TALKING POINTS FOR PHONE CALLS TO SENATORS
SB 2 – APRN SCOPE OF PRACTICE
INTRODUCED BY SENATOR MARK JANSEN (R-GAINES TWP.)

Opening

- I am a family physician from ___ and a member of the Michigan Academy of Family Physicians, which represents more than 3,000 family physicians.
- Collectively, our members care for millions of patients statewide.
- That said, I am calling to oppose Senate Bill 2, as written, which passed out of the Senate Reforms, Restructuring and Reinventing committee on April 18.
- This bill would expand the scope of practice of APRNs, effectively granting independent prescriptive authority and some diagnostic authority.
- MAFP has been working diligently with the sponsor and other stakeholder groups to find common ground on this important issue but, in general, our recommendations were not reflected in the legislation that was approved by the committee.
- We appreciate the willingness of the sponsor to work with us but at the end of the day, we strongly believe that this bill in its current form is not in the best interest of our patients and could be very detrimental to the quality of health care in Michigan. <opening or closing>

Access

- Evidence shows that in states where APRNs have independence, they are not more likely to go into primary care and practice in underserved areas. The economic incentives are such that they tend to specialize and practice in more densely populated areas that pay higher salaries. This does nothing to address the access issues we currently face in Michigan. Of all health care providers, family physicians are most likely to go into underserved areas.
- Many family physicians who currently serve in these areas report difficulty recruiting APRNs to their practice.

Cost/Malpractice

- Primary care service areas with a ratio closest to one nurse practitioner for each family physician have the lowest costs, lowest hospitalizations, and the lowest avoidable hospitalizations. In service areas with more than one nurse practitioner for each family physician, data shows significantly higher costs and utilization of health care services.
- Nurse practitioners handling more diagnoses will lead to medical malpractice cases against nurses and could result in more misdiagnoses. These costs will be passed on to consumers through higher insurance premiums and the need for redundant follow-up care.

Education and Training

- To effectively lead a health care team in patient care, a medical doctor must complete a long and rigorous primary care training program. Medical doctors are required to complete 4 years of graduate-level education plus 3 to 7 years of residency training, in which they log between 12,000 and 16,000 hours of clinical patient care.
- Nurse practitioners are required to complete only 2 to 4 years of graduate-level education which includes only 500 to 1,500 clinical hours.

Patient Safety/Satisfaction

- Patients highly value the additional education and training that physicians receive. According to two consecutive surveys, 90% of patient respondents stated that a physician's additional years of medical education and training are vital to optimal patient care, especially in the event of a complication or medical emergency.

- Quality and safety are top concerns for patients. Three out of 4 patients state that they prefer to be treated by a physician even if it takes longer to get an appointment and even if it costs more.

Diagnostic Authority

- Nurse practitioner training focuses on symptom identification, immunization, medication administration, and patient progress in recuperation or rehabilitation plans. NPs' knowledge and expert management in these areas makes them valuable members of physician-led health care teams, although their education and training does not extend to the ability to diagnose and prescribe independent of physician delegation and supervision.
- Within their rigorous educational and training program, physicians are taught to provide thorough exams in order to be able to make complex diagnoses. These diagnoses move beyond just symptom management, to develop comprehensive treatment plans for the whole patient.

Prescriptive Authority

- Given our ongoing challenges with prescription drug abuse, opening up an entirely new population to independently prescribe Schedule 2 through 5 controlled substances, raises significant concerns.
- Patients are concerned about prescription drugs. According to a series of patient surveys:
    - 78% of patients state that only medical doctors should treat chronic pain by prescribing prescription drugs or other substances that have a high potential for addiction or abuse.
    - 77% of patients state that only medical doctors should write prescriptions for medication to treat mental health conditions.

Closing

- APRNS are part of the solution, but are NOT a substitute for doctors.
- This bill will not address the complex challenges Michigan citizens face with respect to quality, access and cost of care and instead, could exacerbate them by further fragmenting the provider network.
- We support the collaborative, team-based approach wherein an APRN has responsibilities that fall appropriately within their education and training. This preserves patient safety and ensures continuity of care.
- Nurse practitioners can develop and implement a nursing care plan that is built on the medical treatment plan written by a doctor.
- Primary care is a team effort, and adding more nurse practitioners to physician-led teams can contribute to the elimination of the primary care shortage.
- We anticipate that this bill may be considered on the Senate floor in the next few weeks and strongly urge you to oppose. Thank you for your time.

Contact:
Christin O'Brien
Michigan Academy of Family Physicians
Director of Government Affairs
cobrien@mafp.com
517-664-9082