

Legislative: The Nurse Who Changed Healthcare—And the Battle to Keep Her Legacy Alive

Jaimie Cavanaugh, JD

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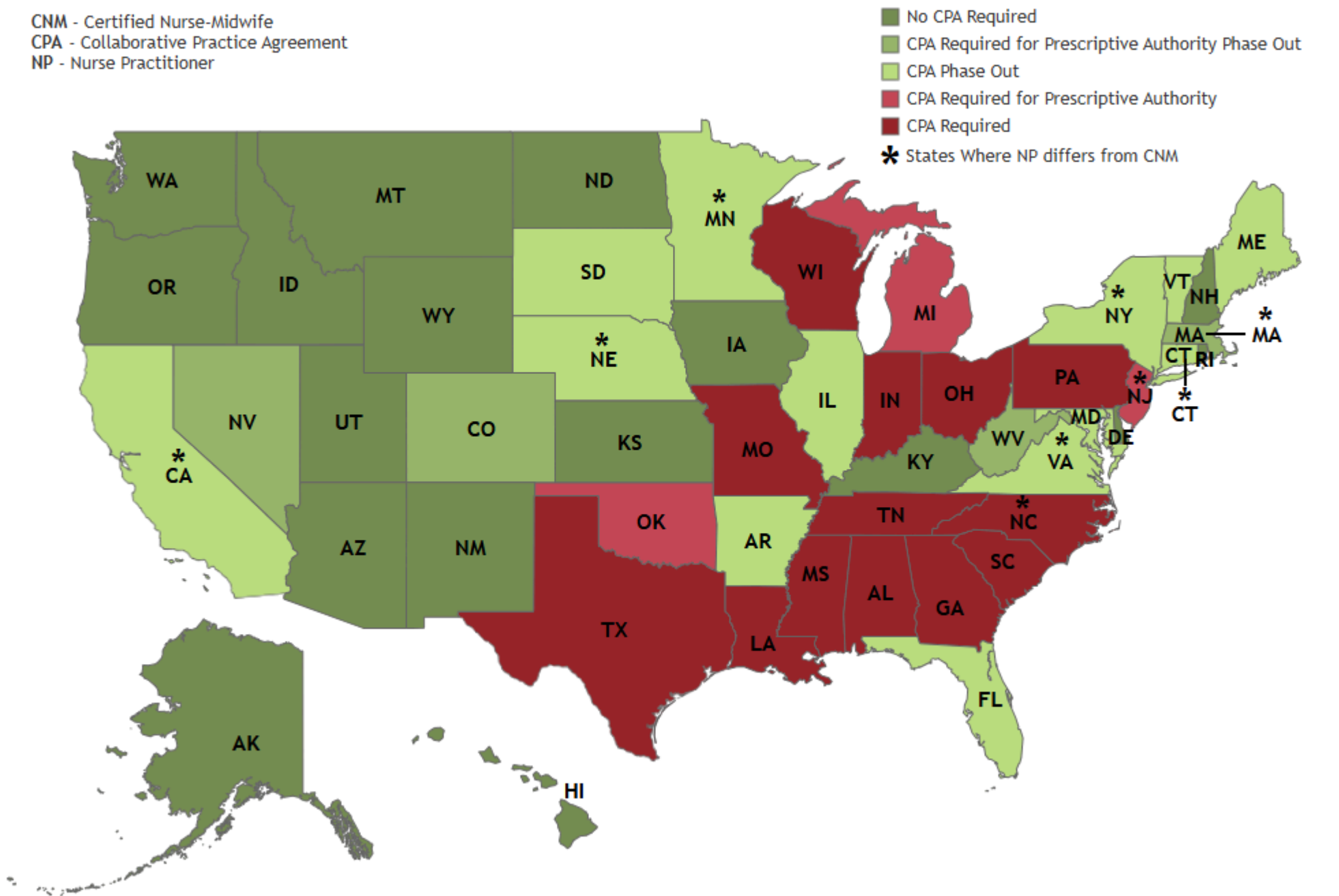
Column

As a nurse in rural Colorado after World War II, Loretta Ford described herself as a lone ranger. “Whatever went on in health, I was called,” she said. “I took care of it” ([University of Buffalo, 2016](#)). Ms. Ford, who died in January 2025 at the age of 104, co-founded America’s first nurse practitioner program ([Hagerty, 2025](#)). She believed that nurses were more than doctors’ helpers: They were decision-makers capable of treating patients.

