

RESEARCH SUMMARY

Nursing the Opioid Crisis: The Case for Relaxing Scope-of-Practice Laws

The vast increase in demand for healthcare services in the wake of the COVID-19 pandemic was, and continues to be, a problem for a growing number of Americans. Access to care is a serious policy challenge. One solution to this challenge is relaxing state scope-of-practice laws for nurse practitioners. Many states prevent nurse practitioners from caring for patients without supervision by a physician, citing concern for patient safety. In "Nursing the Opioid Crisis," Benjamin J. McMichael refutes that claim.

Opponents of independence for nurse practitioners argue that it would harm people because unsupervised nurse practitioners would inappropriately prescribe opioids and thereby contribute to the ongoing opioid crisis. McMichael analyzes a comprehensive dataset of opioid-related deaths between 2005 and 2017 and finds no empirical evidence to support the contention that relaxing scope-of-practice laws endangers patient safety. Indeed he finds that removing supervision requirements results in *fewer* deaths from prescription medicines (and from opioids in particular).

Exceptions Made during COVID-19

In response to the pandemic, some states implemented emergency measures designed to increase access to healthcare by relaxing scope-of-practice laws for nurse practitioners. The experiences from the pandemic undermined the credibility of patient safety concerns about having nurse practitioners work without physician supervision. The experience also suggests that the new approach represents a viable policy option to increase care outside of the current pandemic. The option has met stiff resistance from physician organizations, whose members stand to benefit economically from laws suppressing the ability of other providers to deliver healthcare.

The Case for Making the Reforms Permanent

- *What the evidence shows:* McMichael finds consistent and statistically significant evidence that eliminating scope-of-practice restrictions reduces opioid-related deaths by between 5 and 11 percent. Many of these gains are from greater access to care and harm reduction.
- *Extension of the benefits long term:* McMichael's findings support extending independence to nurse practitioners across the country. In states that implemented emergency scope-of-practice reforms during the COVID-19 pandemic, those temporary measures should be made permanent. Such relaxations should also be adopted by other states that have maintained restrictive laws.

Next Steps

State legislative action is the most obvious and most desirable path to long-term independence for nurse practitioners. Many states, however, continue to balk at relaxing scope-of-practice laws. If this remains the case, federal options for independence could offer a way to permanently improve access to care for millions of people nationwide.