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A SAINT ANSELM COLLEGE CENTER FOR ETHICS ISSUE BRIEF

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The US is struggling to meet growing demand for health care with sufficient supply of healthcare providers. According to the Health Resources and Services Administration, all 10 counties in New Hampshire have portions that are designated as primary care health professional shortage areas.²

This is a problem that existed well before COVID-19. The average age of the population has significantly increased as a result of the Baby Boomer population reaching retirement age and increased longevity from significant improvements in technology and health treatment.

The health care delivery system being pushed to its breaking point from COVID-19 could possibly become the new normal if steps are not made to:

- 1) Increase provider supply and
- 2) Allow existing workers to legally do the work that they have been trained to do.

Occupational licensing is ubiquitous in healthcare professions in New Hampshire and nationwide. Occupational licensing laws and regulations set requirements for entry such as minimum levels of schooling, passing exams, and paying fees to the state. Licensing also establishes ground rules for the practice of the profession—tasks that medical providers are permitted to perform. The laws may also stipulate if the health care provider must be supervised or enter into a contractual arrangement with another health care provider.³

Historically, physicians and dentists have played a significant role in limiting the potential of other health care providers. These providers were the first licensed health care professionals, and it is possible they feel threatened from new competition in that more providers may lower prices of services or limit their

¹ Knee Center for the Study of Occupational Regulation, West Virginia University.

² <https://www.ruralhealthinfo.org/charts/5?state=NH>

³ Bae, Kihwan and Edward Timmons. 2022. "Restrictions on Health Care Profession Scope of Practice: Do They Help or Harm Patients?" in Grease or Grit?: International Case Studies of Occupational Licensing and Its Effects on Efficiency and Quality. Eds Morris Kleiner and Maria Koumenta. Kalamazoo Michigan: Upjohn Press.

potential customer base.⁴ There are also large differences in the required training for healthcare professionals, such as physicians and nurse practitioners. There could be envy from physicians and dentists if other health care professionals are able to perform portions of the tasks that they have been trained to do in medical and dental schools. It is also possible that these professions are indeed representing the public interest and genuinely fear for the safety of consumers if other health care professionals. Research consistently shows, however, that consumers have nothing to fear from health providers being allowed by law to do the tasks they received the training to perform.⁵

In some respects, New Hampshire has already taken important steps to grant healthcare workers the freedom to work. In 1999, nurse practitioners in the state were granted full practice authority and were permitted to prescribe controlled substances without physician oversight.⁶ Certified nurse midwives are also able to work to the full extent of their training. Changing these requirements created new pathways for getting crucial healthcare resources to shortage areas and providing new resources to historically underserved counties.⁷

In addition to these steps that the state has already taken, New Hampshire can look to other states that have moved to free additional health care providers from restrictions that prevent them from working to their fullest potential.

Physician Assistants (PAs)

Physician assistants, like nurse practitioners, can perform many of the same tasks as primary care physicians. Typically, physician assistants are supervised by physicians. In 2019, North Dakota eliminated the requirement that PAs enter into written agreements with physicians in most settings.⁸ Utah passed similar

⁴ McMichael, Benjamin J. 2017. "The Demand for Healthcare Regulation: The Effect of Political Spending

on Occupational Licensing Laws." *Southern Economic Journal* 84(1): 297–316.

⁵ For summaries of the literature on the effects of these reforms, see Bae, Kihwan and Edward Timmons. 2022. "Restrictions on Health Care Profession Scope of Practice: Do They Help or Harm Patients?" in *Grease or Grit?: International Case Studies of Occupational Licensing and Its Effects on Efficiency and Quality*. Eds Morris Kleiner and Maria Koumenta. Kalamazoo Michigan: Upjohn Press and Adams, Kathleen and Sara Markowitz. 2018. "Improving efficiency in the health-care system: Removing anticompetitive barriers for advanced practice registered nurses and physician assistants." The Brookings Institution.

