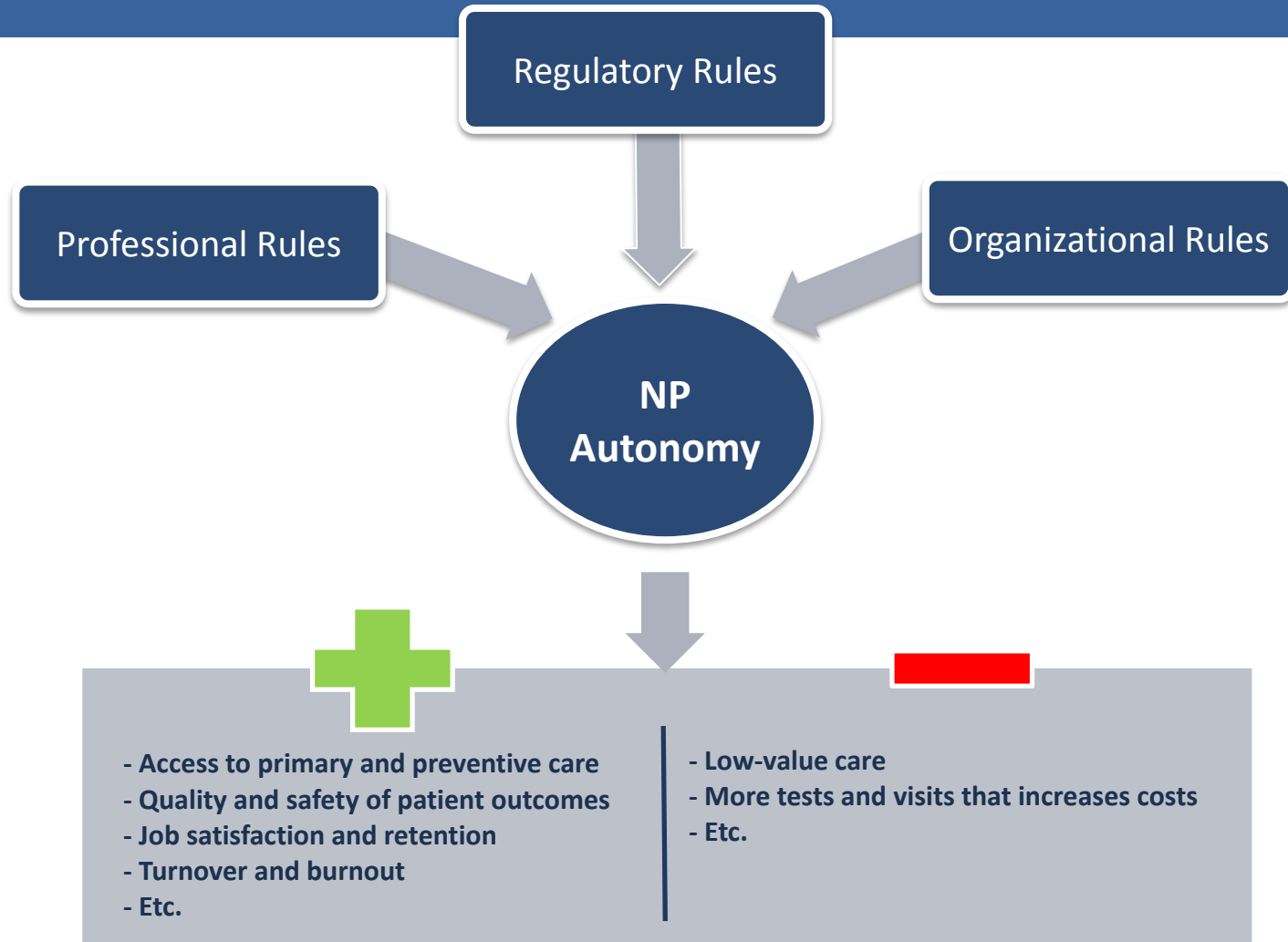


State Scope of Practice Laws and Nurse Practitioners' Autonomy

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Value of Autonomy



State SOP

- Each state grants legal authority for NPs to practice
 - Entry-to-practice qualification
 - Physician involvement in treatment and diagnosis
 - Prescription authority
 - Reimbursement and costs
 - Etc.
- State SOP has been cited as a primary barrier to NP independent practice

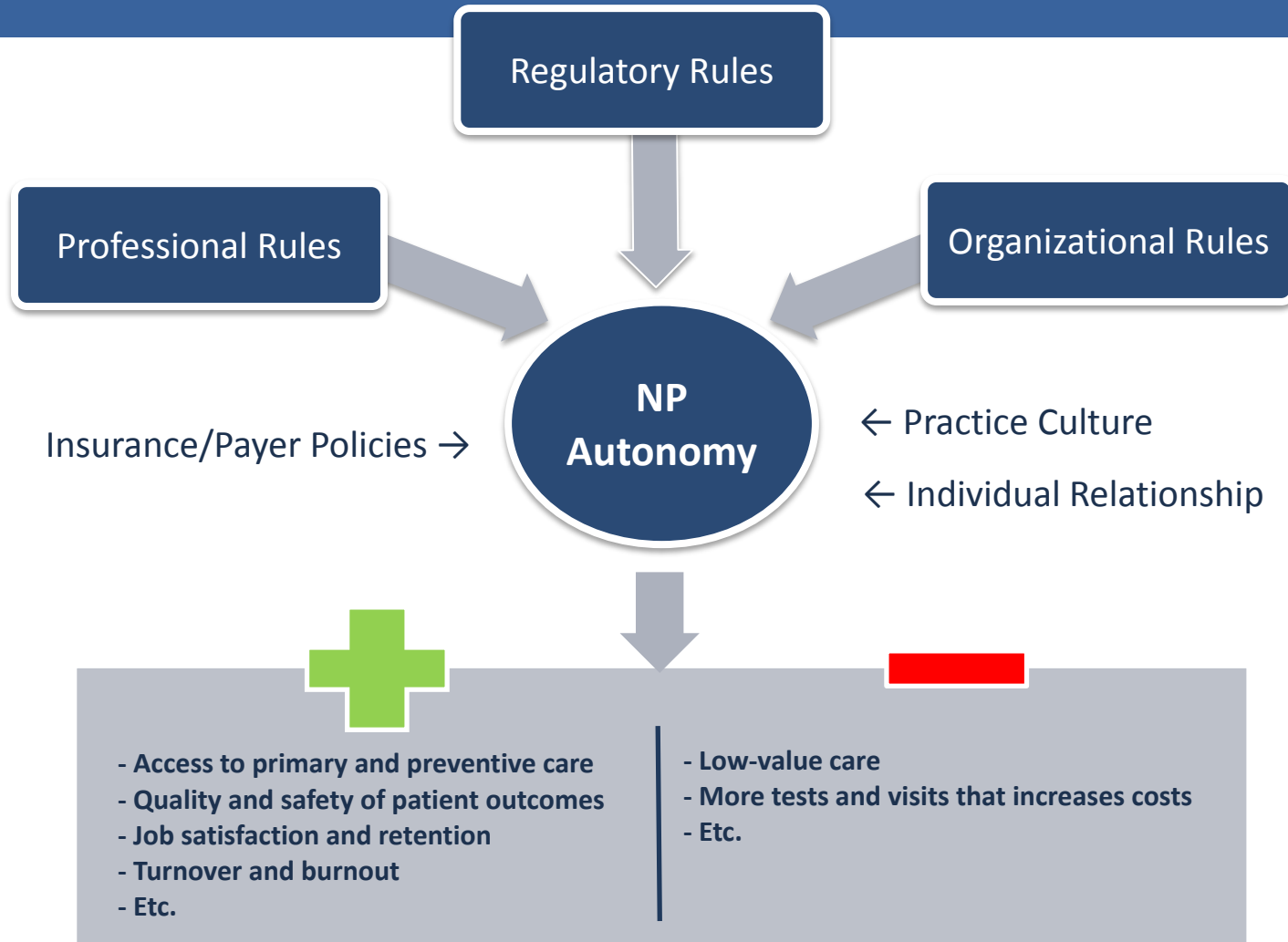
Remove State SOP Barriers (1)

