February 9, 2016

The Honorable Anne Gonzales
Chairwoman, Ohio State House Health and Aging Committee
77 S. High Street
13th Floor
Columbus, OH 43215

Dear Chairwoman Gonzales:

The American Osteopathic Association (AOA) is writing to encourage you to oppose House Bill 216. This bill removes the requirement that Advanced Practice Registered Nurses (APRNs) practice pursuant to a written practice arrangement with a physician, and deletes physician supervision requirements for Certified Registered Nurse Anesthetists (CRNAs). The AOA, strongly in support of the position of the Ohio Osteopathic Association, believes that removing physician involvement from patient care will diminish the quality of care Ohio patients receive. Additionally, we believe that any increase in scope of practice should be coupled with a commensurate increase in training, education and competency demonstration requirements. The bill as written lowers the standard for health care providers providing direct patient care and could result in APRNs and CRNAs placing the health and safety of Ohio’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, is the accrediting agency for osteopathic medical schools, and has federal authority to accredit hospitals and other health care facilities. More information on DOs/osteopathic medicine can be found at www.osteopathic.org.

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. 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. 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 did not see the same health benefits.

While we value the contributions of APRNs and CNRAs to the health care delivery system, we believe any expansion of their authority to provide services to patients without appropriate oversight 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 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. In addition, osteopathic physicians have strenuous continuing education requirements and the AOA board certified physicians participate in Osteopathic Continuous Certification. This process ensures that board certified DOs maintain currency and demonstrate competency in their specialty area. It includes lifelong learning and continuous education, cognitive assessment and practice performance and assessment.

Most APRNs, including CRNAs, have just two to three years of graduate education and less clinical experience than is obtained in the first year of a three-year medical residency. Physicians complete 12,000 to 16,000 hours of supervised postgraduate clinical training, while APRNs are generally only required to complete roughly 500-720 patient care hours. In a recent national patient survey, 91% of respondents said that a physician’s additional years of education and training (compared to an APRN) are vital to optimal patient care, especially in the event of a complication or medical emergency.²

Expanding the scope of practice for APRNs and CRNAs without appropriate oversight and commensurate increases in training and competency demonstration will place patient safety at risk. We urge you to protect the safety of Ohio’s patients by opposing HB 216. 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,

John Becher, DO
President, AOA

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
Jon F. Wills, Executive Director, Ohio Osteopathic Association

² Global Strategy Group conducted a telephone survey on behalf of the Scope of Practice Partnership between August 13-18, 2008. The survey included 850 adults nationwide, and the margin of error is +/- 3.4 percent at the 95 percent confidence level.