quantitative analysis found that in states with full practice authority, NPs are only 7 percent more likely to practice without physician collaboration. This suggests that NPs often practice in team-based settings, as opposed to competing against physicians."<sup>9</sup>
- "State-level policy appears to be not a key factor in determining of collegiality between NPs and physicians. Physicians and NPs practice together and build collegial relationships within healthcare teams to assure patients receive optimal care regardless of state policy."<sup>10</sup>

## Full Practice Authority for NPs doesn't benefit rural areas — **FALSE**

- "The results indicate that expanded state NP practice regulations were associated with greater NP supply and improved access to care among rural and underserved populations without decreasing care quality."<sup>11</sup>
- "Rural NPs tended to work in primary care and were less likely to have restrictions on their practice."<sup>12</sup>

## It threatens patient safety — **FALSE**

- "We find no evidence of [increased malpractice cases], and instead find that physicians may benefit from the law change in terms of reduced paid malpractice cases against them."<sup>13</sup>
- "The Potentially Inappropriate Medication prescription rate was lower in states with full NP practice and lower among NPs than among physicians."<sup>6</sup>

## REFERENCES

- <sup>1</sup> Traczynski, Jeffrey, and Victoria Udalova. "Nurse practitioner independence, Health Care Utilization, and health outcomes." *Journal of Health Economics*, vol. 58, Mar. 2018, pp. 90–109, <https://doi.org/10.1016/j.jhealeco.2018.01.001>.
- <sup>2</sup> RoyChoudhury, Agnitra, and Kameliia Petrova. "Impact of New York State Nurse Practitioners Modernization Act on Quality of Care." *Economics Letters*, vol. 230, Sept. 2023, <https://doi.org/10.1016/j.econlet.2023.111264>.
- <sup>3</sup> Kippenbrock T, Emory J, Lee P, Odell E, Buron B, Morrison B. "A national survey of nurse practitioners' patient satisfaction outcomes." *Nursing Outlook*. 2019 Nov-Dec; 67(6), pp. 707-712. <https://doi.org/10.1016/j.outlook.2019.04.010>
- <sup>4</sup> Melanie Swan, Sacha Ferguson, Alice Chang, Elaine Larson, Arlene Smaldone, Quality of primary care by advanced practice nurses: a systematic review, *International Journal for Quality in Health Care*, Volume 27, Issue 5, October 2015, pp. 396–404, <https://doi.org/10.1093/intqhc/mzv054>
- <sup>5</sup> McMichael, B. J. "Nurse practitioner scope-of-practice laws and opioid prescribing." *The Milbank Quarterly*, 2021; 99(3), pp. 721–745. <https://doi.org/10.1111/1468-0009.12524>
- <sup>6</sup> Tzeng HM, Raji MA, Chou LN, Kuo YF. "Impact of state nurse practitioner regulations on potentially inappropriate medication prescribing between physicians and Nurse Practitioners." *Journal of Nursing Care Quality*, 2021; 37(1), pp. 6–13. <https://doi.org/10.1097/ncq.0000000000000595>
- <sup>7</sup> Patel, E., & Kandrack, R. "Differences in the number of services provided by nurse practitioners and physicians during primary care visits." *Nursing Outlook*, 2021; 69(5), pp. 886–891. <https://doi.org/10.1016/j.outlook.2021.04.003>
- <sup>8</sup> Mafi, J. N., Chen, A., Guo, R., Choi, K., Smulowitz, P., Tseng, C. H., Ladapo, J. A., & Landon, B. E. "US emergency care patterns among nurse practitioners and physician assistants compared with physicians: a cross-sectional analysis." *BMJ open*, 2022; 12(4), e055138. <https://doi.org/10.1136/bmjopen-2021-055138>
- <sup>9</sup> Westat. "Impact of State Scope of Practice Laws and Other Factors on the Practice and Supply of Primary Care Nurse Practitioners." 2015. [https://aspe.hhs.gov/sites/default/files/migrated\\_legacy\\_files/131786/NP\\_SOP.pdf](https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/131786/NP_SOP.pdf)
- <sup>10</sup> Poghosyan, L., Stein, J. H., Liu, J., Spetz, J., Osakwe, Z. T., & Martsof, G. "State-level scope of practice regulations for nurse practitioners impact work environments: Six state investigation." *Research in nursing & health*, 2022, 45(5), pp. 516–524. <https://doi.org/10.1002/nur.22253>
- <sup>11</sup> Yang BK, Johantgen ME, Trinkoff AM, Idzik SR, Wince J, Tomlinson C. "State Nurse Practitioner Practice Regulations and U.S. Health Care Delivery Outcomes: A Systematic Review." *Medical Care Research and Review*, 2021; 78(3), pp.183-196. <https://doi.org/10.1177/1077558719901216>
- <sup>12</sup> Zwilling, Jana, et al. "Comparison of rural and urban utilization of nurse practitioners in states with full practice authority." *The Journal for Nurse Practitioners*, vol. 17, no. 4, Apr. 2021, pp. 386–393. <https://doi.org/10.1016/j.nurpra.2020.12.033>.
- <sup>13</sup> Markowitz, S., & Smith, A. J. "Nurse practitioner scope of practice and patient harm: Evidence from medical malpractice payouts and adverse action reports." *Journal of Policy Analysis and Management*, 2023. <https://doi.org/10.1002/pam.22507>