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June 9, 2015

Honorable Anne Gonzales Chair, Health and Aging Committee Ohio House of Representatives, District 19 77 S. High St., 13th Fl. Columbus, OH 43215

Dear Representative Gonzales,

We are writing today to express our deep concern for House Bill 216, a proposal that would unreasonably expand the scope of practice for Advance Practice Nurses (APNs).

While we all sincerely value the professional abilities of APNs, we believe HB 216 threatens the reliable assurance of safe and appropriate patient care at all times because the bill threatens to fundamentally change how physicians and APNs collaborate.

The most concerning provisions of the bill are:

- An elimination of the current requirement that APNs collaborate with a physician. In other words, APNs would have complete independent practice authority with no collaborative arrangement with a physician.
- An elimination of the APN/physician developed drug formulary for APNs with prescriptive authority. APNs would be permitted to prescribe any drug, without formulary restrictions.
- Elimination of a requirement that CRNAs work under the direct supervision of a physician and new prescriptive authority for CRNAs.
- A provision that would allow APNs to prescribe Schedule II narcotics in any setting (except retail convenience clinics).
- A provision that establishes a general scope of practice that would permit APNs to "order and interpret diagnostic tests or procedures" and "diagnose medical conditions and diseases."

We believe that APNs provide a valuable and necessary service when working under the direction of a physician when caring for a patient. To further support our decision to oppose HB 216 please consider the following points:

 Health care works best when there is a team-based approach to patient care, with multiple health care professionals working together under the direction of a physician. By permitting APN independent practice, the team-based approach to care is further fragmented.

- There is no compelling evidence that the current APN/physician collaboration process is unworkable or that it creates barriers for APNs to "practice at the top of their license." Ohio law regarding collaboration merely requires a standard care arrangement between the APN and physician and that the physician must be "continuously available to communicate with the APN" either in person or by a form of telecommunication. Further, a physician may collaborate with any number of APNs or, if the collaboration includes APN prescribing, the physician my not collaborated with more than 3 prescribing APNs at the same time. If difficulties exist in finding enough physicians for APNs to collaborate with, changing the ratio would be a better alternative than completely eliminating the collaboration requirement.
- APNs suggest that studies show that practicing independently will result in improved access to care, will maintain or enhance care quality and will decrease overall health care costs. However, there are competing studies that suggest evidence backing these claims is not only weak but in many cases it is actually contradictory to these assertions.
- Some APNs have publicly stated that they can "do everything a physician can do."
 Clearly, APNs have a valuable role in care for patients, but it is our belief that the
 education and training of physicians and APRNs are substantially different, and
 that physicians and nurses are not interchangeable.

We all are certainly interested in working with the APNs to discuss ways to enhance the efficiency of the collaboration process. However, as previously stated, if appropriate patient care is the goal then we believe there is no demonstrated need to make wholesale changes to that process.

Regards,

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