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 and licensure laws in 30 states and DC allow for “independent practice” by nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribing medication. Of those, 15 states (CO, CT, DE, FL, IL, KY, MA, ME, MD, MN, NE, NV, SD, UT, VT, VA, WV) require a nurse practitioner 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 that will allow nurse
practitioners to begin practicing independently beginning in 2023 after a minimum three-year transition period during which they must practice under a physician’s supervision.

Among the 22 states that do not allow for independent practice of nurse practitioners, five (AR, MI, NJ, OK, TX) allow nurse practitioners to diagnose and treat patients while prohibiting them from being able to prescribe.1 Uniquely, Florida passed legislation in 2020 allowing nurse practitioners to practice independently only in primary care settings. During the COVID-19 pandemic, most states that do not typically allow nurse practitioners to practice independently waived or loosened collaboration agreements and/or some supervision requirements. Five states (KY, LA, NJ, NY, WI) temporarily allowed nurse practitioners to practice independently during the pandemic.2

**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, nurse practitioners 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. will face a shortage of up to 139,000 physicians by 2033, including a shortage of up to 55,200 primary care physicians.3 An additional 203,700 nurses will be needed by 2025.4 Unfortunately, expanded scope for NPs has not solved the access problem; since 2004, the number of nurse practitioners entering primary care has dropped by 40 percent.5 6 According to the Robert Graham Center, of the approximately 220,000 nurse practitioners in the U.S., 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 when it comes to 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 nurse practitioners, 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—primary care physician, nurse practitioners, physician assistants, and all the other professionals 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.

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