



# Promoting Full Practice Authority as an Economic Driver & Fostering Competition & Choice

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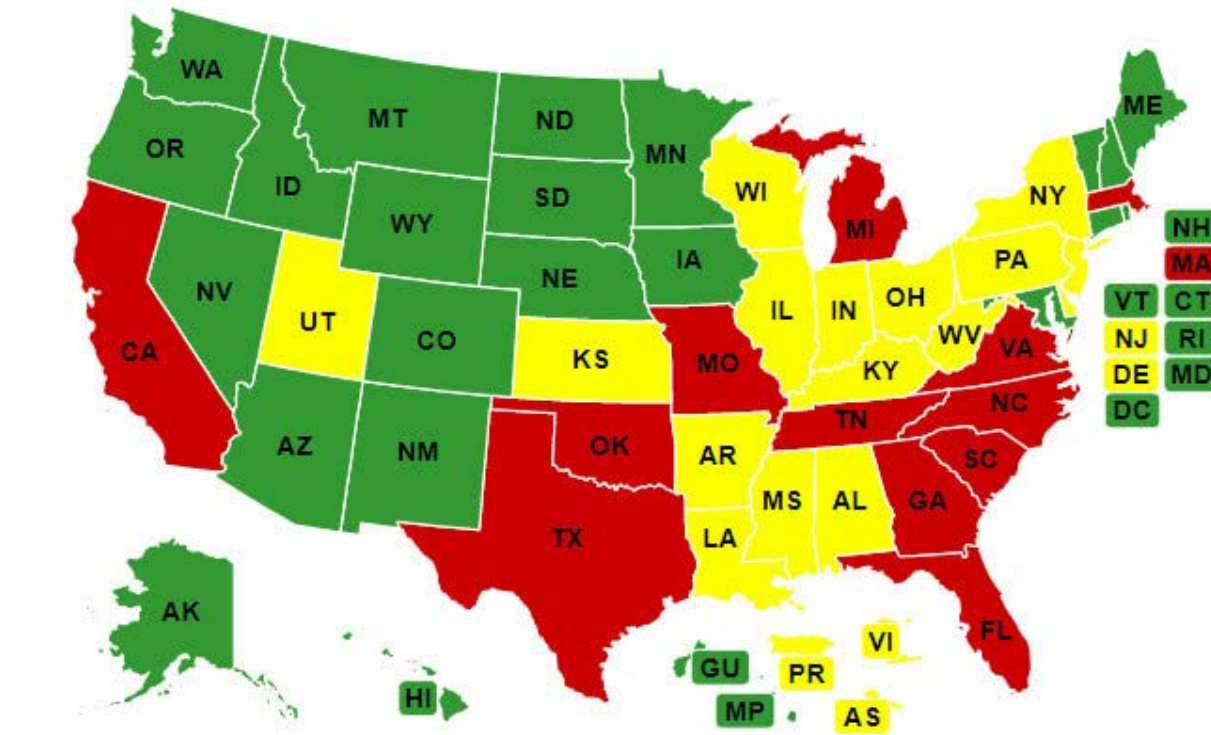
# Learner objectives

- Describe the micro and macro-economic benefits of full practice authority (FPA).
- Frame FPA as an economic issue and one that supports competition and choice.
- Explain the need to engage diverse stakeholders in the quest for FPA.

# Environmental Scan



# Status APRN practice authority



## Legend



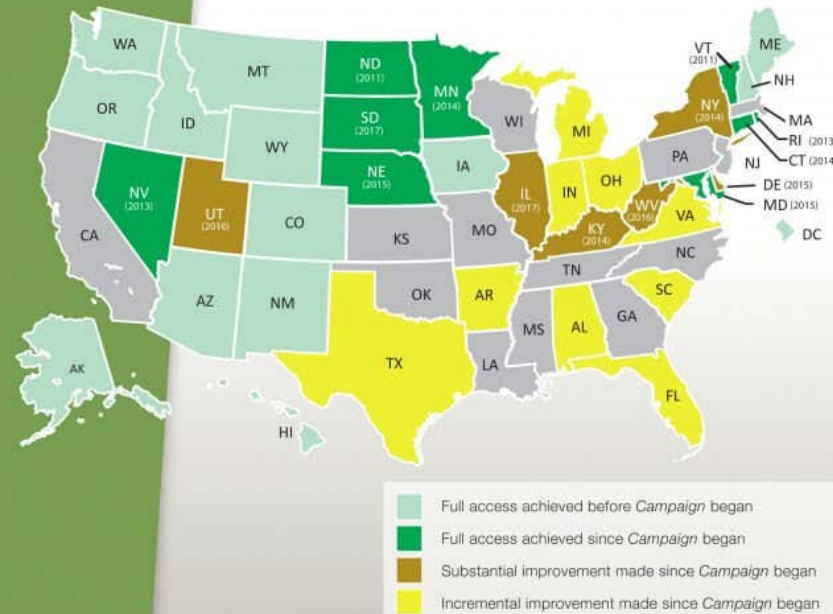
Source: AANP, 2018

### Indicator 3: State Practice Environment

IOM Recommendation:

