**Can Non-Physician Providers Give Quality Care, Increase Access and Lower the Cost of Primary Care?**

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**ABSTRACT**

The *Patient Protection and Affordable Care Act* (ACA) will give thirty-two million new patients access to health insurance and over the next nineteen years the Medicare population will grow from forty million to over seventy million - resulting in unprecedented demands on the health care system. Nurse Practitioners and physician assistants will have a role in increasing access to care given a projected primary care physician shortage of 44,000 to 46,000 by 2025, but many controversies exist.

Nurse practitioners have obtained independent practice rights in ten states and the District of Columbia and ultimately want to become independent of physician oversight, especially in Health Professional Shortage Areas (HPSAs). While the American Medical Association (AMA) and American Osteopathic Association (AOA) welcome the assistance of APRNs and PAs, physicians want NPs working for them and not as competitors to their own practices. When comparing education and training, there is a distinct difference in the scope of care NPs and physicians can provide. Physicians have more extensive requirements for education and training and should have a broader scope of practice.

NPs/PAs will help increase access, but the professions’ growth is limited by inadequate infrastructure; we will need to increase class size and educational financial support. We also need to increase financial support to physicians who choose to go into primary care. NPs seeking autonomous practices in Health Professional Shortage Areas (HPSA) should be allowed to do so.