

# Health Care's Rebuke of Reckless Reporting

August 1, 2024

The health care community stands together to express grave concerns about the recent Bloomberg article, "*The Miseducation of America's Nurse Practitioners*." The authors failed to write a balanced story by cherry picking negative information and failing to report the enormous contributions nurse practitioners (NPs) make to patient care and across the health care system.

The authors have omitted the fact that NPs have consistently risen to meet our nation's health care challenges. This includes risking their lives with other health care professionals to treat patients during the pandemic despite a limited supply of personal protective equipment (PPE); setting up mobile clinics or going door to door in disadvantaged communities to provide care; being among the first clinicians to treat patients with opioid use disorder in hundreds of rural counties; and providing care in rural counties, after other clinicians left and hospitals closed, to ensure continued access.

Unfortunately, these types of hit pieces can be written about any profession, but distinctly have no place in our nation's health care system. This type of journalism not only disparages an honorable profession at a time in which our country is struggling to build our nation's workforce, but also frightens patients from seeking needed care.

The following points were either provided by AANP or could have been found by the authors if they were seeking to provide readers with any type of balanced article:

- The authors only included one study, which they appeared to discredit by saying it included international NPs. In fact, the authors were provided more than [50 studies](#) that definitively demonstrate that NPs in the United States provide high-quality primary, acute and specialty health care services across the lifespan and in diverse settings.
- Multiple leading health care experts and health policy leaders have evaluated the evidence on NP care and have recommended removing barriers that patients face when seeing NPs. These include the following examples:
  - The National Academies of Science, Engineering and Medicine's report on the future of nursing found that: "Such restrictions limit access to care generally and to the high-quality care offered by APRNs. Those supporting these restrictions maintain that nonphysician providers are less likely to provide high-quality care because they are required to receive less training and clinical experience. However, evidence does not show that scope-of-practice restrictions improve quality of care (Perloff et al., 2019; Yang et al., 2020). Rather, these regulations restrict competition and can contribute to higher health care costs (Adams and Markowitz, 2018; Perloff et al., 2019)." (National Academies of Sciences, Engineering, and Medicine. 2021. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*.)
  - The American Enterprise Institute wrote: "Can NPs provide health care of comparable quality to that provided by primary care physicians? Our studies showed that beneficiaries who received their primary care from NPs consistently received significantly higher-quality care than physicians' patients in several respects. While

beneficiaries treated by physicians received slightly better services in a few realms, the differences were marginal. These results held when vulnerable populations of Medicare beneficiaries were analyzed separately and compared to those cared for by physicians, aligning with the findings of many other studies conducted over the past four decades.” (American Enterprise Institute. 2018. *Nurse Practitioners: A Solution to America’s Primary Care Crisis.*)

- The Brookings Institution wrote: “Opponents contend that quality of care may suffer under the direction of a nonphysician practitioner, citing the shorter length of training and clinical experience required. Their argument is that restrictions are necessary to protect public health. However, academic literature finds no evidence of harm to patients associated with less-restrictive Scope of Practice (SOP) laws. When no harm is present, the restrictions serve only to generate artificial barriers to care that ultimately provide physicians with protection from competition, prevent the attainment of system-wide efficiencies, and constrain overall provider capacity.” (The Hamilton Project. Brookings. 2018. *Improving Efficiency in the Health-Care System: Removing Anticompetitive Barriers for Advanced Practice Registered Nurses and Physician Assistants.*)
- The National Academies of Science, Engineering and Medicine’s nursing home report found that: “Numerous reviews have identified key outcomes resulting from APRN provided care in nursing homes, including improved management of chronic illnesses, improved functional and health status, improved quality of life, reduced or equivalent mortality and hospital admissions, improved self-care, reduced emergency department use and transfers, lower costs, increased time spent with residents, and increased resident, family, and staff satisfaction.” (National Academies of Sciences, Engineering, and Medicine. 2022. *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff.*)
- NPs typically complete at least six years of formal nursing education and pass national board certification prior to getting licensed and entering practice. NPs enter their graduate degree programs as registered nurses having already completed formal undergraduate Bachelor of Nursing programs, which include clinical rotations. During graduate school, NPs complete academic coursework and additional clinical rotations that prepare them to independently diagnose, manage patient care and prescribe medications and other treatments.
- NP programs are nationally accredited and the national accreditation bodies are held accountable to the U.S. Department of Education (DOE). NPs complete hands-on, supervised patient care clinical rotations that are embedded in their graduate programs and must adhere to accreditation standards. NP students must demonstrate they have integrated this prior knowledge and skill — and do not progress, or graduate, simply based on hours spent in rotation. NPs are required to pass national certification board exams and retain board certification throughout their careers.
- The authors mistake confidence for competence. It’s not unusual for some professionals in any discipline to lack confidence after graduation. For example, a recent survey by the American Academy of Pediatrics found that only 42% of pediatric residents who graduated in 2022 felt prepared for primary care practice, a significant decline from 69% in 2015.