- Research evidence suggests that NPs provide care of equal quality at lower cost than physicians do
- National organizations (IOM, NGA, FTC) recommended that states remove SOP barriers to increase efficiencies in health care delivery
- Affordable Care Act
 - Insurance expansion
 - NPs can be key to practice transformation

Remove State SOP Barriers (2)

- 1998-2012, 11 states loosened SOP regulations
- Despite this trend, SOP remains a highly contentious topic among different stakeholders and state legislative changes have been slow
- In 2015, less than half the states (21 states and DC) allow full legal authority for NPs

Barriers to Autonomy



Study Questions

- To what extent are state SOP laws related to the degree of autonomy that NPs report?
- How much variation in autonomy is there for NPs in states where they have the same legal authority?

Data and Study Population

- 2012 National Sample Survey of Nurse Practitioners linked to the state NP SOP laws
- 9,021 NPs (70% of all respondents) who provided direct patient care in their primary NP position
 - 3,471 primary care NPs (38.7%)
 - 5,550 specialty care NPs (61.3%)

2012 State SOP

SOP	Practice Authority	Prescription Authority	State
Independent	O	O	AK, AZ, CO, DC, HI, ID, IA, ME, MD, MT, NH, NM, ND, OR, VT, WA, WY (16 states and DC)
Restricted Prescription	O	X	AR, IN, KY, MA, MI, NJ, OK, RI, TN, UT, WV (11 states)
Restricted	X	X	AL, CA, CT, DE, FL, GA, IL, KS, LA, MN, MS, MO, NE, NV, NY, NC, OH, PA, SC, SD, TX, VA, WI (23 states)

Autonomy Measures

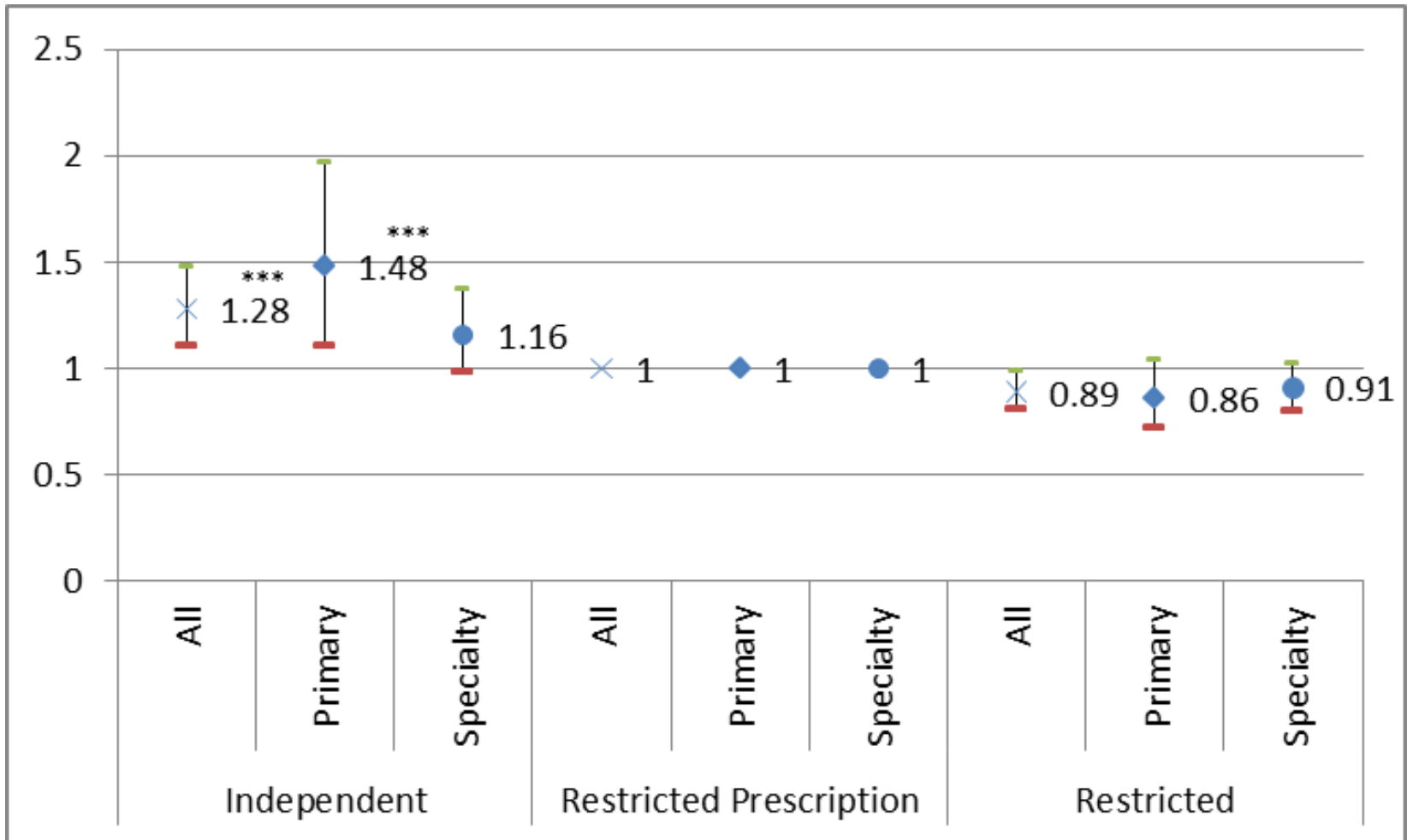
Autonomy	Coding	(%)
Skills are fully utilized	Strongly disagree	(2.2)
	Disagree	(13.5)
	Agree	(34.6)
	Strongly agree	(49.7)
Collaborative relationship w/ physician	Hierarchical	(16.0)
	Collaborative	(84.0)
Billing independence	Bill under other provider/clinic number	(53.8)
	Bill under my provider number	(46.2)
Managing own panel of patients	No	(54.1)
	Yes	(45.9)
Hospital admitting privileges	No	(79.3)
	Yes	(20.7)

