

We read with great interest your article of August 3 on Time.com titled "If a Health-Care Bill Passes, Nurse Practitioners Could Be Key." Because healthcare is at the top of the national agenda as well as on the minds of most Americans, it is in the best interest of consumers that they receive all the facts available about healthcare professionals so that they can make intelligent and informed decisions when selecting the provider of their care.

Therefore, while we couldn't agree more with the headline and with much of the article, there are some statements that need clarification or correction so that information will not be misinterpreted by your readers.

Paragraph 3 stated "...with advanced training often including master's degrees in nursing, can often treat and diagnose patients, as well as prescribe medication".

Currently, Master's degrees are the minimum entry level degree for NPs. The American Association of Colleges of Nursing has issued a recommendation that all NP programs be converted from Master's degrees to Doctoral degrees by 2015, a process that is currently underway.

Your statement that NPs "can often treat and diagnose patients" is misleading, as this (diagnosis and treatment) is something that NPs routinely do on a daily basis, as licensed independent practitioners in various healthcare settings as primary care providers. They are proven expert patient-centered clinicians and the healthcare provider of choice for many people because of their unique combination of medical and nursing expertise and skills. Among their many services, NPs:

- Diagnose and treat acute and chronic conditions such as diabetes, high blood pressure, infections and injuries
- Order, perform, interpret and supervise diagnostic tests such as lab work and x-rays
- Prescribe medications and other treatments
- Partner with their patients to focus on health promotion and disease prevention
- Provide health education and counseling, thus guiding patients to make smarter health and lifestyle choices, which ultimately may lead to reduced healthcare costs.

Paragraph 4 stated "...they have also created a conflict with doctors, many of whom are not keen on being supplanted by providers with far less training....." and "may have less medical education"

The above reference that NPs have "created a conflict with doctors" may also be misunderstood. Although there may be some physicians who have not embraced the scope of NP practice and may be "conflicted" by that, it is not a conflict created by NPs. To address the statement of the NP being a provider "with far less training" and "may have less medical education," we hasten to point out that the course work currently required in NP Master's programs is equivalent to that of other professional clinical doctoral programs. Many NPs have been in clinical practice as an RN for 8 – 10 years before returning to earn a Master's and in some cases, a doctoral degree. An NP does not have "far less training" and in some cases, could be considered having more training, given the scope of the course work and clinical practice prior to coming to the NP role. There is also a reference to NPs having less medical education than "full-fledged doctors." NPs are "full-fledged" healthcare providers in the same sense as your reference to doctors.

In paragraph five, the article refers to NPs providing services "more cheaply." While NPs do provide more cost-effective services, the use of the word "cheaply" may imply to some that NP services are of less quality and value. That is not the case with NP provided healthcare. The high level of satisfaction and confidence that patients have in NPs is evidenced by the

approximate 600 million visits that are made to NPs each year. On the subject of reimbursement, Medicare reimburses NPs 85% of what is paid to physicians for the same services.

There are over 125,000 NPs practicing in the United States, the majority of whom are practicing in primary care. In 2008, approximately 8,000 NPs graduated from their educational programs. With proper funding this number could be increased substantially to assist in meeting the primary care needs of the public. Better awareness of the value of NPs and increased access to their valuable services will go a long way in solving the primary care provider shortage.

Attached is a recent item that ran in the July 20 issue of "Roll Call." It presents a clear and concise statement about the solution to the primary care shortage – the 125,000 NPs – expert clinicians who must be a vital part of the prescription for increasing access to high-quality healthcare.

As you have spoken with Jan Towers, JoEllen Wynne and Nancy McMurrey in the past, you are aware that AANP has extensive and comprehensive research data regarding NPs and their practice. We appreciate your interest in NPs and would welcome the opportunity to work with you as a resource on another article that will more clearly showcase the NP as a provider of high-quality, comprehensive, patient-centered, personalized primary care for persons of all ages – and the solution to the primary care shortage in this country today.

Sincerely,

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