

# Expanded Scope of Practice Laws During the Pandemic - A Trend That's Here to Stay?

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# Welcome and Introduction

Annaliese Johnson

Policy & Communications Analyst

Healthcare Value Hub



# Housekeeping

- Thank you for joining us today!
- All lines are muted until Q&A
- Webinar is being recorded
- Technical problems? Contact Elise Lowry at [Elise.Lowry@altarum.org](mailto:Elise.Lowry@altarum.org)

# Agenda



- **Welcome & Introduction**
- **Scope of Practice Regulations in a Pandemic**
  - Joanne Spetz, PhD, Director, Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco
- **Nurse Practitioners and Physician Assistants –Solutions to Achieving Health Equity**
  - Heather Brom, PhD, RN, NP-C, Eastwood Family Endowed Assistant Professor
- **Expanded Scope of Practice Laws During the Pandemic – A Trend That’s Here to Stay?**
  - Bianca K. Frogner, PhD, Associate Professor, Department of Family Medicine, Director, Center for Health Workforce Studies, Deputy Director, Primary Care Innovation Lab  
University of Washington School of Medicine
- **Q&A**



# Scope of Practice Regulations in a Pandemic

Joanne Spetz, PhD

Director, Philip R. Lee Institute for Health Policy  
Studies

University of California, San Francisco



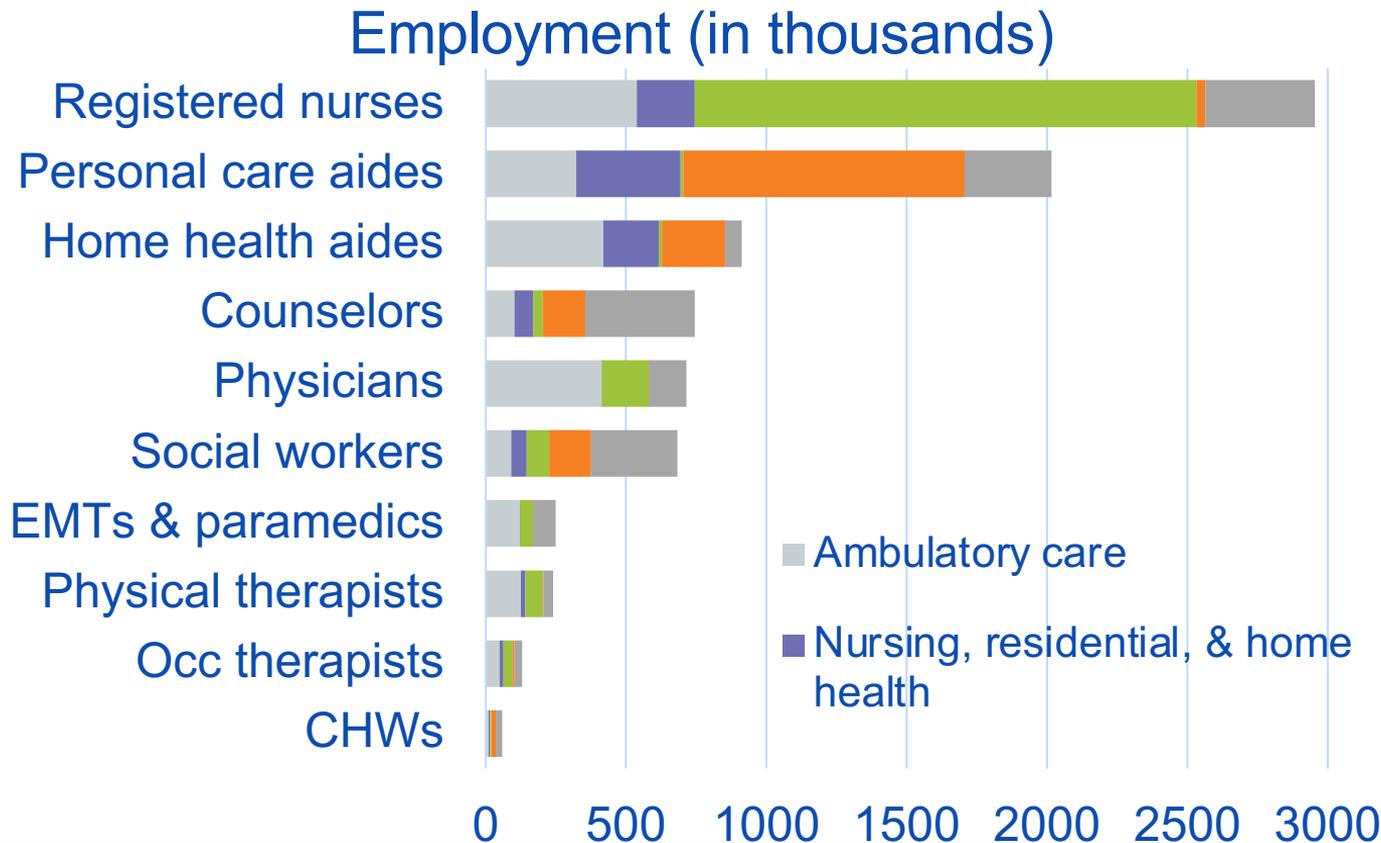
University of California  
San Francisco

# Scope of Practice Regulations in a Pandemic

Joanne Spetz, PhD  
Director, Philip R. Lee Institute for Health Policy  
Studies  
University of California, San Francisco

