



AMERICAN OSTEOPATHIC ASSOCIATION

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February 7, 2017

The Honorable Scott Munsterman
Chairman
South Dakota State House Health and Human Services Committee
Capitol Building, 3rd Floor
500 East Capitol Avenue
Pierre, South Dakota 57501

Dear Chairman Munsterman:

The American Osteopathic Association (AOA), representing nearly 130,000 osteopathic physicians (DOs) and medical students, including nearly 200 in South Dakota, is writing to urge you to oppose SB 61. This bill greatly expands the scope of practice for certified nurse practitioners (CNPs) and certified nurse midwives (CNMs) by allowing them to perform certain tasks without physician involvement. This expansion of practice fails to include commensurate increases in education, training or competency demonstration requirements. The AOA believes that such a large increase in scope of practice, along with an expansion in the amount and type of providers prescribing controlled substances, may put the health and safety of South Dakota patients at risk.

The AOA is a national organization that 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.

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.¹ While we value the contributions of CNPs and CNMs 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 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.

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.

By comparison, this bill would permit certain registered nurses who have completed a two-year master's degree (which may be done online), "an approved program" for the preparation of CNPs or CNMs, and 1,040 practice hours, to practice "advanced practice nursing" independent of physician involvement. The definition of "advanced practice nursing" includes ordering and prescribing medical devices, diagnostic services and Schedules II – V pharmacological agents. This bill would allow CNPs and CNMs to prescribe dangerous drugs without physician involvement or any additional education and competency demonstration requirements to assure patient safety and protect patients from possible drug interactions or inappropriate prescribing. Adding additional prescribers with less training and education than physicians will weaken efforts nationally aimed at mitigating the prescription drug abuse epidemic.

This expansion into independent practice and the prescribing of controlled substances by CNPs and CNMs is an unnecessary risk to patient safety, 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 providers without appropriate oversight and adequate increases in training will place patient safety at risk. **We urge you to protect the safety of South Dakota's patients by opposing SB 61.** Should you need any additional information, please feel free to contact Nicholas A. Schilligo, MS, Associate Vice President, State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,



Boyd R. Buser, DO
President

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