Analyses

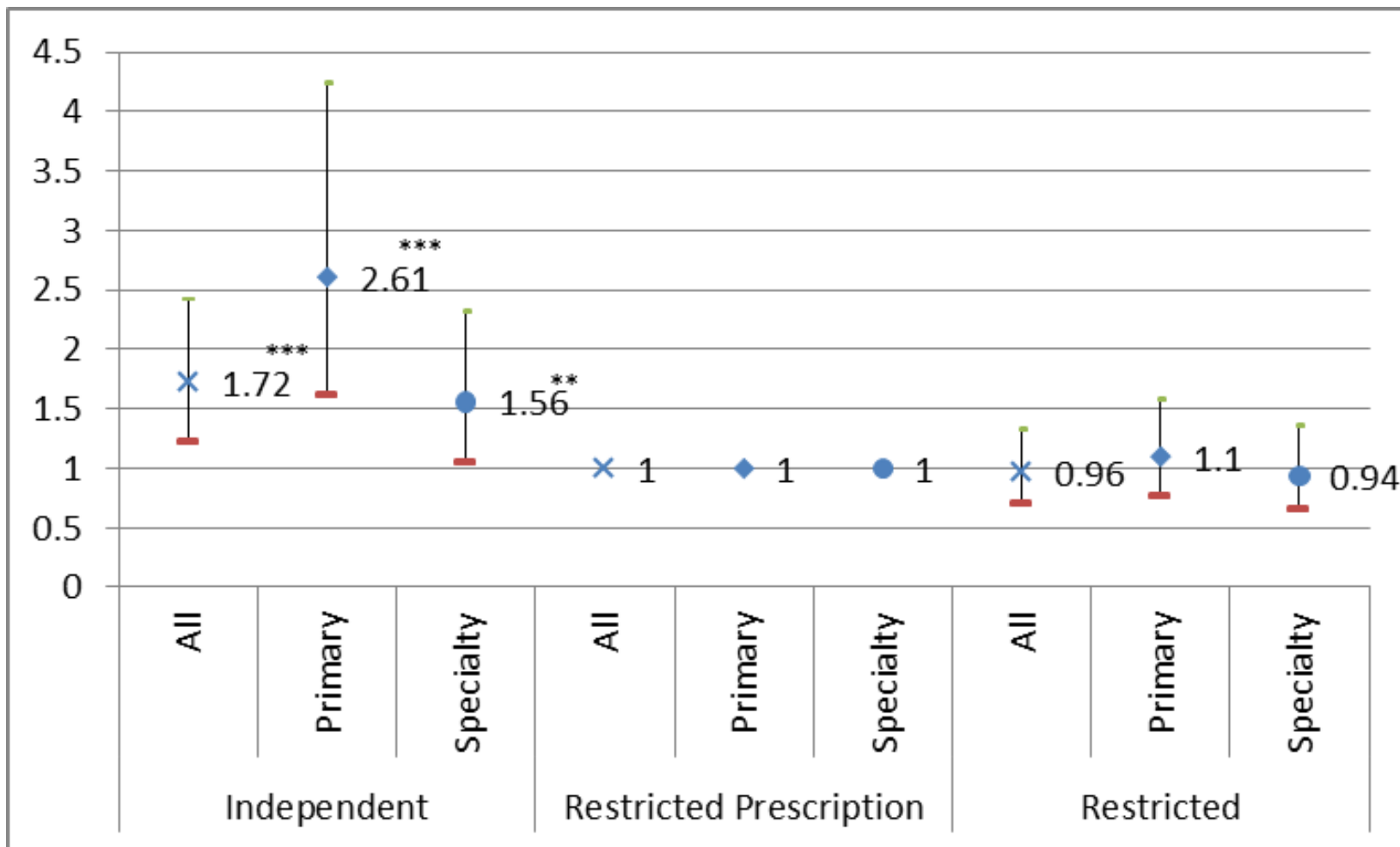
- Ordered logistic or logistic regressions to examine the association between SOP and autonomy
 - Gender, years since graduating from initial NP program, race/ethnicity, degree, hourly salary, urban/rural location, and work settings
 - Primary care NPs vs. specialty care NPs
 - Robust standard errors clustered at state-level
- Chi-squares to examine variation in each autonomy measure

“To what extent are state NP SOP laws related to the degree of autonomy that they report?”

