Medical Student Attitudes Toward Advanced Practice Provider Independence Legislation

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Introduction

States across the U.S. are increasingly expanding scope-of-practice laws that allow advanced practice providers (APPs)—including nurse practitioners (NPs) and physician assistants (PAs)—to practice independently in response to persistent primary care physician shortages.[1] These policies are intended to improve access to care, particularly in rural and underserved communities, but remain highly contested within the medical community.[2]

Debate surrounding APP independence centers on differences in training, concerns about patient safety and care quality, and the potential emergence of a two-tiered healthcare system.[2] At the same time, policy discussions rarely consider how these laws may influence future physician workforce distribution. Medical students are forming practice preferences and professional identities in parallel with these legislative shifts, and their perspectives may meaningfully shape where they ultimately choose to train and practice.

Despite the rapid expansion of APP independence legislation, little is known about how medical students perceive these policies, whether they view APP-delivered care as equivalent to physician-delivered care, and whether such laws influence their willingness to practice in states that adopt them.[3] Clarifying these attitudes is important for anticipating downstream workforce effects and informing policy decisions aimed at addressing physician shortages.

Aims and Objectives

1. **Assess medical students' perceptions of care equivalency** between NPs & PAs and physicians.
2. **Evaluate medical students' attitudes toward APP independence legislation**, including perceived effects on care quality and professional collaboration.
3. **Determine whether the presence of APP independence laws influences intended future practice location**, particularly among students interested in primary care.
4. **Explore perceptions of workforce implications**, including concerns about physician job security and interprofessional relationships.

Methods

Study Design: Anonymous, cross-sectional survey study

Setting & Participants: Medical students (MS1–MS4) at a single, private, Midwestern allopathic medical school

Survey Administration: Online questionnaire distributed via institutional email listserv (Fall 2024)

Instrument: 13-item survey using 4-point Likert scales with an additional "no opinion" option

Key Domains Assessed:
- Familiarity with APP independence legislation
- Perceived equivalency of APP vs physician care
- Attitudes toward APP independence laws
- Influence of APP laws on future practice location
- Perceived effects on collaboration and physician job security

Definitions Provided: APPs defined as NPs and PAs

Ethics: IRB-exempt anonymous survey study

Analysis: Descriptive statistics used to summarize responses

Results

Response Rate: 21% (109/518 medical students); responses were evenly distributed across MS1–MS4.

Familiarity with APP Independence Laws:
- 40% reported being somewhat or very unfamiliar with state APP independence legislation.

Perceived Equivalency of Care:
- 86% disagreed that PA-provided primary care is equivalent to physician-provided care.
- 87% disagreed that NP-provided primary care is equivalent to physician-provided care.

Attitudes Toward APP Independence:
- 72% agreed that APP independence laws would compromise the quality of primary care.
- 84% opposed independent practice for PAs without physician oversight.
- 82% opposed independent practice for NPs without physician oversight.

Impact on Future Practice Location:
- 51% reported that APP independence laws would be an important factor in choosing where to practice.
- 59% of all respondents would be less likely to practice in a state allowing APP independence.
- Among students interested in primary care, 71% would be less likely to practice in states with APP independence.

Professional Collaboration & Workforce Concerns:
- 72% believed APP independence would harm physician–APP collaboration.
- 80% believed APP independence poses a threat to physician job security.

Table 1. Demographics

Class Standing	Number of Students (%)
MS1	26 (24)
MS2	34 (31)
MS3	27 (25)
MS4	22 (20)
Total	109 (100)

Abbreviation: MS, medical student.

Conclusions

Medical students in this study expressed substantial skepticism toward APP independence legislation, with most rejecting the equivalency of APP- and physician-delivered care and voicing concerns about care quality, interprofessional collaboration, and physician job security. Importantly, a majority reported that the presence of APP independence laws would make them less likely to practice in affected states, particularly among students interested in primary care—raising the possibility that such legislation may inadvertently worsen physician workforce shortages in the very regions these policies aim to support. These findings suggest that scope-of-practice reforms should be considered alongside their potential downstream effects on physician recruitment and workforce distribution, and that greater attention to medical student education and interprofessional training may be necessary to mitigate unintended consequences of these policy changes.

References

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