

## Health

# Doctoring, Without the Doctor

By [SABRINA TAVERNISE](#)



*Murlene Osburn, above, on her ranch near Wood Lake, Neb. As a nurse practitioner, Ms. Osburn wants to provide psychiatric services in her thinly populated part of the state. Credit Brian Lehmann for The New York Times*

WOOD LAKE, Neb. — There are just a handful of psychiatrists in all of western Nebraska, a vast expanse of farmland and cattle ranches. So when Murlene Osburn, a cattle rancher turned psychiatric nurse, finished her graduate degree, she thought starting a practice in this tiny village of tumbleweeds and farm equipment dealerships would be easy.

It wasn't. A state law required nurses like her to get a doctor to sign off before they performed the tasks for which they were nationally certified. But the only willing psychiatrist she could find was seven

hours away by car and wanted to charge her \$500 a month. Discouraged, she set the idea for a practice aside and returned to work on her ranch.

“Do you see a psychiatrist around here? I don’t!” said Ms. Osburn, who has lived in Wood Lake, population 63, for 11 years. “I am willing to practice here. They aren’t. It just gets down to that.”

But in March the rules changed: Nebraska became the 20th state to adopt a law that makes it possible for nurses in a variety of medical fields with most advanced degrees to practice without a doctor’s oversight. Maryland’s governor signed a similar bill into law this month, and eight more states are considering such legislation, according to the [American Association of Nurse Practitioners](#). Now nurses in Nebraska with a master’s degree or better, known as [nurse practitioners](#), no longer have to get a signed agreement from a doctor to be able to do what their state license allows — order and interpret diagnostic tests, prescribe medications and administer treatments.



*The Sandhills region of Nebraska. About a third of the state's 1.8 million people live in rural areas where the nearest mental health professional is often hours away. Credit Brian Lehmann for The New York Times*

“I was like, ‘Oh, my gosh, this is such a wonderful victory,’” said Ms. Osburn, who was delivering a calf when she got the news in a text message.

The laws giving nurse practitioners greater autonomy have been particularly important in rural states like Nebraska, which struggle to recruit doctors to remote areas. About a third of Nebraska’s 1.8

million people live in rural areas, and many go largely unserved as the nearest [mental health](#) professional is often hours away.

“The situation could be viewed as an emergency, especially in rural counties,” said [Jim P. Stimpson](#), director of the [Center for Health Policy](#) at the University of Nebraska, referring to the shortage.

Groups representing doctors, including the [American Medical Association](#), are fighting the laws. They say nurses lack the knowledge and skills to diagnose complex illnesses by themselves. Dr. [Robert M. Wah](#), the president of the A.M.A., said nurses practicing independently would “further compartmentalize and fragment health care,” which he argued should be collaborative, with “the physician at the head of the team.”

Dr. Richard Blatny, the president of the [Nebraska Medical Association](#), which opposed the state legislation, said nurse practitioners have just 4 percent of the total clinical hours that doctors do when they start out. They are more likely than doctors, he said, to refer patients to specialists and [to order diagnostic imaging](#) like X-rays, a pattern that could increase costs.



*Murlene Osburn treats patients online from home as a psychiatric nurse practitioner. In March, Nebraska became the 20th state to permit nurses with most advanced degrees to practice without a doctor’s oversight. Credit Brian Lehmann for The New York Times*

Nurses say their aim is not to go it alone, which is rarely feasible in the modern age of complex medical care, but to have more freedom to perform the tasks that their licenses allow without getting a permission slip from a doctor — a rule that they argue is more about competition than safety. They say advanced-practice nurses deliver primary care that is as good as that of doctors, and cite [research that they say proves it](#).

What is more, nurses say, they are far less costly to employ and train than doctors and can help provide primary care for the millions of Americans who have become newly insured under the Affordable Care Act in an era of shrinking budgets and shortages of primary care doctors. Three to 14 nurse practitioners can be educated for the same cost as one physician, according to [a 2011 report](#) by the [Institute of Medicine](#), a prestigious panel of scientists and other experts that is part of the [National Academy of Sciences](#).

