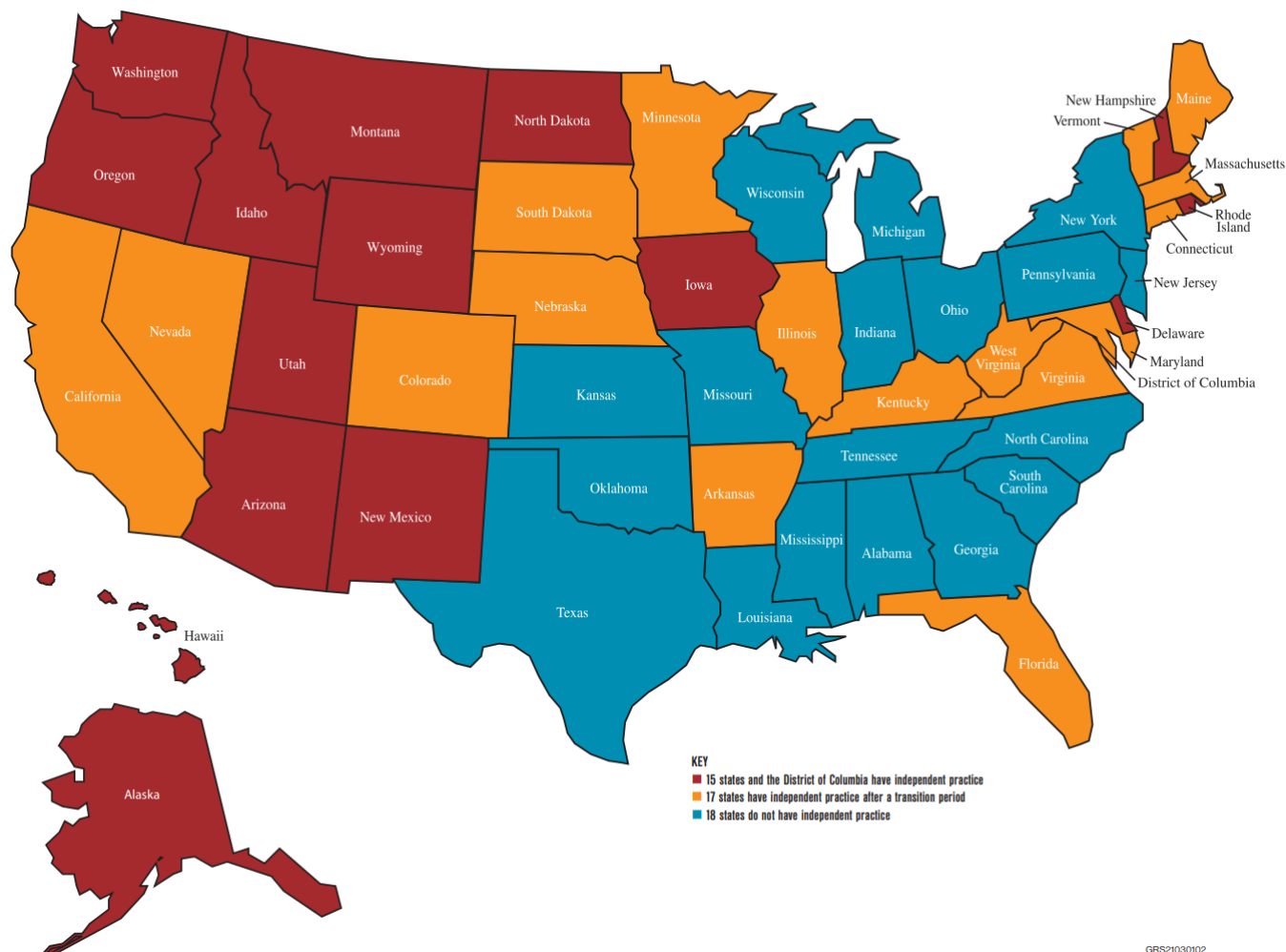


SCOPE OF PRACTICE — NURSE PRACTITIONERS



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AAFP Position

The American Academy of Family Physicians (AAFP) recognizes the valuable contributions of the nursing profession and believes that nurse practitioners (NPs) should function as part of an integrated practice arrangement under the direction and responsible supervision of a practicing, licensed physician. The AAFP encourages health professionals to work together as clinically integrated teams in the best interest of patients. Patients are best served by a health care team led by a physician. Nurse practitioners should not function as independent health practitioners.

