I. INTRODUCTION

In March 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA) with an emphasis on providing health insurance to forty-eight million Americans while lowering the overall cost of health care.¹ In Illinois, over 1.6 million uninsured citizens will now have healthcare coverage, either by qualifying for Medicaid or by purchasing insurance through the federal exchanges.² Expanding nurse practitioners’ scope of practice by reducing the regulations imposed on them can help meet the increase in demand for healthcare services. Easing restrictions can increase access and lower the cost of healthcare services for Illinois citizens, especially in rural areas. Unfortunately, while patients have expressed interest in receiving more care from nurse practitioners, changes to scope of practice laws have been met with resistance.

This article will analyze scope of practice regulations affecting nurse practitioners in Illinois. Section II begins this analysis with a discussion of current regulations in the state. Section III will advocate for easing


restrictions on nurse practitioners in order to meet the demand for primary care in rural areas. Finally, Section IV will examine opposition to expanding the scope of practice of nurse practitioners both nationally and in Illinois.

II. THE NURSE PRACTITIONER IN ILLINOIS

Nurse practitioners are registered nurses who expand their expertise through advanced education and increased clinical training.\(^3\) Currently, eighty-four percent of nurse practitioners in the United States have a master’s degree, while four percent hold a doctoral degree.\(^4\) Nurse practitioners utilize a nursing model in order to provide medical and holistic primary care.\(^5\) Originally created as a result of physician shortages, as of 2011 there were over 180,000 nurse practitioners in the United States.\(^6\) Of this total, over 4,500 are licensed to practice in Illinois.\(^7\)

Nurse practitioners are generally regulated through licensure laws and scope of practice laws of the state in which they are employed.\(^8\) In Illinois, the Medical Practice Act of 1987\(^9\) and the Nurse Practice Act define the scope of practice of nurse practitioners.\(^10\) The Medical Practice Act of 1987 allows for collaboration between physicians and nurse practitioners for

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7. Id.
8. KAIser COMM’N ON MEDICAID AND THE UNINSURED, supra note 4, at 4.
9. See 225 ILL. COMP. STAT. 60/54.5 (2013).
This interaction must be defined through a written collaboration agreement and requires mandatory consultation between physicians and nurse practitioners at least once per month. However, nurse practitioners authorized to practice in hospitals or ambulatory surgical treatment centers are exempt from written collaboration agreements. The purpose of a written collaboration is to authorize what type of care a patient needs and to define how a nurse practitioner will deliver healthcare services. A physician is not required to delegate prescriptive authority to the nurse practitioner, but he may do so at his discretion. The scope of practice of nurse practitioners in Illinois includes patient assessment as well as ordering diagnostic and therapeutic testing to properly diagnose illnesses. Once an illness is diagnosed, a nurse practitioner may order treatments to improve the health status of the patient. A nurse practitioner may also delegate select nursing duties to other registered nurses. While nurse practitioners have some authority to practice medicine in conjunction with physicians, ultimately nurse practitioners cannot autonomously practice medicine in Illinois.

Ultimately, the Board of Nursing is responsible for any changes to rules, amendments, and policy statements concerning advanced practice nursing.

11. See 225 ILL. COMP. STAT., 60/54.5(b) (2013).
12. See id. 60/54.5(b)(4).
13. Id. 65/65-35(a).
14. See id. 65/65-35(b).
17. See id. § 1300.440(c)(3).
18. See id. § 1300.440(c)(7).
20. Callahan, supra note 15. The Board of Nursing consists of 13 members from across Illinois and includes four advanced practice nurses, three nursing educator representatives, two registered nurses, one nurse, on licensed practical nurse, one nursing administrator, and one public member. Board of Nursing, ILL. DEPT. OF FIN. & PROF’L REG., http://www.idfpr.com/dpr/learn/cb_doc/nursing.htm (last visited Oct. 22, 2013). The Board’s
However, any purported changes are merely proposals and must be sent to the medical board for review and comment. This procedure highlights the subservient role nurse practitioners hold with respect to physicians despite the fact they perform many of the same tasks.

III. RELAXING REGULATIONS TO INCREASE SCOPE OF PRACTICE

Illinois is one of twenty-seven states that require a physician’s written collaboration agreement with nurse practitioners to diagnose, treat and prescribe medication. Of the remaining twenty-three states, eight require a written collaboration agreement to prescribe medication but not to diagnose and treat, and fifteen require no physician involvement. Despite these restrictions, Illinois is far from being the most restrictive state. For example, Alabama and South Dakota require physicians to be present for ten percent of a nurse practitioner’s practice time. In Texas, physicians must be physically present at the institution twenty percent of the time the nurse practitioner is practicing. Instead, Illinois law is less restrictive in many ways. For example, although monthly consultation between physicians and nurse practitioners is required, the law allows it to be accomplished through telecommunications.

tasks include recommending approval or denial of nursing education programs, making recommendations on the adoption and revisions to the rules and regulations needed to carry out the provisions in the Nurse Practice Act. *Id.* The medical board consists of seven physicians appointed by the Governor and tasked with advising the Department of Financial and Professional Regulation and the Secretary on the qualifications of applicants for licensure as physicians. *State Medical Licensing Board, ILL. DEPT. OF FIN. & PROF’L. REG.*, http://www.idfpr.com/dpr/learn/cb_doc/medlic.htm (last visited Oct. 22, 2013).

