Since the introduction of NPs, there have been some changes in licensure laws to allow them to practice in a manner more commensurate with their training. NPs have sought statutory changes which would allow them to practice more broadly. In some cases, States have responded to these efforts (e.g., California recently acted to allow nurses to become members of a medical corporation). ' Whether or not policy makers agree on the degree of independence to be prescribed legally for physician extenders, a growing number support the position that reimbursement policies should be revised to encourage NP and PA employment. With the existing structure of health

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services financing and delivery and the recent vast expansion in physician supply, the number of NPs engaged in independent practice should be expected to remain very small. If any change in current practice patterns were to occur, it might entail efforts by NPs to move from institutional settings into physician private practices where ultimate authority would remain with the physician. Once again, however, with the growing supply of physicians, such employment opportunities for NPs may in fact diminish in the next decade.

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