

THE BENEFITS OF MOBILIZING NURSE PRACTITIONERS IN LOUISIANA

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Louisiana Senate, Health and Welfare Committee

May 19, 2021

Chair Mills, Vice Chair Barrow, and distinguished members of the Senate Health and Welfare Committee, thank you for inviting me to testify on the subject of regulations governing the licensure of nurse practitioners in Louisiana. I am a professor of economics and director of the Knee Center for the Study of Occupational Regulation at Saint Francis University in Loretto, Pennsylvania. I am also a senior affiliated scholar with the Mercatus Center at George Mason University.

Based on my own research on the effects of permitting nurse practitioners to practice and use their unique skillsets, I offer the following takeaways:

1. Nurse practitioners can help address the growing problem of unmet demand for health services. It is widely accepted that, without reform, America faces increasing demand for primary care services and a declining supply of active primary care physicians.
2. Permitting nurse practitioners to practice to the full extent of their training after successful completion of licensing requirements would improve patient access to care without increasing cost or sacrificing quality. Requiring an additional 6,000 hours of experience after obtaining a license, while an important step forward, also presents an unnecessary hurdle.

This is an urgent issue, given that Louisiana, like many other states, is facing challenges providing adequate primary care to patients. National trends suggest that the decline in the number of primary care physicians will continue.¹ Nurse practitioners can step in to fill this gap, as long as the law does not tie their hands and block them from practicing to the full extent of their potential. Louisiana would not be alone if it were to adopt this reform; the state would be bringing public policy closer in line with other states.

1. Robert Graham Center, *Louisiana: Projecting Primary Care Physician Workforce*, n.d.

Nurse practitioners can alleviate the challenges that vulnerable populations encounter when seeking primary care, but they are often restricted by state law from fully applying the skills that they have learned. Current Louisiana law requires nurse practitioners to enter into collaborative practice agreements with physicians. Louisiana should eliminate this requirement. Fourteen states and the District of Columbia provide nurse practitioners the opportunity to practice to the full extent of their training immediately after completing licensure requirements.²

To ease the transition from the current system of collaborative practice agreements to a new system of nurse practitioner autonomy, the proposed bill includes a 6,000-hour transition period, after which nurse practitioners will no longer require a collaborative practice agreement. Such a provision unnecessarily delays nurse practitioners from working to the full extent of their training. At the very least, Louisiana should consider shortening this transition period, which would be much longer than in several other states. States such as Colorado and South Dakota, for example, have transition periods of 1,000 and 1,040 hours, respectively.

Research consistently shows that these restrictions on nurse practitioner scope of practice result in longer driving times for patients seeking primary care and reductions in the volume of care provided by nurse practitioners.³ In addition, researchers consistently find that nurse practitioners are fully capable of providing quality care to patients.⁴

In my own research examining how changes to nurse practitioner scope of practice affect Medicaid patients, I find evidence that permitting nurse practitioners to practice autonomously is associated with patients receiving more care without increasing costs.⁵ However, my research suggests that the positive effects of granting nurse practitioners autonomy are fully realized only when nurse practitioners are granted full practice authority. One positive effect is quite large: an 8 percent increase in the amount of care that Medicaid patients receive.

Research continues to demonstrate that nurse practitioners are fully capable of providing high-quality primary care. Granting nurse practitioners full practice authority immediately upon successful completion of licensure requirements is a commonsense reform. Reforms that allow full practice authority, preferably with as short a transition period as possible, could help ensure that citizens receive the care that they need.

2. Joanne Spetz, *California's Nurse Practitioners: How Scope of Practice Laws Impact Care* (Oakland, CA: California Health Care Foundation, July 2019).

3. Donna Felber Neff et al., "The Impact of Nurse Practitioner Regulations on Population Access to Care," *Nursing Outlook* 66, no. 4 (2018): 379–85; Yong-Fang Kuo et al., "States with the Least Restrictive Regulations Experienced the Largest Increase in Patients Seen by Nurse Practitioners," *Health Affairs* 32, no. 7 (2014): 1236–43.

4. E. Kathleen Adams and Sara Markowitz, "Improving Efficiency in the Health-Care System: Removing Anticompetitive Barriers for Advanced Practice Registered Nurses and Physician Assistants" (Policy Proposal 2018-08, Hamilton Project at the Brookings Institution, Washington, DC, June 2018).

5. Lusine Poghosyan et al., "The Economic Impact of the Expansion of Nurse Practitioner Scope of Practice for Medicaid," *Journal of Nursing Regulation* 10, no. 1 (2019): P15–P20.