YOUR HEALTH IS PRECIOUS.

THE TRUTH BEHIND FULL PRACTICE AUTHORITY

DISPELLING COMMON CLAIMS

PROMOTING PATIENT SAFETY

ADVOCATING FOR INFORMED CONSENT

WHAT IS FULL PRACTICE AUTHORITY (FPA)?

Full Practice Authority, also called **Optimal Team Practice**, is the aggressive, unrestricted increase in the scope of practice for nurse practitioners (NPs) and physician assistants (PAs). Despite the name "Optimal Team Practice," **the goal of these proposals is to destroy the medical team by removing the need for physician oversight.**

NPs and PAs have never been shown to deliver equivalent care to physicians. Studies suggesting this have always compared **supervised** NPs and PAs to physicians.

In a meta-analysis done by the Cochrane Library, only 3 journal articles looking at NPs in the US were considered valid enough for use. Additionally, in a review by the Veterans Affairs, all studies suggesting equivalency were found to be of insufficient to low quality evidence.

DEBUNKING COMMON CLAIMS

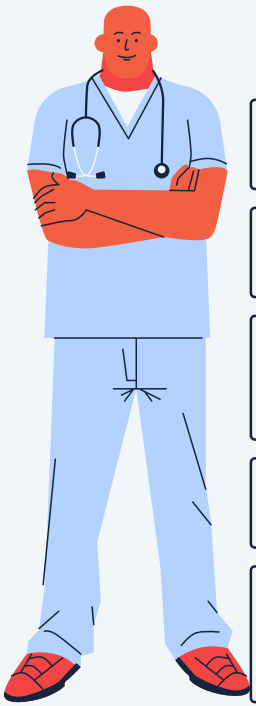
1. *Nurse practitioners do **NOT** have similar training to physicians.*
2. *Nurse practitioners do **NOT** increase rural healthcare access.*
3. *Nurse practitioners do **NOT** work in primary care.*
4. *Nurse practitioners do **NOT** save costs for patients.*
5. *Nurse practitioners are **NOT** held to the same standard of care in malpractice cases.*
6. *Nurse practitioners have **NOT** been shown to provide the same care as physicians.*
7. *Nurse practitioners are **NOT** a safe alternative to physician-led care.*

THOUGH THESE CLAIMS ARE OFTEN USED TO SECURE FPA, THEY ARE NOT FOLLOWED THROUGH ON ONCE FPA HAS BEEN GRANTED.

A TRAINING OVERVIEW FOR

Physicians (MD, DO)

- 4-year undergraduate degree
- 4-year medical degree, consisting of 2 years of didactic "book" learning and 2 years of clinical rotations
- 3-7 years of residency and additional years of fellowship training
- 3 core licensing exams as well as additional board certification exams
- 15,000+ clinical hours training physicians to lead the medical team prior to independent practice



A TRAINING OVERVIEW FOR

Nurse Practitioners

- 2-4-year BSN degree, or 4-year undergraduate degree
- 1-2 year master's (MSN) or doctorate degree (DNP), with **entirely online programs**
- Not licensed to "specialize." NPs are only licensed to practice in the field of their degree.
- 1 licensing exam for NPs, 1 licensing exam for RN licensure
- 500 **non-standardized** clinical hours training nurse practitioners to work under physicians, **not** independent practice.

THE CURRENT STATE OF EDUCATION FOR

ALLOPATHIC PHYSICIANS (MD)

1	AVERAGE UNDERGRADUATE GPA IS 3.82/4.0.
2	AVERAGE MEDICAL COLLEGE ADMISSIONS TEST (MCAT) SCORE IS A 511 (86TH PERCENTILE)
3	ACCEPTANCE RATES AT INDIVIDUAL SCHOOLS RANGE FROM <2% TO ~20%
4	NO ONLINE PROGRAMS. ALMOST ALL PROGRAMS ARE 4 YEARS. SELECT PRIMARY CARE TRACKS ARE 3 YEARS.
5	FOUR YEARS OF MEDICAL SCHOOL AND 3-7 YEARS OF RESIDENCY TRAINS A PHYSICIAN TO BE THE LEADER OF THE HEALTH TEAM.

