



February 10, 2017

The Honorable Jeff Wardlaw
Chairman
Arkansas State House Public Health, Welfare and Labor Committee
3418 Highway 160 E
Hermitage, Arkansas 71647

Dear Chairman Wardlaw:

The American Osteopathic Association (AOA) and the Arkansas Osteopathic Medical Association (AOMA) are writing to strongly encourage you to oppose the series of scope of practice bills for Advanced Practice Registered Nurses (APRNs) being heard in Committee this week. These bills collectively expand the scope of practice for APRNs to enable them to autonomously provide a wide range of primary care services including preventive and periodic examinations, establishing diagnoses, ordering laboratory tests and leading the patient care team. They allow APRNs to be recognized and paid the same rate as fully-trained and licensed physician under the state's Medicaid program. Finally, they eliminate the requirement that APRNs practice pursuant to a collaborative practice agreement with a physician and create a pathway for them to independently prescribe Schedule II controlled substances, without requiring them to attain a level of education or competency similar to a physician. The AOA and AOMA are very concerned that such a large increase in scope of practice for APRNs, without commensurate increases in education, training or certification competency requirements, may put the health and safety of Arkansas patients at risk.

The AOA represents nearly 130,000 osteopathic physicians (DOs) and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. AOMA is a professional organization that represents over 300 DOs providing patient care in Arkansas.

The AOA and AOMA support the “team” approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. A 2012 study by the University of Washington and the research arm of a nonprofit health-care provider Group Health showed that team-based care improved patient outcomes and reduced costs.¹ Adults with depression, combined with either diabetes or heart disease or both were overseen by a team that included nurses supervised by a primary care physician. At the end of the two-year study, patients overseen by a team were less depressed and had improved levels of blood sugar, cholesterol and blood pressure. Patients who were not seen by a team failed to realize the same health benefits.

¹ Katon W, Russo J, Lin EB, et al. Cost-effectiveness of a Multicondition Collaborative Care Intervention: A Randomized Controlled Trial. *Arch Gen Psychiatry*. 2012;69(5):506-514. doi:10.1001/archgenpsychiatry.2011.1548.

The Honorable Jeff Wardlaw

February 10, 2017

Page 2

While we value the contributions of APRNs to the health care delivery system, the AOA and AOMA believe any expansion of their authority to provide direct patient care without physician involvement should be directly related to additional education, training and competency demonstration requirements. Additionally, we believe that physician involvement is a key component to the delivery of high-quality, patient-centered health care.

Osteopathic physicians complete four years of osteopathic medical school, which includes two years of didactic study and two years of clinical rotations. Clinical rotations in the third and fourth years are done in community hospitals, major medical centers and physicians' offices. This is followed by three to seven years of postgraduate medical education, i.e. residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions. By the time DOs complete their training, they have received between 12,000-16,000 hours of patient care experience. Physicians have both extensive medical education and comprehensive training that prepare them to understand medical treatment of disease, complex case management and safe prescribing practices.

By comparison, these bills would permit certain nurses who have completed an approved two-year master's degree (which may be done online, and is approved by the State Board of Nursing) with coursework in advanced health assessment, advanced pharmacology and advanced pathophysiology to autonomously provide a full range of primary care services, act as the heads of patient care teams, and replace physicians wherever a law requires a signature or certification by a physician. Approved master's programs include some clinical training, but no postgraduate medical education is required. APRNs are eligible to receive prescriptive authority after only three graduate credit hours of pharmacology, or 45 contact hours of continuing education in a pharmacology course, and 300 hours of a preceptorship that involves prescribing drugs under supervision. After holding a certificate of prescriptive authority and practicing with a collaborative agreement for three years, APRNs are then able to prescribe all medications, including Schedule II controlled substances, independent of any physician involvement. These bills delete the current requirement that the Prescriptive Authority Advisory Committee contain a physician, thereby giving total control of the oversight of APRN prescriptive authority to nurses and one pharmacist.

Expanding the scope of practice for APRNs and eliminating physician involvement without commensurate increases in education and training could place patient safety and the public at risk. To protect the public's health and safety, health professionals' scope of practice must be based on their level of training, education, experience and examination. **We urge you to protect the safety of Arkansas' patients by opposing HB 1180, HB 1181, HB 1182, HB 1186 and HB 1228.** Should you need any additional information, please feel free to contact Nick Schilligo, MS, Associate Vice President, State Government Affairs at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,



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President, AOA



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The Honorable Jeff Wardlaw

February 10, 2017

Page 3

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