24. *Id.*
26. *Id.*
27. *Id.*
28. *See* 225 ILL. COMP. STAT. 60/54.5(b) (2013).
While Illinois is not the most restrictive state, it should still become more flexible by eliminating the mandatory consultations and written collaborative agreements between physicians and nurse practitioners. By removing these barriers, nurse practitioners will be able to provide healthcare services at a lower cost.\textsuperscript{29} Because of the high cost of medical education and the nearly exclusive control over treatments and procedures, healthcare prices have risen significantly.\textsuperscript{30} Providing competition for medical services by reducing nurse practitioner’s regulations will help to lower costs to the consumer.\textsuperscript{31} It is estimated that increased usage of nurse practitioners could save 6.4 to 8.75 billion dollars per year nationally, a portion of which would alleviate costs in Illinois.\textsuperscript{32} Aside from lowering costs, expanding the scope of practice of nurse practitioners will increase access to health care.\textsuperscript{33} Access to primary care continues to be problematic, as physicians willing to enter into the field of family medicine continue to decrease in the United States.\textsuperscript{34} Additionally, heavy state restrictions facilitate the migration of nurse practitioners towards states with more flexible regulations.\textsuperscript{35} As a result, rural and isolated areas have experienced a shortage of primary care providers.\textsuperscript{36}

Allowing nurse practitioners greater autonomy when treating patients

\begin{footnotesize}
\textsuperscript{30} Callahan, \textit{supra} note 15, at 231-32.
\textsuperscript{31} See \textit{id.} at 231.
\textsuperscript{32} \textit{Id.} at 232.
\textsuperscript{34} Ritter & Hansen-Turton, \textit{supra} note 5.
\textsuperscript{35} See KAISER COMM’N ON MEDICAID AND THE UNINSURED, \textit{supra} note 4, at 5.
\end{footnotesize}
may help to alleviate these shortages.\textsuperscript{37} Nationally, sixteen percent of citizens live in non-metropolitan areas.\textsuperscript{38} In Illinois, eleven percent of the population lives in non-metropolitan areas, and the state\textsuperscript{39} has 226 Primary Care Health Professional Shortage Areas (HPSAs).\textsuperscript{40} Because of these shortages, over twenty percent of the Illinois population does not have its primary care needs met.\textsuperscript{41} In order to alleviate this problem, 433 new physicians would be needed to support these underserved areas.\textsuperscript{42} Fortunately, there has been an increase in the number of individuals graduating as nurse practitioners,\textsuperscript{43} with over 14,000 nurse practitioners graduating in the United States in 2012.\textsuperscript{44} However, until broader scope of practice laws for Illinois nurses are passed, Illinois residents will continue to experience a shortage in healthcare services.

One option to utilize the influx of nurse practitioners is to staff them in retail healthcare centers. Retail health care centers are located within preexisting businesses, such as CVS and Target, and they provide treatment for acute illnesses as well primary care.\textsuperscript{45} These clinics are generally

\textsuperscript{37} See \textsc{Kaiser Comm’n On Medicaid And The Uninsured}, supra note 4, at 5.


\textsuperscript{39} Id.

\textsuperscript{40} \textit{Primary Care Health Professional Shortage Areas (HPSAs)}, \textsc{The Kaiser Family Found.}, http://kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/ (last visited Nov. 3, 2013). Primary Care Health Professional Shortage Areas (“HSPA”) refers to areas and population groups that are experiencing a shortage of health professionals. \textit{Id.} The amount of health professionals relative to the population with consideration of high needs determines a HSPA. \textit{Id.}

\textsuperscript{41} See \textit{id.}

\textsuperscript{42} \textit{Id.}

\textsuperscript{43} See \textsc{Jennifer Nooney et al.}, \textsc{Health Res. & Servs. Admin. ’s 2012 National Sample Survey of Nurse Practitioners} 1, 4 (2013), http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/nursepractitionerssurvey/npsamplesurveyslides.pdf. From 2009 to 2012 there has been a 48.41 percent gain in the amount of nurse practitioners graduating from programs in the United States. \textit{Id.}

\textsuperscript{44} See \textit{id.}

THE NURSE WILL BE IN SHORTLY

staffed by nurse practitioners and continue to increase as a result of a focus on providing less costly outpatient care. In Illinois, the clinics are considered physician offices and are not licensed or overseen by the Department of Public Health. However, while the benefit of retail health care centers could be significant for rural areas, very few of these clinics are currently located in HPSAs. Only 12.5% of retail health care clinics are located in HPSAs, and less than eighteen percent are located in rural areas, the place where they are needed the most. In order for rural areas to increase these clinics, restrictions placed on nurse practitioners that staff them should be removed.