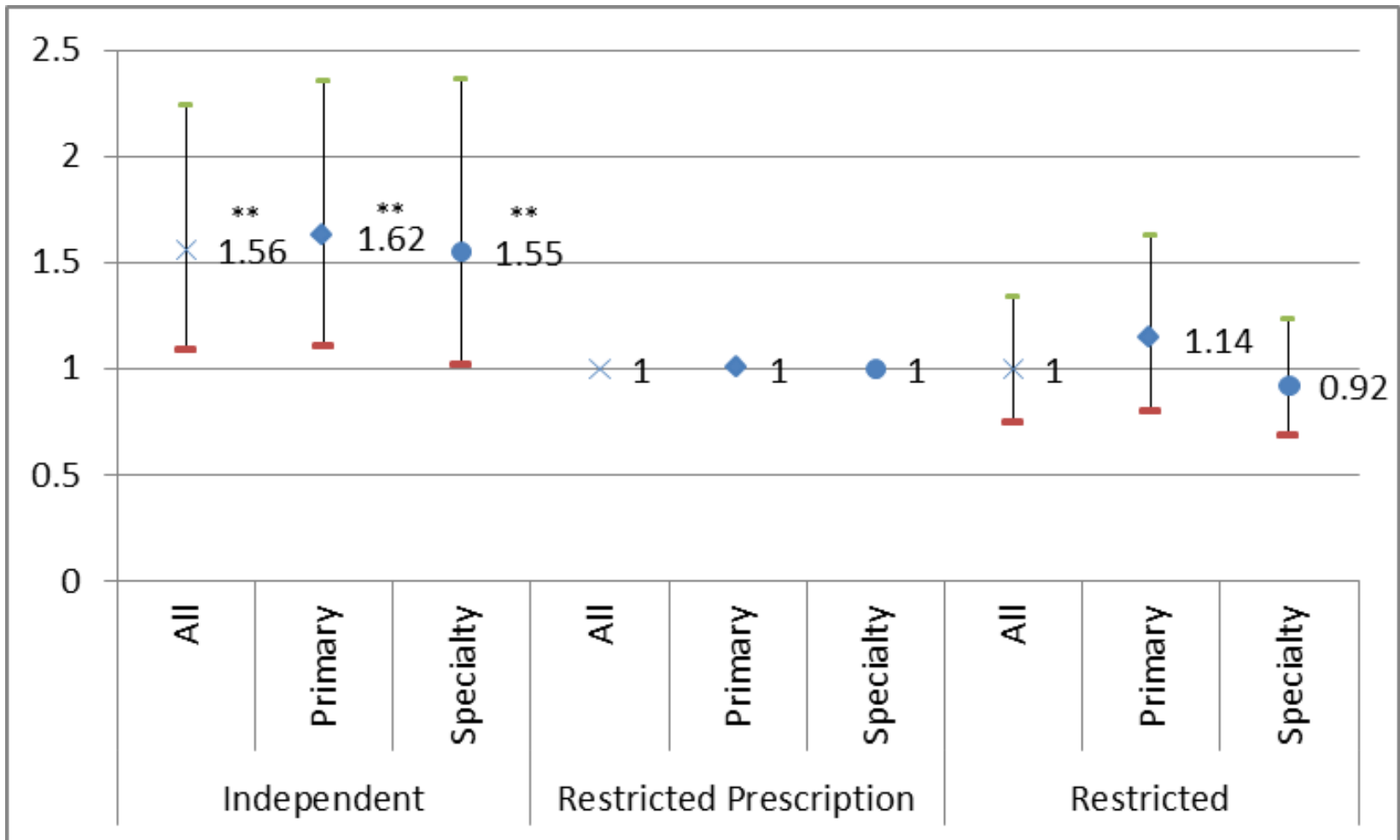
Skills are fully utilized (OR, 95% CI)



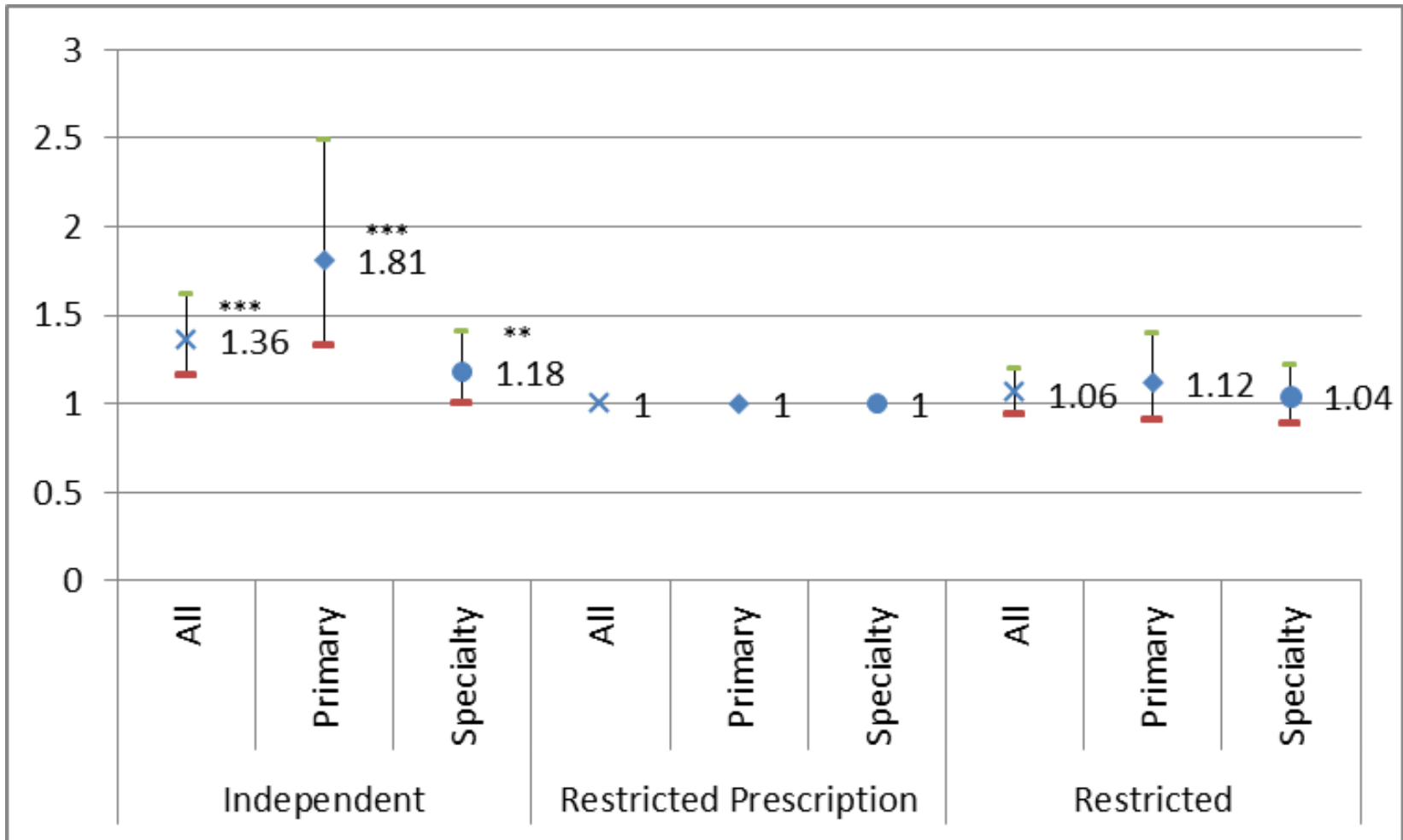
Collaborative relationship w/ physician (OR, 95% CI)



