

THE BENEFITS OF MOBILIZING NURSE PRACTITIONERS IN KANSAS

EDWARD J. TIMMONS

*Director, Knee Center for the Study of Occupational Regulation, West Virginia University
Senior Affiliated Scholar, Mercatus Center at George Mason University*

Notice of Hearing on Proposed Administrative Regulations

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I appreciate the opportunity to comment on the regulation of licensure of nurse practitioners in Kansas. 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. The Mercatus Center is dedicated to bridging the gap between academic ideas and real-world problems and to advancing knowledge about the effects of regulation on society. This comment is not submitted on behalf of any party or interest group.

On the basis of my own research, I believe that allowing nurse practitioners to practice to the full extent of their specialized training and use their unique skill sets would improve patient access to care without increasing cost or sacrificing quality.

This is an urgent issue because Kansas, like many other states, is facing challenges in providing adequate primary care to patients. National trends suggest that the decline in the number of primary care physicians will continue.¹ Nurse practitioners can help fill this gap, so it is important that state regulations do not block them from practicing to the full extent of their potential.

Removing these barriers permanently for nurse practitioners would reduce the challenges that vulnerable populations encounter in accessing primary care. After the passage of HB 2279 in April and the approval of regulatory changes in July, Kansas nurse practitioners are no longer required to enter into written protocols with physicians. Kansas is not alone in eliminating this requirement. Colorado, Iowa, and 24 other states and jurisdictions also permit nurse practitioners to work without written protocols.

Research consistently shows that denying nurse practitioners full practice authority results in longer driving times for patients to receive primary care and reductions in the volume of care provided by nurse

1. Robert Graham Center, *Kansas: Projecting Primary Care Physician Workforce*, n.d.

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 practice authority affect Medicaid patients, I find evidence that permitting nurse practitioners to practice autonomously is associated with patients receiving more care without increasing cost.⁴ However, these positive effects are only fully realized when nurse practitioners are granted full practice authority. These positive effects are quite large—I estimate an 8 percent increase in the amount of care Medicaid patients receive.⁵

Research demonstrates that nurse practitioners are more than capable of providing high-quality primary care, which is sorely needed. Kansas is not unique in allowing nurse practitioners to work to the full extent of their training without a written protocol with a physician; rather, the state has moved its policy closer in line with other states and has taken steps necessary to ensure that its residents 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.

5. Poghosyan et al., “The Economic Impact.”