



Webinar: Nurse Practitioners and the Future of Primary Care Access

October 14, 2026



Evidence for policymakers.
Better health for all.

About the Milbank Memorial Fund

The Milbank Memorial Fund is a private foundation that works to improve population health and health equity by collaborating with leaders and decision makers and connecting them with experience and sound evidence. We support health policy leaders through:

- Small convenings
- Cross-state networks
- Two annual state leadership programs, the Milbank Fellows and the Emerging Leaders
- Evidence-based resources
- *The Milbank Quarterly*, an editorially independent, peer-reviewed journal of population health and health policy

Our programs focus on creating an affordable health care system built on strong primary care and partnerships that improve health outcomes for all.

Panelists



Monica O'Reilly-Jacob, PhD, APRN
Assistant Professor of Nursing
Columbia University School of
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University of Maryland School
of Nursing



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Workforce Development
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Rapid Growth, Uncertain Impact

Nurse Practitioners and the Future of Primary Care Access

Monica O'Reilly-Jacob, PhD, APRN, FNP-BC, FAAN, FAANP

Roadmap

1

Rapid growth

2

**Impact on primary
care**

3

**Recommendations
for states**

By Monica O'Reilly-Jacob, Lusine Poghosyan, Susan Kelly-Weeder, Sean Clarke, and David Auerbach

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DATAWATCH

Workforce Projections For Physicians, Nurse Practitioners, And Physician Associates



Methods: Updating the 2018 forecasts

Why update?

- 2018 projected annual growth (data through 2016): physicians 1.1%, NPs 6.8%, PAs 4.3%
- Since then: COVID-19 disruptions to training & early signs NP supply is outpacing forecasts

1

DATA

American Community Survey

- Employed physicians & PAs & NPs 2000–23

2

MODEL

Cohort supply model

- Cohort effects: each birth-year cohort's propensity to enter the profession
- Age effects: propensity to work at each career stage

