

New law makes it easier for nurses to fill the gap in primary care

DatabankUSA

Bunks for the Homeless

Inventory of year-round beds for the homeless in each state and D.C. in 2009.

Ala. 6,199	Fla. 31,862	La. 7,633	Neb. 3,764	Okla. 4,145	Vt. 1,235
Alaska 2,204	Ga. 14,674	Maine 4,570	Nev. 10,191	Ore. 14,547	Va. 9,895
Ariz. 12,992	Hawaii 5,141	Md. 10,801	N.H. 2,231	Pa. 23,748	Wash. 24,519
Ark. 3,366	Idaho 2,326	Mass. 23,376	N.J. 9,393	R.I. 2,737	W.Va. 2,311
Calif. 88,688	Ill. 23,363	Mich. 21,641	N.M. 3,891	S.C. 5,461	Wis. 8,076
Colo. 8,713	Ind. 9,477	Minn. 14,245	N.Y. 94,449	S.D. 1,636	Wyo. 835
Conn. 8,112	Iowa 5,079	Miss. 1,758	N.C. 12,607	Tenn. 8,172	
D.C. 10,091	Kan. 2,094	Mo. 10,586	N.D. 1,266	Texas 28,650	
Del. 1,488	Ky. 7,871	Mont. 1,438	Ohio 21,657	Utah 4,693	

SOURCE: U.S. DEPT. OF HOUSING AND URBAN DEVELOPMENT

ral areas. A study found Southern Maryland has only 13 percent of the doctors it needs; the Eastern Shore has 43 percent and Western Maryland 33 percent.

The shortage is expected to worsen by 2015 as many more people become insured under the new federal health care law.

Physician groups, which had long resisted easing state restrictions for nurse practitioners, argued they lacked the training and expertise to operate more autonomously. The compromise in the new law is similar to the approach adopted for nurse midwives in 2009.

"We support things that make it easier for people to get into the system and eliminate bureaucracy," said Gene M. Ransom III, CEO of the Maryland State Medical Society.

Hank Greenberg, AARP Maryland legislative director, said concessions were made but "we were really pleased that this passed. We think it's going to make a difference throughout the state, but particularly in rural areas and areas underserved by physicians. Nurse practitioners will be able to practice to the full extent of their abilities."

Maryland joins 28 other states with similar laws.

"It's very hard to find a family doctor, because nobody's taking new patients," said Joan Bennett, 81, of Oxford, another patient of Delean-Botkin's.

"With Susan's practice, if they can possibly fit you in, they will. With more nurse practitioners, I know there will be more family care for the general public, and I think that will be wonderful."

—By Eugene L. Meyer

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The Nurse Will See You

■ **Ann Thomas, a 62-year-old day care provider on the Eastern Shore,** says she doesn't know what she would do without Susan Delean-Botkin, a nurse practitioner she sees regularly.

Lacking health insurance and suffering from arthritis and other ailments, Thomas had no primary physician but found a sympathetic health care provider in Delean-Botkin. She works with two other nurse practitioners in Easton, an area without enough family doctors. A semiretired physician is part of the practice, but he is generally there only on Saturdays.

"I've been going to her for five or six years now," Thomas said. "She is absolutely wonderful. Ev-

ery time I have a pain or an ache I call her. I call her 'doctor.'

"When she sees you, she's very friendly, asks 'what's wrong, what can we do to help you?' It's never 'what kind of insurance do you have and how are you going to pay?'"

Delean-Botkin is also legislative chairman and president-elect of the Nurse Practitioner Association of Maryland. Along with AARP and the Coalition of Maryland Nurse Practitioners, the association succeeded this year in getting a new law that streamlines the credentialing process. The law will make it easier for more of these highly trained nurses with advanced degrees to practice in the state.

Nurse practitioners offer many

of the same services as physicians. They can order and interpret tests, diagnose and treat certain acute and chronic conditions and prescribe medications.

Previously, a nurse practitioner had to have a collaborative agreement with a doctor, and it had to be reviewed by two state boards, a process that could take months. If the doctor retired or moved away, it could prevent the nurse practitioner from seeing patients. With the new law, which goes into effect Oct. 1, nurse practitioners just need to file the collaborating physician's name with the state Board of Nursing and attest that they have an agreement.

Maryland has some 3,400 nurse practitioners but an acute shortage of physicians, especially in ru-