

Issue brief: Access to care

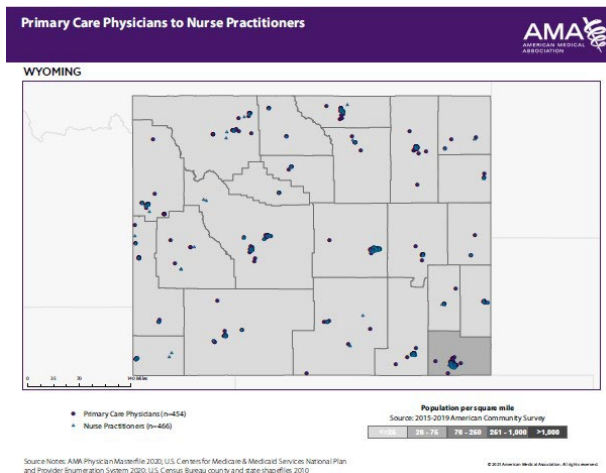
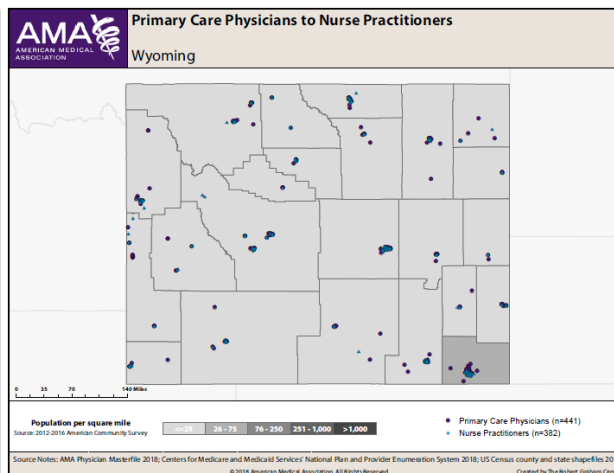
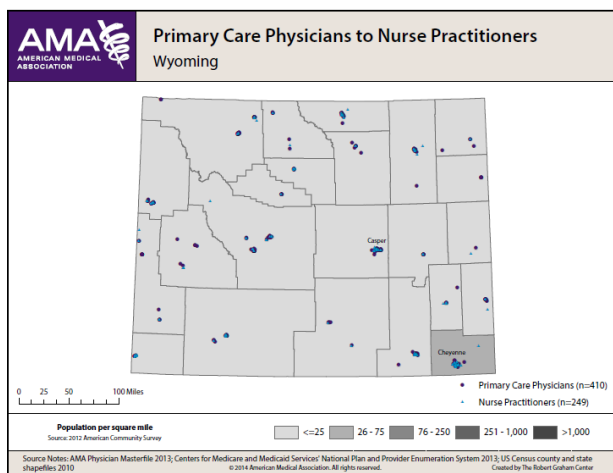
Proponents of scope expansions often claim such measures are necessary to expand access to care in rural areas. However, in reviewing the actual practice locations of primary care physicians compared to nurse practitioners, it is clear, that physicians and nurse practitioners tend to practice in the same areas of the state - even in those states where nurse practitioners can practice without physician supervision or collaboration. For the most part, state laws that have expanded the scope of practice of nurse practitioners have not necessarily led to more nurse practitioners in rural areas.

The AMA has mapped the actual practice locations of primary care physicians and nurse practitioners in all-50 states, DC and nationwide using data from the AMA Masterfile to determine the practice location of primary care physicians and data from the Centers for Medicare and Medicaid Services (CMS) for the location of nurse practitioners. Following are maps from 2013, 2018 and 2020 illustrating the practice location of nurse practitioners and primary care physicians from states with varying levels of nurse practitioner independent practice.