In addition, patients are receptive to an increased role of nurse practitioners in their primary care needs, supporting an increase in their scope of practice. Approximately fifty percent of consumers believe that a nurse practitioner can provide health services comparable to a primary care physician. Forty-seven percent of consumers would seek care from a nurse practitioner or physician assistant, but only eight percent of

47. Mary Takachi & Kathy Witgert, Cal. Healthcare Found., Retail Clinics: Six State Approaches to Regulation and Licensing 1, 8 (2009), http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/R/PDF%20RetailClinicsSixStateApproaches.pdf. As of 2009, there were approximately fifty-five retail health care clinics in Illinois. Id.
49. See id.
50. See Kaiser Comm’n on Medicaid and the Uninsured, supra note 4, at 3.
52. Id.
consumers regularly use services outside of a physician.\textsuperscript{53} The main focus for most patients is not who is providing the care, but rather that it is from a familiar source.\textsuperscript{54} Most importantly, patients who use nurse practitioners have been found to display more satisfaction with their care than those who use physicians.\textsuperscript{55} Specifically, patients have indicated that nurse practitioners perform better with follow-ups and consultation times.\textsuperscript{56} The increasing acceptance of nurse practitioners coupled with healthcare shortages in rural areas presents a beneficial opportunity to alleviate shortages by increasing the autonomy of nurse practitioners.

\section*{IV. RESISTANCE TO NURSE PRACTITIONERS’ SCOPE OF PRACTICE}

Although patients have expressed interest in greater latitude for nurse practitioners, increasing scope of practice is met with resistance. One source of resistance is from doctors themselves and the American Medical Association.\textsuperscript{57} Some physicians argue that the nurse practitioners are inferior service providers who lack the necessary education and training to practice medicine.\textsuperscript{58} They support their criticism by comparing a physicians’ training of four years of medical school followed by three years of residency with a nurse practitioner’s four years of nursing school and two years of graduate work.\textsuperscript{59} Because of this discrepancy, physicians argue that direct supervision of nurse practitioners is vital to ensure patient safety.\textsuperscript{60} More forcefully, the American Medical Association opposes the authorization of the independent practice of medicine by nurse practitioners.

\begin{thebibliography}{99}
\bibitem{53} Id.
\bibitem{54} See Cassidy, supra note 36.
\bibitem{55} Cassidy, supra note 36.
\bibitem{56} Id.
\bibitem{57} Ritter & Hansen-Turton, supra note 5, at 22.
\bibitem{58} See Cassidy, supra note 36, at 3.
\bibitem{59} Cassidy, supra note 36, at 3.
\bibitem{60} See Ritter & Hansen-Turton, supra note 5, at 22.
\end{thebibliography}
practitioners. The American Medical Association states that increasing a nurse’s responsibility is not the solution to physician shortages. However, as states have begun to relax stricter scope of practice laws, the number of individuals receiving care from nurse practitioners has increased by a factor of fifteen. In addition, research shows that nurse practitioners have been able to provide care that is as safe and effective as physicians.

Recently, a bill in Illinois attempted to further restrict nurse practitioners’ scope of practice by increasing the supervision requirements. This bill in 2007 sought to limit the amount of nurse practitioners a physician could collaborate with from no maximum to two nurse practitioners. However, the bill did not progress far as it failed to advance beyond the committee stage. In 2008, a bill again sought to limit a nurse practitioner’s scope of practice, this time by proposing legislation preventing retail health care clinics inside locations that sell alcohol and tobacco to the public. The Federal Trade Commission expressed concerns that the bill would be anti-competitive, specifically finding that the bill’s provisions could impair the

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64. See id.
growth of new clinics without offering equivalent benefits for health care consumers in Illinois.\textsuperscript{69} This bill also did not advance beyond the committee stage.\textsuperscript{70}

Rather than limit nurse practitioners’ scope of practice, the Illinois Legislature should work to provide greater autonomy. Noting an impending influx of new health care consumers, Nevada recently passed a law allowing nurse practitioners to practice independently.\textsuperscript{71} Nurse practitioners can now operate their own health clinics, with the legislature’s hope that consumers in more remote areas will have their healthcare needs met.\textsuperscript{72} Facing similar challenges, Illinois would benefit from comparable legislation to eliminate health care shortages in rural areas. Nevada’s law provides a useful model for Illinois to follow and proves that even strong challenges to greater nurse autonomy can be overcome.

V. CONCLUSION

With the influx of demand for healthcare services brought by the PPACA, Illinois needs a new way to provide access to these primary care services in rural areas while keeping the costs low. Increasing a nurse practitioner’s scope of practice by allowing them greater autonomy while eliminating administrative barriers between physicians and nurse practitioners, will allow each Illinois citizen to receive the care he or she needs. Moreover, it will allow for more retail health clinics in rural areas, staffed by nurse practitioners, to provide primary care needs. Although

\begin{itemize}
\item \textsuperscript{71} Vestal, supra note 63.  
\item \textsuperscript{72} Id.
\end{itemize}
there is support for these changes among consumers, resistance from doctors and the American Medical Association may make any substantive changes in the role of nurse practitioners’ scope of practice difficult to effectuate. However, facing the same difficulties, Nevada’s new law allowing nurse practitioner autonomy provides guidance that Illinois can defeat opposition to changes in nurse practitioners’ scope of practice.