3

FORECAST

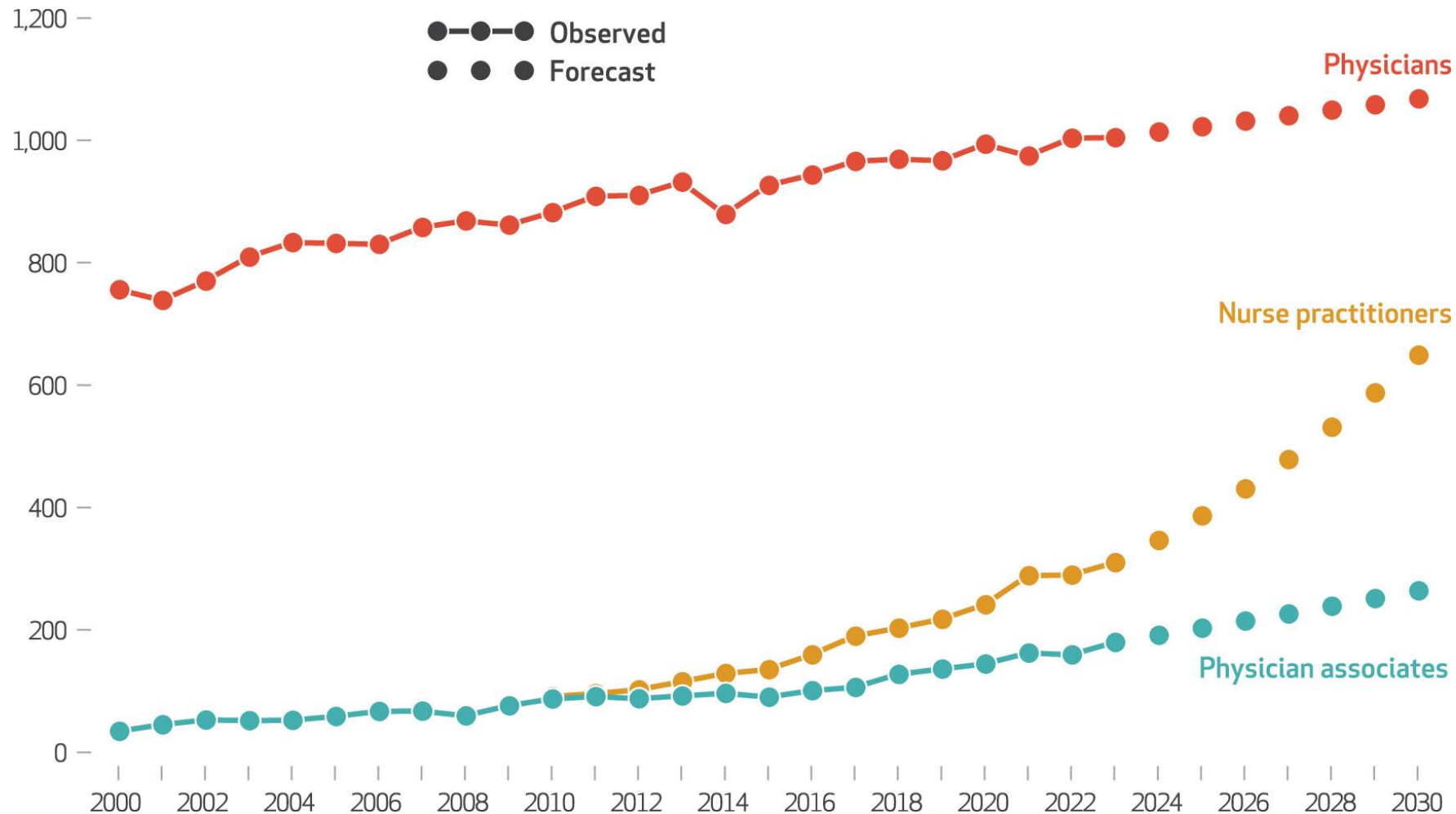
FTE supply through 2030

- Same models as the 2018 forecast, now with data through 2023

Source: O'Reilly-Jacob M, Poghosyan L, Kelly-Weeder S, Clarke S, Auerbach D. Health Affairs. 2026;45(7):814–818.

Observed and forecast full-time equivalent (FTE) supply of physicians, NPs & PAs, 2000–30

Clinician FTEs (in thousands)



Annual Growth of Full-Time Equivalent Workforce Supply

Workforce	2010-2016 observed	2016-2023 observed	2023-2030 forecast
Physicians	1.1%	1.1%	1.1%
Physician Associates	2.5%	8.6%	5.6%
Nurse Practitioners	9.4%	10.0%	11.0%

Source: American Community Survey

The NP boom driven by all career cohorts



EARLY-CAREER

A large influx

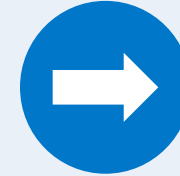
The main driver of the surge: NPs under 40 grew 389% btn 2010–2023.



MID-CAREER

Rising participation

More mid-career NPs are increasing hours.



LATE-CAREER

Steady participation

Low retirement rates keep experienced NPs in the workforce.

Result: NP workforce growth is outpacing prior estimates.

Rapid Growth, Uncertain Impact: Nurse Practitioners and the Future of Primary Care Access

BY MONICA O'REILLY-JACOB, DAVID AUERBACH, ALEX HOYT, HILARY BARNES,
BETHANY CROKE, VICTORIA WINOGORA, SUSAN KELLY-WEEDER &
SEAN CLARKE