March 30, 2021

We need to optimize all workers to meet care needs



Source: U.S. Bureau of Labor Statistics, industry-occupation matrix, 2016

# COVID-19 County Workforce Estimator

Fitzhugh Mullan  
Institute for Health  
Workforce Equity  
THE GEORGE WASHINGTON UNIVERSITY



About the Dashboard

## Counties Experiencing Hospital Workforce Strain

184

**Crisis Staffing**

ICU patient per intensivist  $\geq 24$

3

**Contingency Staffing**

COVID-19 hospital occupancy  $\geq 25\%$

2,225

**Conventional Staffing**

COVID-19 hospital occupancy  $< 25\%$

734

No hospital in county or  
key data not available

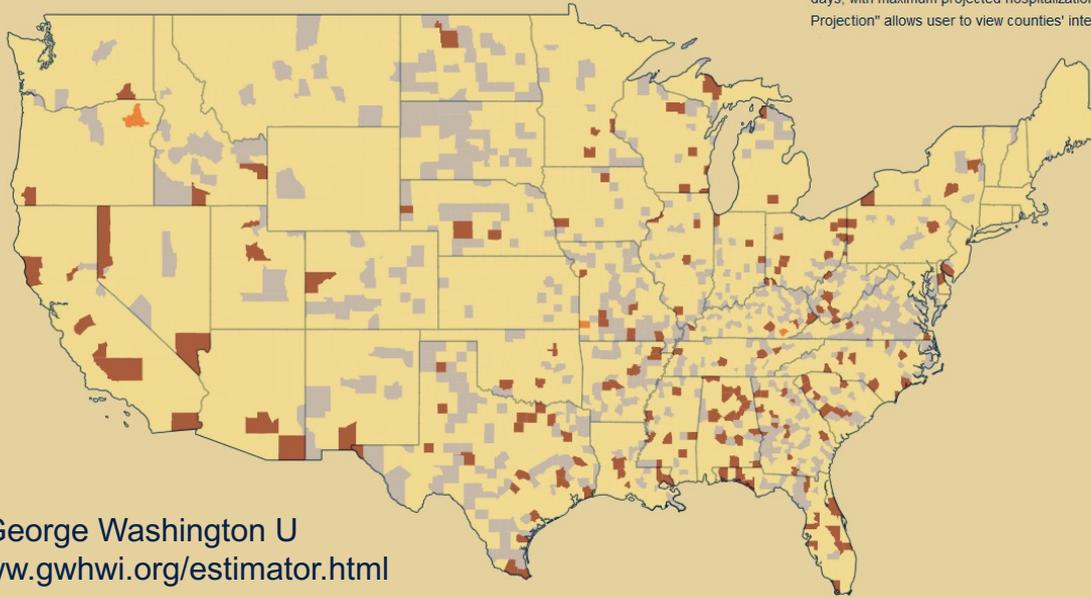
Change Region View

Continental US

Change Timeframe

30 Day Forecast

Click on county to zoom into state. "30 Day Forecast" displays the highest strain scenario forecasted in 30 days, with maximum projected hospitalization. "Daily Projection" allows user to view counties' intensivists



Source: George Washington U  
<https://www.gwhwi.org/estimator.html>

What is “scope of practice”?

**Who** can do **what**,  
under what **circumstances**,  
and be reimbursed for activities



# What types of changes were recommended?

- Rapid licensing / approval of out-of-state health professionals
  - Uniform Emergency Volunteer Health Practitioner Act (18 states)
  - Nurse Licensure Compact (32 states)
  - Recognition of EMS Personnel Licensure Interstate Compact (19 states)
- Enabling telehealth services
  - Cross-state approvals
  - Reimbursements
  - Initiation of medications for opioid use disorder
  - 41 states issued various waivers

# What SOP changes were recommended?

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## **Clinical laboratory**

- Allow clinical lab specialists to perform testing outside current limits
- Eliminate limits on medical lab techs from doing high-complexity tests

## **Certified nursing assistants, home health aides, & personal care aides**

- Allow them to administer low-risk medications

## **Licensed practical/vocational nurses**

- Allow them to do preliminary assessment
- Allow them to administer lower-risk medications via an IV line

## **Paramedics**

- Allow them to practice in all settings

# What SOP changes were recommended?

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## **Advanced practice clinicians (PAs, NPs, midwives, etc.)**

- Do not require physician oversight

- Do not restrict the number that a physician can supervise

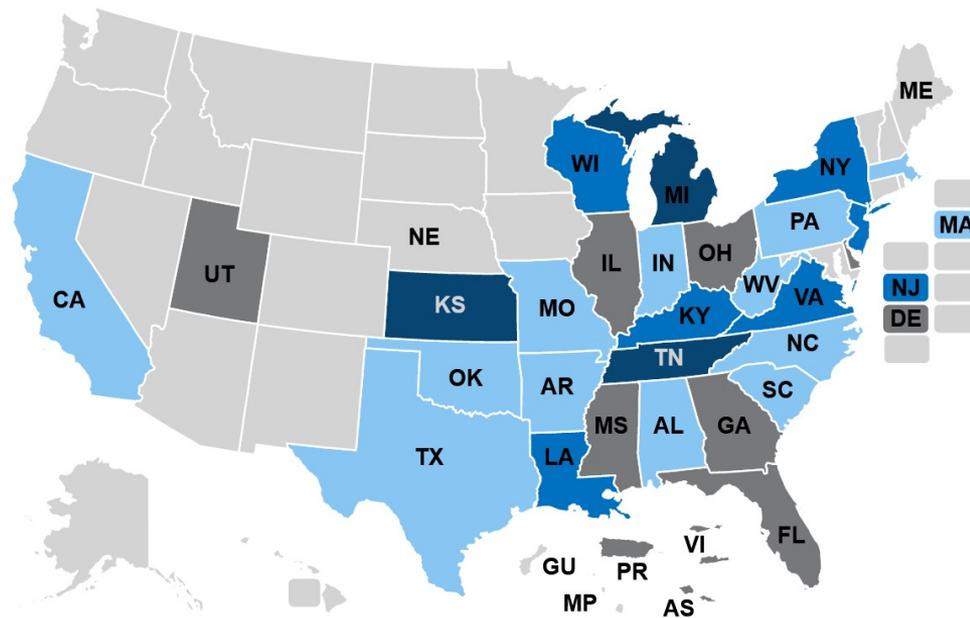
## **Nurse-midwives & nurse practitioners**

