

Modernize scope of practice for health-care professionals, researchers say

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Pay transparency and diverse representation on hiring committees are first steps to leveling the financial playing field in medicine. Credit: CC0 Public Domain

Around the country, the collective voice of eight directors of health workforce research centers came together to call for a reforming of laws

and regulations that limit the practice of health professionals.

Every state has its own scope of practice for [health](#) professional. Nurses in Washington, for example, are able to practice in a manner that reflects the full extent of their education. Whereas nurses in Texas, California and Florida are more limited. The same goes for pharmacists, dental hygienists, [social workers](#), community health workers and others.

"Moving ahead with health reform without addressing the health workforce is like driving a car with a flat tire," said Bianca Frogner, director of the Center for Health Workforce Studies and associate professor of family medicine at the University of Washington School of Medicine. She is the lead author of a perspective published Feb. 12 in *The New England Journal of Medicine*. The commentary calls for modernizing scope-of-practice laws and regulations.

On Jan. 20, the association representing family medicine physicians put out a warning that relaxing scope of practice for nurses will harm patients. But the collective research of the center directors has not found anything that supports these claims, said Frogners. She said, generally, most studies find that relaxing scope of practice has expanded access and resulted in the same [quality of care](#) as delivered by physicians at lower cost.

The authors say these laws and regulations are influenced by professional organizations and other lobbyists who are more interested in protecting their own professional standing rather than expanding care for patients.

"As leaders of public and private research centers who interact with and study the U.S. health workforce, we believe it's time to revise the country's antiquated patchwork of laws that restrict the health system's ability to innovate," the commentary authors said.

Physician assistants, [nurse practitioners](#), and community pharmacists, for example, could offset the shortage of psychiatrists by providing medication-management services. Many states don't allow these practitioners to prescribe buprenorphine, a medication to help people get off opioids.

And while dental therapists are used in at least 50 countries, professional organizations representing dentists have successfully opposed legislation to introduce dental therapists widely across the United States to provide oral health care in underserved communities.

Home health-care aides and licensed practical nurses are also prohibited from doing tasks they are capable of doing safely, they argue. Due to scope-of-practice restrictions, registered nurses are unable to delegate tasks to these workers, a constraint that leads to inefficiencies in care.

"Such regulations lock up the capacity of professionals, which is wasteful and contributes to increasing costs," said senior author Peter Buerhaus, a [nurse](#) and health-care economist who directs the Center for Interdisciplinary Health Workforce Studies at Montana State University.

The authors said it's time for states to revisit their scope-of-practice laws and regulations across health professions to keep the well-being of patients central to the discussion.

Provided by University of Washington

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