



EXPANDING THE ROLE OF NURSE PRACTITIONERS IN CALIFORNIA

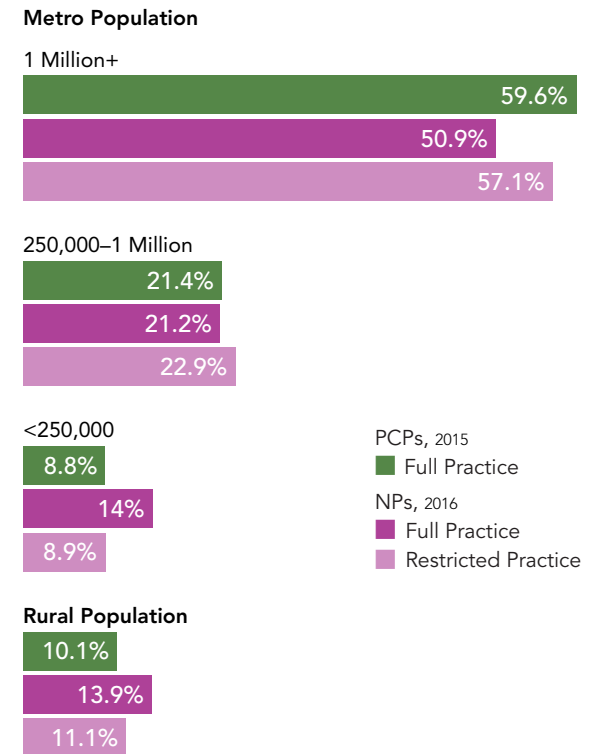
The Impact in Rural Communities

The first formal education program for nurse practitioners (NPs) was codesigned by a physician and a nurse at the University of Colorado in 1965, with a focus on the delivery of primary care in rural communities. Because NPs could not always easily communicate with physicians while working in remote communities, their education prepared them to provide primary care services as independently as possible. Since then, numerous studies have found that state regulations that allow NPs to practice without physician oversight are associated with increased access to care for patients, particularly in rural regions and for Medicaid enrollees.

Twenty-eight states and the District of Columbia grant nurse practitioners full practice authority, allowing them to practice and prescribe without formal physician supervision. California requires that NPs have a written collaboration agreement with a physician and is the only western state to have a requirement for physician oversight.

NPs in full practice states are more likely to work in rural areas. A study commissioned by the US Department of Health and Human Services concluded: "NPs in full practice and prescriptive authority states had a predicted probability of

Figure 1. PCPs and NPs Living in Urban and Rural Areas, by Scope of Practice, United States



Notes: PCP is primary care physician. NP is nurse practitioner. Source: Author's analysis of the Area Health Resource File, US Bureau of Health Workforce.

working in a rural area six percentage points higher than NPs in restrictive states, with other state characteristics controlled. There was no difference for NPs working in full practice only states.¹

Nationally, nurse practitioners are more likely to be in small cities and rural areas than primary care physicians, particularly when they have full practice authority. (See Figure 1, page 1.)

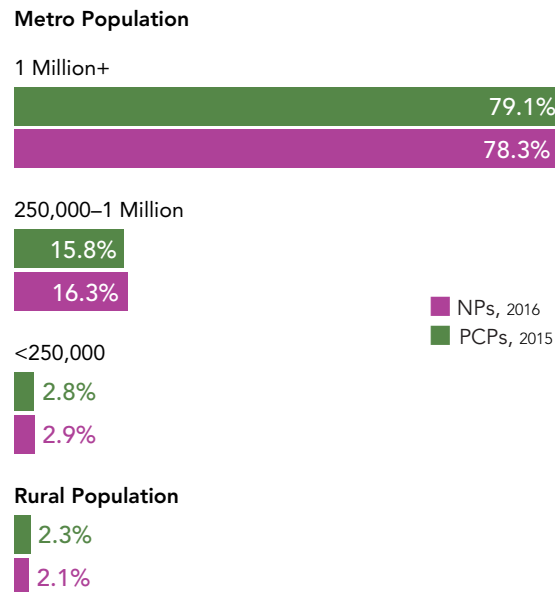
Rural NPs are more likely to provide primary care in full practice states. According to the US Department of Health and Human Services: “There is less supply of physicians in rural areas, and thus supervisory and collaboration requirements can prohibit NPs from working in these areas. The quantitative analysis found that NPs in rural settings are more likely to provide primary care if they are allowed to practice with full authority. This finding was echoed in the case study interviews. NPs may be hampered by regulations requiring on site physician support for assessing new patients and prescribing, or other types of collaborative or supervisory requirements. State and federal agencies may consider exploring strategies to encourage rural practice and address barriers to such practice.”

