June 22, 2016

The Honorable Jeffrey Sánchez
House Chairman
Joint Committee on Health Care Financing
Room 236
State House
Boston, MA 02133

Dear Chairman Welch:

The American Osteopathic Association (AOA) and the Massachusetts Osteopathic Society (MOS) are writing to strongly encourage you to oppose SB 1207/HB 1996. These companion bills would expand the scope of practice for nurse practitioners (NPs) and nurse anesthetists (NAs) by allowing them to dispense, administer and conduct research on controlled substances without physician supervision. The AOA and MOS believe that eliminating physician involvement from the dispensing of controlled substances by non-physician clinicians could place the health and safety of Massachusetts’s patients at risk.

The AOA represents more than 123,000 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. MOS is a professional organization that represents the over 1,000 DOs providing patient care in Massachusetts.

The AOA and MOS 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 NPs and NAs to the health care delivery system, the AOA and MOS believe any expansion of their scope of practice without appropriate oversight should be directly related to additional education, training and competency demonstration requirements. Allowing NPs and NAs to dispense, administer and conduct research on controlled substances without substantially increasing these requirements mitigates the state’s progress toward resolving the issue of misuse and diversion of controlled substances.

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 doctors’ 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. 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, licensure as an NP or NA requires that the applicant hold a current, valid nursing license, and have completed a two-to-three year master’s program (online or in person). The programs include some clinical training but no postgraduate medical education (residency) is required.

Proponents of this bill posit that it will increase patient access to primary care in rural and underserved areas. However, the data shows that in states where NPs have independent practice authority they open their practices in areas where there is already ample access to primary care, not in areas where there is need. All patients deserve care delivered by fully trained and licensed medical professionals. In order to ensure better access to care, we encourage the legislature to address this issue through proven avenues such as increasing training opportunities and funding for primary care physicians, compensating them the same as sub-specialists, and eliminating unnecessary paperwork and insurance coverage obstacles.

This expansion into independent practice by NPs and NAs is an unnecessary risk to patient and public welfare, when the physician-led team-based model has proven to be an effective way to treat patients and lower health care costs. Expanding the scope of practice for these practitioners without appropriate oversight and commensurate increases in training is an ineffective way to address access to care concerns and could place patient safety and the public at risk. **We urge you to protect the safety of Massachusetts’ residents by opposing SB 1207/HB 1996.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Associate Vice President of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

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Sincerely,

John W. Becher, DO  
President, AOA

William Foley, DO, MSc  
President, MOS

CC:  Boyd R. Buser, DO, AOA President-elect  
Joseph A. Giaimo, DO, Chair, AOA Department of Governmental Affairs  
Michael K. Murphy, DO, Chair, AOA Bureau of State Government Affairs  
Adrienne White-Faines, MPA, AOA Chief Executive Officer  
Ray Quintero, Senior Vice President, AOA Public Policy  
Nicholas Schilligo, MS, Associate Vice President, AOA State Government Affairs  
Samyuktha Gumidyla, Affiliate Executive, MOS