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**First Author:** Kelly L Storrs, DNP PCNP/FNP-BC  
**Affiliation:** Lourdes Hospital  
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**Title:** Model of Primary for New York State  
**Purpose:** To allow NPs full autonomous participation as a primary care provider  
**Objective 1:** Remove statutory collaboration  
**Objective 2:** Remove barriers to access and reimbursement  
**Objective 3:** Update current Public Health Laws  

**Abstract:**

ABSTRACT

Purpose

The purpose of this project is to propose a primary care model for New York State with nurse practitioners as the primary care providers. Through legislative changes, nurse practitioners would practice autonomously to provide patient-centered, health promotion and disease prevention services resulting in high quality, cost-effective health care.

Background

Health policies in the United States originated in the 18th century when New York and New Jersey began requiring physicians to be licensed (Fawcett & Russell, 2001). The decline in primary care physicians is alarming and by 2025, the demand for primary care physicians will outpace supply faster than for any other specialty group (American College of Physicians, 2009). Nurse practitioners (NPs) are well-prepared to provide primary care, yet restrictive practice environments and legislation continue to limit their ability to provide essential services. A broader definition of the scope of NP practice would expand primary care services and better serve the health care needs of individuals living New York State (Sherwood, G., Brown, M, Fay, V., & Wardell, D., 1997).

Rationale

If the health care system is revamped, patients and practitioners are likely to face a primary care accretion. An estimated 30 million newly insured people will begin seeking care. This increase in demand will justify revising legislation to broaden the NP scope of practice. With tens of millions of new patients entering into the health care system, it is clear that NPs will be needed to provide many services now restricted to physicians.
Clinical Relevance

More than three-quarters of NPs are trained in primary care, making them the largest group of non-physician primary care providers. They are qualified by education and clinical experience to provide autonomous direct patient care services (American College of Physicians, 2009; Sherwood, G., Brown, M, Fay, V., & Wardell, D., 1997). Broadening the scope of NP practice could save up to $8.4 billion by 2020 and increasing the number of NPs who provide primary care services would facilitate greater access to health care.