

Scope-Of-Practice Reform

Introduction

Mississippi currently possesses a talented, but untapped, supply of high-quality healthcare providers. These providers are willing to work in rural and low-income areas. They are also willing to work for less than physicians and dentists. These providers are nurse practitioners and midlevel dental therapists.

But just as Certificate of Need laws are being used to protect hospital monopolies, professional licensing and scope-of-practice regulations are being used to protect individual provider monopolies. The worst of these are regulations that prevent nurses from practicing up to their full training, thus denying patients access to high-quality care at an affordable price. Similar protectionist policies are being used to limit patient access to affordable dental care.

As far as practice authority goes, there are basically two kinds of nurses: Licensed (LPNs)/registered nurses (RNs) and nurse practitioners (NPs), which are also called Advanced Practice Registered Nurses (APRNs). APRNs have at least a Master's degree and have obtained additional training so that they can work independently. By contrast, RNs work under the supervision of a physician. Mississippi is home to 62,945 licensed/registered nurses and 4,843 nurse practitioners, compared to 6,245 licensed physicians.

Mississippi limits the ability of APRNs to practice up to their full training — what is called “full practice authority.” In particular, APRNs who wish to open their own practice, or a free-standing clinic, must enter into a collaborative agreement with a physician. This agreement requires the supervising physician to be within a 75-mile radius of the nurse's practice location. The supervising physician is then required to randomly review up to 20 of the APRN's patient charts and meet with the APRN once every quarter. The typical charge for this minimal (not real time) standard of review is \$74 a day or \$2,250 a month.

Numerous studies demonstrate that APRNs provide care that is at least as good as physicians, with some studies showing even better outcomes. In part, this may be because nurse practitioners are both less expensive and more accessible, especially for rural and low-income patients. Other evidence suggests that APRNs tend to follow recommended guidelines more frequently and, also, spend more time with patients — practices associated with better patient outcomes.

That is why 24 states and the District of Columbia extend full practice authority to nurse practitioners, which means APRNs can independently evaluate and treat patients. By contrast, only eight states allow midlevel dental therapists in some form or another.

A midlevel dental therapist provides preventative dental care and may provide restorative care, such as filling cavities. A midlevel provider is basically like a physician's assistant. They rarely, if ever, function apart from a dentist's supervision. In this respect, midlevel providers can help dentists serve more patients while providing the same level of care.

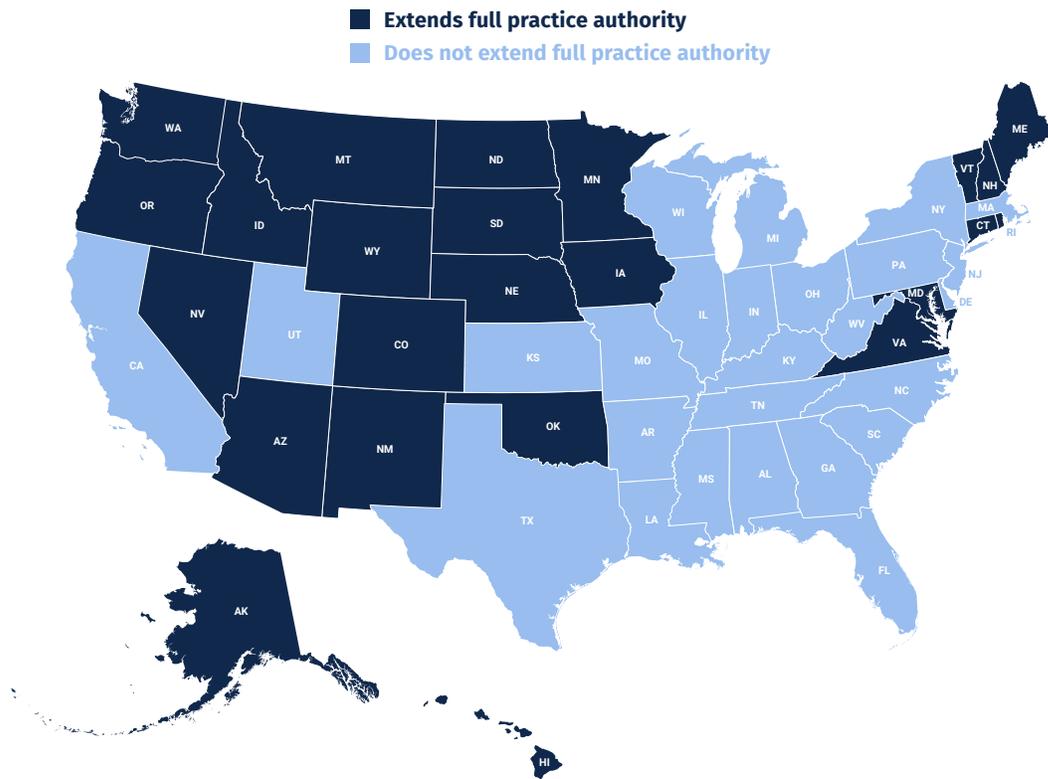
Key Facts

- Mississippi is home to 4,843 nurse practitioners.
- Mississippi limits the ability of nurse practitioners to open their own practice without a collaborative agreement with a physician.
- Twenty-four states and the District of Columbia extend full practice authority to nurse practitioners.
- Eight states allow midlevel dental therapists to provide preventative dental care and restorative care.

Recommendations

- Let nurses practice by eliminating the mileage requirement that handicaps nurse practitioners from serving patients in rural areas.
- Place a time limit on collaborative agreements so that nurses who have provided high-quality care for two years without incident may be released from the collaborative agreement requirements.
- Create a midlevel dental provider pilot program that allows dentists in rural and low-income areas to hire midlevel dental providers licensed in other states.
- Initiate a midlevel dental provider certification program at a Mississippi institution of higher learning.
- Expand the supply of alternative providers by looking at how licensing and certifying professionals in allied fields, such as naturopaths, could help improve health outcomes and lower costs for the people of Mississippi.

States That Extend Full Practice Authority to Nurse Practitioners



Sources: American Association of Nurse Practitioners

Employment Projections Data for Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners, 2016-2026

Occupational Title	Employment, 2016	Projected Employment, 2026	Change, 2016-26	
			Percent	Numeric
Nurse anesthetists, nurse midwives, and nurse practitioners	203,800	268,000	31	64,200
Nurse anesthetists	41,800	48,600	16	6,800
Nurse midwives	6,500	7,800	21	1,300
Nurse practitioners	155,500	211,600	36	56,100

Source: U.S. Bureau of Labor Statistics