- Allow them to practice without physician supervision

- Require that they be given full hospital privileges

## **Clinical nurse specialists**

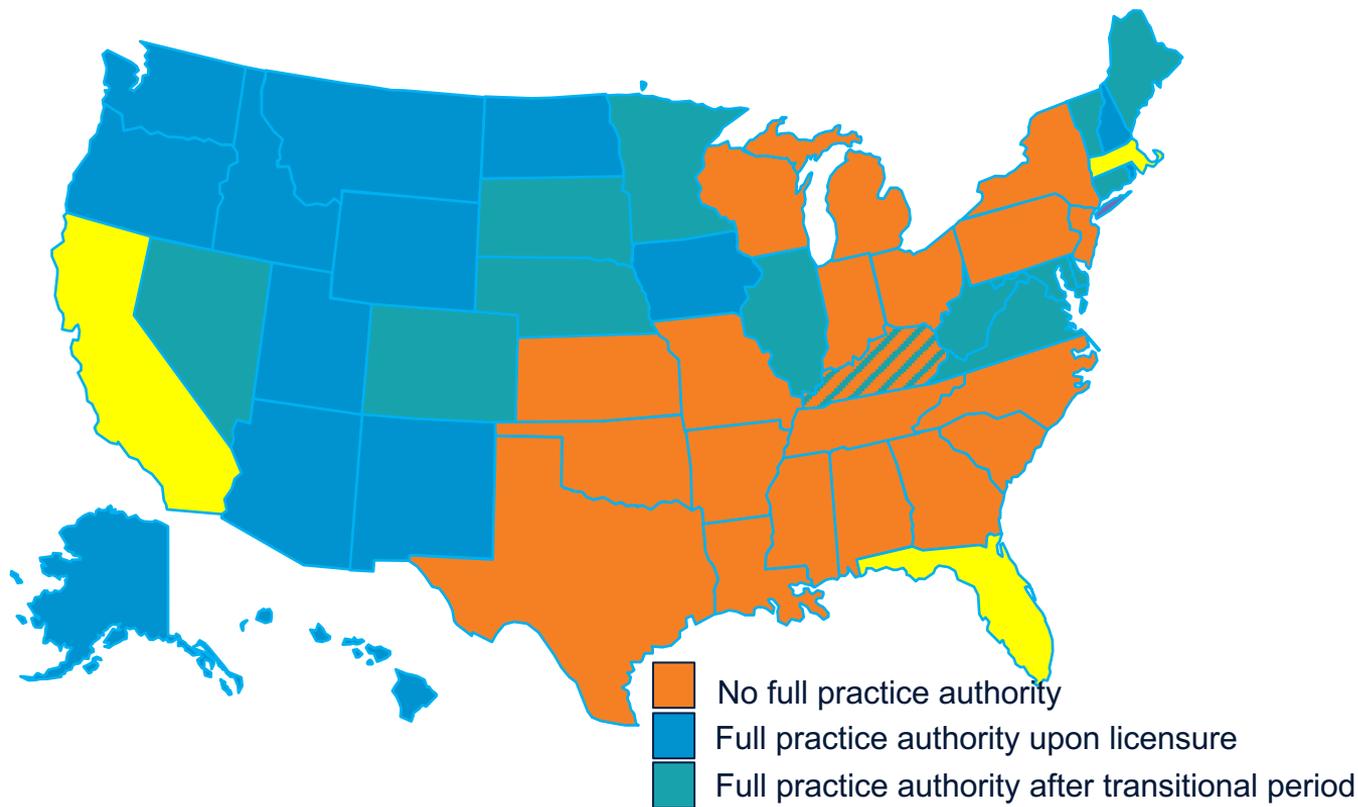
- Allow CNSs to prescribe medications if they took a pharmacology class



## Legend

Executive Orders Expired
Temporary suspension of all practice agreement requirements
Temporary waiver of select practice agreement requirements
Currently no action on this issue
Full Practice Authority States

# Three states have made permanent changes for NPs



Source: Spetz (2019 & updated)  
<https://www.chcf.org/publication/californias-nurse-practitioners/>

Thank you!

