



THE BUCKEYE INSTITUTE

**Better Health Care for Ohio
Interested Party Testimony on House Bill 177
Before the Ohio House Health Committee**

June 18, 2019

**Rea S. Hederman Jr.
Executive Director of the Economic Research Center and
Vice President of Policy at The Buckeye Institute**

Thank you, Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the Committee, for the opportunity to testify today on House Bill 177 and how Ohio can utilize nurse practitioners more efficiently and effectively to provide greater medical care to your constituents.

My name is Rea Hederman. I am the vice president of policy and executive director of the Economic Research Center at The Buckeye Institute, an independent research and educational institution—a think tank—whose mission is to advance free-market public policy in the states.

Ohio currently requires advanced practice registered nurses—or APRNs—to sign collaboration agreements with physicians before they can provide care to patients. This cumbersome oversight requirement needlessly reduces the number of available APRNs throughout the state, driving up health care costs and limiting access to care. House Bill 177 rightly removes that restriction.

The majority of states have **already repealed** their restrictive contract requirements. And for good reason. As President Barack Obama’s Council of Economic Advisors **found**, increasing APRN availability improved the public’s access to health care services without detracting from the quality of care. In fact, **several rigorous research studies** have shown that primary care patients received comparable, equivalent care whether they were treated by doctors and qualified nurses.

In 2014, The Federal Trade Commission (FTC) reported that legal restrictions on APRNs—such as requiring collaborative agreements with doctors—restrict market competition and can make health care not only more expensive, but also less effective. The FTC **specifically noted** that collaborative agreements can impede care coordination “because they limit what health care professionals and providers can do to adapt to varied health care demands and constrain provider innovation in team-based care.” The FTC concluded that APRNs provide quality, safe health care, and can meet a critical public health need by treating patients in underserved areas.

Rural areas especially desperately need more health care providers. Freeing APRNs from outmoded legal restrictions will go a long way toward alleviating the current shortage of care. In **testimony** before the U.S. House Judiciary Committee, doctors described scope-of-practice reform as a way to bring care to and reduce health care costs in rural areas. And researchers have similarly advised that better use of APRNs **can ease shortages** in areas that remain underserved by medical providers.

Allowing Ohio’s licensed APRNs to practice without a collaborative oversight agreement will not diminish the quality of care that our patients receive. Many random controlled experiment studies have examined the quality of care provided by advanced nurses and physicians. The medical journal *Health Affairs*, for example, lists more than 20 **controlled studies** on the quality difference of such care, and concludes “[n]urse practitioners provided care that was equivalent to the care provided by physicians.”

The U.S. Department of Veteran Affairs seems to agree. Acknowledging its own care provider shortage, the VA has empowered its APRNs and removed barriers to practice, announcing a **new rule** in 2016 that “permits VA to use its health care resources more effectively and in a manner that is consistent with the non-VA health care sector, while maintaining the patient-centered, safe, high quality health care that veterans receive from the VA.”

House Bill 177 will align Ohio with the VA and 28 other states that have already allowed their APRNs to practice to the upper limits of their licenses and medical abilities. Needless oversight restrictions and requirements have exacerbated health care shortages, especially in our rural and underserved communities, and empowering Ohio's APRNs by lifting such restrictions will help improve public health and reduce medical costs throughout the state.

Thank you for your time and I look forward to answering any questions that the Committee may have.

#

About The Buckeye Institute

Founded in 1989, The Buckeye Institute is an independent research and educational institution – a think tank – whose mission is to advance free-market public policy in the states.

The Buckeye Institute is a non-partisan, nonprofit, and tax-exempt organization, as defined by section 501(c)(3) of the Internal Revenue code. As such, it relies on support from individuals, corporations, and foundations that share a commitment to individual liberty, free enterprise, personal responsibility, and limited government. The Buckeye Institute does not seek or accept government funding.