Granting Nurses Full Practice Authority: Benefits for North Carolina

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Problems with health care access

- Defining access: coverage vs. care
- We need to reexamine the delivery of health care, especially primary care
- Affordable Care Act and the growth of North Carolina's Medicaid program increased demand without increasing supply
- North Carolina suffers from a maldistribution of providers[1]
- There are declining numbers of primary care physicians entering the workforce[2,3]

North Carolina needs to fully deploy its health care industry to meet needs

- Current law limits advanced practice registered nurses (APRNs) from practicing at the top of their license
- Reforms in the SAVE Act will address outdated regulations that limit the ability of APRNs to practice freely
- Nurse practitioners (NPs) workforce growing faster than physician (MD) workforce[4]
- Bureau of Labor Statistics projects similar increases for other APRNs between 2020-2030[5]
- Regulatory reform issue
- Supervision is essentially non-existent

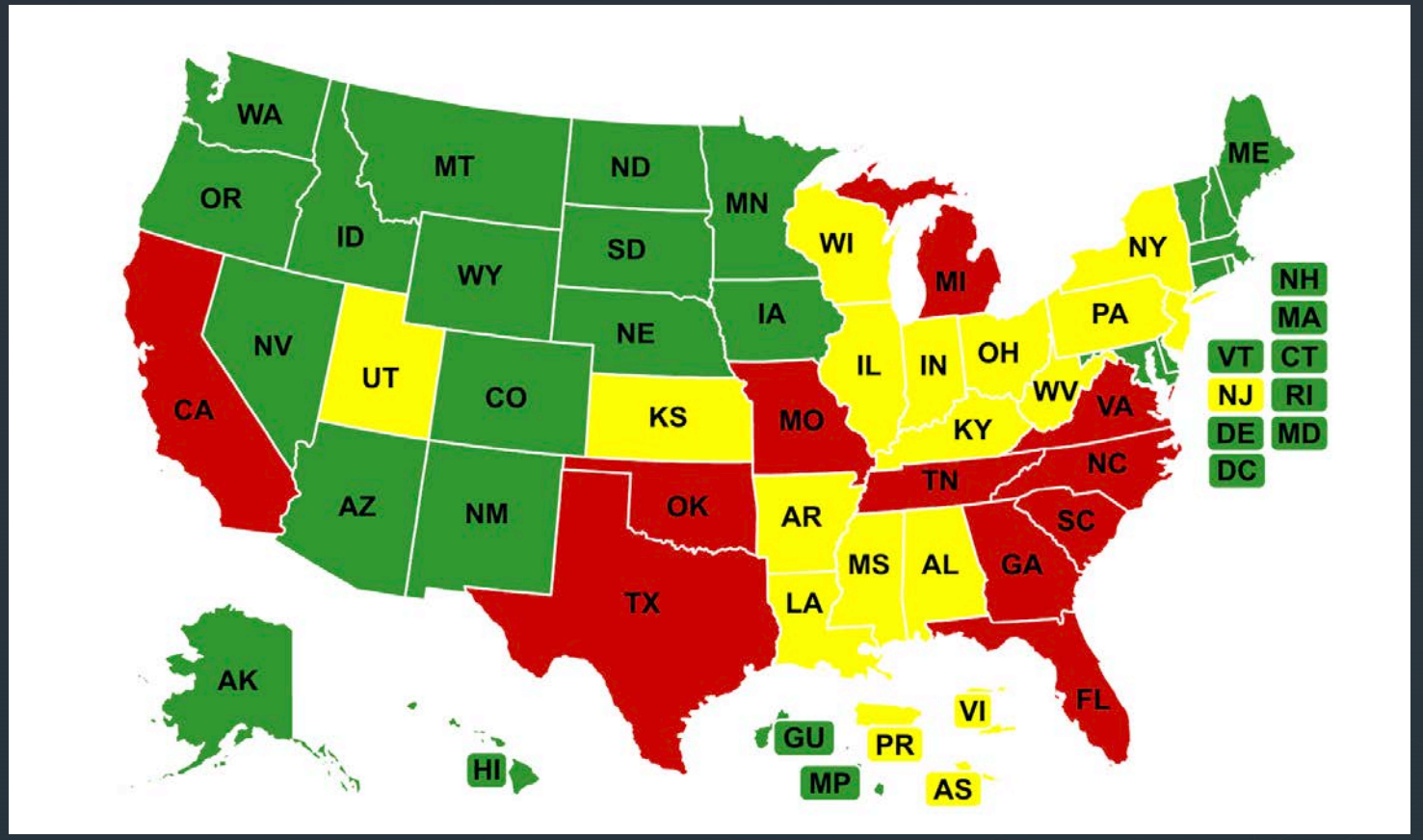
Historical and Projected Numbers of Physicians, Nurse Practitioners, and Physician Assistants.*