Independent Practice States

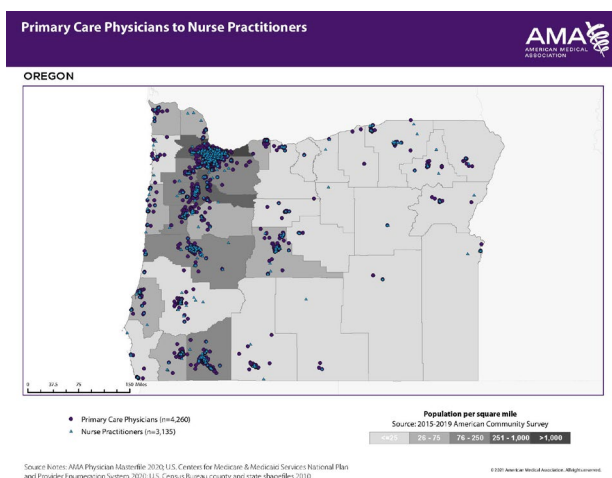
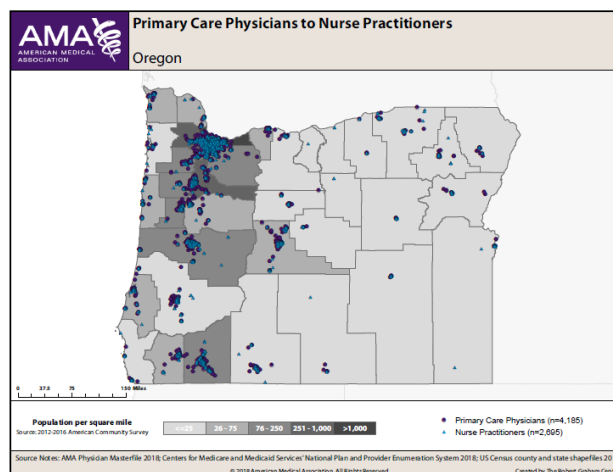
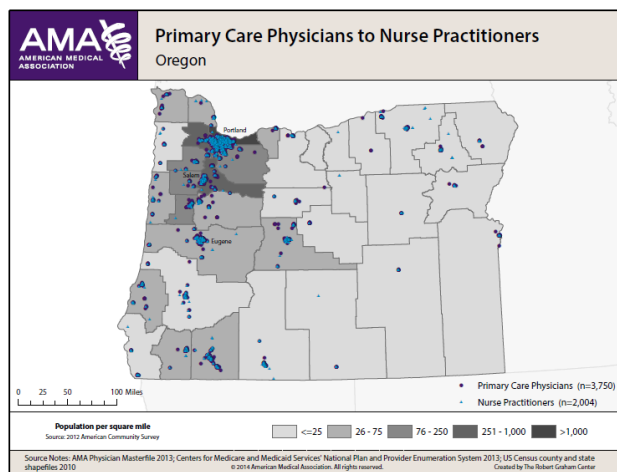
Wyoming

In 2018 there were only 382 nurse practitioners in Wyoming compared to 441 Primary Care Physicians. While the number of nurse practitioners in the state has increased since they allowed independent practice, albeit at a slower pace than other states, nurse practitioners have not moved into rural areas of the state. The maps below show the location of primary care physicians and nurse practitioners across three points of time 2013, 2018 and 2020.



Oregon

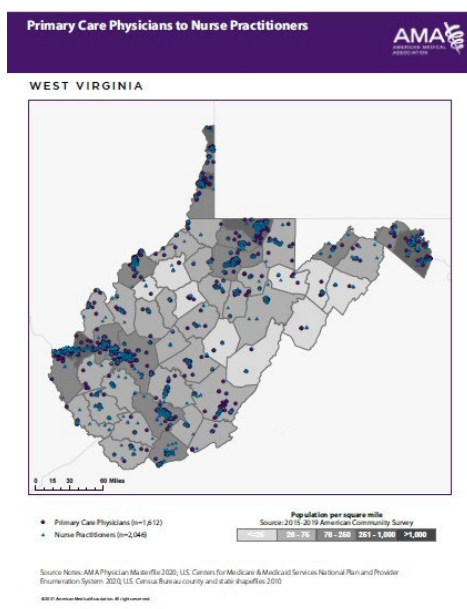
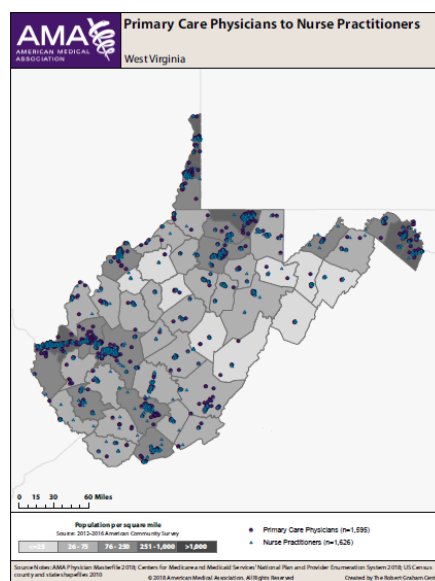
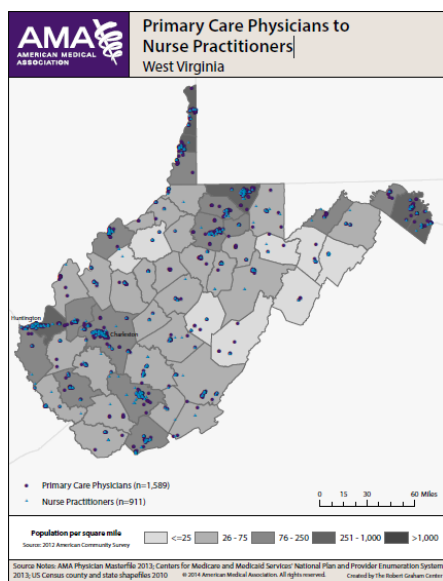
Similar to Wyoming, while allowing independent practice for decades, nurse practitioners have not moved to rural areas of the state and continue to practice in the same areas of the state as physicians. The number of nurse practitioners in the state increased from 2,004 in 2013 to 2,695 in 2018 and 3,135 in 2020, a slower rate of growth than other areas of the country.