THE CURRENT STATE OF EDUCATION FOR

NURSE PRACTITIONERS

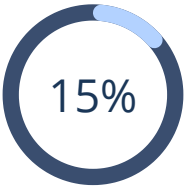
1	NO ENTRANCE EXAM OR GPA MINIMUMS.
2	MINIMAL TO NO PRIOR NURSING EXPERIENCE REQUIRED.
3	100% ACCEPTANCE RATES.
4	FULLY ONLINE PROGRAMS WITH COURSES PRIMARILY ON NURSING THEORY. CAN BE COMPLETED IN ONE YEAR.
5	NOT TRAINED IN DIAGNOSTICS OR WORKUP. NOT MEANT AS PREPARATION FOR INDEPENDENT PRACTICE.

Your health deserves more than this.

If you go to the hospital, will you be seen by a physician?

FPA would allow hospital administrators to replace physicians with less-trained Nurse Practitioners.

In 2019, Mary Mundinger, often cited for her support of nurse practitioner scope expansion, found that:



Only 15% of Doctor of Nursing Practice Degrees are clinical programs.

Only 1/4 of DNP programs require prior clinical experience.

"With 75% of BSN-to-DNP programs not citing any specific prerequisite clinical experience or documentation of clinical hours, nursing programs appear to be moving away from the more traditional experience-required viewpoint." (Mansuco and Udlis 2012)

Nurse Practitioner degrees only require 500 clinical hours for completion.

Nurse Practitioners only have 3% of the clinical training hours as physicians.

Of the clinical hours done during the program, students report less than 40% of the logged hours was spent on direct patient care. (Fulton et al. 2017)

No Prerequisite Clinical Experience

+

No In-Program Clinical Experience

=

Dangerously Underprepared Clinician

Would you trust a clinician with little to no prior clinical experience treating you? Your children? Your parents?

*"The results document the **lack of consistency in DNP requirements across programs** (e.g., the large standard deviations, wide ranges). We simply do not have what researchers term 'treatment fidelity' in DNP education." (Minnick et al 2013)*

NURSE PRACTITIONER

Degrees and Areas of Practice

01. *Adult-Gerontology Acute Care*
02. *Family Nursing*
03. *Pediatric Nursing*
04. *Emergency Nursing*
05. *Adult-Gerontology Primary Care*
06. *Neonatal Nursing*
07. *Women's Health*
08. *Mental Health*

NPs get degrees in specific fields. These programs do **not** cover integrated body systems. When compared to medical school which covers all of medicine, NPs often tout learning only what's "relevant" as an advantage.

While this does allow the programs to be shortened, these programs do **not** provide the appropriate foundation to subspecialize.

Despite this, it is not uncommon to find nurse practitioners working outside of their training in fields such as Dermatology, Cardiology, and Orthopedics.

However, because they get degrees in fixed fields, when they practice out of that field, they are practicing out of their training and scope.

Additionally, state Nursing Boards often fail to enforce provisions requiring NPs with or without FPA to practice only within their field of training.

Any legislature considering FPA must ensure NPs practice within their fields of training.

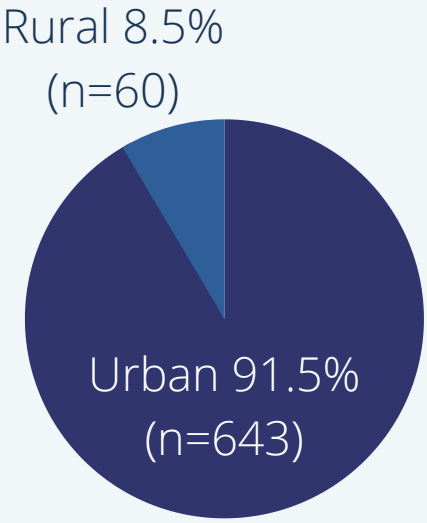
There is nothing stopping nurse practitioners from working in rural settings *right now*.

Increasing scope of practice has been shown NOT to significantly increase rural care FPA states.

Despite claims that nurse practitioners will work in primary care and rural settings, **FPA legislation has never made these conditions to practice**.

Because of this, many nurse practitioners instead work in well-populated areas with adequate medical coverage in specialized practices or Medical Spas.

The Graduate Nurse Education Demonstration Project was a nearly ***$180 million*** effort by the US Federal Government to "increase the overall number of primary care providers, but also to expand primary care access in underserved areas of the country."



Of 703 graduate-level nurses trained, only 8.5% (n=60) ultimately went on to work in rural settings.

When respondents were asked about important factors and reasons for choosing their health care setting (rural vs urban vs medically underserved populations), they cited:

FLEXIBLE WORK SCHEDULE
BEING PAID WELL

Additionally, they noted "**serving diverse populations as a challenging aspect** of their jobs."

