



EXPANDING THE ROLE OF NURSE PRACTITIONERS IN CALIFORNIA

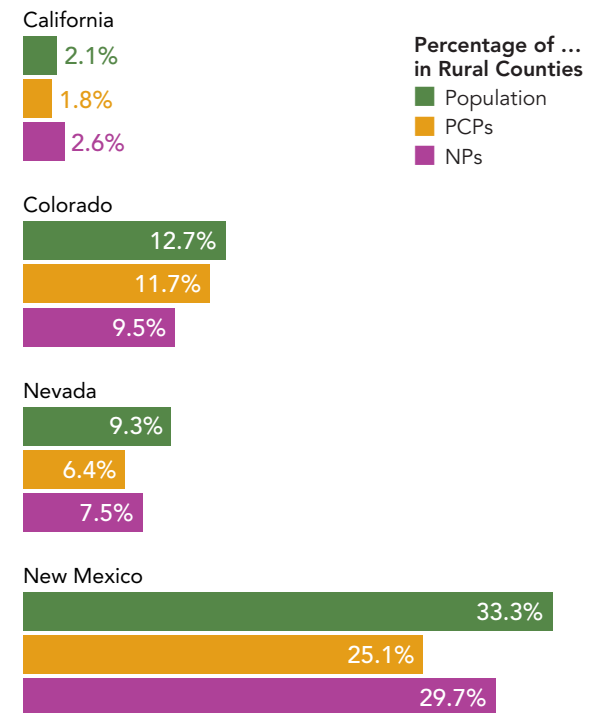
Lessons from Three Other States

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. There has been an accelerating trend toward removal of state-level restrictions on nurse practitioner practice and oversight requirement, with no states introducing new oversight or collaboration requirements in the past decade.

CHCF hosted a briefing on May 6, 2019, with experts from Colorado, Nevada, and New Mexico on what California can learn from other states that have expanded practice authority for nurse practitioners.

There are some key differences worth noting among states. In Nevada, New Mexico, and California, the percentage of NPs in rural counties is greater than the percentage of primary care physicians (PCPs); in Colorado, the percentage of physicians in rural counties is greater than that of NPs. In California, the percentage of NPs in rural counties is greater than the percentage of total population in rural counties.

Figure 1. Percentage of Population, Physicians, and NPs in Rural Counties, by State



Notes: NP is nurse practitioner. PCP is primary care physician. Source: US Health Resources and Services Administration, 2018, Area Health Resources File, County-Level Data, SAS version, data.hrsa.gov.

Table 1. California, Colorado, Nevada, and New Mexico: Overview of Nurse Practitioner Regulations and Primary Care Workforce Capacity

	CALIFORNIA	COLORADO	NEVADA	NEW MEXICO
Year NPs granted ability to practice without oversight		2010	2013	1993
Regulatory agency that oversees NPs	Board of Registered Nursing	Board of Nursing	Board of Nursing	Board of Nursing
Education requirements to receive NP license/credential	Graduate degree from program approved by California Board of Registered Nursing, or national certification if from another state	Graduate degree from nationally accredited program, national certification	Graduate degree from nationally accredited program, national certification	Graduate degree from regionally accredited program, national certification
Transitional oversight period		1,000 hours (was 3,600 hours until 2015)	Two years or 2,000 hours to prescribe Schedule II controlled substances	None
Supervision during oversight period		Physician or advanced practice RN	Physician	
Number of PCPs, 2015	30,551	4,390	1,639	1,574
Number of NPs in state with national provider identification numbers, 2016	14,199	3,283	1,145	1,300
PCPs per 100,000 population, 2015	78.0	80.4	56.7	75.5
NPs per 100,000 population, 2016	36.2	59.3	38.9	62.5

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

Sources: Board of Nursing websites for California, Colorado, Nevada, and New Mexico. Personal communication with Karren Kowalski, Colorado Center for Nursing Excellence. *The New Mexico Nurse*, Vol. 58, No. 3, July-August-September 2013, www.nursingald.com (PDF). US Health Resources and Services Administration, 2018, Area Health Resources File, County-Level Data, SAS version, data.hrsa.gov.

About the Author

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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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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.

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