

The Role of Nurse Practitioner Diversity in Expanding Care Access in California

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Introduction: Leveraging Nurse Practitioners to Bridge California’s Primary Care Gap

California is facing a health care workforce crisis. The onset of the COVID-19 pandemic further exacerbated the issue as there are not enough health workers to meet the needs of its increasingly diverse, growing, and aging population. Despite California’s population becoming increasingly diverse, the current health workforce has yet to reflect these demographic shifts; however, Nurse Practitioners (NPs) play a critical role in addressing gaps in primary care access across the state. In 2023, California implemented new regulations through [Assembly Bill \(AB\) 890 \(Wood\)](#) enabling NPs to practice independently—without physician oversight after three years and fully independently after three more years. With these new laws in place, NPs have the opportunity to pursue independent practices and serve historically marginalized and vulnerable populations like Medi-Cal enrollees.

Based on the 2024 work of Ulrike Muench, Amy Quan, Rosalind de Lisser, Timothy Bates, and Joanne Spetz in their paper, [Nurse Practitioner Race and Ethnicity and Interest in Independent Primary Care Practice and Serving Medicaid Enrollees](#) this fact sheet—produced by ITUP in partnership with [Policy at Healthforce](#)—highlights key insights from the study. It underscores how increasing racial and ethnicity diversity among NPs can be a strategic lever for expanding equitable access to care. By drawing clear connections between workforce demographics and the likelihood of serving underserved communities, the study highlights data that promotes diversity in the NP profession as part of broader efforts to improve California’s health care system.

Who are California’s NPs—and Why They Matter

NPs are the largest group of nonphysician primary care providers and play a growing role in filling gaps in health care provision in both primary care and behavioral health across the state. NPs are registered nurses who have completed additional graduate education to prepare them to deliver a broad range of services, including the diagnosis and treatment of acute and chronic illnesses. They provide a broad array of primary, specialty, and acute health services.

The California NP workforce represents a dynamic and rapidly growing segment of the health care workforce, more than doubling from 14,000 in 2010 to 30,000 in 2023. With diverse racial, ethnic, and linguistic backgrounds, NPs play a critical role in addressing primary care shortages, especially in underserved regions. As providers trained to deliver comprehensive care, they are increasingly seen as key to expanding access within a strained system.

Fast Facts »



Estimated **75 million** Americans live in federally designated primary care shortage areas.

California NP workforce has **more than doubled** from 2010 to 2023.



47.2% of NPs provide at least some primary care.

NPs providing primary care **75% or more** of the time lived in counties with more rural residents than NPs providing less primary care.



55.9% of Latinx NPs and **42.3%** of Black NPs expressed a serious or definite interest in serving more Medi-Cal members.

20.3% of White NPs expressed a serious or definite interest in serving more Medi-Cal members.



NPs who completed a Doctor of Nursing Practice (DNP) or PhD were **25.9 percentage points** more likely to express interest in establishing an independent practice compared to a master’s degree.

New Opportunities Under California's Independent Practice Law

In 2023, California implemented a groundbreaking policy change, [AB 890 \(Wood\)](#), allowing NPs to provide care without physician supervision after a period of supervised experience, three years to practice without a formal collaborative agreement with a physician and three more years (6 total) to practice fully independently. This change aims to expand access to care in regions facing primary care shortages, particularly rural and low-income areas. With the growing demand for primary care services and a limited supply of physicians, this legislative shift positions NPs to fill a widening gap in the state's health care delivery system.

This legal change comes at a critical time, as over seven million Californians live in federally designated Health Professional Shortage Areas (HPSAs). Independent practice authority enables NPs to establish practices in these high-need areas and to tailor services to meet the specific needs of their communities. It also provides more flexibility in workforce planning and opens the door for more diverse models of care, especially important in a state as large and demographically varied as California.



Who Plans to Practice Independently?



Interest in opening independent practices is not evenly distributed across the NP population. NPs from racial and ethnic minority backgrounds—particularly Latinx and Black practitioners—are significantly more likely to express interest in becoming independent providers. This trend also extends to younger NPs and those with training in adult-gerontology or family medicine, suggesting that the next generation of providers may be more open to entrepreneurial practice models and community-based care solutions.

However, the interest in practicing independently is not just about professional autonomy, it is often linked to a desire to serve the communities NPs come from or feel connected to. Many NPs of color are more likely to live in or have strong ties to underserved areas, making them both well-positioned and highly motivated to address gaps in care access. These findings suggest that if policies and resources support diverse NPs in pursuing independent practice, the result could be a significant increase in the availability of primary care in high-need regions.

Serving Medi-Cal Populations: A Shared Commitment Among NPs of Color



One of the most striking findings from the study is that NPs of color—especially Black, Latinx, and Asian NPs—are **more likely** than their white counterparts to express a strong interest in serving Medi-Cal enrollees. This intent remains even after accounting for factors like NP income, specialty, and practice setting. These providers often report a heightened awareness of health disparities and a commitment to addressing inequities in access, especially for low-income and historically marginalized populations.