[joanne.spetz@ucsf.edu](mailto:joanne.spetz@ucsf.edu)



# NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS – SOLUTIONS TO ACHIEVING HEALTH EQUITY

Heather Brom, PhD, RN, NP-C  
Eastwood Family Endowed Assistant Professor

# Nurse Practitioners and Physician Assistants – Solutions to Achieving Health Equity



Heather Brom, PhD, RN, NP-C  
Eastwood Family Endowed Assistant Professor  
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 @heather\_brom

# NP and PA growth outpaces physician growth

Physicians

By 2030:  
1,076,360

1.1%  
growth

Nurse  
Practitioners

By 2030:  
396,546

**6.8%**  
**growth**

Physician  
Assistants

By 2030:  
183,991

**4.3%**  
**growth**

Physician  
practices  
increasingly  
employ NPs  
and PAs

25%  
specialty  
practices

30%  
primary care  
practices

# Value of NP and PA care

Quality of NP and PA care is the same or better for some outcomes compared to physician care

Primary care provided by NPs less costly compared to primary care physicians

CNM can improve access to care for women in rural and inner-city areas

# States with Restrictive Scope of Practice

Lower supply  
of NPs

Less access to  
health care services

Longer times to  
appointments

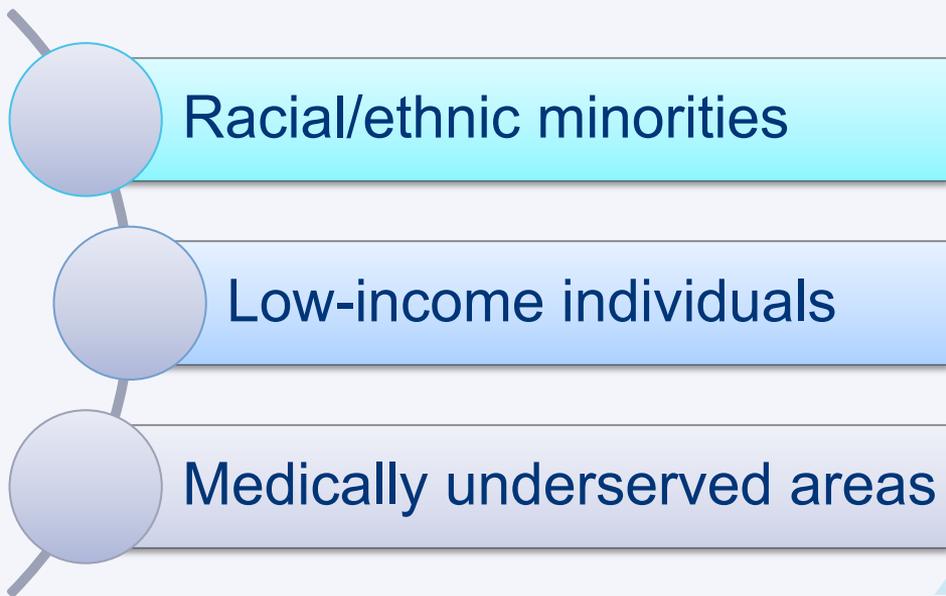
# States with Full Scope of Practice



# Health Equity

- Every individual has opportunity to “attain his or her full health potential”