Oregon is among five states with the longest standing Full Practice Authority laws (pre-1994). Despite claims made to gain increased scope, the Oregon Center for Nursing reported that:

Only 6% of Nurse Practitioners worked in Primary Care in rural counties.

Only 1 in 4 Nurse Practitioners worked in Primary Care overall.

The American Medical Association has generated maps of all 50 states and Washington D.C. to show the distribution of Nurse Practitioners and Physicians.

The following maps show Physicians in rural settings, Nurse Practitioners in rural settings, and Physicians with Nurse Practitioners in rural settings.

Rural patients deserve ***physician-led*** *care just like urban and suburban patients.*

***New Mexico is one of five states with pre-1994 FPA laws**. These five states were the first to enact FPA, meaning any long-term effects in rural/underserved practice should have become well apparent in the past 30 years.*

The following pages show maps detailing the distribution of primary care physicians and nurse practitioners. After removing clusters of 5+ physicians and/or NPs, we can generally get a sense of rural access. Despite long-term FPA, there are approximately 36 rural physicians, 39 rural NPs, and 28 rural physicians with nearby rural NPs.

If the whole point of FPA was rural practice, why is it that in 30 years, there are barely more rural NPs than rural MDs despite there being nearly 100 more NPs in the state overall?

Primary Care Physicians to Nurse Practitioners
New Mexico

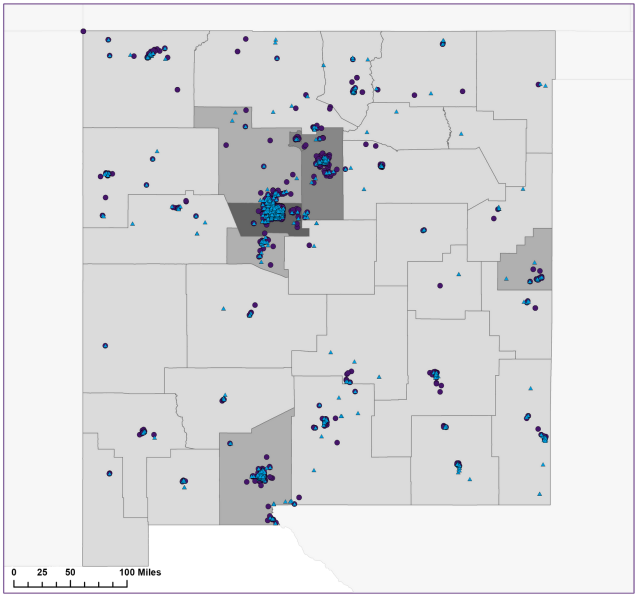
AMA AMERICAN MEDICAL ASSOCIATION

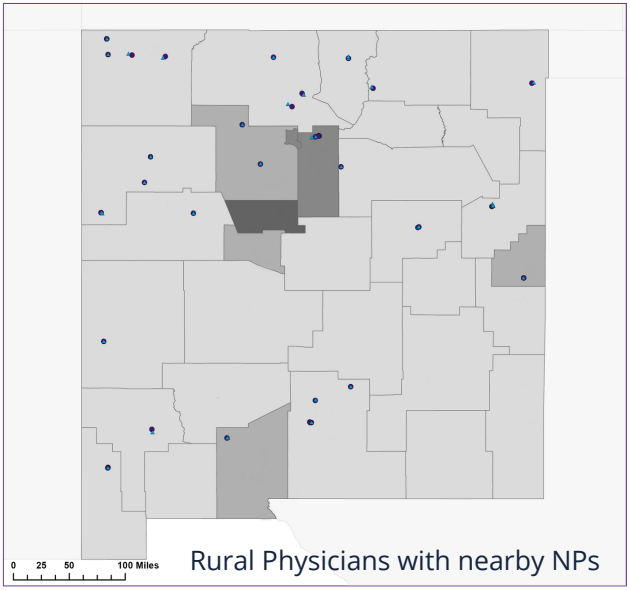
- Primary Care Physicians (n=1,748)
- Nurse Practitioners (n=1,847)

Population per square mile
Source: 2015-2019 American Community Survey

<=25	26 - 75	76 - 250	251 - 1,000	>1,000

Source Notes: AMA Physician Masterfile 2020; U.S. Centers for Medicare & Medicaid Services National Plan and Provider Enumeration System 2020; U.S. Census Bureau county and state shapefiles 2010



