

“Independent studies consistently find that restrictive laws lead to worse health outcomes and higher prices.”

Let nurse practitioners do their jobs

Michigan is one of only 11 states severely restricting their practice

By Jarrett Skorup and Dr. David Mitchell | December 2025

Michigan's limits on nurse practitioners are a prime example of economist Thomas Sowell's maxim that "There are no solutions, only trade-offs." These are highly trained nurses with graduate degrees who can diagnose illnesses, prescribe medications, and provide high-quality care. Research conducted over many decades shows that nurse practitioners perform as well as physicians in most cases, that their patients are equally satisfied, and that their services cost less.

Yet the state sharply limits nurse practitioners, providing little or no benefit to public health while leaving patients with higher costs, fewer options, and less freedom.

Michigan is 14th in the nation for the number of active primary care providers per capita. That's great, but providers are not dispersed equally. Some 2.7 million people live in Michigan's 256 health professional shortage areas. When those people get sick, there aren't enough primary health care providers to help them.

Yet Michigan is one of only 11 states that still require nurse practitioners to be under the direct supervision of a physician, according to the American Association of Nurse Practitioners. State law says they can't do their jobs without paying a doctor to "supervise" them. That's not because patients are safer under this arrangement; they aren't. It's because the state gives doctors a near-monopoly on certain kinds of care. The result is fewer providers, longer wait times and higher costs for everyone else.

House Bill 4399, introduced by Rep. David Prestin, R-Cedar River, and Senate Bill 268, sponsored by Sen. Jeff Irwin, D-Ann Arbor, would change that. The bipartisan proposals would let nurse practitioners practice independently, just as they can in most states.

In practice, Michigan's supervision requirement means many nurse practitioners must pay thousands of dollars each year to a doctor for what is often little more than a signature on paperwork. This doesn't change how patients are treated, but it drives up

costs and discourages nurses from opening clinics, especially in underserved areas.

The real beneficiaries of these restrictions are doctors who collect fees for “oversight.” That’s why physician associations like the American Medical Association and the Michigan State Medical Society spend heavily to maintain the status quo. The AMA admits it has poured millions of dollars into advertising and lobbying campaigns to stop nurse practitioners from gaining full practice authority.

This is bad policy and bad economics. Independent studies consistently find that restrictive laws lead to worse health outcomes and higher prices. One analysis found insurers paid 3% to 16% more for basic child wellness visits in states with tight restrictions on nurse practitioners. Another study found nurse practitioners were far more likely to relocate to states that allow full practice authority. And a 2022 study found parents rated their children’s health higher in states that let nurse practitioners work without supervision.

If lawmakers truly want to make health care more affordable and accessible, the evidence is clear: They should loosen the reins. Michigan’s rules don’t protect

patients — they protect incumbents. They also leave rural and low-income communities with fewer health care options.

The Michigan bills have a bipartisan group of co-sponsors and are supported by nursing associations across the state. Predictably, the physician lobby is opposed. Lawmakers should look past the politics and focus on what’s best for Michigan residents.

Government shouldn’t stand in the way of qualified professionals doing their jobs. There are no perfect outcomes, but this trade-off is an easy one: Let nurse practitioners work to the full extent of their training, expand access to care, and bring a little common sense back to Michigan’s health care laws.

Jarrett Skorup is the vice president of marketing and communications at the Mackinac Center for Public Policy.

David Mitchell is the Distinguished Professor of Political Economy and the director of the Institute for the Study of Political Economy at Ball State University.

Available online at: www.mackinac.org/v2025-34



This piece was originally published on the Mackinac Center website. Permission to reprint in whole or in part is hereby granted, provided that the author and the Mackinac Center are properly cited.