People in states with full practice for NPs drive shorter distances to get care. A national study of travel time to receive health care services found that people living in states that allow NPs to have full practice authority are significantly less likely to have a driving time of more than 30 minutes to receive care.²

California would likely see better distribution of providers if NPs had full practice authority. Today, California nurse practitioners are distributed between rural and urban areas similarly to primary care physicians, which is likely due to NPs’ inability to practice without a written collaboration agreement

with a physician. (See Figure 2.) California counties that have higher-than-average density of physicians often have higher-than-average density of NPs, although there are some exceptions. National research indicates this would likely change with full practice authority.³ (See Figure 3.)

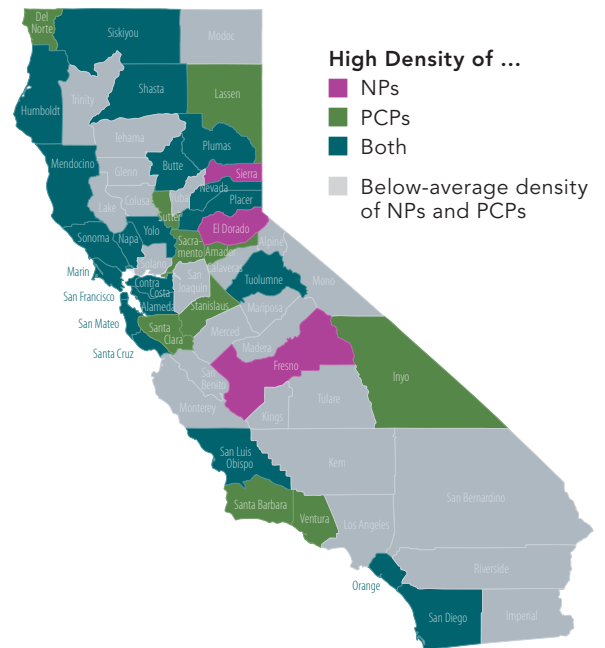
Figure 2. Primary Care Physicians and NPs Living in Urban and Rural Areas, California



Notes: PCP is primary care physician. NP is nurse practitioner.

Sources: Figure 2: 2016 Board of Registered Nursing license files; and 2015 physician data reported in *California Physicians: Who They Are, How They Practice*, California Health Care Foundation, 2017, www.chcf.org. Figure 3: Joanne Spetz and Ulrike Muench, “California Nurse Practitioners Are Positioned to Fill the Primary Care Gap but Face Barriers to Practice,” *Health Affairs* 37, no. 9 (2018): 1466–74, doi:10.1377/hlthaff.2018.0435..

Figure 3. Higher-than-Average Density of Primary Care Physicians, NPs, or Both, by County



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.

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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. *Impact of State Scope of Practice Laws and Other Factors on the Practice and Supply of Primary Care Nurse Practitioners*, US Dept. of Health and Human Services, December 30, 2015, aspe.hhs.gov.
2. Donna F. Neff et al., "The Impact of Nurse Practitioner Regulations on Population Access to Care," *Nursing Outlook* 66, no. 4 (July–Aug. 2018): 379–85, doi:10.1016/j.outlook.2018.03.001.
3. Joanne Spetz and Ulrike Muench, "California Nurse Practitioners Are Positioned to Fill the Primary Care Gap but Face Barriers to Practice," *Health Affairs* 37, no. 9 (2018): 1466–74, doi:10.1377/hlthaff.2018.0435.