California Health Care Foundation

Healthforce Center at UCSF

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Fact Sheet

EXPANDING THE ROLE OF NURSE PRACTITIONERS IN CALIFORNIA

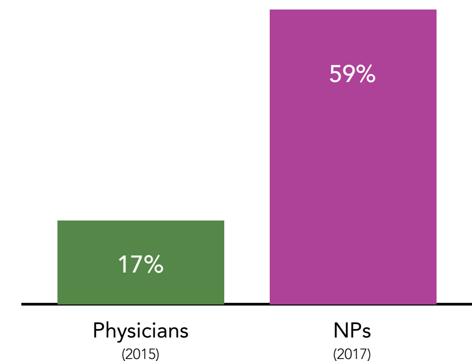
The Impact on Patient Access to Care

Twenty-eight states and the District of Columbia grant nurse practitioners (NPs) full practice authority, allowing them to practice and prescribe without formal physician supervision. California requires that nurse practitioners have a written collaboration agreement with a physician and is the only western state to have a requirement for physician oversight. An increasing number of states have been removing restrictions on nurse practitioner practice and oversight requirements, with no states introducing new oversight or collaboration requirements in the last decade.

The following is a summary of existing research that helps to answer the question of how expanding practice authority for California NPs would impact patient access to care.

NPs are far more likely to provide primary care than physicians. In their principal NP position, 58.8% of California NPs provide primary care, and 51.2% spend at least half their time providing primary care. Among California physicians, 16.7% are in primary care specialties, including obstetrician/gynecologists (13.0% if ob/gyns are excluded).[1] See Figure 1.

Figure 1. Physicians and NPs Providing Primary Care, California



Note: *NP* is nurse practitioner.

Sources: Joanne Spetz et al., *2017 Survey of Nurse Practitioners and Certified Nurse-Midwives*, Healthforce Center at UCSF, April 2018, healthforce.ucsf.edu; and 2015 physician data reported in Janet Coffman, Igor Geyn, and Margaret Fix, *California Physicians: Who They Are, How They Practice*, California Health Care Foundation, 2017, www.chcf.org.

California NPs are more likely than physicians to see and take new Medi-Cal and uninsured patients. California nurse practitioners are more likely than physicians to currently see Medi-Cal and uninsured patients, and also to accept new Medi-Cal and uninsured patients. See Figures 2 and 3.

California NPs are more likely to work in a community health center than physicians. Of all California clinicians employed in a community health center or other type of community clinic, 17% are nurse practitioners, and 6% are physicians.[2]

NP supply is greater and grows more rapidly in states where NPs have full practice authority. A national study that examined NP supply in 2001 and 2008 found that the number of NPs per capita and the growth of NPs per capita were greater in states with full practice authority. See Figure 4.

Figure 2. Clinicians with Any Patients in the Practice, by Type of Insurance, California

