



Use of Terms Such as Mid-Level Provider and Physician Extender

The American Academy of Nurse Practitioners (AANP) opposes use of terms such as “mid-level provider” and “physician extender” in reference to nurse practitioners (NPs) individually or to an aggregate inclusive of NPs. NPs are licensed independent practitioners. AANP encourages employers, policy-makers, healthcare professionals, and other parties to refer to NPs by their title. When referring to groups that include NPs, examples of appropriate terms include: independently licensed providers, primary care providers, healthcare professionals, and clinicians.

Terms such as “midlevel provider” and “physician extender” are inappropriate references to NPs. These terms originated in bureaucracies and/or medical organizations; they are not interchangeable with use of the NP title. They call into question the legitimacy of NPs to function as independently licensed practitioners, according to their established scopes of practice. These terms further confuse the healthcare consumers and the general public, as they are vague and are inaccurately used to refer to a wide range of professions.

The term “midlevel provider” (mid-level provider, mid level provider, MLP) implies that the care rendered by NPs is “less than” some other (unstated) higher standard. In fact, the standard of care for patients treated by an NP is the same as that provided by a physician or other healthcare provider, in the same type of setting. NPs are independently licensed practitioners who provide high quality and cost-effective care equivalent to that of physicians.^{1,2} The role was not developed and has not been demonstrated to provide only “mid-level” care.

The term “physician extender” (physician-extender) originated in medicine and implies that the NP role evolved to serve an extension of physicians’ care. Instead, the NP role evolved in the mid-1960’s in response to the recognition that nurses with advanced education and training were fully capable of providing primary care and significantly enhancing access to high quality and cost-effective health care. While primary care remains the main focus of NP practice, the role has evolved over almost 45 years to include specialty and acute-care NP functions. NPs are independently licensed and their scope of practice is not designed to be dependent on or an extension of care rendered by a physician.

In addition to the terms cited above, other terms that should be avoided in reference to NPs include “limited license providers”, “non-physician providers”, and “allied health providers”. These terms are all vague and are not descriptive of NPs. The term “limited license provider” lacks meaning, in that all independently licensed providers practice within the scope of practice defined by their regulatory bodies. “Non physician provider” is a term that lacks any specificity by aggregately including all healthcare providers who are not licensed as an MD or DO; this term could refer to nursing assistants, physical therapy aides, and any member of the healthcare team other than a physician. The term “allied health provider” refers to a category that excludes both medicine and nursing and, therefore, is not relevant to the NP role.

1. AANP (2007). Nurse practitioner cost-effectiveness. Austin, TX: AANP.
 2. AANP (2007). Quality of nurse practitioner practice. Austin, TX: AANP.
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