

THE BENEFITS OF MOBILIZING CLINICAL NURSE SPECIALISTS 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 clinical nurse specialists 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 advanced practice registered nurses to practice and use their unique skillsets, I believe that allowing certified nurse specialists to practice to the full extent of their specialized training immediately after completing licensing requirements 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 providing adequate healthcare to patients. National trends suggest that the decline in the population of primary care physicians will continue.¹ Clinical nurse specialists can potentially help fill this gap. It is important that the existing law does not become a roadblock and unnecessarily delay them from practicing to the full extent of their potential.

Clinical nurse specialists are often restricted by state law in applying the skills that they have learned. Removing these barriers would alleviate challenges that vulnerable populations encounter in receiving healthcare. Current Virginia law requires clinical nurse specialists to complete two years of full-time clinical experience before becoming eligible to apply for full practice autonomy. Virginia would not be going out on a limb by eliminating this experience requirement for clinical nurse specialists. The District of Columbia grants clinical nurse specialists full practice autonomy immediately upon successfully completing the requirements for licensure. Last year, Delaware also extended full practice authority to clinical nurse specialists immediately upon obtaining a license.²

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

2. Bruce Japsen, "Delaware Latest to Lift Hurdle to Nurse Practitioners during Pandemic," *Forbes*, August 4, 2021.

Research consistently shows that restrictions on advanced practice registered nurse practice authority result in longer driving times to receive primary care and reductions in the volume of care provided by advanced practice registered nurses.³ In addition, researchers consistently find that advanced practice registered nurses are more than capable of providing quality care to patients.⁴

In my own research examining how changes to nurse practitioner practice authority affect Medicaid patients, I find evidence that granting nurse practitioners full practice authority is associated with patients receiving more care without increasing cost.⁵ 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 advanced practice registered nurses are more than capable of providing high-quality healthcare that is sorely needed. Virginia would not be unique if it were to permit clinical nurse specialists to work to the full extent of their training after obtaining a license; 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.

3. 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.

4. 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).

5. 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.