In all, nurse practitioners are about a quarter of the primary care work force, according to the institute, which [called on states](#) to lift barriers to their full practice.

There is evidence that the legal tide is turning. Not only are more states passing laws, but a February [decision by the Supreme Court](#) found that North Carolina's dental board did not have the authority to stop dental technicians from whitening teeth in nonclinical settings like shopping malls. The ruling tilted the balance toward more independence for professionals with less training.

"The doctors are fighting a losing battle," said [Uwe E. Reinhardt](#), a health economist at Princeton University. "The nurses are like insurgents. They are occasionally beaten back, but they'll win in the long run. They have economics and common sense on their side."



*Elizabeth Nelson, a nurse practitioner in Ainsworth, Neb., looked at a rash on the foot of a patient, Martha Fletcher. Groups representing doctors are to expanding the roles of nurse practitioners, saying they lack the knowledge and skills to diagnose complex illnesses by themselves. Credit Brian Lehmann for The New York Times*

Nurses acknowledge they need help. Elizabeth Nelson, a nurse practitioner in northern Nebraska, said she was on her own last year when an obese woman with a dislocated hip showed up in the emergency room of her small-town hospital. The hospital's only doctor came from South Dakota once a month to sign paperwork and see patients.

"I was thinking, 'I'm not ready for this,'" said Ms. Nelson, 35, who has been practicing for three years. "It was such a lonely feeling."

Ms. Osburn, 55, has been on the plains her whole life, first on a sugar beet farm in eastern Montana and

more recently in the Sandhills region of Nebraska, a haunting, lonely landscape of yellow grasses dotted with Black Angus cattle. She has been a nurse since 1982, working in [nursing homes](#), hospitals and a state-run psychiatric facility.

As farming has advanced and required fewer workers, the population has shrunk. In the 1960s, the school in Wood Lake had high school graduating classes. Now it has only four students. Ms. Osburn and her family are the only ones still living on a 14-mile road. Three other farmhouses along it are vacant.

The isolation takes a toll on people with mental illness. And the culture on the plains — self-reliance and fiercely guarded privacy — makes it hard to seek help. Ms. Osburn’s aunt had [schizophrenia](#), and her best friend, a victim of domestic abuse, committed suicide in 2009. She herself suffered through a deep [depression](#) after her son died in a farm accident in the late 1990s, with no psychiatrist within hundreds of miles to help her through it.



*Remote areas of Nebraska struggle to recruit doctors. "The situation could be viewed as an emergency, especially in rural counties," said Jim P. Stimpson, director of the Center for Health Policy at the University of Nebraska. Credit Brian Lehmann for The New York Times*

“The need here is so great,” she said, sitting in her kitchen with windows that look out over the plains. She sometimes uses binoculars to see whether her husband is coming home. “Just finding someone who can listen. That’s what we are missing.”

That conviction drove her to apply to a psychiatric nursing program at the University of Nebraska,

which she completed in December 2012. She received her national certification in 2013, giving her the right to act as a therapist, and to diagnose and prescribe medication for patients with mental illness. The new state law still requires some supervision at first, but it can be provided by another psychiatric nurse — help Ms. Osburn said she would gladly accept.

Ms. Nelson, the nurse who treated the obese patient, now works in a different hospital. These days when she is alone on a shift, she has backup. A television monitor beams an emergency medicine doctor and staff into her workstation from an office in Sioux Falls, S.D. They recently helped her insert a breathing tube in a patient.

The doctor shortage remains. The hospital, [Brown County Hospital](#) in Ainsworth, Neb., has been searching for a doctor since the spring of 2012. “We have no malls and no Walmart,” Ms. Nelson said. “Recruitment is nearly impossible.”

Ms. Osburn is looking for office space. The law will take effect in September, and she wants to be ready. She has already picked a name: Sandhill Behavioral Services. Three nursing homes have requested her services, and there have been inquiries from a prison.

“I’m planning on getting in this little car and driving everywhere,” she said, smiling, behind the wheel of her 2004 Ford Taurus. “I’m going to drive the wheels off this thing.”

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