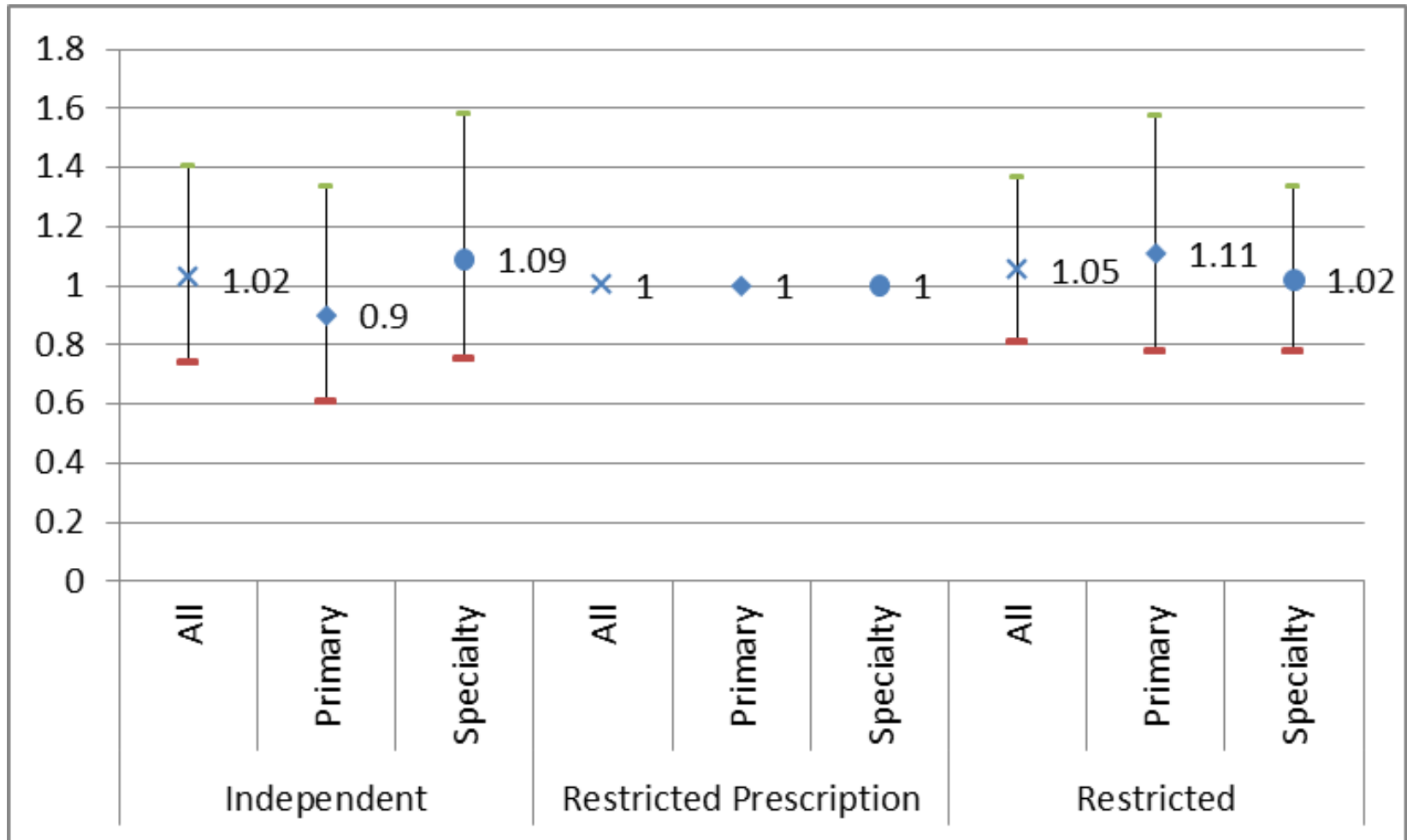
Billing independence (OR, 95% CI)



Managing own panel of patients (OR, 95% CI)

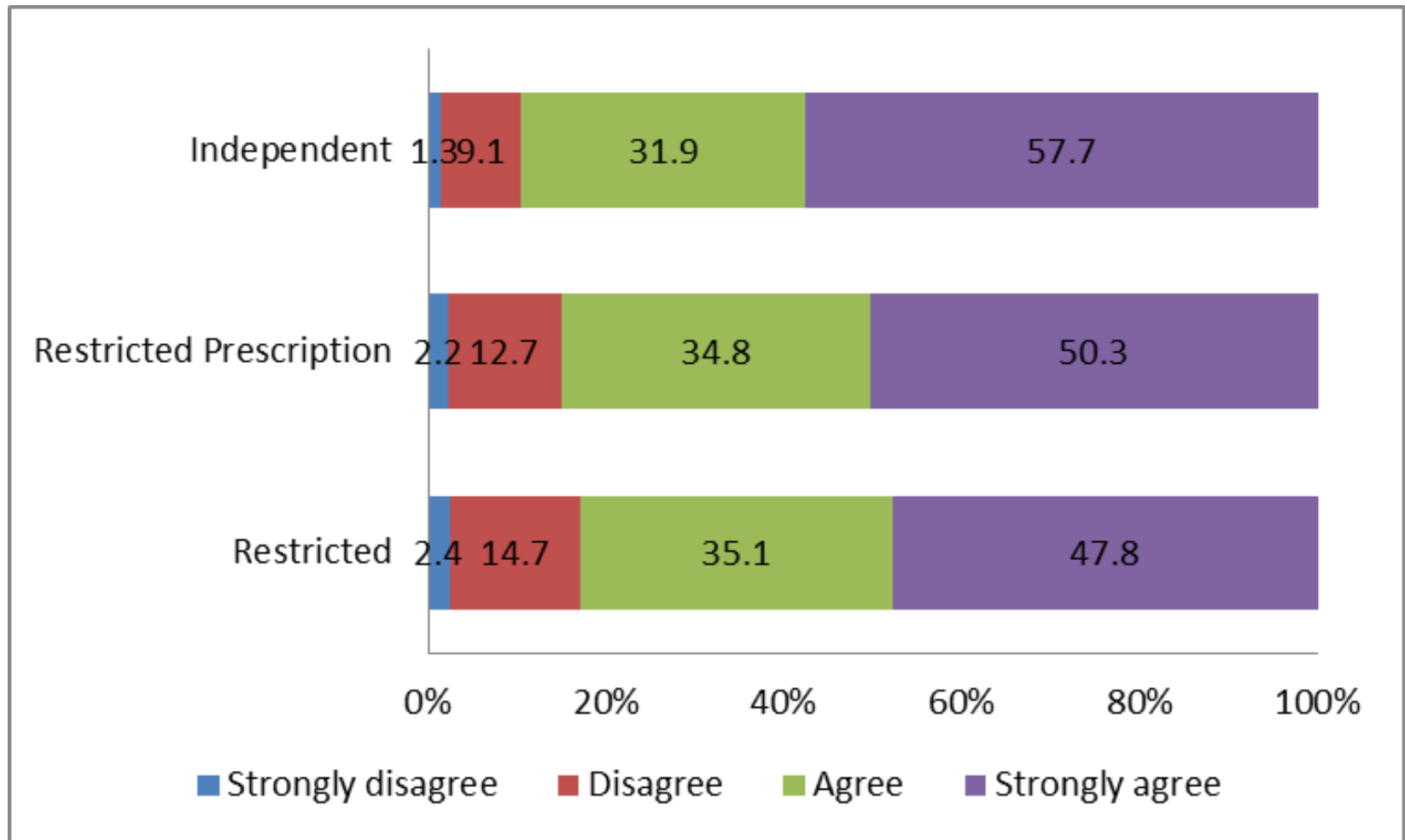


Hospital admitting privileges (OR, 95% CI)

