



Frequently Asked Questions: Nurse Practitioners and AB 890

What is a nurse practitioner (NP)?

A nurse practitioner (NP) is a licensed advanced practice registered nurse, who has completed graduate-level education such as master's or doctoral degree. NPs can specialize in many different areas, including: Acute Care, Adult Health, Family Health, Pediatric Health, Psychiatric/Mental Health, Women's Health, Oncology, and others. Over 58% of NPs in California provide primary care, a practice area that is currently experiencing a shortage of physicians.

Where do NPs work?

NPs work in a variety of health care settings. You can find NPs in school and college clinics, skilled nursing facilities, medical groups, hospitals, and Veterans Administration (VA) facilities. NPs also provide critical health care services in community clinics, health centers, and urgent care centers, providing access to care for our highest-need communities.

What training must NPs complete today?

All NPs in California are required to hold an active California registered nurse (RN) license before becoming an advanced practice registered nurse (APRN). NP certification in California can be obtained by successful completion of an NP program that meets the California Board of Registered Nursing's (BRN) standards, or by certification through a national organization whose standards are equivalent to those of the BRN. The BRN requires a minimum of a master's degree in the specialty area that the nurse wishes to practice. APRN programs are all accredited by the National League of Nursing.

Clinical hours are a part of every NPs training. All NPs are currently required to have at least 500 hours of clinical rotation – this includes NPs who take classes in a classroom and those who take classes online. Additionally, roughly 50% of online schools are “hybrid” schools in which the students are brought into the classroom for an in-person assessment to see how they are doing with the material.

Will AB 890 require additional training? If so, what is it?

Yes. AB 890 (Wood) would require that NPs in California hold national certification in order to practice without supervision, creating a greater educational requirement than what is currently required.

Also, in addition to the 500 clinical hours required under current law, AB 890 requires any NP who wants to open their own practice to have an additional 4,600 hours of clinical training under a doctor's supervision before being allowed to practice on their own.

What are NPs allowed to do today and would that change under AB 890?

The care NPs provide today would be the same care they would provide under AB 890. The only difference is that they would be allowed to do so without having a physician present or on call.

Today's NPs have a robust scope of practice that includes, but is not limited to, diagnosing, treating and managing acute and chronic illnesses; ordering lab tests, X-rays and EKGs; prescribing medications; and

providing counseling and behavioral health services. Nothing in AB 890 would change the components of care that NPs are allowed to practice today.

Why is AB 890 necessary?

California is in the midst of a health care provider shortage that is particularly acute in rural and underserved areas. Nearly a quarter of Californians say they have had to wait longer than they thought reasonable to get an appointment for medical care in the past 12 months. In a time when the state is looking to expand access to care for all Californians, these wait times will only get longer – unless the Legislature acts to close the provider gap.

Furthermore, by 2030, the supply of primary care MDs is projected to decrease by as much as 25% because not enough new physicians are completing residency programs to replace physicians projected to retire. And under current law, NPs cannot practice without physician oversight, so having fewer physicians leaves fewer NPs to treat patients.

How will the passage of AB 890 help close the provider gap?

Today, NPs are unable to practice without a physician present or on call, after that physician has agreed to enter into a supervising arrangement. This requirement is exacerbating the provider gap and drastically reducing access to care for millions by preventing highly trained NPs from being able to care directly for patients. California is the only western state with this supervisory requirement.

NPs are educated, trained and ready to provide care to more California patients, and research and real-world evidence indicates that if California removes the outdated supervisory requirement, we will increase our supply of NPs.

- According to a study by the University of California, San Francisco, full practice authority for NPs would increase the growth rate of NP supply by 25%, helping to meet the growing need for primary care providers.
- Since Nevada granted NPs full practice authority in 2013, the number of NPs in the state has doubled – growing from only 760 licensed NPs to over 1,800 today.

Ensuring that every Californian is insured is one step – making sure that every Californian has access to a provider is the next.

How can NPs help in our highest-need communities?

Because of the shortage of primary care physicians in rural and underserved areas, NPs are critical to closing the provider gap in our highest-need regions. Seven million Californians, the majority of them Latino, African American, and Native American, already are experiencing shortfalls of primary care, dental care, or behavioral health care providers. One in three Medi-Cal enrollees say they had to wait longer than they thought reasonable to get an appointment for medical care in the past 12 months, and this number increases to 42% of Medi-Cal enrollees attempting to get an appointment for behavioral health care.

Without action, these shortages threaten California's goals to expand health care coverage to underserved populations and to expand Medi-Cal coverage. NPs are poised help fill this provider gap: a 2017 survey found nearly 70% of NPs were accepting new Medi-Cal patients, compared to 55% of primary care physicians. Additionally, 54% of NPs were accepting uninsured patients, compared to 32% of primary care physicians.

Are NPs qualified to provide care to California patients?

Nurse practitioners are already providing high-quality care to California patients *daily*. Under current law, the supervising physician is not required to be physically present while the NP is providing care.

Furthermore, research shows that NPs provide comparable quality care to physicians, even without physician oversight. Additionally, patients managed by an NP have lower rates of hospitalization and ER visits than those managed by physicians.

How are NPs trained in best practices to treat non-English speaking patients?

It is widely recognized as a best practice, for NPs treating non-English speaking patients, to introduce themselves to the patient in their language and to explain their role. Upon the return of the Legislature in January, Assemblymember Wood proposes to codify this best practice as a requirement to ensure that this occurs in all patient interactions.

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