

THE BENEFITS OF MOBILIZING NURSE PRACTITIONERS IN VIRGINIA

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Chairman Sickles and distinguished members of the House Health, Welfare, and Institutions Committee:

Thank you for inviting me to testify regarding the licensure of nurse practitioners in Virginia. I am a professor of economics and director of the Knee Center for the Study of Occupational Regulation at Saint Francis University in Loretto, PA. I am also a senior affiliated scholar with the Mercatus Center at George Mason University.

My research shows that permitting nurse practitioners to practice to the full extent of their specialized training after two years of experience improves patient access to care without increasing cost or sacrificing quality.

Nurse practitioners are often restricted by state law from applying the skills that they have learned. But existing law should not tie their hands and unnecessarily delay them from practicing to the full extent of their potential.

Virginia would not be going out on a limb by reducing this experience requirement. Its neighbor Maryland recognizes nurse practitioners as primary care providers with full practice autonomy after just 18 months of clinical experience. The District of Columbia grants nurse practitioners full practice autonomy immediately upon successful completion of the requirements for licensure.

Research consistently shows that these restrictions on nurse practitioner scope of practice result in longer patient driving times to receive primary care¹ and reductions in the volume of care provided by

1. Donna Felber Neff et al., "The Impact of Nurse Practitioner Regulations on Population Access to Care," *Nursing Outlook* 66, no. 4 (2018): 379-85.

nurse practitioners.² In addition, researchers consistently find that nurse practitioners are more than capable of providing quality care to patients.³

In my own research examining how changes to nurse practitioner scope of practice affect Medicaid patients, my colleagues and I find evidence that permitting nurse practitioners to practice autonomously is associated with patients receiving more care without increasing cost.⁴ However, our research suggests that the positive effects of granting nurse practitioners autonomy are fully realized only when they are granted full practice authority. These effects are quite large—we estimate an 8 percent increase in the amount of care that Medicaid patients receive once nurse practitioners are granted autonomy and full practice authority.

Research continues to demonstrate that nurse practitioners are more than capable of providing sorely needed high-quality primary care. Allowing nurse practitioners to practice autonomously after two years of clinical experience is a commonsense reform. Virginia would not be unique; rather, the Commonwealth would be bringing policy closer in line with other states and taking steps necessary to ensure that citizens receive the care that they need.

2. Yong-Fang Kuo et al., “States with the Least Restrictive Regulations Experiences the Largest Increase in Patients Seen by Nurse Practitioners,” *Health Affairs* 32, no. 7 (2013): 1236–43.

3. 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 No. 2018-08, Brookings Institution, Washington, DC, June 2018), 13.

4. 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): 1–6.