REPORT | September 2026



The Promise: NPs Help Fill Primary Care Gaps

1

Trained for primary care

- Care coordination
- Social needs screening
- Patient education

2

Who they serve

- Disadvantaged
- Rural
- Disabled patients

3

Quality of care

- High-quality
- Safe

The Primary Care Pipeline Leak

90%

of NPs are primary care
trained



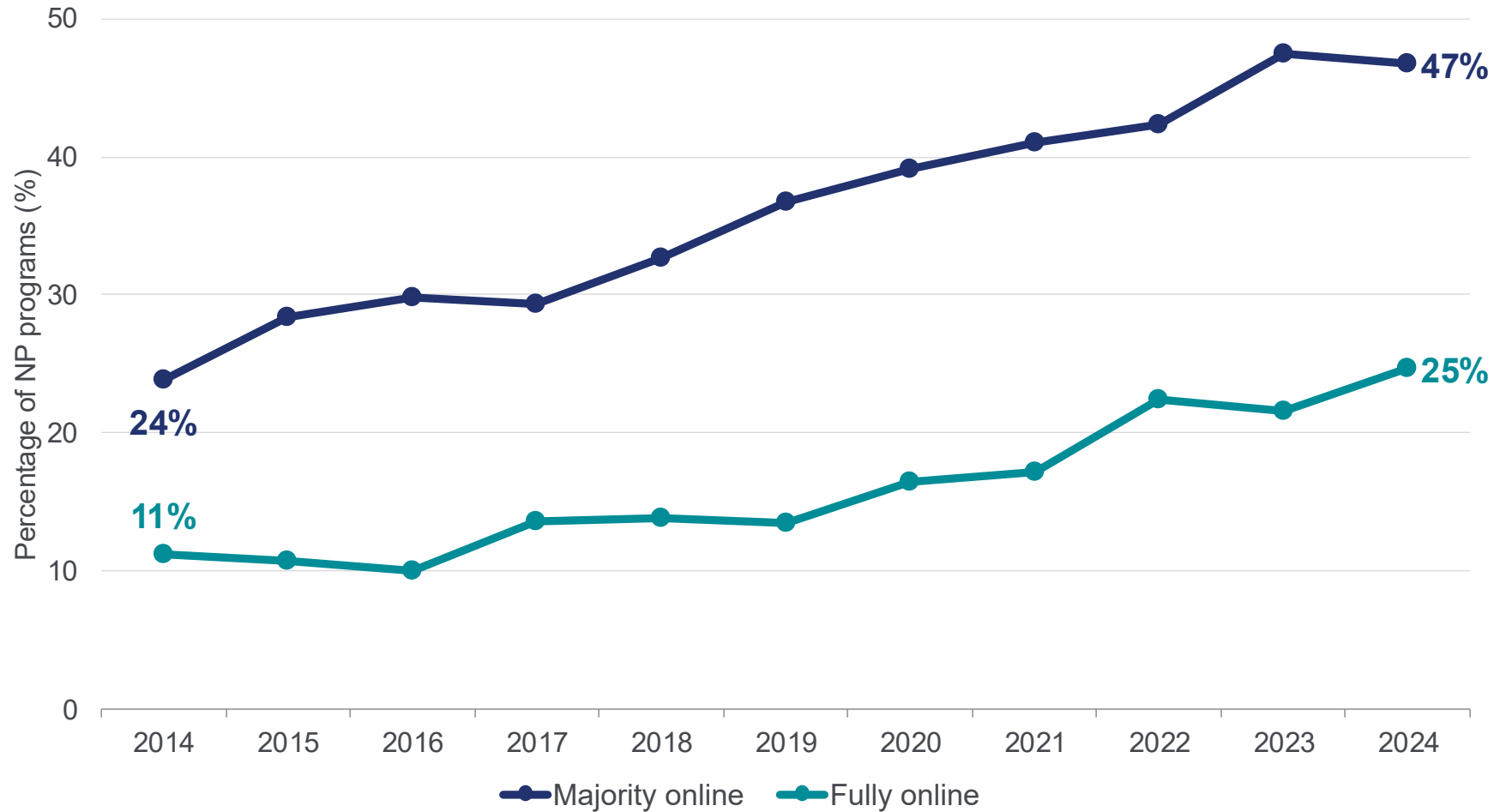
< 45%

provide primary care

Why it leaks: Primary care is demanding with high burnout and lower pay than specialties.

One approach: Post graduate residency & fellowships reduce burnout and increase retention

Growth of Distance-based NP Programs, 2014–2024



17% → 6%
Fully in person

Source: Authors' analyses of the AACN Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing surveys, 2014–2024.

Vast majority of NPs programs are rigorous

In rigorous programs, online coursework sits inside:

High-quality clinical experiences and preceptors

A robust preceptor pool

Structured orientation and evaluation

Rigorous assessment of competencies

What matters: not whether coursework is online, but whether clinical training is rigorous and overseen.

Outliers: High-volume, low-touch programs

Common practices

- Near-universal admission
- Limited faculty-student interaction
- Minimal oversight of clinical preceptorships
- Students largely find and pay their own preceptors

Largest for-profit NP program in 2023*

2,129 NP graduates

6.4% of all NP graduates in the US

*Source: Authors' analysis of Integrated Postsecondary Education Data System and AACN data.

NP education governance network

“lacks teeth” to ensure consistency

Educators

Issued new standards (NTF) increasing the minimum direct patient care clinical hour requirement from 500 to 750, but it is not enforceable.

