

THE BENEFITS OF MOBILIZING NURSE PRACTITIONERS IN VIRGINIA

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Chair Orrock, Vice Chair Head, and all distinguished members of the House Health, Welfare, and Institutions Committee, thank you for allowing me to comment on the subject of regulations governing the licensure of nurse practitioners in Virginia. I am an associate professor of economics and director of the Knee Center for the Study of Occupational Regulation at West Virginia University. I am also a senior affiliated scholar with the Mercatus Center at George Mason University.

On the basis of my own research on the effects of permitting nurse practitioners to practice and use their unique skillsets, I believe that allowing nurse practitioners to practice to the full extent of their specialized training after two years of experience would improve patient access to care without increasing cost or sacrificing quality.

This is an urgent question because Virginia, like many other states, is facing challenges in providing adequate primary care to patients. National trends suggest that the decline in the population of primary care physicians will continue.¹ Nurse practitioners can potentially help fill this gap. It is important that the existing law does not function as a roadblock and unnecessarily delay them from practicing to the full extent of their potential.

Nurse practitioners are often restricted by state law when it comes to applying the skills that they have learned. Removing these barriers would reduce the challenges that vulnerable populations encounter in accessing primary care. A law passed in Virginia last year permits nurse practitioners to apply for full practice autonomy after two years of full-time clinical experience. The law was a temporary change, however, and is scheduled to expire in July. This would mean that, later this year, nurse practitioners will need to complete five years of full-time clinical experience before they can obtain full practice autonomy. Virginia would not be going out on a limb by continuing to grant nurse practitioners full practice authority after two years of experience. The bordering state of Maryland recognizes nurse practitioners as primary care providers and requires 18 months of clinical experience before autonomy can be achieved. The District of Columbia grants nurse practitioners full practice autonomy immediately upon successfully completing the requirements for licensure.

1. Virginia Department of Health, *Primary Care Needs Assessment*, May 2016.

Research consistently shows that denying nurse practitioners full practice authority results in longer driving times to receive primary care and reductions in the volume of care provided by 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 full practice authority affects Medicaid patients, I find evidence that permitting nurse practitioners to practice autonomously is associated with patients receiving more care without increasing cost.⁴ It should be noted, however, that my research suggests that the positive effects of granting nurse practitioners autonomy are only fully realized when nurse practitioners are granted full practice authority. The change is quite large—I estimate an 8 percent increase in the amount of care that Medicaid patients receive.

Research continues to demonstrate that nurse practitioners are more than capable of providing high-quality primary care that is sorely needed. Virginia would not be unique if were to continue to allow nurse practitioners to work to the full extent of their training after two years of experience; rather, the commonwealth would be keeping policy closer in line with other states and taking steps necessary to ensure that citizens receive the care that they need.

2. Donna Felber Neff et al., “The Impact of Nurse Practitioner Regulations on Population Access to Care,” *Nursing Outlook* 66, no. 4 (2018): 379–85; Yong-Fang Kuo et al., “States with the Least Restrictive Regulations Experienced 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).

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.