

## Don't Remove Patient Safety Requirements

- According to the American Nurses Association, a crisis standard of care where more clinicians are given leeway to do work outside their education training – such as during the pandemic – is a “shift from ‘patient-centered practice’”.<sup>1</sup> This lower standard of care and the decreased level of patient safety that goes along with it should not become the “new normal.”
- Removing current patient safety requirements for nurse practitioners to work in a team with physicians will not increase access to care. It is inappropriate to address actual or perceived workforce shortages in the medical profession by exposing patients to health care providers whose education and training does not support the caregiving role they seek.
- Other evidence-based answers, such as telepsychiatry and the Collaborative Care Model, address access to care concerns while maintaining physician involvement in psychiatric care.
- Nurse practitioners do not have the extensive training in pharmacology, differential diagnoses, or the years of education and training regarding the human body and its systems that physicians have.
- Giving nurse practitioners unsupervised, open-ended diagnosing and prescribing authority would mean they could prescribe opioids and other controlled substances without any oversight. Our nation is already in an opioid epidemic, which has worsened under COVID-19. Appropriate prescribing is key to properly bringing the opioid epidemic under control.
- A study in the Journal of the American Association of Nurse Practitioners found that rural nurse practitioners wrote significantly more prescriptions than physicians or physician assistants.<sup>2</sup>
- Despite nurse practitioners' claims that working without physician involvement would decrease costs, there is evidence that use of nurse practitioners may actually increase the cost of care due to unnecessary referrals to specialists and ordering of unnecessary diagnostic tests and x-rays<sup>3</sup>. These extra costs are passed along to insurance companies, which drives up EVERYONE'S health care costs.
- Four out of five patients prefer a physician to have primary responsibility for leading and coordinating their health care. Eighty-four percent of patients believe that advanced practice nurses and physician assistants are essential to the health care team, but should assist the physician, who should take the lead role in determining the type and level of care to be administered.<sup>4</sup>

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<sup>1</sup> American Nurses Association, “Crisis Standard of Care Covid-19 Pandemic,” 2021, available at <https://www.nursingworld.org/~496044/globalassets/practiceandpolicy/work-environment/health--safety/coronavirus/crisis-standards-of-care.pdf>

<sup>2</sup> Prescribing trends by nurse practitioners and physician assistants in the United States. Cipher DJ, Hooker RS, Guerra P., J Am Acad Nurse Pract. 2006 Jun;18(6):291-6.

<sup>3</sup> Lohr RH, West CP, Beliveau M, et al. Comparison of the Quality of Patient Referrals from Physicians, Physician Assistants, and Physician assistants. Mayo Clinic Proceedings. 2013; 88(11): 1266-1271.

<sup>4</sup> American Medical Association, “Physician-led team-based care,” available at <https://www.ama-assn.org/practice-management/scope-practice/physician-led-team-based-care>