If APRNs want to be doctors, why don’t they go to medical school?

APRNs don’t want to be physicians. Physicians train for 14+ years to practice in all fields of medicine. APRNs have highly narrow scopes of practice. They specialize as one of the four types of APRNs and then are licensed in a particular population focus area.

Are APRNs qualified to provide care?

APRNs are masters- or doctorate-level practitioners that study for years in their specialty. They have a specific scope of practice that overlaps slightly with the physician’s broader scope of practice, but also includes in-depth knowledge on their specialty.

Why change a system that works?

1. Access to care: APRNs are more willing to work in rural areas and are more likely to go into primary care than doctors.
2. Lower costs: Three to 12 nurse practitioners can be educated for the cost of educating one physician (in less time). Many nurses must also pay their supervision physician an average of $6,000 a year.
3. Better patient outcomes: Full practice authority for APRNs has been linked to fewer avoidable hospitalizations, readmissions, and emergency department visits.

Texas needs to join 24 states, all branches of the military, and the VA to improve health care access with full practice authority for APRNs.