



January 26, 2017

The Honorable Jeff Wardlaw
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 HB 1182. This bill authorizes the Arkansas Medicaid Program to allow advanced practice registered nurses (APRN) to be recognized as primary care providers. This change would allow APRNs to be recognized as the healthcare provider responsible for initial diagnoses, ordering laboratory tests, providing preventive and periodic examinations and leading the patient care team. The AOA and AOMA are 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.

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.

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

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.

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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, this bill would permit certain registered nurses who have completed a two-year master's degree (which may be done online) with coursework in advanced health assessment, advanced pharmacology and advanced pathophysiology to practice independent of physician involvement. Approved master's programs include some clinical training, but no postgraduate medical education is required. Further, 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.

Expanding the scope of practice for APRNs without appropriate physician involvement and commensurate increases in clinical 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 1182.** Should you or your staff have any questions, please contact Nick Schilligo, AOA's Associate Vice President for State Government Affairs, at nschilligo@osteopathic.org or (312) 202-8185.

Sincerely,



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President, AOA



Gary S. Edwards, DO, FACOFP
President, AOMA

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