- Citing a fringe medical group as a source, which frequently encourages the disparagement of other health care professions and engages in fear mongering in effort to restrain trade by reducing perceived competition, is reckless.
- In a Medicare Payment Advisory Commission (MedPAC) focus group, patients cited a variety of reasons for choosing an NP or physician associate (PA) as their regular primary care provider, including switching from a physician to an NP or PA as their primary care provider when their physician retired, choosing to see an NP in their practice when they had communication issues with their physician or generally preferring NPs and/or PAs to physicians.
- NPs provide a substantial portion of the high-quality, cost-effective care that communities nationwide require. According to MedPAC, APRNs and PAs comprise approximately one-third of our primary care workforce, and up to half in rural areas. NPs are essential to providing equitable access to care for all communities, including a substantial portion of health care in rural areas and areas of lower socioeconomic and health status.

Generalizations, sensationalism and cherry-picking should not be used by news sources to disparage NPs or other professions that are caring for patients and their families throughout the nation. Taking only individual negative outcomes or perceptions and then generalizing them to an entire profession that cares for patients in over a billion patient visits per year is irresponsible and dangerous. We stand together in rebuking this type of fear mongering by these reporters, Bloomberg News or any group seeking to advance an agenda with these despicable tactics.

Sincerely,

American Association of Nurse Practitioners  
 American Academy of Emergency Nurse Practitioners  
 American Academy of Nursing  
 American Academy of Nurse Practitioners Certification Board  
 American Association of Colleges of Nursing  
 American College of Nurse-Midwives  
 American Nurses Association  
 American Psychiatric Nurse Association  
 Commission on Collegiate Nursing Education  
 Convenient Care Association  
 Gerontological Advanced Practice Nurses Association  
 National Association of Clinical Nurse Specialists  
 National Association of Neonatal Nurses  
 National Association of Neonatal Nurses-Advanced Practice  
 National Association of Nurse Practitioners in Women's Health  
 National Association of Pediatric Nurse Practitioners  
 National Certification Corporation  
 National Organization of Nurse Practitioner Faculties  
 Advanced Practice Nurses of New Jersey  
 Alaska APRN Alliance  
 Alaska Nurse Practitioner Association  
 Arizona Nurse Practitioner Council

Arkansas Nurse Practitioner Association  
Association of Nurse Practitioners in Business  
Association of Oklahoma Nurse Practitioners  
Astera Cancer Care  
California Association for Nurse Practitioners  
Coalition of Advanced Practices Nurses of Indiana  
Connecticut Advanced Practice Registered Nurse Society  
Delaware Coalition of Nurse Practitioners  
Florida Association of Neonatal Nurse Practitioners  
Florida Association of Nurse Practitioners  
Florida Chapter of Gerontological Advanced Practice Nurses Association  
Florida Coalition of Advanced Practice Nurses  
Florida Nurse Practitioners Network  
Hart & Arndt Family Health PC  
Illinois Society for Advanced Practice Nursing  
Jamaica Association of Nurse Practitioners  
Kentucky Association of Nurse Practitioners and Nurse-Midwives  
Maine NP Association  
Maryland Academy of Advanced Practice Clinicians  
Massachusetts Coalition of Nurse Practitioners  
Michigan Council of Nurse Practitioners  
Minnesota Nurse Practitioners  
Mississippi Association of Nurse Practitioners  
Missouri APRN Full Practice Authority  
New Hampshire Nurse Practitioner Association  
New Jersey Palliative Care Advanced Practice Nurse Consortium  
New Mexico Nurse Practitioner Council  
Northern New Jersey Hospice and Palliative Nurse Association  
North Alabama Nurse Practitioner Association  
NP's of Lee County  
Nurse Practitioner Alliance of Alabama  
Nurse Practitioner Alliance of Rhode Island  
Nurse Practitioner Association New York State  
Nurse Practitioner Association of Long Island  
Nurse Practitioner Association of Maryland  
Nurse Practitioner Council of Miami-Dade Inc.  
Nurse Practitioners of Idaho  
Nurse Practitioners of New York  
Nurse Practitioners of Oregon  
Ohio Association of Advanced Practice Nurses  
Oasis Health Partners  
Oregon Nurses Association  
Patients First Medical Clinic  
Pennsylvania Coalition of Nurse Practitioners  
Society of Psychiatric Advanced Practice Nurses  
South Florida Council of Advanced Practice Nurses  
Tampa Bay Advanced Practice Nurses Council  
Tennessee Nurse Practitioner Association

Texas Nurse Practitioners  
United Advance Registered Nurses  
Utah Nurse Practitioners Association  
Vermont Nurse Practitioner Association  
Virginia Council of Nurse Practitioners