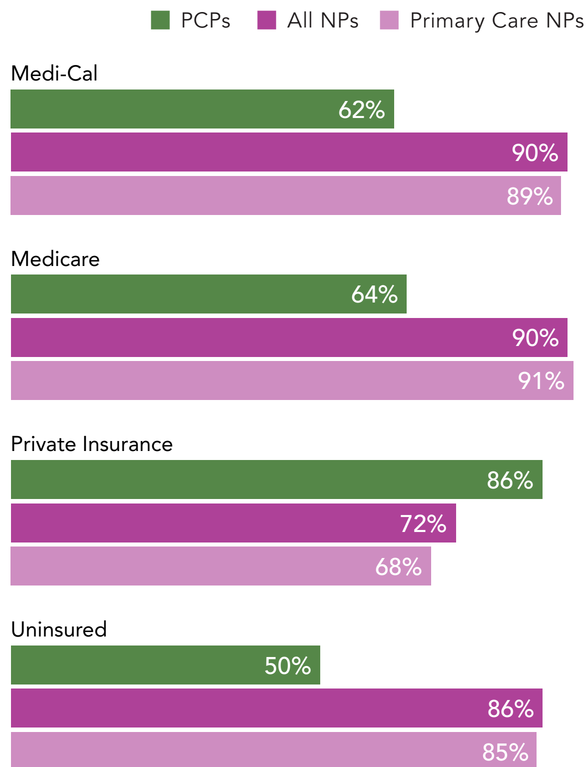


Figure 3. Clinicians Accepting New Patients, by Type of Insurance, California

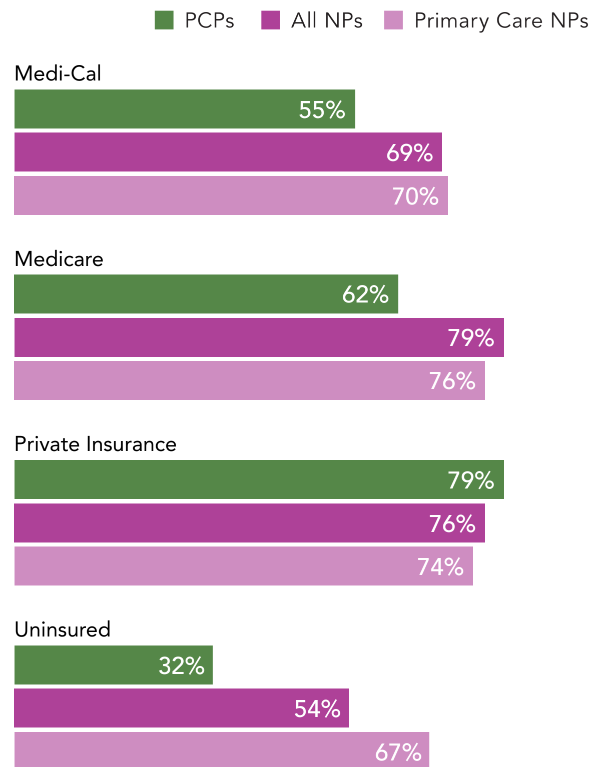
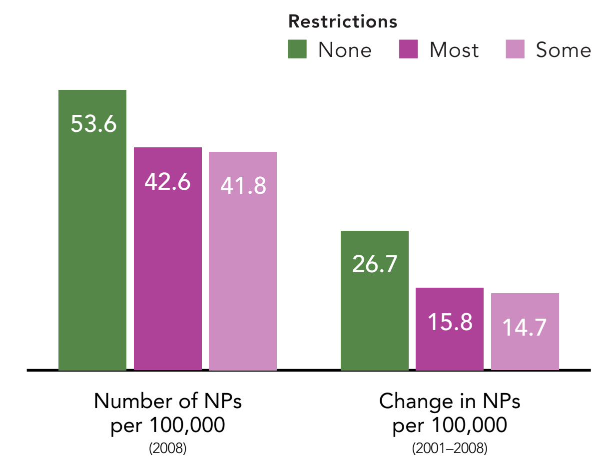


Figure 4. Number of NPs per 100,000 in 2008 and Change Between 2001 and 2008, by Scope of Practice, United States



Source: P. B. Reagan and P. J. Salsberry, "The Effects of State-Level Scope-of-Practice Regulations on the Number and Growth of Nurse Practitioners," *Nursing Outlook* 6, no. 1 (2013): 392–99.

Notes: *PCP* is primary care physician and represents 2015 data. *NP* is nurse practitioner and represents 2017 data.

Sources (Figures 2 and 3): Joanne Spetz et al., *2017 Survey of Nurse Practitioners and Certified Nurse-Midwives*, Healthforce Center at UCSF, April 2018, healthforce.ucsf.edu; and 2015 physician data reported in Janet Coffman, Igor Geyn, and Margaret Fix, *California Physicians: Who They Are, How They Practice*, California Health Care Foundation, August 2017, www.chcf.org.

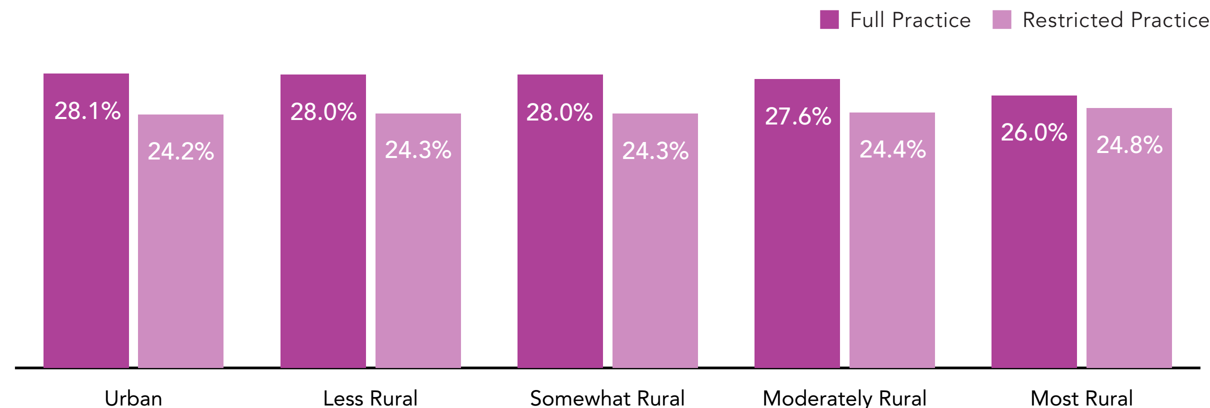
In states that have granted full practice authority to NPs, the numbers of NPs providing care for underserved populations increases. NP are more likely to provide primary care and to work in Health Professional Shortage Areas when they have full practice authority, leading to greater access to primary care services.

- NP supply to Health Professional Shortage Areas rose more rapidly between 2009 and 2013 in states that did not require physician oversight.[3]

Access to primary care services is greater when NPs have full practice authority.