Certifiers

Students choose among competing certification exams.

Accreditors

Programs can pick from three accreditors.

Regulators

- Only half of state boards of nursing directly oversee NP education.
- Unlike RN programs, few states require NP programs to publicly report outcomes (i.e., pass rates)

Contrast: PA education has one certifying body and one accreditor. NP education has several of each.

Recommendations for States: Accountability

1

Mandate transparency of program outcomes

- Publicly report
 - first-time certification pass rates
 - share of instruction delivered online
 - number of NP graduates

2

Expand board of nursing oversight to every state

- Boards are free of the competitive pressures facing certifiers and accreditors
- Example: Minnesota's Board of Nursing already publishes pass rates by institution and NP track

Recommendations for States: Build Capacity

3

Fund NP clinical training reliably

- Federal support for graduate nursing education (**\$69M**) was <1% of physician GME (**\$16.2B**) in 2019.
- Funding examples
 - **Preceptor tax incentives:** Alabama, Colorado, Georgia and Maryland
 - **Academic partnership grants:** Arizona, Hawaii, Tennessee and Washington

4

Invest in postgraduate residencies in safety-net settings

- Residencies in FQHCs and safety-net settings improve retention of NPs in underserved primary care.
- **Examples:** Massachusetts' FNP residency grants and California's Song-Brown program

Recommendations for States: Collect Data

5

Strengthen data collection

AT LICENSE RENEWAL

Ask NPs whether they practice primary care

Already in place: Oregon, Vermont and Massachusetts

THROUGH STATE FUNDING

Fund evaluations of residencies and online programs

Builds evidence on which training models produce primary care NPs

Growth is not access

States are well positioned to make sure a growing NP workforce delivers high-quality primary care where it's needed most.

Source: O'Reilly-Jacob M, Auerbach D, Hoyt A, et al. Rapid Growth, Uncertain Impact: Nurse Practitioners and the Future of Primary Care Access. Milbank Memorial Fund; September 2026.

NTF Standards



The National Taskforce (NTF) on Quality Nurse Practitioner Education sets the national standards for nurse practitioner program quality focusing on curriculum, resources, faculty qualifications and evaluation etc.



NTFS 6th edition, released in 2022, 19 organizations



Endorsed by all endorsing organizations including all accreditors and certifiers.

NTF Standards

Direct Patient Care Clinical (DPCC) Hours Requirement of 750 hours

- Programs must include at least 750 hours of Direct Patient Care Clinical experience to meet NTF standards.
- Extensive hands-on training in clinical settings provides students with essential skills for professional healthcare practice and helps ensure graduates are prepared for competent practice.

NTF Standards

Faculty/preceptor oversight

Criterion II.C. The NP program has sufficient human capital, including appropriately qualified faculty, preceptors, and staff, to provide quality NP education.

This is to include:

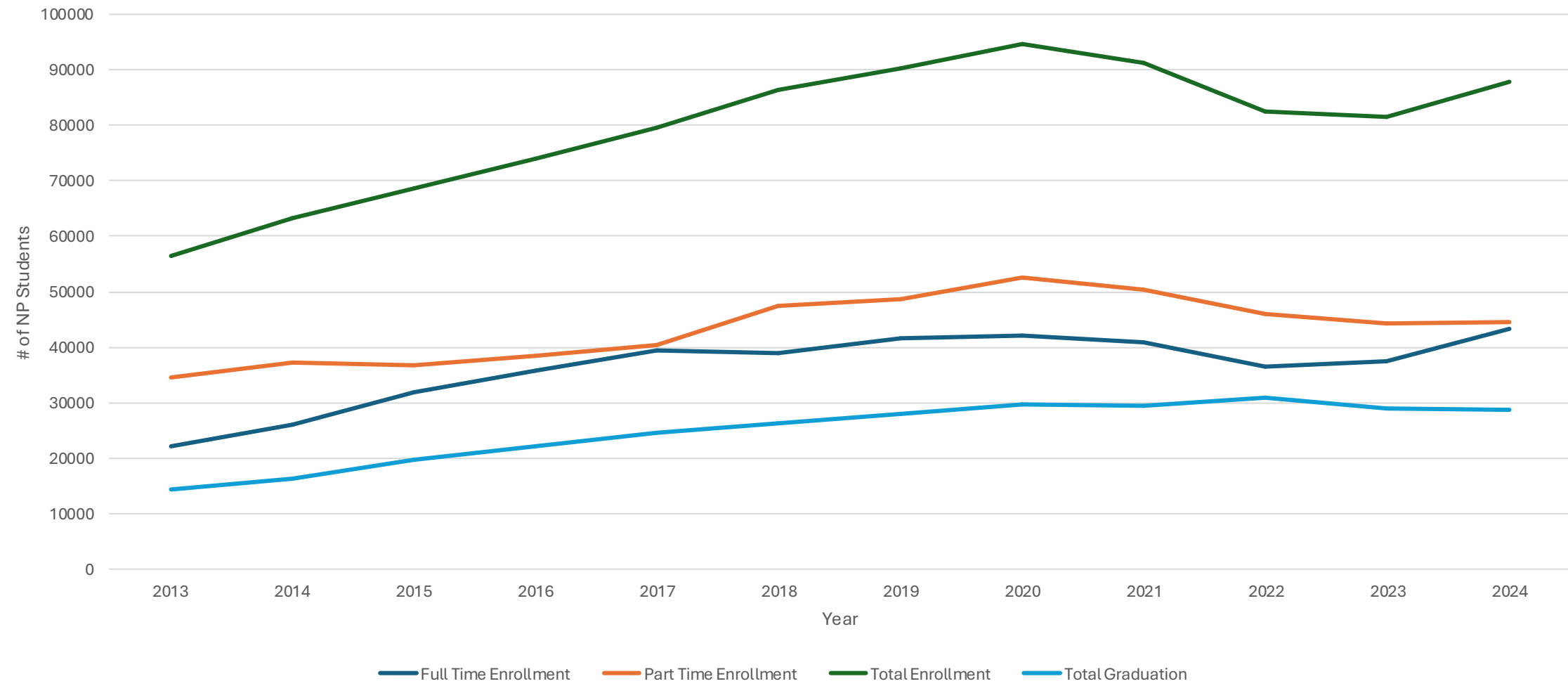
- One full-time equivalent (FTE) faculty teaching in the NP Program, not to exceed 24 matriculated NP students.
- NP faculty-to-student ratio for oversight of clinical learning not to exceed a ratio of 1:8 within the NP program's faculty workload formula.

Department of Education Regulations

CFR 602.16 -Accreditation and pre-accreditation standards.

sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided

MSN-NP Enrollment & Graduation 2013-2024



(AACN, 2025)

Masters NP enrollment to graduation funnel

	2019	2020	2021	2022	2023	2024
FT enrollment	41634	42,081	40950	36545	37357	43,344
PT enrollment	48767	52670	50385	45931	44200	44566
Total enrollment	90401	94751	91335	82476	81557	87910
Total graduation	28071	29587	29527	30897	28873	28596