Provider Group	No. of Full-Time Equivalents				Average Annual Growth (%)		
	2001	2010	2016	2030 (projected)	2001–2010	2010–2016	2016–2030 (projected)
Physicians	711,357	862,698	920,397	1,076,360	2.2	1.1	1.1
Nurse practitioners	64,800	91,697	157,025	396,546	3.9	9.4	6.8
Physician assistants	44,282	88,047	102,084	183,991	7.9	2.5	4.3

Source: Auerbach, 2018.

North Carolina has fallen behind other states in modernizing nurse regulations

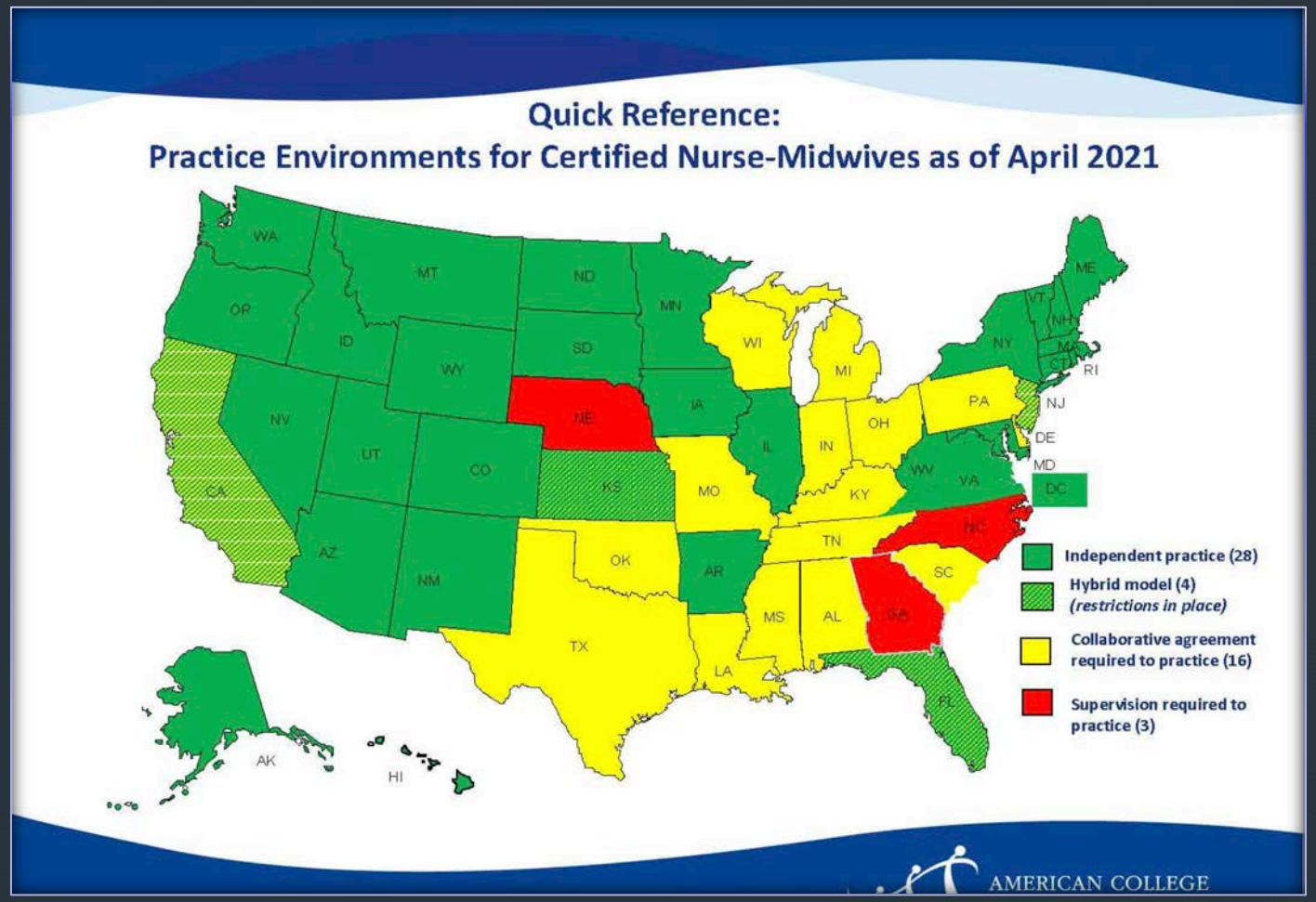
- Map of full practice authority states for nurse practitioners[7]
- North Carolina is one of ten states which still require collaborative practice agreements for nurse practitioners
- Florida passed a full practice authority bill in 2020