## Inequities Exist

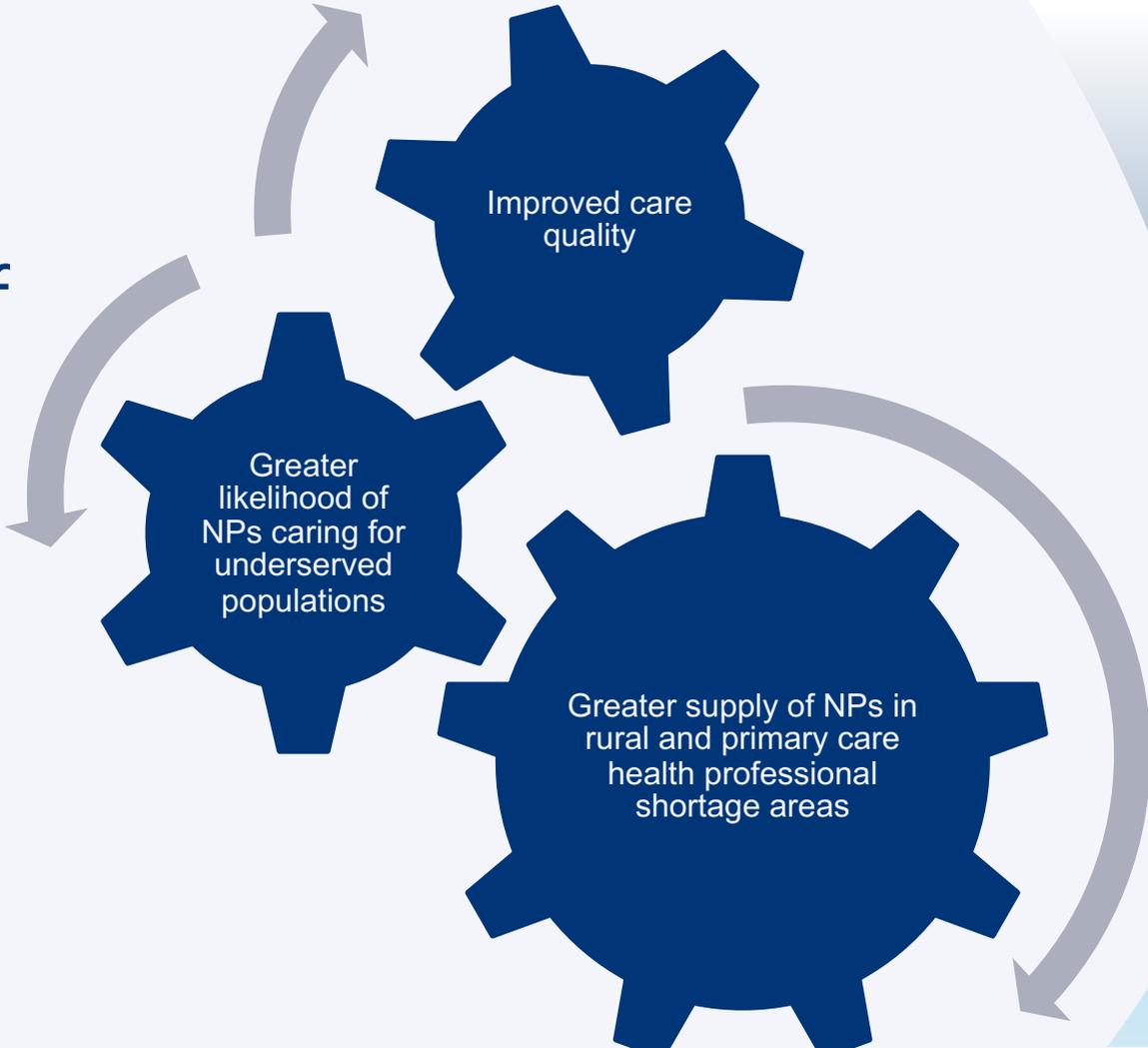


# Gaps in Primary Care

44 million US residents live in a county with a primary care physician shortage

Rural residents 5x more likely to live in a shortage area

# States with Full Scope of Practice



# NPs and PAs – Solutions to achieving health equity



Put the needs of patients first



Acknowledge the skills of all providers



Leverage the workforce that is able and ready

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## Expanded Scope of Practice Laws During the Pandemic – A Trend That’s Here to Stay?

Bianca K. Frogner, PhD

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Medicine

Director, Center for Health Workforce Studies

Deputy Director, Primary Care Innovation Lab

University of Washington School of Medicine

# Expanded Scope of Practice Laws During the Pandemic – A Trend That's Here to Stay?

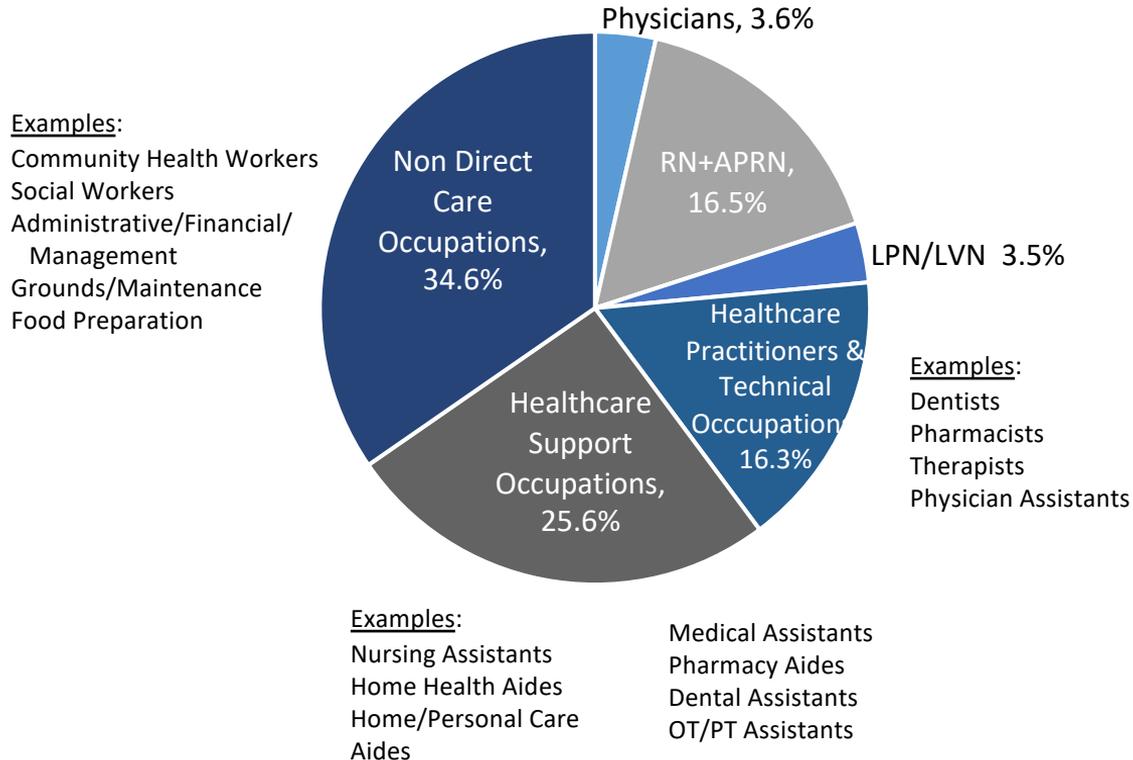
Altarum's Healthcare Value Hub  
March 30, 2021

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**Bianca K. Frogner, PhD**

Associate Professor, Department of Family Medicine  
Director, Center for Health Workforce Studies  
Deputy Director, Primary Care Innovation Lab  
University of Washington School of Medicine

# Many Workers in US Health Care Industry (n=17,054,890 in 2019)



Source: Frogner calculation of Bureau of Labor Statistics, Occupational Employment Statistics, 2019