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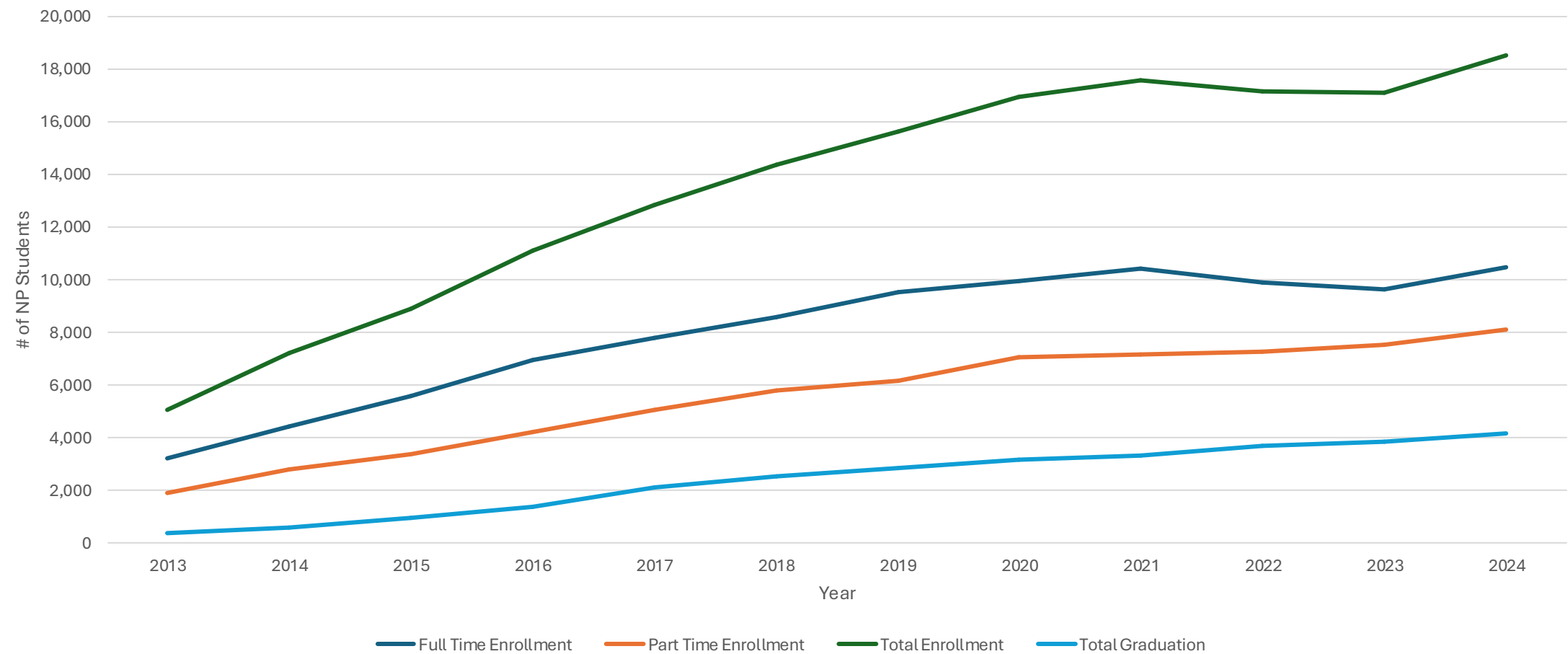
(AACN, 2025)

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(AACN, 2025)

BS-DNP-NP Enrollment & Graduation 2013-2024



(AACN, 2025)

DNP NP enrollment to graduation funnel

	2019	2020	2021	2022	2023	2024
FT enrollment	9504	9920	10396	9868	9605	10443
PT enrollment	6,121	7027	7146	7264	7508	8090
Total enrollment	15625	16947	17542	17132	17113	18,533
Total graduation	2805	3,139	3327	3670	3819	4151

DNP NP enrollment to graduation funnel

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Certification Pass Rates - NPCB

AANPCB* Percentages	FNP** Masters	FNP Doctorate/ DNP	Diff	AGPCNP*** Masters	AGPCNP Doctorate/ DNP	Diff
2025	80	88	+8	85	92	+8
2024	83	90	+7	86	92	+6
2023	72	83	+11	90	97	+7
2022	74	81	+7	82	91	+9
2021	84	91	+7	83	91	+9
2020	85	90	+5	86	90	+4
2019	86	90	+4	83	90	+7

Data Retrieved from: <https://www.aanpcert.org/certs/pass>

*NPCB-AANPCB: American Academy of Nurse Practitioners Certification Board

**FNP: Family Nurse Practitioner

***AGPCNP: Adult-Gerontology Primary Care Nurse Practitioner

NPCB Pass rates -1st 1/2 2026

Exam	2026 Pass Rates
Family NP	72%
Adult-Gerontology Primary Care NP	77%

(NPCB, 2026)

*initial exams taken between 01/01/2026 and 07/01/2026

More Clinical Hours Associated With Stronger NP Certification Outcomes

Program-level study | FNP and AGPCNP | 2019–2023

769

program reports

292

ANCC reports

477

AANPCB reports

FNP programs requiring >750 DPCC hours versus ≤750 hours

8.31×

odds of 100% pass rate

AANPCB | $p < .001$

4.74×

odds of ≥80% pass rate

AANPCB | $p = .008$

3.50×

odds of 100% pass rate

ANCC | $p = .075$ (not significant)

Across both certifiers and NP populations, clinical hours correlated positively with pass rates ($r = 0.24–0.52$; all $p < .001$).