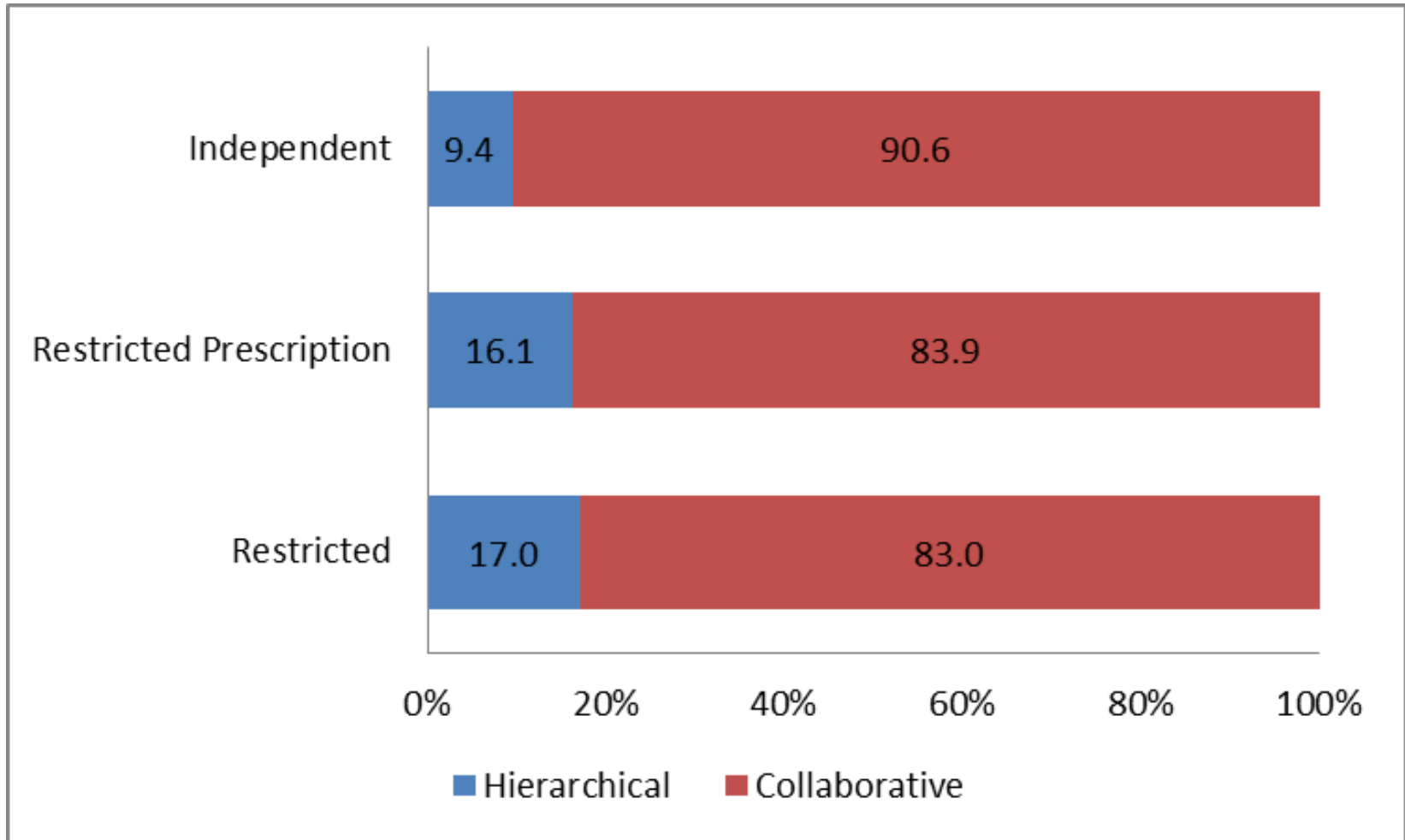


“How much variation in autonomy is there for NPs in states where they have the same legal authority?”

