



March 3, 2017

The Honorable Cynthia Soto  
Chairwoman  
Illinois State House Health Care Licenses Committee  
288-S Stratton Office Building  
Springfield, IL 62706

Dear Chairwoman Soto:

**The American Osteopathic Association (AOA) and the Illinois Osteopathic Medical Society (IOMS) are writing to strongly encourage you to oppose HB 312.** This bill expands the scope of practice for Advanced Practice Registered Nurses (APRNs) by creating a pathway to “full practice authority” independent of physician involvement, and changes the current collaborative practice requirement to allow one APRN to collaborate with another. The bill defines “full practice authority” to include autonomous prescribing of Schedule II-V drugs and consulting with other healthcare professionals “as warranted by the needs of the patient.” The AOA and IOMS are very concerned that such a large increase in scope of practice for APRNs, without requiring them to attain similar education, training or certification competency to a physician, may put the health and safety of Illinois 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](http://www.osteopathic.org). IOMS is a professional medical organization that represents over 3,500 DOs providing patient care in Illinois.

**The AOA supports 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.** Any increase in APRN scope of practice should be directly related to additional education, training and competency demonstration requirements.

**Osteopathic medical education includes:**

- **Four years of medical school**, which includes two years of didactic study totaling upwards of **750 lecture/practice learning hours** just within the first two years, plus two more years of clinical rotations done in community hospitals, major medical centers and doctors’ offices.
- **12,000 to 16,000 hours of supervised postgraduate medical education**, i.e., residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions.
- **Strenuous continuing education requirements** for AOA board certified physicians, who participate in Osteopathic Continuous Certification. This process includes lifelong learning and continuous education, cognitive assessment and practice performance and assessment in order to

ensure that board certified DOs maintain currency and demonstrate competency in their specialty area. Illinois-licensed physicians must complete **150 continuing medical education hours** per three-year renewal period.

**In order to practice independently under this bill, APRNs must possess:**

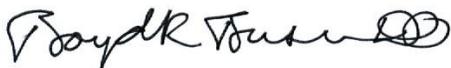
- Certification as a nurse practitioner, clinical nurse specialist or certified nurse midwife, which require **two-year master's degrees** (which may be done online).
- **3,000 clinical practice hours** supervised by either a physician *or another APRN*.
- **20 hours** of continuing education in pharmacology *within the current requirement of 50* per two-year renewal period.

**This bill expands APRNs' scope of practice by:**

- Deleting the requirement that APRNs practice pursuant to a collaborative practice agreement with a physician;
- Allowing APRNs to practice independently after 3,000 supervised clinical practice hours;
- Changing the physician supervision requirement to allow APRNs to complete these hours under the supervision of another APRN, neither of whom has complete medical training; and
- Granting APRNs "full practice authority," to include prescribing Schedule II – V drugs.

Allowing APRNs who have completed minimal hours in pharmacology and practiced only under another APRN to prescribe dangerous medications could place the public health and safety at risk. The education and training requirements contained in this bill are a poor substitute for the comprehensive knowledge and skills physicians acquire by completing medical school or osteopathic medical school, obtaining extensive postgraduate clinical experience, and participating in substantial continuing education and ongoing professional development. **The AOA and IOMS urge you to protect the safety of Illinois patients by opposing HB 312.** Should you need any additional information, please feel free to contact Nicholas A. Schilligo, MS, AOA Associate Vice President of State Government Affairs, at [nschilligo@osteopathic.org](mailto:nschilligo@osteopathic.org) or (800) 621-1773, ext. 8185.

Sincerely,



Boyd R. Buser, DO  
President, AOA



Melanie R. Jessen, DO  
President, IOMS

CC: Mark A. Baker, DO, AOA President-elect  
William J. Burke, DO, Chair, AOA Department of Governmental Affairs  
Richard Thacker, DO, Chair, AOA Bureau of State Government Affairs  
Adrienne White-Faines, MPA, AOA Chief Executive Officer  
Laura Wooster, Senior Vice President, AOA Public Policy  
Nicholas Schilligo, MS, Associate Vice President, AOA State Government Affairs  
Krystal White, MBA, Affiliate Executive, IOMS