ANCC Exam Pass Rates, 2022 to 2025

Year	FNP	AGPCNP
2025	82%	85%
2024	83%	79%
2023	85%	82%
2022	86%	83%

Health Profession School Pass Rate Disclosure

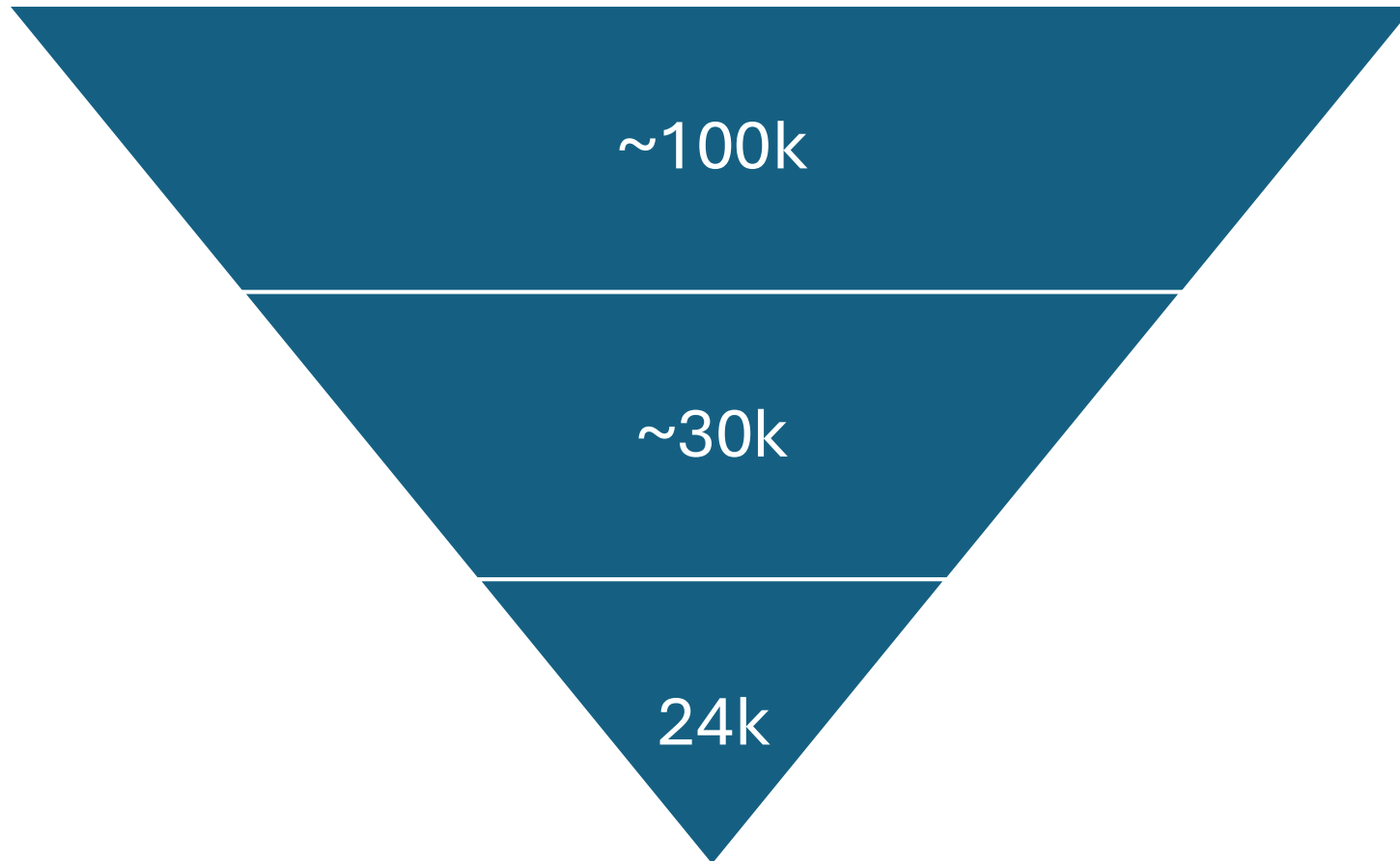
Profession	Examination	School publicly available?	Who publishes the data?
Pharmacy	NAPLEX	Yes	National Association of Boards of Pharmacy (NABP) https://nabp.pharmacy/wp-content/uploads/2025/07/NAPLEX-Branch-and-Pathway-Pass-Rates.pdf
Physical therapy	NPTE	Yes	Federation of State Boards of Physical Therapy (FSBPT) https://www.fsbpt.org/Free-Resources/NPTE-Pass-Rate-Reports
Occupational therapy	NBCOT	Yes	National Board for Certification in Occupational Therapy (NBCOT) https://www.nbcot.org/Educators-Folder/SchoolPerformance
Physician assistant	PANCE	Yes	Individual PA programs required for accreditation to publish PANCE 5-year summary report Standards-6e-10-03-25-Pub-10-09-25.pdf
Registered nursing	NCLEX	Yes	47 State boards of nursing