# What Happened with Other Health Professions During the Pandemic?

## Rapid Response Brief

April 2020



<http://depts.washington.edu/fammed/chws/>

### The Respiratory Therapist Workforce in the U.S.

*Supply, Distribution, Education Pathways, and State Responses to Emergency Surges in Demand*

Susan M Skillman, MS, Bianca K Frogner, PhD, Arati Dahal, PhD, Benjamin A Stubbs, MPH, Grace Guenther, MPA

#### Examples of State Approaches for Emergency Increases to Respiratory Therapist Workforce

##### Re-activate licenses for respiratory therapists who have recently left practice.

- North Carolina,<sup>18</sup> Washington,<sup>19</sup> Maryland<sup>20</sup>

##### Continue uninterrupted practice by waiving continuing education and other training requirements

- Washington<sup>21</sup>

##### Speed processing of out-of-state reciprocity licenses

- North Carolina,<sup>22</sup> Connecticut,<sup>23</sup> Florida,<sup>24</sup> Maryland,<sup>25</sup> Oregon<sup>26</sup>

##### Authorize "respiratory therapist extenders"

- Michigan (Medical students, physical therapists, and emergency medical technicians authorized to volunteer or working under the supervision of physicians, respiratory therapists, or advanced practice registered nurses. Extenders may assist respiratory therapists and other health care professionals in the operation of ventilators or related devices.)<sup>27</sup>

##### Expedite student transition into practice

- Washington (recent respiratory therapy graduates are able to practice for 90 days after course completion prior to passing the credentialing exam. Policy was in effect before the emergency).<sup>28</sup>
- North Carolina (second year respiratory therapist students able to work as respiratory care assistants to expand capacity of therapists)<sup>29</sup>

##### Extend license expiration dates

- Washington (expiration dates of licenses expiring between April and September extended to September)<sup>30</sup>

## Policy Brief

November 2020



<http://depts.washington.edu/fammed/chws/>

### The Physical Therapist Workforce in the U.S.:

*Supply, Distribution, Education Pathways, and State Responses to the COVID-19 Emergency*

Natalia V. Oster, PhD, MPH, Susan M. Skillman, MS, Benjamin A. Stubbs, MPH, Arati Dahal, PhD, Grace Guenther, MPA, Bianca K. Frogner, PhD

#### Examples of State Approaches for Emergency Increases to Physical Therapist Workforce

##### Re-activate licenses for physical therapists who have recently left practice

- Pennsylvania,<sup>45</sup> Nebraska,<sup>46</sup> New Jersey<sup>46</sup>

##### Waiver and deferral of continuing education requirements

- Arizona: Continuing education requirements extended for six months unless those requirements can be completed online.<sup>47</sup>
- Arkansas: Requirement of continuing education waived for the 2021 renewal.<sup>48</sup>
- Utah: Temporary suspension of in-person continuing education requirements until October 2020.<sup>49</sup>

##### Expedite student transition into practice

- Delaware: Students currently enrolled in, or graduates of, an approved physical therapy program who are not yet licensed can practice under the supervision of a licensed physical therapist.<sup>50</sup>
- Pennsylvania: Graduation-before-licensure-examination requirements are suspended for the duration of the COVID-19 emergency. Physical therapy students who have completed their didactic education but have not completed clinical education can take the national licensure exams up to 180 days before graduation.<sup>51</sup>

##### Extend license expiration dates

- Arizona: Licenses which expire between March and August 2020 extended for six months.<sup>47</sup>
- Kansas: Licenses extended for the duration of the pandemic.<sup>46</sup>

##### Out-of-state reciprocal licenses

- Wisconsin: Physical therapists with a valid and current license in another state may practice in Wisconsin without first obtaining a temporary or permanent license.<sup>50</sup>

# What Happened with Other Health Professions During the Pandemic?

## Policy Brief

September 2020



### The Pharmacist Workforce in the U.S.:

*Supply, Distribution, Education Pathways, and State Responses to Emergency Surges in Demand*

*Natalia V. Oster, PhD, MPH, Samantha W. Pollack, MHS, Susan M. Skillman, MS, Benjamin A. Stubbs, MPH, Arati Dahal, PhD, Grace Guenther, MPA, Bianca K. Frogner, PhD*

#### Examples of State and National Approaches for Emergency Increases to the Pharmacist Workforce

Re-activate licenses for pharmacists who have recently left practice.

- Massachusetts,<sup>38</sup> North Carolina<sup>39</sup>

#### Remote processing of prescription drug orders and review processing.

- National: A majority of states allow temporary, out-of-pharmacy remote prescription drug order entry and review by a licensed, registered or certified pharmacist, for a pharmacy licensed and located with the state.<sup>39</sup>

- New Jersey (Rutgers University): All fourth-year students who have completed curricular requirements will graduate early.<sup>42</sup>

Remote processing of prescription drug orders and review processing.

- National: A majority of states allow temporary, out-of-pharmacy remote prescription drug order entry and review by a licensed, registered or certified pharmacist, for a pharmacy licensed and located with the state.<sup>39</sup>

Extend license expiration dates.

- Vermont: Retired pharmacists and those with expired licenses returning to the workforce to help in a state of emergency do not have to apply for a temporary license if expired within the past 3 years.<sup>39</sup>
- Arizona: License renewal and continuing education deadlines extended by six months unless they can be completed online.<sup>39</sup>

# What Happened with Other Health Professions During the Pandemic?

## Policy Brief

September 2020



### The Pharmacist Workforce in the U.S.:

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##### Re-activate licenses for pharmacists who have recently left practice.