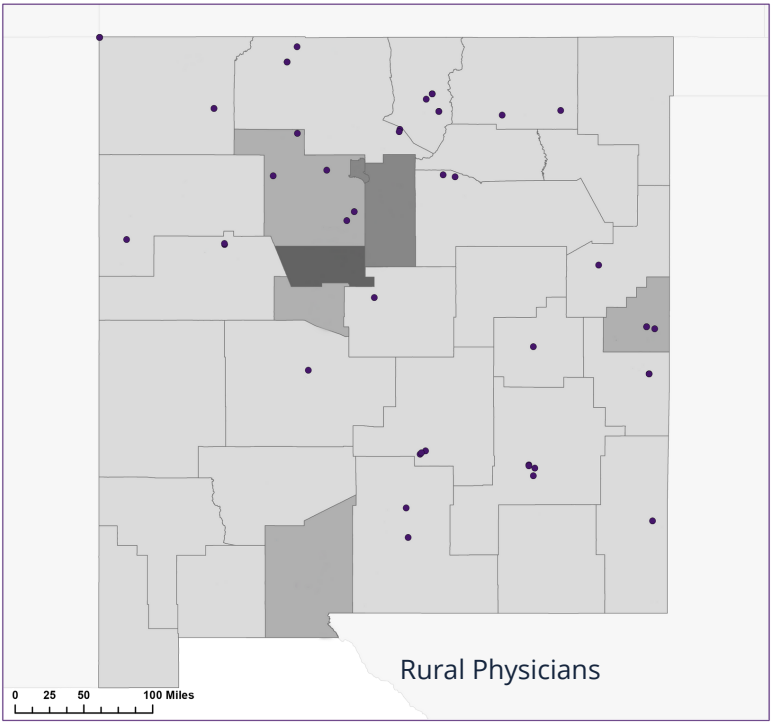


Top: Original Distribution showing Primary Care Physicians and Nurse Practitioners in New Mexico based on data from 2020.

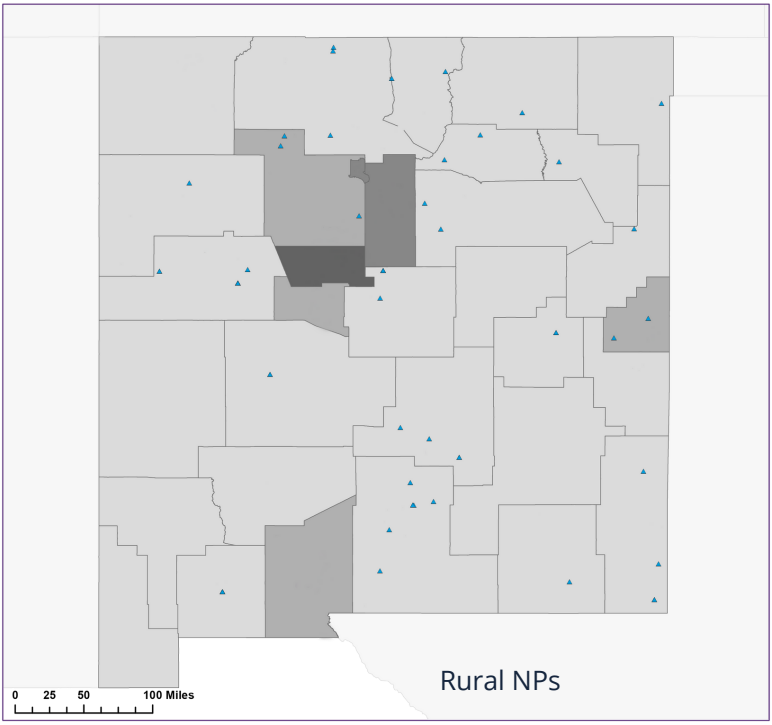
Bottom: Rural Primary Care Physicians with nearby Nurse Practitioners.

Opposite Page Top: Rural Primary Care Physicians

Opposite Page Bottom: Rural Nurse Practitioners.



Rural Physicians



Rural NPs

*Nurse Practitioners do **NOT** reduce patient costs.*

They are associated with increased medications, increased lab tests, increased radiology, increased procedures, and increased referrals.

This increases costs for patients, further burdens the healthcare system, and increases adverse event risk and radiation exposure.

