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).
References


Ritter, A. "Exploring Collaborative Practice Agreements Between Nurse Practitioners And Physicians" (2018). *Publicly Accessible Penn Dissertations.* 3176. [https://repository.upenn.edu/edissertations/3176](https://repository.upenn.edu/edissertations/3176)