Advanced practice registered nurses should be able to practice to the full extent of their education and training

State progress in improving access to care provided by nurse practitioners



Data source: Center to Champion Nursing in America

\*View definition criteria at <https://campaignforaction.org/resource/state-progress-removing-barriers-practice-care/>

Years denote when laws were passed.

Source: Campaign for Action, 2019

Updated: July 9, 2019

# Lessons learned



- Many Southern states resistant to change in APRN practice authority
- Apparent relying on evidence about the cost-effectiveness and quality of APRN-provided care and improvements in access to care is not sufficient

# New Thinking





To advance FPA in resistant states,  
need to:

- Develop new approach
- Change the conversation
- Engage new stakeholders

# New approach

- Patient/population centered
- Engage broader complement of stakeholders
- Align messages, & language with what will resonate with stakeholders



**Avoid turf battles**

# The conversation

- Find common ground
- Tailor the message to the stakeholders' values and priorities
- Do not be critical of other stakeholders



# Stakeholders

- Usual and unusual allies
- Discover common interests and goals
- Be inclusive



# APRNs as economic engines



APRNs act as economic engines in several ways including impacting healthcare costs, professional incomes, and jobs.



# Study Methods

# Methods

- Looked at economic impact of Tennessee APRNs at baseline and projected impact associated with granting Tennessee APRNs FPA
- Used IMPLAN model

# Economic effects

## Direct effects

- Created by the initial total spending associated with the presence of practicing APRNs in the local healthcare market.

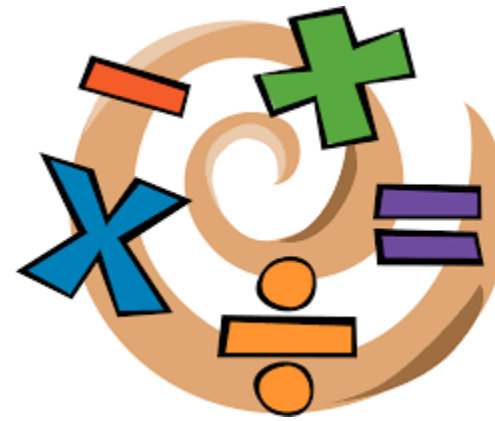
## Indirect effects

- Include changes in inter-industry transactions when supplying industries respond to increased demands from directly affected industry sectors. Examples include hospitals, nursing homes, and drug stores.

## Induced effects

- Reflect changes in business and individual incomes in the directly and indirectly affected industry sectors as dollars continue to change hands from business to business and person to person.

# Multiplier effects



The three economic impact effects suggest that the overall impact of an increase (e.g., in revenues generated by a NP) is a multiple of the economic benefit directly generated by the change in patient care.

# Economic impact measures

Measure	Definition
<b>Jobs</b>	Number of original APRN jobs plus additional jobs supported either directly by the patient care activities or indirectly through downstream benefits
<b>Labor income</b>	Labor income dollars generated as a result of APRNs' patient care activities and the downstream benefits of APRNs' initial contributions
<b>Value added</b>	Additional dollars contributed to a local economy over and beyond the original dollars generated by the APRNs' patient care activities
<b>Total output</b>	Value of total contributions created directly by APRNs' care activities and the additional value added by downstream economic activities
<b>Federal, state, and local tax revenues</b>	Taxes collected at the federal, state and local levels



# Four layers economic impact

- **First Layer:** Captures the effects of allowing Tennessee to become an FPA state.
- **Second Layer:** Estimates the long-term effects of population growth in Tennessee.
- **Third Layer:** Estimates the effect of inflation.
- **Fourth Layer:** Estimates the continuing effects of the Affordable Care Act (ACA).

