

From: [nrsing committee](#)
To: [Patterson, Nicole \(HRSA\)](#)
Subject: ARNP's and PA-C's in rural practice
Date: Monday, February 21, 2011 2:24:06 PM

I have been in practice almost 40 years, most in rural areas, and in city underserved. Why? because when we the Mid-levels first came into being in 1972, the U.S. was in a Medical Doctor shortage, who better than RN's who could work in rural areas under doctors orders. I can tell you, we did what was needed; caring for those who had no access to big hospitals or medical evaluation, on call 24/7. We proved over these years that our practice is safe, and cost effective. As a nurse, my first and foremost thoughts were assessment, patient safety and treatment AND education. I know..... many people think we are second class, well I have worked in rural Alaskan Villages (with the help of Alaska Native Health Aides), and have worked in Seattle's Pioneer Square with the underserved in a Harborview Medical Center street clinic and found our practice to be tested as best practices. Your Committee's task is to define the Medically Underserved Area/Population. I know that our Advanced Nurse Practitioners Organization are allow to sit in on your meetings....but who are you really listening to? Please send some of your committee out there, to observe who really does the work and what the patients really think.

Thank you for your time. Mary E. Clark MSN ARNP FNP-BC