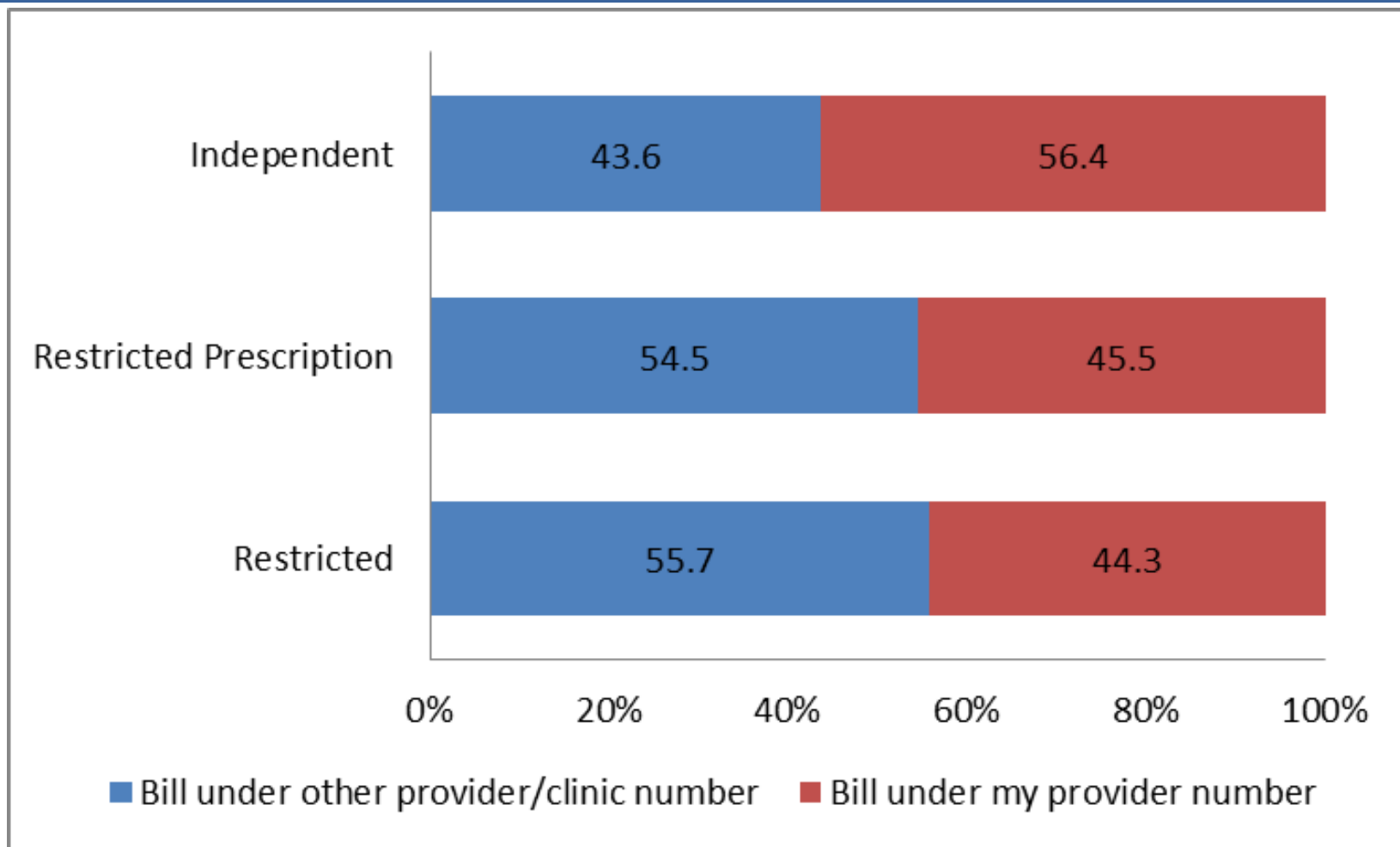
Skills are fully utilized***



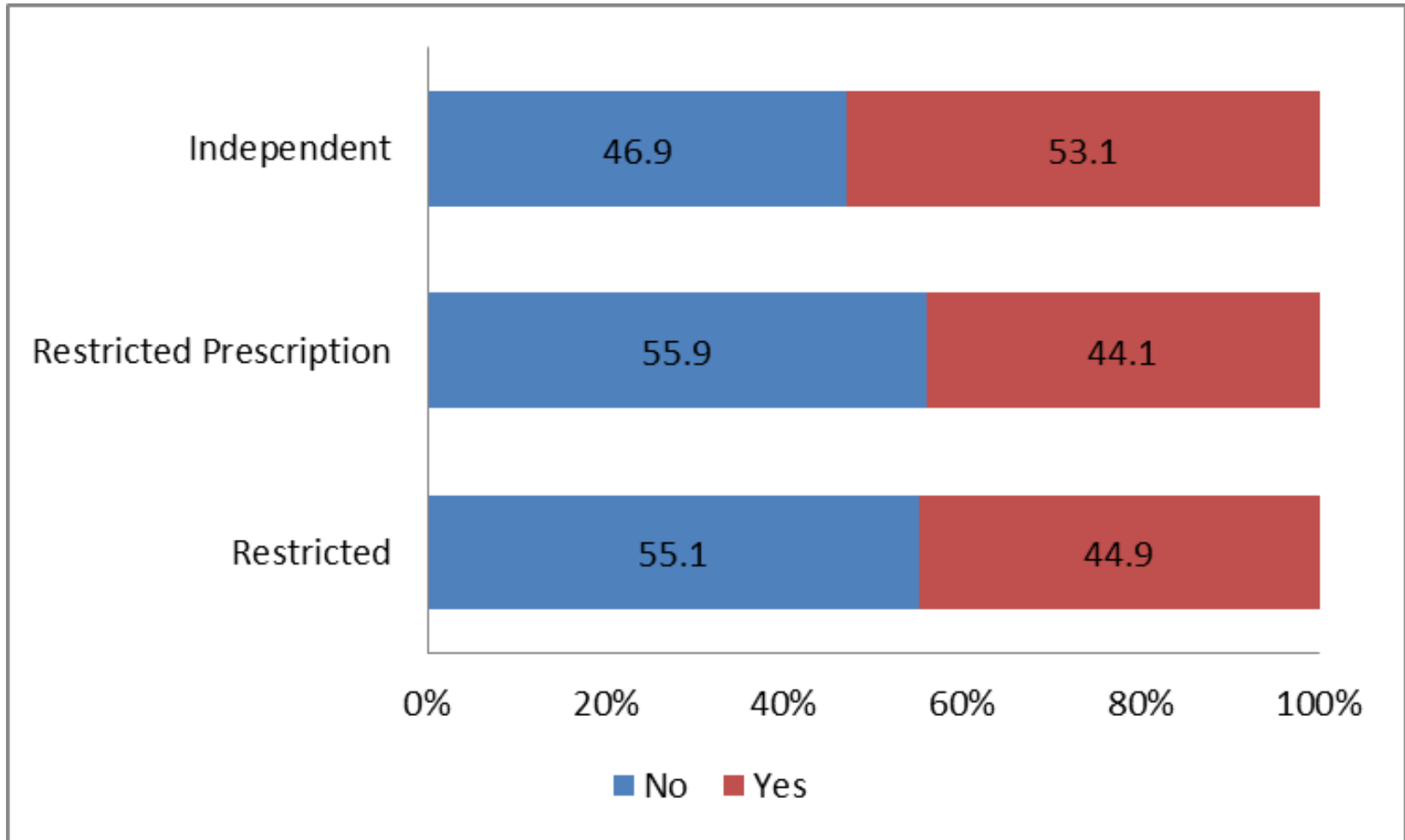
Collaborative relationship w/ physician***