Physician involvement required for 3 years to prescribe

West Virginia

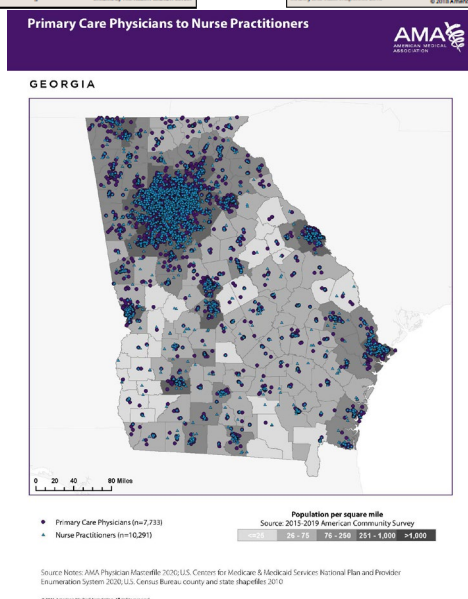
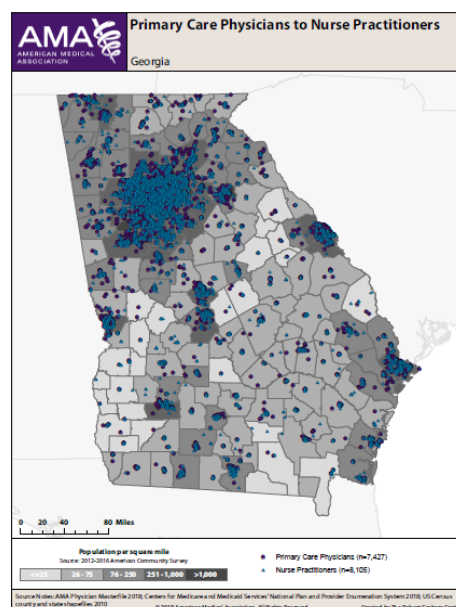
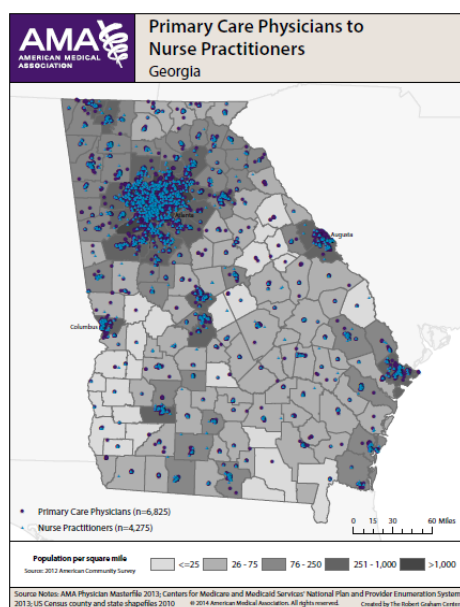
West Virginia enacted legislation in 2017 that allows nurse practitioners to diagnose and treat patients without physician involvement; they are still required to have a collaborative relationship for prescriptive practice with a physician for three years. While there was an increase in the overall number of nurse practitioner in the state, they continued to practice in the same areas of the state as physicians.