- Massachusetts,<sup>38</sup> North Carolina<sup>39</sup>

##### Emergency authorization for out-of-state reciprocity licenses.

- The National Association of Boards of Pharmacy (NABP) Passport<sup>40</sup> provides temporary authorization and facilitates 19 states to efficiently grant emergency licensure to pharmacists, pharmacy technicians, interns, and pharmacy businesses practicing in another state.

##### Expedite student transition into practice.

- Indiana (Purdue University): Fourth-year PharmD students can pursue licensure exams 30 days early and are eligible to work as graduate pharmacists until fully licensed.<sup>41</sup>
- New Jersey (Rutgers University): All fourth-year students who have completed curricular requirements will graduate early.<sup>42</sup>

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## FORTHCOMING BRIEF: The Clinical Laboratory Workforce in the U.S.

### Non-laboratory personnel permitted to administer COVID-19 tests

- New Hampshire: Licensed pharmacists may administer COVID-19 tests.
- Ohio: Pharmacy interns and pharmacists may administer COVID-19 tests.

# What Were the Missed Opportunities?

## Perspective

### Ensuring and Sustaining a Pandemic Workforce

Erin P. Fraher, Ph.D., M.P.P., Patricia Pittman, Ph.D., Bianca K. Frogner, Ph.D., Joanne Spetz, Ph.D., Jean Moore, Dr.P.H., Angela J. Beck, Ph.D., M.P.H., David Armstrong, Ph.D., and Peter I. Buerhaus, Ph.D., R.N.

operate these machines. Hospital associations can develop strategies to deploy respiratory therapists to the hospitals most in need and to develop programs to quickly train workers who can operate this technology competently; respiratory therapy education programs

reactions to the pandemic intensify. Social workers are pivotal in helping vulnerable people by providing mental and behavioral interventions and helping people access food, housing, and social services. Health care organizations and health departments can also partner with community health workers, peer-support workers, occupational and physical therapists, and home health workers to identify and attend to social needs, including helping patients with Covid-19 adhere to their medical treatment.

ity. Dentists, dental hygienists and assistants, dental therapists, optometrists and optometry technicians, chiropractors, and hearing technicians are among those whose practices have closed because of Covid-19. Such health professionals can be trained to conduct screenings, take vital signs, provide telephone follow-up of quarantined people with Covid-19, collect epidemiologic data, and provide community education. Short online courses and

# Moving Forward: Cautious Roll Back of Scope of Practice



## HEALTH AFFAIRS BLOG

RELATED TOPICS:

COVID-19 | REGULATION | ORGANIZATION OF CARE | TELEHEALTH | ACCESS TO CARE | SYSTEMS OF CARE

### Is It Fair? How To Approach Professional Scope-Of-Practice Policy After The COVID-19 Pandemic

Alden Yuanhong Lai, Susan M. Skillman, Bianca K. Frogner

JUNE 29, 2020

10.1377/hblog20200624.983306

whether to roll-back SOP changes should not be equally swift. The COVID-19 crisis has led health systems and organizations to implement changes to their health workforce to meet unprecedented care needs, and HCPs on the front lines have reported burnout, depression, anxiety, and post-traumatic stress disorder. To support HCPs' professional well-being and advance organizational justice, decisions about returning to pre-pandemic SOP policies should be informed by careful evaluations of outcomes. In communicating these decisions, health care leaders in the public and private sectors need to carefully explain the evidence base and acknowledge the tremendous contributions and sacrifices HCPs have made throughout the pandemic.

Source: <https://www.healthaffairs.org/doi/10.1377/hblog20200624.983306/full/>

# Burnout among Health Care Workers

HealthLeaders TOPICS COUNCIL EVENTS RESOURCES SUBSCRIBE

ANALYSIS

## COVID-19 'HAS TURNED THE HEALTHCARE INDUSTRY UPSIDE DOWN,' SURVEY FINDS

BY CHRISTOPHER CHENEY | JULY 27, 2020

- The survey found 52% of clinicians reported experiencing increases in stress, burnout, or mental health issues during the pandemic.



### QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 27 FIELDLED MARCH 12-17, 2021

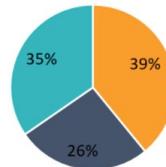


- 1 in 3 clinicians report burnout at an all-time high with their ability to bounce back or adjust now limited

MHA

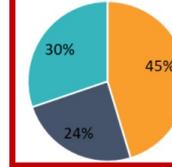


Do you feel like you have adequate emotional support?



■ No  
■ Not sure  
■ Yes

Nurses: Do you feel like you have adequate emotional support?



■ No  
■ Not sure  
■ Yes

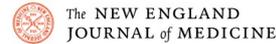
Source: <https://www.healthleadersmedia.com/clinical-care/covid-19-has-turned-healthcare-industry-upside-down-survey-finds>; <https://www.green-center.org/covid-survey>; <https://mhanational.org/mental-health-healthcare-workers-covid-19>

# Moving Forward: Calls to Evaluate Scope of Practice Changes

## Perspective

### Ensuring and Sustaining a Pandemic Workforce

Erin P. Fraher, Ph.D., M.P.P., Patricia Pittman, Ph.D., Bianca K. Frogner, Ph.D., Joanne Spetz, Ph.D., Jean Moore, Dr.P.H., Angela J. Beck, Ph.D., M.P.H., David Armstrong, Ph.D., and Peter I. Buerhaus, Ph.D., R.N.