Source: American Association of Nurse Practitioners

Practice environments for Certified Nurse Midwives

- North Carolina is one of three states which require supervision of certified nurse midwives[8]



Source: American College of Nurse Midwives

Cost and tax benefits associated with full practice authority

- Research shows granting nurses full practice authority (FPA) will lead to lower health care expenditures and higher tax revenues in North Carolina[9]
  - Dr. Chris Conover published *Economic Benefits of Less Restrictive Regulation of APRNs in North Carolina* in 2015
  - The paper uses an economic model to predict changes in the health care market following the loosening of supervision requirements currently in law
  - Findings (in 2014 dollars):
    - Annual health cost savings = lower end estimate of $433 million to upper end estimate of $4.3 billion
    - Annual state and local tax revenues = lower end estimate of $20.7 million to upper end estimate of $38.3 million

Where do cost reductions come from?

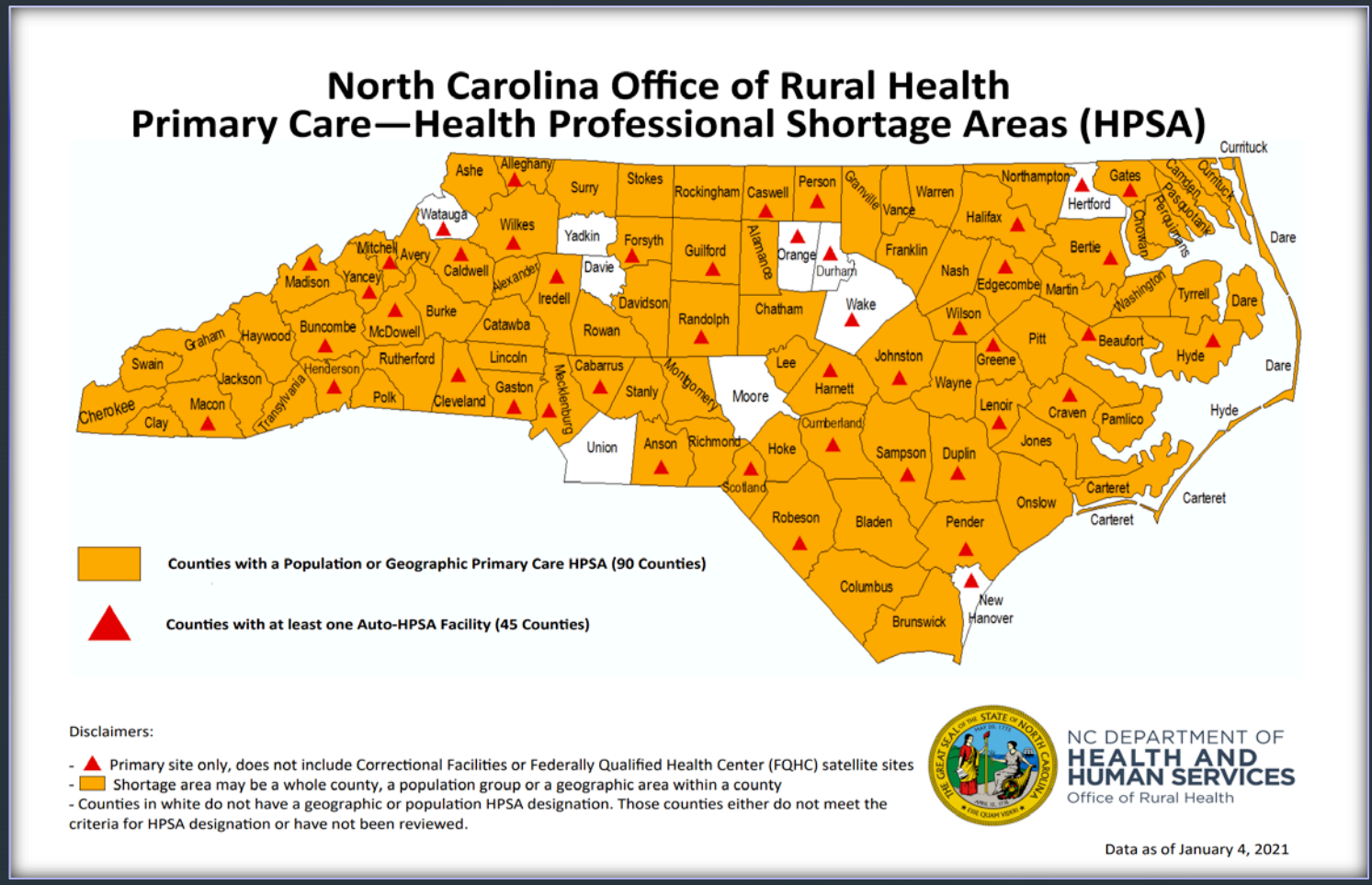
1. Training costs are lower
   - Scarce resources to train professionals – time and money
   - Costs of training CRNAs is estimated nearly seven times less than anesthesiologists[10]
   - NPs are estimated to cost 20-25% of the amount of physicians to train[11]
2. Compensation/Reimbursement levels are lower
   - In a lot of cases MDs and APRNs are providing the same services, but MDs are paid at a higher rate
   - Supervision adds a layer of costs, there can be claims from multiple providers
   - Increasing the pool of eligible providers can put downward pressure on reimbursement negotiations between insurers and providers

