

Op-Ed: Allow Pa. nurses a greater role in providing health care

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The American health-care system remains in a state of limbo with the recent failure of the American Health Care Act. There's no need to point fingers or engage in speculation about political gamesmanship — what matters is that key state decision-makers realize it is imperative that all Pennsylvanians have access to affordable health care.

The state doesn't have to wait on the federal government to make progress. State legislators in Harrisburg can make a meaningful difference throughout their constituencies right now. The solution is straightforward: Let nurses perform their jobs fully, without burdensome regulations.

The Pennsylvania House is considering legislation, which recently passed in the Senate, that would allow nurses to play a greater role in providing health care. With advanced education and training, these credentialed nurses can diagnose, treat, and manage patient illnesses with prescriptions for controlled substances. To receive a license, practitioners are required to hold master's degrees and complete 45 hours of pharmacology training.

In 22 states and the District of Columbia, nurse practitioners can exercise full practice authority, developing and administering treatment plans that include prescribing controlled substances without physician supervision. Nurse practitioners in Maryland, just over 45 miles from Harrisburg, are granted full practice authority by the state. In Pennsylvania, the state currently limits the autonomy of nurse practitioners by requiring physician supervision to prescribe controlled substances. The state also requires that these licensed professionals are entered into a collaborative practice agreement with a health practice to deliver a medical diagnosis to patients.

A recent study published in the journal *Health Affairs* suggests that the United States would save as much as \$810 million by granting nurse practitioners full practice authority. Where do the cost savings come from?

Nurse practitioners charge lower prices in the health-care marketplace than physicians for similar primary care services. A study found that Medicare payments for inpatient nurse practitioner services are 11 percent lower than for physicians. Outpatient evaluation and management Medicare service charges are also 29 percent lower for nurse practitioners than physicians.

And the evidence suggests that patients wouldn't have to sacrifice quality to save money. A study that was recently published in the *Journal of Law and Economics* found no evidence that granting nurse practitioners greater autonomy affects infant mortality rates or malpractice insurance premiums. In general, the care provided by physicians and nurse practitioners is comparable. Another study by the Rand Corporation reached a similar conclusion that cited possible increases in the quality of care delivered by advanced practice registered nurses.

So why do these restrictions persist? A large number of physicians continue to prefer that nurse practitioners not be able to practice to the full extent of their education and training. The Pennsylvania

Medical Society is also fiercely opposed to any legislative efforts that would allow nurse practitioners to do the job that they are trained to perform.

Like any other monopolist, Keystone state physician groups are concerned about facing competition and losing market share. Research suggests that physicians earn approximately 6 percent more in states that restrict nurse practitioner prescription authority. Such a perverse incentive emphasizes the need for policymakers to reduce barriers to employment for nurse practitioners so they, too, can have an equal chance to fully participate in the job market.

Pennsylvania does not have to rely upon the federal government to take decisive action to reduce health-care costs without sacrificing quality or infringing upon access. Simply allowing nurse practitioners to do the job that they are trained to perform would be a great start.