In one speech ([University of Buffalo, 2016](#)), she recounted how physicians had rigid ideas about the line between nursing and medicine—that it was okay for a nurse to use a stethoscope while taking blood pressure, “but if she moved that stethoscope eight inches, oh, that was medicine... I used that stethoscope in lots of places at 3 a.m. I could never figure out who they thought was making all these decisions” ([University of Buffalo, 2016](#)).

Today, there are almost 400,000 nurse practitioners in the United States ([Martin et al., 2024](#)). Thanks to Loretta Ford’s pioneering program, nurse practitioners in many states now diagnose and treat patients independently without physician supervision. Not in California, however (see Figure).

Figure. *State Practice Environment Map*



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Until 2020, nurse practitioners could not practice in California unless they were operating under a collaboration or supervision agreement with a physician ([Ibarra, 2022](#)). Although this might sound reasonable, in practice, the arrangement is a lucrative handout to physicians: They get to cash checks and restrict competition and there is little evidence that collaboration agreements help patients ([Kleinpell et al., 2023](#)). This is especially so when nurse practitioners are already legally allowed to practice independently in more than half of U.S. states. Research has demonstrated such findings for patients as reduced travel times, increased access to a consistent care provider, decreased Emergency Room visits, and a 30% increase in access to primary care services in medically underserved communities in these states ([Traczynski & Udalova, 2018](#)).

Lack of access to healthcare is a real problem in states like California, where nearly a third of residents live in an area without access to adequate primary care ([Kim, 2023](#)). To its credit, the California State Assembly passed (and Governor Newsom signed) legislation addressing the shortage ([California Assembly Bill 890, 2020](#)). This legislation created two pathways for nurse practitioners to practice independently.

But that is when the bureaucracy kicked in. In response to the new law ([California Business & Professions Code §§ 2837.103; 104](#)), the California Nursing Board promulgated onerous regulations that require nurse practitioners to practice in a group setting (e.g., a hospital) for three years under the supervision of a physician before they can apply for certification to practice independently. That may be fine for someone new to the profession, but what about nurse practitioners who have been treating patients for decades?

Two nurse practitioners, Kerstin Helgason and Jamie Sorenson, are now suing the regulatory board ([Helgason v. Cal. Bd. of Registered Nursing, 2025](#)). They have been treating patients in California—under collaborative agreements with physicians as required by law—for decades. They would be perfect candidates to take advantage of the new law and begin practicing independently. The new regulations ([California Business & Professions code §§ 2837.103-104](#)), however, require them to complete three years of practice in a group setting before they can work independently. That would mean abandoning their practice (and patients) to find work in a hospital or other group setting—which is not what lawmakers intended when they passed the bill. Rather, legislators wanted to support the most qualified nurse practitioners, not run them out of business ([Bluth, 2020](#)).

“I’m fully licensed in Montana,” Jamie told Pacific Legal Foundation, which is representing her and Kerstin in the lawsuit free of charge. “If I went there tomorrow, I could just start my own practice, no restrictions, no supervising physicians. As is true for the majority of the states” (Personal Communication, J. Sorenson, 2025). But this is not so in California, a state which has significant healthcare provider shortages.

These restrictions make even less sense when you consider how desperately America needs healthcare providers right now, and not just in California. In 2023, the American Association of Colleges of Nursing ([AACN, 2024](#)) reported that U.S. nursing schools turned away 65,766 qualified applicants because of shortages in faculty and clinical training sites. Hostile laws and regulations are not helping to keep good nurses in the profession or train future nurses.

Meanwhile, when nurse practitioners are confronted with emergency health situations, they consistently prove they are capable of treating patients independently and effectively. In 2017, a Florida nurse practitioner saved a six-month-old baby having a seizure on an American Airlines flight ([Pacenti, 2017](#)). In 2023, another nurse practitioner saved a blue-faced and unresponsive passenger on a Jet Blue flight ([Buchanan, 2022](#)). In 2024, two nurse practitioners helped a passenger having stroke symptoms mid-flight ([Coulding, 2023](#)). “We’re trained to do that anywhere, whether it’s on the ground or 30,000 feet in the air,” one of the nurse practitioner heroes explained. “It’s kind of an innate behavior and action that we’re really used to doing. We’ve done it for our entire careers” ([University of Buffalo, 2016](#)). That’s just as Lorretta Ford believed.

Author

Jaimie Cavanaugh, JD

Email: jcavanaugh@pacificlegal.org

Jaimie Cavanaugh is Legal Policy Counsel at Pacific Legal Foundation (PLF), a public interest law firm that defends Americans’ liberty against government overreach and abuse.

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