Where do cost reductions come from?

3. Use of medical care resources is often lower
   - A literature review of 69 studies on APRNs found evidence that in almost all cases, APRNs used equivalent, or fewer medical care resources[12]
   - Research has also shown the primary cost driver between NPs and MDs in Medicare spending is mostly attributable to service volume[13]
   - Another study found that when comparing NPs and MDs, NPs often order less ancillary services[14]
4. Avoidable costs
   - A focus on primary and preventative care can reduce future medical needs
   - Visits to the ER can be reduced and management of chronic diseases can be improved with better primary care

Nurse Practitioner's and Rural Primary Care

- Data shows a decline in Americans with a primary care doctor[15]
- FPA has been found to increase NP employment in primary care and participation in Medicaid[16]
- Rural health care
  - Research shows NPs are more likely to practice in rural areas[17,18]
  - Conover study estimates a net increase of 1,700 APRNs could address most primary shortages in the state[19]
  - Granting full practice authority can help reestablish provider patient relationships in rural areas



Source: North Carolina Department of Health and Human Services

Nurse Practitioner's and Direct Primary Care

- Direct primary care (DPC) practices operate like a gym membership
- NCGA passed HB 471 in 2020 which exempts DPC practices from insurance regulations[20]
- Nurse practitioners will have more options to serve NC patients in a primary care setting because of the states DPC law
- DPC practices are growing in NC (Up from 125 in 2014 to 1542 in 2021 nationally, up to 76 in NC)[21]
- Federal proposals to allow for DPC membership to be an eligible HSA expense[22]

Retail and Employer Health Care

- Employer Health Care Considerations
  - Employer costs for health insurance reduces amount of money available for wages
  - 67% of employers who offer health insurance use self-insured plans[23]
- Retail Health Clinics
  - Retail health clinics are growing in number exponentially[24]
  - Convenient, low-cost, transparent pricing
  - Example of the market adapting, regulations shouldn't stand in the way of further growth

Conclusion

- Granting nurses full practice authority will lower health care costs and increase access to care around the state
- There is no evidence allowing for full practice authority leads to negative health outcomes
- Supervision requirements threaten APRNs ability to practice
- Reform could alleviate shortages and attract people to our state
- The reform is good for businesses and the economy
- There are no taxpayer costs associated with this reform

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