



The Economic Impact of APRNs In Florida

I. CNP (Certified Nurse Practitioner) Economic Impact

- Lower prices for patients, governmental agencies and private insurers secondary to reimbursement models (CNP reimbursement less than physicians) and cost of care provision. (Reduced overhead for operations).
- Medicare and many private insurance enrollees could directly see these savings because their coinsurance is based on 20 percent of the providers' prices (allowed amount).
- Annual Medicare cost saving for Medicare Trust Fund of 44.5 billion
- Annual costs savings for Medicaid. Compared to states with reduced SOP, states with full SOP had 17% lower outpatient costs and 10.9% lower prescription drug costs. States with restricted SOP had 11.6% higher outpatient costs and 5.1% higher prescription drug costs
- 8% greater provision of care to Medicaid population with emphasis on health promotion and disease prevention reducing healthcare expenditures.

II. CRNA (Certified Registered Nurse Anesthetist) Economic Impact

- Research shows that CRNAs are the most cost-effective anesthesia providers with an excellent safety record
- Comparing staffing models of 16 anesthesiologists vs. 16 CRNAs, the CRNA staffing expenses were <50% less
- CRNAs are 85% less costly to educate than anesthesiologists and are approved to practice in any setting
- Case law shows that surgeons and other healthcare providers face no increase in liability when working with a CRNA versus an anesthesiologist and CRNA insurance overall cost has decline by 68% in the past 30 years
- Hospitals that hire anesthesiologist to "supervise" a CRNA, who in other states can practice autonomy, more than triples the cost of care while NOT improving patient outcomes or reducing risk and liability costs

III. CNM (Certified Nurse Midwife) Economic Impact

- Increasing the percentage of pregnancies with midwife-led care from 8.9% to 15% would result in over \$1 billion in cost savings by 2023.
- Specifically, by 2027, cost savings associated with this modest shift toward midwife-led care would reach \$2.82 billion for private health plans and \$1.13 billion for state Medicaid programs.
- By 2027, if midwives were leading care for 20% of births, savings would reach \$4 billion with about ¾ of saving being lower costs for private insurance births, and 1/4 savings from Medicaid-covered births.
- Reduction of elected labor and birth interventions (cesarean delivery, vacuum-assisted delivery, epidural anesthesia, labor induction, and cervical ripening), reduced maternal duration of stay, and reduced overall costs associated with CNM-led care were observed in research when compared to OB-GYN-led care

IV. CNS (Clinical Nurse Specialist) Economic Impact

- The CNS role is uniquely suited to lead implementation of evidence-based quality improvement actions that reduce cost throughout the entire health care system
- A CNS plays an essential role in care coordination and transitions of care that result in reduced hospital length of stay, fewer hospital readmissions and hospital-acquired conditions (HACs) saving billions annually
- The CNS optimizes outcomes in every medical setting/model which include acute care units in hospitals, student health services on campuses, occupational health services, federal agencies, and nursing homes
- As many as 92% of CNS providers do not bill directly for their services so their immense value is absorbed by the cost savings their evidenced based guidance creates for an institution\



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V. Economic Impact of Autonomous Practice for APRNs

- 1. Autonomous practice realizes real costs savings for individuals, corporate and government agencies through the following mechanisms:**
 - a. Lower cost of operations/overhead secondary to:
 - i. Reduced costs of preparation and training
 - ii. Wage gap compared with physicians
 - iii. Lower cost of operations
 - b. Reimbursement models for APRNs versus physicians
 - c. Reduced utilization of more expensive modalities for primary care services
 - d. Reduced pharmaceutical expenditures compared with physicians
- 2. Autonomous practice for Advanced Practice Registered Nurses would produce positive economic impact in Florida as a result of:**
 - a. Job creation and wage growth ⁽⁸⁾
 - i. 4,500-10,300 new jobs created
 - ii. \$238-\$547 million generated in increased wages and benefits
 - iii. \$542 million- 1.25 billion projected annual increased economic output to the state
 - iv. 11% increase of APRNs providing care, particularly in at risk populations
 - v. 11% growth of full-time employees within the outpatient healthcare marketplace
 - b. **Reduced costs for health care delivery** ⁽¹²⁾
 - i. 8% increase in access to care for Florida Residents with reductions in utilization of more expensive services, such as emergency room, for routine primary care services
 - ii. 17% reduction in cost of outpatient care services
 - iii. 10.9% reduction in pharmaceutical expenses
 - c. **Reduced expenditures on Medicaid population with increased healthcare access and preventative care services**
 - i. Overall healthcare savings of \$50 - \$493 per recipient ⁽¹³⁾
 - ii. Savings of 17.6 million dollars per county per year with autonomous practice ⁽¹⁴⁾
 - iii. Reductions in utilization of Emergency Departments ⁽¹¹⁾
 - iv. No difference in utilization of diagnostic between APRNs and physicians ⁽¹⁰⁾



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