In California, nurse practitioners are restricted in their scope of practice, signaling that one or more of their abilities to practice requires physician oversight in order to be approved. This has serious implications for the state’s ability to meet its healthcare demands, leads to an inefficient use of valuable healthcare resources, and can increase healthcare costs for the industry at large. In just the last decade alone, several states have passed legislation that has expanded the scope of practice for nurse practitioners, citing its favorability in increasing healthcare access, maintaining healthcare quality, and lowering healthcare costs. No state has reversed its scope of practice laws to make nurse practitioners’ roles more stringent.

Increasing Demand

The state of California has just under 40 million people, making it the most populous state in the country. Despite the state’s growing need for healthcare professionals, the National Center for Health Workforce Analysis’ estimates that there will be a shortage of nearly 4,700 primary care physicians in the state by 2025 as fewer students enroll in medical school or choose to specialize in primary care fields. By contrast, 1,744 individuals completed nurse practitioner certification programs in California in 2017.

California’s needs for a robust healthcare network to support its growing population is increasingly more necessary, especially as California’s elderly population grows. By 2030, California’s over-65 population is expected to nearly double. Meanwhile, California’s restricted scope of practice laws for nurse practitioners keeps nurse practitioners from helping to fill gaps in physician availability.

Increasing Access

According to the Association of American Medical Colleges, the United States will have a shortage of up to 122,000 physicians by 2032. Nurse practitioners can help in tackling this shortage, if they are allowed to practice at their full scope.

Several studies have shown a correlation between scope of work practice laws and the supply of nurse practitioners, which directly impacts individuals’ access to care. In contrast to physicians, the U.S. has seen an increase in the number of nurse practitioners, other advanced practice registered nurses, and physician assistants. As the supply of nurse practitioners grows, exploring ways to better utilize these healthcare professionals can potentially help offset the supply-demand mismatch that exists for physicians. Our analysis shows that if practice restrictions were lifted, California would have an increase of 21% more nurse practitioners.

In addition, the growth rate of the nurse practitioner workforce would increase by 25%, providing much needed relief to the state’s health care workforce into the future.

21% more nurse practitioners in California following scope of practice reform
Maintaining Quality of Care

In many ways, physicians and nurse practitioners work in tandem to support a variety of patients across many patient settings. While increasing the scope of practice for nurse practitioners will not cancel out the demand for physicians, providing full practice authority to nurse practitioners can help maintain quality of care in the industry.

Studies have shown that nurse practitioners provide high quality of care, and in many settings, are actually preferred to physicians by patients given the more patient-centric model of practice that nurse practitioners provide. Research has also found that increasing the scope of practice for nurse practitioners directly results in increases in the frequencies of routine checkups and decreases emergency room use. Our analysis shows that allowing nurse practitioners to practice at their full scope will lead to an increase of over 10% more preventative care visits in the year following reform.

Over 2 million
more preventative care visits
each year following reform

Lowering Healthcare Costs

Lastly, increasing the scope of practice for nurse practitioners has also been found to help control healthcare costs and expenses. Today, each time a patient requires a medication prescription, treatment plan, or drug order in California, he or she must first be seen by a physician or wait for physician approval in order to pursue proper treatment.

These countless situations where nurse practitioners in California are not able to fulfill roles that are a part of their scope of practice in other states can add costs to patients and increase visit times and frequencies. In addition to increasing patient costs, not allowing nurse practitioners to practice at their full scope adds costs onto the hospital, clinic, and industry overall—many of which are then passed down to the patient. Using prior studies, our analysis shows that the price of a preventative care visit would be $17.58 less if nurse practitioners did not require supervision and had full prescriptive authority—resulting in $394 million saved on preventative care visits each year following reform.

Over $394 million
saved on preventative care visits
each year following reform

Policy

Granting nurse practitioners full practice authority can help increase access to healthcare services, maintain the quality in the healthcare delivery system, and help control healthcare costs. In order to do this, California should follow the 22 states and the District of Columbia, which currently allow full practice authority for nurse practitioners. Allowing nurse practitioners to practice at their full scope is a start. Continuing to educate and train healthcare professionals to work with physicians can empower nurse practitioners and strengthen the entire medical profession by creating more cohesion across the industry. As more states find that increasing the scope of practice for nurse practitioners can provide benefits to the way they can deliver and administer care, this study shows that California can recognize considerable benefits if it were to amend its scope of practice laws for nurse practitioners—a small but powerful step in advancing better access, providing quality care, and lowering costs in California.

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