⁶ <https://www.nhnpa.org/history-of-prescribing-authority>

⁷ Barnes, Hillary Michael R. Richards, Matthew D. McHugh, and Grant Martsolf. 2018. "Rural And Nonrural Primary Care Physician Practices Increasingly Rely On Nurse Practitioners," *Health Affairs*. 37(6):908-914

⁸ <https://www.aapa.org/news-central/2019/04/pas-across-america-celebrate-first-state-with-key-components-of-optimal-team-practice-following-the-legislative-victory-in-north-dakota/>

legislation in 2021.⁹ New Hampshire could better mobilize its existing PA workforce by looking to reforms made in both of these states.

Pharmacists

Idaho has emerged as a national leader in granting pharmacists prescriptive authority. Beginning in 2019, pharmacists in Idaho were permitted to prescribe medications for patients experiencing illnesses that

- did not require a new diagnosis
- are minor and self-limiting
- have a low risk (Clinical Laboratory Improvement Amendment) test for diagnosis
- present an immediate danger.¹⁰

Pharmacists, much like physicians, complete 4 years of professional training after completing a four year bachelor's degree. No other medical professional receives as much pharmacological training as pharmacists. Pharmacists are often located in rural communities, and patients often trust their community pharmacists.

Advancements in technology for detecting illnesses like strep throat give pharmacists the tools they need to treat patients without a physician visit.

Granting pharmacists prescriptive authority can free up physicians to spend time with other patients who need them more.

Physical therapists

In all states, physical therapists (PTs) have some form of “direct access.” This means that PTs are able to see patients without physician referrals. In New Hampshire, PTs are allowed to treat patients for 25 days. If conditions do not improve, patients are required to see a physician. This stipulation may discourage patients from seeing physical therapists if they know that they will have to ultimately see a physician after a short period of treatment. A more cost-effective model is unrestricted direct access.¹¹ 20 states, including the bordering states of Massachusetts and Vermont, allow patients to see PTs without physician referral and time limits.¹²

Dental therapists

To address unmet need for dental care, several states have legally authorized a new professional to provide care to patients. Dental therapists receive three years

⁹ <https://www.aapa.org/news-central/2021/03/utah-pas-celebrate-enactment-of-major-pa-modernization-legislation/>

¹⁰ <https://www.mercatus.org/publications/healthcare/reforming-practice-pharmacy-observations-idaho>

¹¹ Frogner, Bianca, Kenneth Harwood, Holly A. Andrilla, Malaika Schwartz, and Jesse M. Pines. 2018. “Physical Therapy as the First Point of Care to Treat Low Back Pain: An Instrumental Variables Approach to Estimate Impact on Opioid Prescription, Health Care Utilization, and Costs,” *Health Services Research*. 53(6): 4629-4646.

¹² <https://www.choosept.com/globalassets/choosept/assets/pdf-downloadables/direct-access-by-state-map.pdf>

of education and clinical instruction. They are trained to fill cavities, place temporary crowns, and extract unhealthy teeth.¹³ Eight states, including bordering Maine and Vermont, have authorized dental therapists to practice. Idaho, Oregon, and Washington have permitted dental therapists on tribal lands.

Psychologists

A substantial proportion of New Hampshire has been designated as a mental health shortage area for over a decade.¹⁴ Due to the lack of available psychiatrists in many neighborhoods, the wait for seeing a mental health practitioner and receiving necessary medications may be unnecessarily long for individuals in need of help. A more effective model of allowing psychologists to undertake additional training to prescribe mental and behavioral health medications can increase the volume of providers in areas with chronic shortages and reduce adverse outcomes such as suicides.¹⁵ Five other states (Louisiana, Idaho, Illinois, Iowa, and New Mexico) have already enacted this reform.

Granting health care professionals the freedom to work to their fullest potential can help mitigate staffing shortages. New Hampshire policy makers should consider the merits of these five proposed reforms. All of these options present no new costs to New Hampshire taxpayers, but can make an important difference in the provision of health care in the state.

¹³ <https://www.pewtrusts.org/en/research-and-analysis/articles/2019/10/09/what-are-dental-therapists>

¹⁴ <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

¹⁵ Shoulders, Angela and Alicia Plemmons. 2022. "Quality and Access to Mental Health Services after Prescriptive Authority Expansion for Psychologists," unpublished working paper. Available at SSRN: <https://ssrn.com/abstract=4112652>