



# AB 890 Needed to Close the Provider Gap and Reduce Health Disparities in California

Fully Utilizing Nurse Practitioners Will Result in More Providers and Better Access to Health Care for All Californians

## COVID Crisis has Underscored the Need to Address California's Systemic Healthcare Shortage

California's shortage of health providers became abundantly clear during the beginning of the COVID-19 crisis. The Governor took action to temporarily relieve some practice barriers for nurse practitioners (NPs) in order to increase access for patients, but permanent action is still needed for NPs to fully utilize the extent of their education and training every day and in times of crisis.

- Even before the COVID crisis, seven million Californians, the majority of them Latino, African American, and Native American, were already experiencing shortfalls of primary care, dental care, or behavioral health care providers.
- These shortages are most severe in some of California's fastest-growing and most vulnerable regions, including the Inland Empire, Los Angeles, San Joaquin Valley, and in most rural areas.
- In just 10 years, California will face a shortage of 4,100 primary care clinicians and will have only two-thirds of the psychiatrists it needs.

**Without action, these shortages threaten California's short-term COVID-relief plans and long-term health care goals regarding health care coverage for underserved populations and Medi-Cal expansion. California nurse practitioners (NPs) are poised to help fill this provider gap.**

## AB 890 Allows Nurse Practitioners to Practice to the Full Extent of Their Training to Help Close the Provider Gap and Improve Health Disparities

Currently in California, nurse practitioners are unable to practice without physicians present or on call, after those physicians have 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.

- Under AB 890, NPs would provide the same care they do today – such as diagnosing patients, performing therapeutic procedures, prescribing medications and devices and making independent treatment decisions – but without the requirement that a doctor be present or on call, supervising the NP.
- NPs that practice independently would be required to hold national certification, a requirement that exceeds California's current licensing requirements, and maintain liability insurance, a requirement which is not statutorily mandated for any other health care provider including physicians.
- 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. Under AB 890, any nurse practitioner who wanted to open their own practice would be required to have an additional 4,600 hours of clinical training under a doctor's supervision before being allowed to practice on their own, even in the most medically underserved areas.
- AB 890 would allow NPs to practice to the full extent of their education and training to provide high-quality care and to expand health care access for millions of Californians, particularly those in high-need regions and communities.

### Editorial: Nurse practitioners can improve Californians' access to health care

"There's no reason not to let nurse practitioners do more while also trying to increase the supply of primary care doctors — both are necessary... coverage is meaningless if there's no one available to provide the care you need."

[Los Angeles Times, May 16, 2019](#)

## What is at Stake if the Legislature Doesn't Pass AB 890

- **NPs are critical as we continue to deal with the COVID-crisis and its fallout, and as we address health disparities for underserved and rural communities over the long term.**
  - Once shelter in place orders are loosened, there will likely be an increase in people seeking primary care services who weren't able to get appointments when the state was shut down. NPs are more likely to practice primary care than physicians, particularly in rural and underserved areas.
  - Additionally, COVID-19 has placed a strain on California's budget, putting health funding for our most underserved populations at risk. NPs are more likely to see and take on new Medi-Cal and uninsured patients, which will be critical to ensuring that all Californians have access to high-quality health care post-COVID-19.
- **Without AB 890, the provider gap will increase and NPs will not be able to fill it.**
  - According to a study by the University of California, San Francisco, by 2030, the supply of primary care physicians is projected to decrease by as much as 25% because insufficient numbers are completing residency programs to replace physicians projected to retire.
  - Under current law, NPs cannot practice without physician oversight, so having fewer physicians leaves fewer NPs to treat patients.
  - Removing the oversight requirement would increase the growth rate of NP supply by 25%, helping to meet this 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.
- **California's health care expansion goals will be threatened.**
  - Expanding access to health care can only happen if there are enough providers to meet the need. Without addressing our current and worsening provider gap, health care expansion efforts will be compromised.

## There are Significant Benefits to Granting NPs Full Practice Authority in California

- **NPs provide high-quality care:** Research shows that NPs provide comparable quality care to physicians, even *without* physician oversight. Furthermore, patients managed by an NP have lower rates of hospitalization and ER visits than those managed by physicians.
- **NPs are more likely to practice primary care:** Over 58% of NPs in California provide primary care, compared to only 17% of physicians. 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.
- **NPs are more likely to see and take new Medi-Cal or uninsured patients:** 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.
- **NPs save money for the health care delivery system.** If full practice authority is achieved by 2020, there would be nearly 50,000 fewer revisits to emergency departments for illnesses that could be prevented through primary care, resulting in cost savings of more than \$58 million per year.

**We shouldn't wait for another pandemic to address the shortcomings in our health system. The Legislature should pass AB 890 to make our health system stronger today and in times of crisis.**

**Pass AB 890 and Close the Provider Gap.**