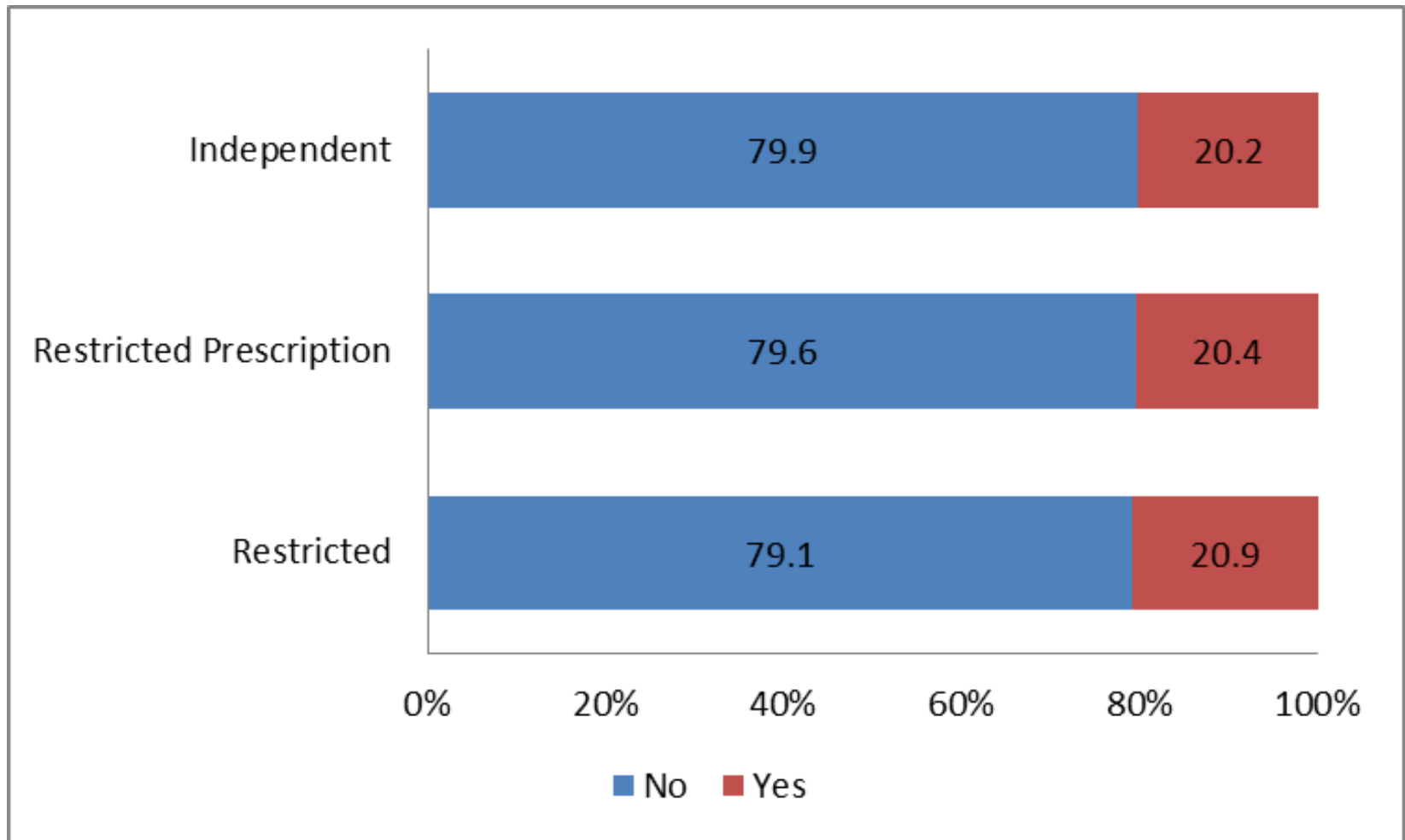
Billing independence***



Managing own panel of patients***



Hospital admitting privileges



Summary of Key Findings

- Independent prescription authority is critical
- SOP matters more to those NPs who provide primary care
- SOP is the primary barrier, but other barriers exist

Limitations

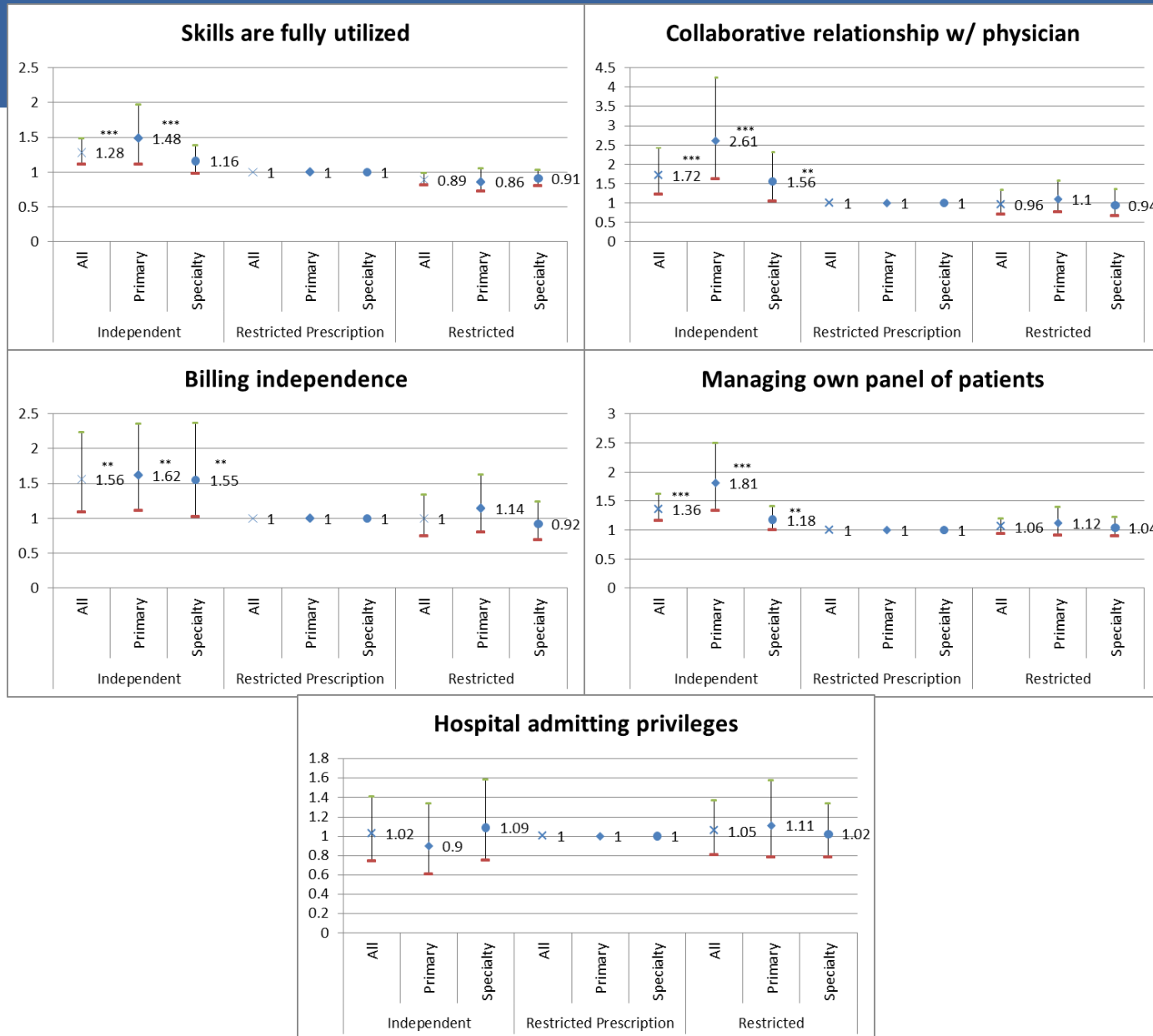
- No causal linkage
- Variation within each SOP category
- Validity for measuring autonomy

Implications

- SOP not a silver bullet
- Removing both legal and administrative barriers for NPs is critical to
 - Meet increased primary care needs
 - Deliver continuous, comprehensive, and coordinated team-based care
 - Support health care delivery innovation
 - Make NPs more efficient and effective provider

Questions?

SOP and Autonomy (OR, 95%CI)



Variation in Autonomy

