

Does Liberalizing State Nurse Practitioner Scope of Practice Laws Affect the Primary Care Provider Composition and Productivity in Community Health Centers?

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OBJECTIVE

To examine the effects of expanded nurse practitioner (NP) scope of practice (SOP) laws on the composition and productivity of key primary care providers in community health centers (CHCs), including NPs, primary care physicians, and physician assistants (PAs).

METHODS

The primary data source for this study was the 2009–2015 Uniform Data System records for 739 CHCs, located in the 50 states and the DC. We used a Difference-in-Differences approach, controlling for patient, CHC, and market characteristics. The staffing outcome was measured by the number of NP, primary care physician, or PA FTEs per 10k patients, whereas productivity was measured by the number of severity adjusted visits per each type of primary care provider FTE in each year. Using state annual legislative updates between 2009 and 2015, we obtained NP SOP laws for each state and categorized them as: (1) independent practice and prescription authority; (2) independent practice but restricted prescription authority; and (3) restricted practice and prescription authority. The model also controlled for the degree of state restrictions on PA scope of practice during the study period.

RESULTS

We found no significant change in the number of NP FTEs, or the number of visits attributed to each NP FTE associated with liberalizing NP SOP laws. While not statistically significant, we found that granting independent prescription authority may contribute to enhancing NP productivity. We also found that liberalizing both facets of NP SOP laws – practice authority and prescription authority – was significantly associated with a decline in the number of primary care physician FTEs. Although not statistically significant, there was a slight increase in the number of PA FTEs and a substantial increase in the visits attributed to each PA FTE.

CONCLUSIONS

Our study provides little evidence that liberalizing NP SOP laws has increased use of NP staffing or their productivity in CHCs. We do find that it has a possible ripple effect on other primary care providers - primary care physicians and PAs. This finding may be in part explained by difficulties reported by CHCs in recruiting NPs in some regions. Liberalizing SOP laws will only increase the use of NPs and allow for increased productivity if NPs are actually available to recruit.

Key Words: Scope of practice, primary care provider, staffing, productivity