The alignment between NPs of color and the needs of Medi-Cal members have significant implications for health equity. Medi-Cal members frequently face barriers in finding providers who accept public insurance. If NPs of color are more willing to serve these patients and are supported through policy and practice infrastructure, their workforce could directly improve access for millions of Californians reinforcing the importance of diversifying the NP workforce not just as a matter of inclusion, but as a key component of equitable health system reform.



Policy Recommendations: Diversity as a Strategy for Health Equity

Racial and ethnic diversity within the NP workforce is not only a matter of representation, but also a practical strategy for expanding equitable care. Supporting and retaining diverse NPs is essential to improving health outcomes and ensuring the benefits of its independent practice reach the communities most in need. To maximize the potential of California's NP workforce in expanding equitable care access, policymakers and stakeholders should consider the following actions:



- **Invest in pathways for underrepresented groups** to enter and complete NP education programs, including scholarships, loan repayment, and mentorship initiatives.



- **Streamline licensure and practice transitions** for diverse NPs, particularly those seeking to open independent practices in Medi-Cal serving areas.



- **Support community-based NP training programs** that place students in high-need areas and prioritize cultural and linguistic alignment with local populations.



- **Elevate NP leadership and decision-making roles** in health policy planning to ensure diverse voices shape the future of care delivery.



- **Monitor and evaluate the impact of full practice authority laws** on access to care in underserved communities, with attention to racial and ethnic disparities.

Key Terms

Access to Care: The ability of individuals to obtain timely and appropriate health services; this refers to how NPs help fill care gaps in underserved communities with few physicians.

Cultural Competency: The ability of health care providers to understand, respect, and effectively interact with people from diverse cultures, beliefs, and backgrounds. It involves recognizing and addressing cultural differences in communication, health beliefs, and practices to deliver equitable care.

Full Practice Authority: The ability of NPs to provide care without physician oversight. In California, new laws allow NPs to operate without a formal collaborative agreement with a physician after completing 5,000 supervised hours or three years of experience, and fully independently after three additional years.

Health Professional Shortage Areas (HPSAs): A designation by the federal government for areas, populations, or facilities with two few primary care, dental, or mental health providers. HPSAs often include rural communities or underserved urban neighborhoods with limited access to health services.

Medi-Cal Members: Individuals who have been approved for and are currently enrolled in the Medi-Cal program, which is California's Medicaid program. Medi-Cal provides low-cost or free health coverage to individuals and families with limited income and resources.

Nurse Practitioners (NPs): A licensed, advanced practice registered nurse who provides primary and specialty care services, often similar to those of a physician. NPs can diagnose conditions, prescribe medications, and manage treatment plans, and in many states—including California—can practice independently after meeting certain requirements.

Practice Transition Support: Resources and programs that help NPs move from education into professional practice. This support may include mentoring, residency programs, or structured onboarding to build clinical confidence, reduce burnout, and improve retention.

Primary Care: Basic, routine health care that includes prevention, diagnosis, and treatment of common illnesses and conditions. NPs often serve as primary care providers, especially in areas with limited access to doctors.

Regulation/Scope of Practice: The set of rules that define what NPs are legally allowed to do. Changes to NPs scope of practice laws—like those in California—expand their ability to work independently and provide care.

Social Identity Theory: A psychological theory that explains how a person's sense of who they are is shaped by their group memberships (e.g., race, ethnicity, gender, profession). In health care, it helps explain how shared identities between providers and patients can influence trust, communication, and care outcomes.

Workforce Diversity: The presence of individuals from a wide range of backgrounds, including different races, ethnicities, genders, ages, abilities, and cultural perspectives, within a workplace. In health care, workforce diversity is essential for providing culturally responsive care, improving patient trust, and addressing health disparities in diverse communities.

About ITUP

ITUP is an independent, nonprofit, health policy institute that has been a central voice in the California health policy landscape for more than two decades. ITUP serves as a trusted expert, grounded in statewide and regional connections with a network of policymakers, health care leaders, and stakeholders. The mission of ITUP is to promote innovative and community-informed policy solutions that expand access to equitable health care and improve the health of all Californians.



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[Policy at Healthforce](#) promotes health workforce diversity and economic opportunities in California through a responsive, community-informed research and policy agenda rooted in social justice, with support from [The California Endowment](#). Policy at Healthforce is part of [Healthforce Center at UCSF](#), a trusted partner to funders, policymakers, and health care organizations, delivering impactful research, evaluation, policy insights, and capacity building programs. Grounded in equity and built on deep relationships across California's health care landscape, our work breaks down silos and drives system transformation—advancing better health for all. We have partnered with ITUP to accelerate the dissemination of workforce research and evidence into the hands of community advocates and policymakers. The evidence synthesized in this fact sheet was originally supported by the [California Health Care Foundation](#).



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