**C**URRENT EFFORTS TO fight the Covid-19 pandemic aim to slow viral spread and increase testing, protect health care workers from infection, and obtain ventilators and other equipment to prepare for a surge of critically ill

#### Audio Interview



Interview with Dr. Erin Fraher on opportunities for expanding health workforce capacity during the Covid-19 pandemic. (13:32)  
[Download](#)

the health workforce. Once the pandemic has subsided, workforce changes should be evaluated and the results used to inform wiser use of the workforce and improved responses to future pandemics.

# Thank you!

Contact me with questions at:

[bfrogner@uw.edu](mailto:bfrogner@uw.edu)

Follow on Twitter:

[@biancafrogner @uwchws](https://twitter.com/biancafrogner)

# Questions for our Speakers?



- Use the chat box or to unmute, press \*6
- Please do not put us on hold!



# Resources from the Hub



## Research Brief:

### Provider Scope of Practice: Expanding Non-Physician Providers' Responsibilities Can Benefit Consumers




RESEARCH BRIEF NO. 21 | NOVEMBER 2017

#### Provider Scope of Practice: Expanding Non-Physician Providers' Responsibilities Can Benefit Consumers

Scope of practice regulations originated as a means to protect the public from healthcare practitioners administering care they were unqualified to provide, due to differences in training. Emerging emphasis on patient-centered care where nurses, physicians, and other members of the care team practice to the fullest extent of their training has focused attention on the potential advantages of expanded scope of practice in overall care delivery.<sup>1</sup>

Provider scope of practice regulations define the breadth of services a given type of healthcare professional is permitted to provide based on their level of education, training and experience.<sup>2</sup> While physicians have traditionally been considered the "leaders" of the healthcare delivery team, non-physician providers across the medical, dental and behavioral health spectrum are trained to perform tasks that can improve healthcare value and lower costs. These providers include physician assistants (PAs), dental therapists, dental hygienists and advanced practice registered nurses (APRNs)—a term that includes certified registered nurse anesthetists (CRNAs), certified nurse midwives, nurse practitioners (NPs) and clinical nurse specialists.

Currently, non-physician providers can face a variety of regulatory barriers that may limit their independent practice authority, prescribing authority and hospital attending/admitting privileges. In some states, scope of practice laws limit the extent to which physicians can delegate tasks and services to non-physician providers.<sup>3</sup>

This brief explores how relaxing regulatory barriers facing non-physician practitioners has the potential to significantly increase access to providers, improve quality and lower the cost of providing care.

#### Impact on Quality and Access

Medical associations and physician groups have largely objected to expanded scope of practice due to concerns about quality, particularly stemming from the difference in technical and clinical training between physicians and other providers. There is no evidence to suggest these fears are well founded. Recent studies find that there is no statistically significant difference in quality of care between NPs and PAs when compared to physicians in the primary care setting.<sup>4</sup>

Studies exploring the impact on outcomes are closely tied to expanded access to services. A study on the relationship between scope of practice laws granting independent practice authority to nurse practitioners found a 14 percent reduction in acute care sensitive (ACS) condition emergency department admissions in full-

**SUMMARY**

If state scope of practice laws are overly restrictive, they can prevent non-physician providers from practicing to the fullest extent of their training. Expanding scope of practice laws can specifically benefit rural populations and other areas with fewer primary care providers and lower access to primary healthcare services. Evidence suggests that non-physician practitioners have the potential to significantly increase provider capacity and reduce the cost of providing healthcare, with few quality concerns. Moreover, studies show that expanding provider scope of practice can benefit consumers in terms of wait times and overall access to services. However, more evidence is needed on if and how savings can be passed onto consumers.

## Health Equity Glossary




#### Glossary: Health Equity

For decades, researchers have observed pervasive health disparities among racial and ethnic minority populations and other socially disadvantaged groups, including lower quality of care and poorer health outcomes. Progress on addressing the health needs of people who are inadequately served by our broken health system will be facilitated by a shared understanding of commonly used terms. This glossary lists terms that may be frequently encountered in health equity discussions.

Term	Acronym	Definition
Anti-Racism		A person, an action, an idea or a system that actively opposes racism by advocating for changes in political, economic and social life to reduce racial inequality. Anti-racism tends to be an individualized approach and set up in opposition to individual racist behaviors and impacts. <sup>1,2</sup>
BIPOC		An acronym that stands for Black, Indigenous and people of color. The term is used to describe people who are non-white or of non-European descent. The term distinguishes Black and Indigenous to be inclusive of their distinct experiences in North America and to account for a history of erasure of their voices. <sup>3</sup>
Community Health Needs Assessment	CHNA, CHA	A state, tribal, local or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. Also known as a community health assessment. <sup>4</sup>
Community Health Workers	CHW	Trained public health workers who are trusted members of or have an unusually deep understanding of the communities in which they work. CHWs serve as a bridge between communities and social/healthcare systems to facilitate access to services and improve the quality and cultural competence of service delivery. <sup>5,6</sup>
Community-Based Organization	CBO	A nonprofit organization that works at the local level to support and advocate for a community's needs.
Community-Driven Health Equity Action Plans		A plan developed by a community that lays the groundwork for the community to take action on a health equity agenda. <sup>7</sup>

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# Thank you!



- To our Speakers: Joanne Spetz, Heather Brom and Bianca Frogner
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