- NPs are more likely to work in primary care in states with full scope of practice, and also are more likely to provide primary care if the state also reimburses NPs at 100% of the physician Medicaid fee-for-service rate.[4]
- Access to primary care is greater in states in which physician oversight is not required.[5]
- When nurse practitioners have full practice authority, Medicaid-enrolled women are more likely to receive mammograms. (See Figure 5.)[6]

Figure 5. Probability of Mammography Use Among Medicaid-Insured Women, by NP Scope of Practice



Notes: *NP* is nurse practitioner. Probabilities adjusted for race/ethnicity, age, length of enrollment in Medicaid, enrollment in Medicaid managed care, degree of county-level racial/ethnic segregation, distance to closest mammography facility, living in a county with persistent poverty, and percentage of population who perceive primary care provider shortages.

Source: Lee R. Mobley et al., "Breast Cancer Screening Among Women with Medicaid, 2006-2008: A Multilevel Analysis," *Journal of Racial and Ethnic Health Disparities* 4, no. 3 (June 2017): 446–54, doi:10.1007/s40615-016-0245-9.

Full practice authority for NPs is linked to fewer avoidable hospitalizations, fewer hospital readmissions, and fewer emergency department (ED) visits.

- For dual Medicaid-Medicare enrollees, there are 31% fewer avoidable hospitalizations and 10% fewer hospital readmissions in states in which NPs have full practice authority.[7]
- States requiring physician oversight of NPs had a 28% increase in ED visits after Medicaid expansion, while states with full practice authority had only a 7% increase.[8]

When states have changed their regulations to allow full practice authority, they saw increases in use of primary care and decreases in ED use. After NPs gain full practice authority, these changes occur over the next two years:[9]

- The probability that an adult has had a checkup in the last year increases by 3.3 percentage points.
- There is a 3.6% increase in the probability of having a usual source of care.
- There is a 4.8 percentage point increase in the probability of being able to "always" get an appointment when sick.
- Adults report a higher level of overall health care quality, with an 8.6% increase in the number of adults rating their health care as excellent.
- There is an 11.6% decrease in repeat ED visits for ambulatory care–sensitive conditions.

ABOUT THIS SERIES

This fact sheet is one of a series that examines the scope of practice of nurse practitioners (NPs) in California. Scope of practice laws establish the legal framework that controls the delivery of medical services.

In February 2019, the **California Future Health Workforce Commission** and released a plan to address the state's shortages of primary care and behavioral health providers. One of the Commission's top recommendations was to maximize the role of nurse practitioners (NPs) and to expand their practice authority. California is one of 22 states — and the only western state — that restricts NPs by requiring them to work with physician oversight.

To see other publications in this series, visit **www.chcf.org/npscope**.

About the Author

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About Healthforce Center at UCSF

Healthforce Center at UCSF prepares health care organizations for success by combining a deep understanding of the issues facing their workforce with the leadership skills to drive progress. They work with foundations, hospitals, delivery systems, organizations, and individuals to ensure more effective health care delivery and to inform health care policy. Their efforts are focused in the core areas of leadership programs and workforce research.

Learn more at healthforce.ucsf.edu.

About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

For more information, visit www.chcf.org.

Endnotes

1. Joanne Spetz et al., *2017 Survey of Nurse Practitioners and Certified Nurse-Midwives*, Healthforce Center at UCSF, April 2018, healthforce.ucsf.edu. Janet Coffman, Igor Geyn, and Margaret Fix, *California Physicians: Who They Are, How They Practice*, California Health Care Foundation, 2017, www.chcf.org.
2. Joanne Spetz et al., *2017 Survey of Nurse Practitioners and Certified Nurse-Midwives*; and 2015 physician data reported in *California Physicians: Who They Are, How They Practice*, CHCF, 2017.
3. Ying Xue et al., "Full Scope-of-Practice Regulation Is Associated with Higher Supply of Nurse Practitioners in Rural and Primary Care Health Professional Shortage Counties," *Journal of Nursing Regulation* 8, no. 4 (2018): 5–13.
4. Hilary Barnes et al., "Effects of Regulation and Payment Policies on Nurse Practitioners' Clinical Practices," *Medical Care Research and Review* 74, no. 4 (2016): 431–51, doi:10.1177/1077558716649109.
5. K. Stange, "How Does Provider Supply and Regulation Influence Health Care Markets? Evidence from Nurse Practitioners and Physician Assistants," *Journal of Health Economics* 33 (2014): 1–27.
6. Lee R. Mobley et al., "Breast Cancer Screening Among Women with Medicaid, 2006-2008: A Multilevel Analysis," *Journal of Racial and Ethnic Health Disparities* 4, no. 3 (June 2017): 446–54, doi:10.1007/s40615-016-0245-9.
7. G. Oliver et al., "Impact of Nurse Practitioners on Health Outcomes of Medicare and Medicaid Patients," *Nursing Outlook* 62, no. 6 (2014): 440–47.
8. Benjamin J. McMichael, Joanne Spetz, and Peter Buerhaus, "The Impact of Primary Care Access on Emergency Department Use: Evidence from Nurse Practitioner Scope of Practice Laws and Medicaid Expansion," *Medical Care* 57, no. 5 (2019): 362–68. www.ncbi.nlm.nih.gov.
9. J. Traczynski and V. Udalova, "Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes," *Journal of Health Economics* 58 (2018): 90–109.