Physician supervision or collaboration required to diagnose, treat, and prescribe

Georgia

In Georgia, nurse practitioners practice pursuant to a protocol agreement with physician supervision and delegation. Supporting a physician-led team-based care approach, Georgia has seen tremendous growth in the number of nurse practitioners in the state, increasing from 4,275 in 2013 to 8,105 in 2018 and 10,291 in 2020. Additionally, nurse practitioners are located across the state in rural and urban areas. This demonstrates that changes in nurse practitioner scope of practice laws are not the sole reason for growth of nurse practitioners in a state or where they practice.



Other studies confirm our findings

The Graduate Nurse Demonstration Project which was mandated as part of the Affordable Care Act of 2010, involved the Centers for Medicare & Medicaid Services (CMS) providing payments to five eligible hospitals, each of which partnered with schools of nursing, community-based care settings, and other hospitals to expand clinical education for additional APRN students.¹ One of the goals of the project was to determine if funding clinical APRN education would increase the number of APRNs and to determine the employment choices of APRNs following graduation. A study of alumni from this program found only 25% of alumni served medically underserved communities, however, the vast majority were in urban settings, as only 9% went on to work in rural areas and only 2% worked in FQHCs.²

Fewer nurse practitioners are providing primary care

These maps likely overrepresent the number of nurse practitioners practicing in primary care. While the maps compare primary care physicians to all nurse practitioners in a state, data have shown a growing number of nurse practitioners are not practicing in primary care. For example, after examining state licensing renewal forms, the Oregon Center for Nursing found only 25% of nurse practitioners practice in primary care.³ This trend is also supported in recent workforce studies, finding newly graduated nurse practitioners are more likely to enter specialty or subspecialty care rather than primary care.⁴

Physician-led team care is equitable care

The AMA is deeply concerned with the notion that patients in rural and underserved areas, often a vulnerable and medically complex population, should settle for care from a health care provider with a fraction of the education and clinical training of physicians. All patients, regardless of zip code, deserve care led by a physician. Rather than allow an unproven path forward, policymakers should consider proven solutions to increasing access to care, including supporting physician-led team-based care. **In fact, evidence shows that states that require physician-led team-based care have seen a greater overall increase in the number of nurse practitioners compared to states that allow independent practice.** Other proven reforms include telehealth expansion, expanding GME slots, loan forgiveness programs for physicians practicing in rural and underserved areas and programs that encourage students from underserved areas to pursue medical school.

NP scope expansion has led to RN workforce shortage

Nurse practitioners have used the notion of a physician shortage to advance their scope of practice, however, one often unmentioned result of the growth of the NP workforce, is its impact on the registered nurse (RN) workforce. According to an analysis of the Bureau of Labor Statistics, between 2014 and 2024 an estimated one million new RNs will be needed across the country.⁵ At this same time, however, the growth of the NPs workforce has reduced the size of the RN workforce by up to 80,000 nationwide.⁶

¹ The Graduate Nurse Education Demonstration Project: Final Evaluation Report, Centers for Medicare and Medicaid Services. August 2019. <https://innovation.cms.gov/files/reports/gne-final-eval-rpt.pdf>. Accessed Oct. 9, 2020

² *Id.*

³ Oregon Center for Nursing (2020). Primary Care Workforce Crisis Looming in Oregon: Nurse Practitioners Vital to Filling the Gap, But Not Enough to Go Around. Portland, OR, Oregon Center for Nursing, pg. 16.

⁴ Martiniano R, Wang S, Moore J. A Profile of New York State Nurse Practitioners, 2017. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany; October 2017

⁵ Health Care Employment Projections, 2014-2024: An Analysis of Bureau of Labor Statistics Projections by Setting and by Occupation, Center for Health Workforce Studies, School of Public Health, SUNY Albany; (2016).

⁶ David I. Auerbach, Peter I. Buerhaus, and Douglas O. Staiger, "Implications of the Rapid Growth of the Nurse Practitioner Workforce in the US," Health Affairs; 39, 2 (Feb. 2020).