Preceptor issue

#1 reason for not admitting qualified students to MS NP and DNP programs

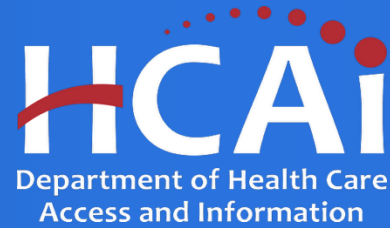
Insufficient Clinical Sites

NP Clinical Site Issue



The background features a complex, abstract pattern of glowing blue and purple dots and lines, resembling a digital or biological network. A large, solid teal rectangle is centered on the page, serving as a backdrop for the text.

Data...data...data



Building California's Primary Care Workforce: *Strengthening Access Through Nurse Practitioners and Primary Care Training*

Presenter: Hovik Khosrovian, Senior Policy Advisor, Health Workforce Development, HCAI

HCAI's Vision and Mission



Vision

A healthier California where all receive equitable, affordable, and quality health care.

Mission

HCAI expands access to quality, equitable, affordable health care for all Californians by supporting high value delivery systems, resilient health facilities and workforces, and actionable health information and strategies.

HCAI Health Workforce Approach

Develop, support and expand a health workforce that:

- Serves medically underserved areas
- Serves Medi-Cal members
- Reflects and responds to the needs of California's population



Song-Brown Health Care Workforce Training Program

Developed to address care gaps:

- Established in state law in 1973 to train primary care providers in California's areas of unmet need—a mission that remains directly aligned with HCAI's workforce goals today
- Adapted over five decades to meet changing needs: from Family Medicine residencies and Physician Assistants, to Nurse Practitioners, Registered Nurses, and most recently midwifery

Program Focus:

- Targets training where shortages are greatest, strengthening access for Medi-Cal members and underserved communities
- Builds the full primary care and maternal health team the state depends on:
 - Primary Care Physicians (Family Medicine, Internal Medicine, OB/GYN, Pediatrics)
 - Family Nurse Practitioners (FNP) & Physician Assistants, including postgraduate fellows
 - Certified Nurse Midwives & Licensed Midwives, and Registered Nurses

Song-Brown Primary Care Programs

Family Nurse Practitioner and Physician Assistant Training Grants (Approx. \$3.9M annual appropriation):

- Existing FNP and PA training programs
- One time funding (\$2.6M) in 2023-24 funded FNP/PA Postgraduate Fellowships in Primary Care
- Since 2021, supported 880 FNP/PA students and 31 FNP/PA postgraduate fellowships

Primary Care Residency (Approx. \$31M annual appropriation):

- Existing Primary Care residency positions
- Expansion of Primary Care residency positions in existing programs
- New Primary Care GME programs
- Teaching Health Center Primary Care residency positions
- Since 2017, over 2,500 residency positions supported

From Data to Decisions: Planning for California's Primary Care Workforce

- **Planning for California's future capacity**

- A new Primary Care & Maternal Health Supply/Demand Model will project workforce gaps—built around team-based care that counts NPs and Nurse Midwives as core team members
- First statewide dataset arrives early 2027, giving HCAI and partners a shared, evidence-based baseline for identifying needs by geography and by role type

- **Program Evaluation and Outcomes**

- HCAI tracks providers from initial licensure through renewal (including National Provider Identifier) to follow where the workforce actually practices
- New survey revisions will pinpoint who delivers primary care and time spent in outpatient settings—closing a long-standing gap
- Enables HCAI to measure whether Song-Brown investments increase primary care workforce, identify best practices for successful grantees, and allows for refinement of program policies

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Panel Discussion and Audience Q&A

Moderated by Diana Bianco