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Recent Studies Demonstrate Important Role of APRNs in Access, Quality, and Cost

- States with less restrictive scope of practice regulations have a greater supply of certified registered nurse anesthetists (CRNAs), especially in rural areas (Martsolf, 2019).
- In recent years, the supply of primary care nurse practitioners (NP) increased at higher rates than physician supply, with the highest NP supply observed in rural health areas (Xue, Smith & Spetz, 2019).
- Full practice authority for NPs increases the frequency of routine check-ups, improves care quality, decreases emergency room use (Traczynski & Udalova, 2018), and reduces likelihood of late stage cervical cancer (Smith-Gergen, et al, 2018). NPs and certified nurse midwives (CNMs) with more autonomy reduce the use of medically intensive procedures in births (McMichael, forthcoming 2020).
- NPs and CNMs on average provided one fewer billed services than physicians (Patel & Kandrack, 2019).
- NPs and physicians have similar quality outcomes:
 - NPs' Medicare beneficiaries had lower rates of hospital admissions, readmissions, inappropriate emergency department use, and low-value imaging for low back pain.
 - MDs' Medicare beneficiaries were more likely to receive chronic care disease management and cancer screening.
 - Findings are limited due to incident to billing, which does not identify NP services (Buerhaus, et al, 2018).
- Diabetic patients managed by NPs, physician assistants and physicians had comparable outcomes (Yang, et al, 2018).

Required Physician Contracts are Costly to APRNs and their Patients

- Payment to physicians for contracts often exceeds \$6,000 annually, with numerous APRNs reporting fees between \$10,000 and \$50,000 (Martin & Alexander, 2019).
- In Florida, 50 percent of self-employed NPs paid physicians for required contacts. This cost is passed on to patients (Ritter, 2018).

Required Physician Contracts Can Increase Physician Liability

- The supervising physician maybe held liable for APRN malpractice under the theory of *respondeat superior* or the negligent supervision doctrine (McMichael, forthcoming 2020).

Required Physician Contacts Do Not Affect Quality

- There is no difference in patient outcomes for hypertension and diabetes control in federally qualified community health centers in the most and least restricted states (Grimes, et al, 2018).

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