



Insight

The Nurse Will See You Now

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Nurses have been getting a lot of attention in health policy news lately, but the term “nurse” can mean many things. On one end of the spectrum are nurses who run independent practices, on the other are nurses who work as supervised assistants to physicians. The extent to which a nurse can provide medical care is determined both by nursing degree obtained and by “scope of practice” laws in the state where the nurse works. With Medicaid and Medicare reimbursements, not keeping pace with the cost of running a medical business, especially for primary care physicians, some [argue](#) that physicians are the “losers” of the Affordable Care Act, making advanced practice nurses (and physician assistants) the “winners.”

With primary care physicians in short supply, particularly in rural areas, the ability of nurses to deliver primary care is crucial to treat the country’s aging population and the upcoming influx of newly insured patients. Whether nurses will fare better than physicians under health reform and whether they will be able to provide needed primary care and bill for it will largely be determined by what state they are in and the limits imposed by the scope of practice laws there. The Institute of Medicine’s 2010 [nursing report](#) recommends loosening restrictive scope of practice laws in some states and doubling the number of nurses with doctorates. However, it seems that the higher education goals must follow the loosening of regulations, as nurses will be more likely to pursue advanced degrees if they know they can practice independently throughout the country.

Unfortunately, many physicians [dislike the mention](#) of scope of practice expansions; it is particularly threatening to the livelihood of primary care doctors. However, this is not a zero-sum game. By allowing nurses to deal with basic primary care, physicians can focus on the more complex patients and conditions. Nurses are generally more willing to work in rural areas, and can be an invaluable resource to populations with few physicians, referring patients to those physicians when necessary. It is possible for the two professions to provide primary care in tandem, using both nurses and doctors where they are most needed.