

Need NPs and CNMs Now!

The SC Stats on Providers in SC

- Data from the AHEC Data Workforce indicate that the number of primary care NPs increased by 108.2% between 2010-2018 in nonmetropolitan counties while the number of primary care physicians decreased by 13.5% between 2009-2019 in nonmetropolitan counties.
- According to AHEC Data Workforce, the Nurse practitioner (NP) workforce is maintaining and “saving” access to primary care in SC, especially in rural areas, underserved areas, and non-metropolitan areas.
- According to the 2021 SC Health Professions Data Book*, in 2019, there were:
 - 22 counties with fewer than 3 active family practice physicians per 10,000 population.
 - 14 counties with Zero (NONE) active Ob-Gyn physicians.
 - 10 counties with fewer than 3 active OB-GYN physicians per 10,000 women ages 15-44.
 - 10 counties with Zero (NONE) active pediatrics physicians per 10,000 population ages 0-17.
 - 7 counties with fewer than 3 active pediatrics physicians per 10,000 population ages 0-17.
 - 17 counties with Zero (NONE) active general psychiatry physicians.
 - 27 counties with fewer than 3 active general psychiatry physicians per 10,000 population.
- According to the 2021 SC Health Professions Data Book*, in 2020, there were.
 - 40 counties are served by 5 or more active NPs per 10,000 population.
 - 4 counties had fewer than 3 active NPs per 10,000 population.

<https://www.scahec.net/scohw/reports>

REMOVE SCOPE OF PRACTICE BARRIERS NOW!!

SOAR into Improved Health

Save money, increase access, improve outcomes, remove regulations that impede care

Why remove barriers to practice?

Save money by keeping people out of the ER for primary care problems. SC DHHS Data 2014-2017 indicate that the top 15 reasons Medicaid beneficiaries sought the ER for care were for primary care complaints costing the state over \$150, 000,000 dollars! **Data retrieved from SC DHSS report from Dr. Tan Platt and Dr. Marion Burton 2017.** Data pending 2018 to present.

Improve outcomes by timely care that is quality. Team based care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers — to the extent preferred by each patient — to accomplish shared goals within and across settings to achieve coordinated, high-quality care.” (Core Principles and Values of Effective Team-Based Health Care, National Academy of Medicine). It is not a construct for licensure of other professionals. <https://nam.edu/perspectives-2012-core-principles-values-of-effective-team-based-health-care/>, 2023. Although a few studies show that NPs cost the system money in ordering more diagnostic testing, overwhelmingly, the literature demonstrates that NPs and CNMs provide high quality care that is cost-effective and patient centered (CMS, 2022). One study during the pandemic demonstrated that NPs working in urgent care increased cost to the hospital by ordering more diagnostic tests, but mortality or co-morbidity data was not reported in the study. **Barnes, H., Richards, M. R., McHugh, M. D., & Martsolf, G. (2018). Rural and nonrural primary care physician practices increasingly rely on nurse practitioners. *Health Affairs*, 37(6), 908–914. <https://doi.org/10.1377/hlthaff.2017.1158>.** **Medicare Payment Advisory Commission, 2022, Report to the Congress: Medicare Payment Policy. Washington, DC: MedPAC, 2022.**

Increase access to care. United health foundation reports that SC Access to Primary Care improved from 2018 to 2022. Although SC health rankings overall remain poor, access to care improved from 41 to 37, after NP Scope of practice changed in 2018 to allow greater access to care and IT WORKED! [ahr_2022annualreport.pdf \(americashealthrankings.org\)](#), 2022. [allstatesummaries-ahr22.pdf \(americashealthrankings.org\)](#).

Remove barriers that impede care and access. The Federal Trade Commission deems it inappropriate for one profession to regulate another. Removing statute and regulatory barriers increases access and decreases cost. [Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses \(ftc.gov\)](#), 2022.