Nurse Practitioner Scope

State practice laws in 32 states and DC allow for “independent practice” by nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, and initiate and manage treatments—including prescribing medication. Of those, 17 [states](#) (AR, CA, CO, CT, FL, IL, KY, MA, ME, MD, MN, NE, NV, SD, VT, VA, WV) require NPs to complete a certain number of hours or years of collaborative practice with a physician or more senior nurse practitioner before practicing independently. Most recently, California passed [a bill](#) in 2020 to allow NPs to begin practicing independently beginning in

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2023 after a minimum three-year transition period under physician supervision and Arkansas passed [a bill](#) in 2021 allowing nurse practitioners to practice independently after successful completion of 6,240 hours under a collaborative practice agreement with a physician.

Some states, including [West Virginia](#) and [Michigan](#), allow NPs to diagnose and treat patients but prohibit them from being able to independently prescribe medications or require a collaborative agreement for prescribing. Uniquely, [Florida](#) passed legislation in 2020 allowing NPs to practice independently *only* in primary care settings. During the COVID-19 pandemic, most [states](#) that do not typically allow NPs to practice independently waived or loosened collaboration agreements and/or some supervision requirements. Eighteen states (AR, IN, KS, KY, LA, ME, MA, MI, MO, NE, NJ, NY, SC, TN, TX, VA, WV, WI) temporarily allowed NPs to practice independently or with less supervision during the pandemic.¹

Education and Training

There are significant differences in the educational and training requirements between physicians and nurse practitioners. All physicians are required to complete a four-year bachelor's degree, four years of MD/DO education, and three years of residency which includes 12,000 to 16,000 hours of clinical patient care. Physicians' education is standardized by state medical boards, while nurse training is not. Furthermore, physicians are required to take 150 hours of Continuing Medical Education (CME) training every three years and must sit for their board certifications every six to ten years. By contrast, NPs are required to complete a four-year bachelor's degree, 1.5 to 3 years of masters-level coursework, and between 500-1,500 clinical hours before becoming registered nurses. Nurses are not required to complete CME or sit for board certifications at standardized intervals.

Workforce Shortage

According to the Association of American Medical Colleges (AAMC), the U.S. faces a shortage of up to 139,000 physicians by 2033, including 55,200 primary care physicians.² An additional 203,700 nurses will be needed by 2025.³ Unfortunately, expanded scope for NPs has not solved the access problem; since 2004, the number of NPs entering primary care has dropped by 40 percent.^{4,5} According to the [Robert Graham Center](#), out of approximately 220,000 NPs, only 42.8 percent deliver primary care.

Importance of Physician-Led Team Based Care

The most efficient patient care is provided by physician-led teams of health professionals in the patient-centered medical home. A July 2018 [survey](#) conducted on behalf of the American Medical Association (AMA) found that more than four out of five patients prefer a physician-led health care team. Nine out of ten respondents said that a physician's additional years of education and training are vital to optimal patient care, especially for complex or emergency conditions. Additionally, 86 percent of respondents said that patients with one or more chronic conditions benefit from a physician-led health care team.

Wholesale substitution of NPs, while a vital part of the health care team, for physicians is not the solution, especially at a time when primary care practices are being called upon to take on more complex care. Patients need access to every member of their health care team—physicians, nurse practitioners, physician assistants, and others practicing to the full extent of their license. The family physician is trained to provide complex differential diagnosis, develop a treatment plan, and order and interpret tests. Nurse practitioners, on the other hand, are specifically trained to follow through on the treatment of a patient after a diagnosis and to implement protocols for chronic disease management.

Updated: September 2021

¹ American Association of Nurse Practitioners. (2021). "COVID-19 State Emergency Response: Temporarily Suspended and Waived Practice Agreement Requirements." Web.

² Boyle P. (2020). "US physician shortage growing." *Association of American Medical Colleges*. Web.

³ Torpey E. (2018). "Employment outlook for bachelor's-level occupations." *Bureau of Labor Statistics*. Web.

⁴ Wexler R. (2010). "The Primary Care Shortage, Nurse Practitioners, and the Patient-Centered Medical Home." *AMA Journal of Ethics*. Web.

⁵ Agency for Healthcare Research and Quality. (2018). "The Number of Nurse Practitioners and Physician Assistants Practicing Primary Care in the United States." Web.