# Results

# Baseline Economic Impact of APRNs on State Economy in 2017

	Employment	Labor Income	Value Added	Output
<b>Direct</b>	25,503	\$2,055,876,632	\$2,255,724,897	\$2,919,498,778
<b>Indirect</b>	3,814	\$187,341,053	\$323,147,092	\$549,949,344
<b>Induced</b>	14,410	\$693,520,052	\$1,333,041,018	\$1,977,922,069
<b>Total Impact</b>	43,727	\$2,936,737,737	\$3,711,913,006	\$5,447,370,191

(Myers, Chang, Mirvis, & Stansberry, 2019)

# Added Economic Impact of APRNs and Full Practice Authority on State Economy, Baseline to 2025

Impact	Employment	Labor Income	Value Added	Output
<b>Added Impact of Full Practice Authority, 2017–2025</b>				
<b>Direct</b>	4,489	\$361,834,287	\$397,007,582	\$513,831,785
<b>Indirect</b>	671	\$32,972,025	\$56,873,888	\$96,791,085
<b>Induced</b>	2,536	\$122,059,529	\$199,415,219	\$348,114,284
<b>Total Impact</b>	7,696	\$516,865,842	\$653,296,689	\$958,737,154
<b>Added Impact of Population Growth, ACA, and Inflation 2017–2025</b>				
<b>Direct</b>	10,405	\$838,797,666	\$920,335,758	\$1,191,155,501
<b>Indirect</b>	1,556	\$76,435,150	\$131,844,014	\$224,379,332
<b>Induced</b>	5,879	\$282,956,181	\$462,280,735	\$806,992,204
<b>Total Impact</b>	17,840	\$1,198,188,997	\$1,514,460,507	\$2,222,527,038

(Myers, Chang, Mirvis, & Stansberry, 2019)

# Cumulative and Layered Economic Impacts of APRNs from Baseline to 2025

Impact	Employment	Labor Income	Value Added	Output
Direct	40,397	\$3,256,508,586	\$3,573,068,236	\$4,624,486,064
Indirect	6,041	\$296,748,227	\$511,864,994	\$871,119,761
Induced	22,825	\$1,098,535,762	\$1,794,736,972	\$3,133,028,558
Total Impact	69,263	\$4,651,792,575	\$5,879,670,202	\$8,628,634,383

(Myers, Chang, Mirvis, & Stansberry, 2019)



# Discussion

# Macroeconomic benefits

- Granting APRNs FPA would confer substantial economic benefits and employment opportunities.
- Eventual magnitude of APRNs' total economic contributions much larger because of spillover multiplier effects.

# Projected macroeconomic effects of expanded APRN authority in three states

Effects	Florida (Unruh et al., 2018)	North Carolina (Conover & Richards, 2015)	Texas (Perryman Group, 2012)
<b>Increase in total economic output</b>	\$542.6 million to \$1.24 billion	\$477 million to \$883 million	\$16 billion
<b>Increase in value added or gross product</b>	\$339.5 million to \$780.9 million	\$314 million to \$495 million	\$8 billion
<b>Increase in wages and benefits</b>	\$238 million to \$457 million	\$244 million to \$452 million	\$5.2 billion
<b>Additional jobs</b>	4,518 to 10,290	3,848 to 7,128	97,205

# Study limitations

- Model does not account for:
  - Increased utilization and associated costs
  - Cost of full practice authority implementation
- Nor does model include:
  - Impact of health as an economic engine that drives local economies, resulting in healthier local residents, new jobs, and purchase of additional good and services

# Non-economic gains associated with APRN FPA

- Increased supply APRNs, particularly in primary care and rural areas (Blewett, 2011; Kuo et al., 2013; Loresto et al., 2017, & Reagan & Salsberry, 2013)
- Decreased mortality (Starfield, Shi, & Macinko, 2005; Chang, Stukel, Flood, & Goodman, 2011)
- Lower hospital admission rates (O'Malley, Rich, Shang, Roes, Ghosh, Poznyak, & Piekas, 2019)
- Decreased annual spending per Medicare beneficiary (Baicker & Chandra, 2004; O'Malley, Rich, Shang, Roes, Ghosh, Poznyak, & Piekas, 2019 ; Perloff, DesRoches, & Buerhaus, 2015;)



# Fiscal impact of implementing full practice authority; alignment with state priorities

- Minimal fiscal impact associated with implementing FPA
- Full practice authority for Tennessee APRNs aligns with state priorities and values:
  - Enhancing access in rural and other underserved communities
  - Spurring economic development
  - Promoting choice and competition among providers.

# Recommendations

# Recommended next steps

- Use study findings to:
  - Broaden discussions about FPA in Tennessee and other restricted states
  - Engage new stakeholders and secure their support



# Questions?





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