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Expanding the Scope of Practice for Nurse Practitioners and Physician Assistants to Enhance Healthcare

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In this article, the authors consider enhancing healthcare delivery by expanding the scope of practice of advanced practice providers, such as nurse practitioners and physician assistants. States currently vary in their degree of regulation of advanced practice providers. Some states allow full practice authority for nurse practitioners, while others are limited by supervisory or collaborative agreements. Physician assistants face similar supervisory requirements. This article discusses both the legal and practical implications of allowing full practice authority for advanced practice providers and proposes that advanced practice providers should be held to the same standards of care as physicians when performing the same medical services. The article argues that expanding the scope of practice of advanced practice providers to allow them to practice to the full extent of their education and training would (1) enhance the delivery of healthcare services, (2) combat the access, cost, and quality challenges, and (3) improve the American healthcare system overall. The authors recommend allowing advanced practice providers to work independently when appropriate to expand access to primary care, especially in rural and low-income urban areas, and decrease healthcare costs by staffing more affordable primary care providers. Finally, the article proposes moving toward a more uniform standard of care for physicians and advanced practice providers while performing the same medical tasks and recommends a “deregulated” Model Act for advanced practice providers.

Telehealth Solutions for Black Maternal Health

Katherine “Yenny” Wu, Esq., MPH	145
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In this article, the author discusses implicit bias and reduced access to maternal health services as contributors to disparate outcomes for Black pregnancies. Maternal morbidity and mortality rates have steadily decreased worldwide; however, the United

States remains an outlier. Maternal morbidity and mortality rates have been increasing in the United States, especially compared to other developed countries. Specifically, Non-Hispanic Black persons have higher maternal mortality rates than persons in any other race category. Maternal morbidity rates for Black birthing people are also significantly higher than those of other races. There have been many laws and practices enacted that attempt to address inequalities in Black birthing rates, but they often fall short. The article discusses how these outcomes are often affected by implicit bias in medical providers, paternalistic attitudes, refusal to listen to Black patients, and recommendations of risky medical procedures for Black birthing people. Medical care has significantly shifted toward virtual settings as a result of the COVID-19 pandemic. However, the full benefit of telehealth has not yet been expanded to its ultimate potential. The author discusses how making permanent changes utilizing telehealth services can materially improve Black maternal health outcomes. Therefore, this article calls for a multi-faceted approach to improve medical care for Black birthing people. This approach includes (1) improving the federal regulatory framework, (2) financially incentivizing states to cooperate with federal government relations, (3) encouraging states to adopt pay parity provisions for audio health care services, (4) and reducing implicit bias through state and federal grants. The proposed solutions will expand telehealth access to vulnerable communities, and over time, will hopefully impact Black maternal mortality and morbidity rates.