"Although evidence-based healthcare results in improved patient outcomes and reduced costs, nurses do not consistently implement evidence-based best practices." (Melnyk et al. 2012)

NURSE PRACTITIONERS

"The quality of referrals to an academic medical center was higher for physicians than for NPs and PAs" (Lohr et al. 2013)

Increased, low-quality referrals waste patient time, increase patients' lost wages by increasing time at appointments, and increase the appointment wait times for patients who actually need them.

Nurse Practitioners were found to have more referrals and were more likely to prescribe potentially inappropriate medications (PIMs) in diabetes management. (Yong-Fang et al 2015)

"NPs/PAs practicing in states with independent prescription authority were > 20 times more likely to overprescribe opioids than NPs/PAs in prescription-restricted states." (Lozada et al 2020)

Increased opioids are a hazard for patients and non-patients alike.

DO NOT REDUCE COST

"Compared with dermatologists, PAs performed more skin biopsies per case of skin cancer diagnosed and diagnosed fewer melanomas in situ, suggesting that the diagnostic accuracy of PAs may be lower than that of dermatologists." (Anderson et al 2018)

Hospital admitted patients saved over $600 on hospital billing on average when cared for by residents versus midlevel providers. (Iannuzzi et al 2015)

TWICE THE COST FOR HALF THE WORK

"Since the salaries of nurse practitioners and physician assistants are about par with or slightly higher than those of residents, and since residents work twice as many hours, the actual cost would be increased." (Carzoli et al. 2015)

If your loved one is injured by a nurse practitioner, how would you feel if ***they weren't able to recover monetary damages****?*

CRITICAL ISSUES

NURSES ARE NOT OFTEN LEGALLY HELD TO HIGHEST STANDARD OF CARE

Many states have established case law that holds nurse practitioners to a lower standard of care, **limiting patients' ability to recover in instances of malpractice**. Examples include:

Simonson v Keppard, TX
Alef v Alta Bates Hospital, CA
Connette v The Charlotte-Mecklenburg Hospital, NC
Ochoa v Mercy Hospital, OK
Kennedy vs Gander, WI

NURSES ARE NOT BOUND BY ANTI-KICKBACK OR SELF-REFERRAL PROTECTIONS

The Stark Law does not apply to non-physicians, such as nurse practitioners.

NURSES ARE NOT MANDATED TO DISCLOSE CONFLICTS OF INTEREST

The federal Physician Payment Sunshine Act doesn't require pharma companies to report payments to nurse practitioners. In turn, NPs often prescribe more expensive drugs, with an average increased cost of $28 per prescription, according to ProPublica.

FULL PRACTICE AUTHORITY LEGISLATION

CHECKLIST

PHYSICIAN PRACTICE LAWS INCLUDE:		NURSE PRACTITIONER LAWS INCLUDE:
☑	MANDATORY ERROR REPORTING	☐
☑	PROTECTIONS AGAINST SELF-REFERRAL	☐
☑	LEGALLY HELD TO HIGHEST STANDARD OF CARE	☐
☑	FULL MALPRACTICE LIABILITY	☐
☑	MALPRACTICE INSURANCE REQUIRED	☐
☑	ANTI-KICKBACK PROTECTION	☐
☑	CONFLICT OF INTEREST DISCLOSURE	☐
☑	REQUIRED CONTINUING EDUCATION	☑

THESE PROTECTIONS EXIST FOR A REASON.
VOTE **NO** ON FPA.

Anderson, A et al. "Accuracy of Skin Cancer Diagnosis by Physician Assistants Compared With Dermatologists in a Large Health Care System." *JAMA Dermatol.* (2018)

Carzoli, R et al. "Comparison of neonatal nurse practitioners, physician assistants, and residents in the neonatal intensive care unit." *Arch Pediatr Adolesc Med*. (1994)

Center for Medicare & Medicaid Innovation. "The Graduate Nurse Education Demonstration Project: Final Evaluation Report" (2019)

Fulton, C et al. "Clinical Hours in Nurse Practitioner Programs Equals Clinical Competence: Fact or Misnomer?" Nurse Educ. (2017)

Iannuzzi, M et al. Comparing Hospitalist-Resident to Hospitalist-Midlevel Practitioner Team Performance on Length of Stay and Direct Patient Care Cost." *J Grad Med Educ.* (2015)

Lohr, R et al. "Comparison of the Quality of Patient Referrals From Physicians, Physician Assistants, and Nurse Practitioners" *Mayo Clinic Proceedings* (2013)

Lozada, M et al. "Opioid Prescribing by Primary Care Providers: a Cross-Sectional Analysis of NP, PA, and Physician Prescribing Patterns." *J Gen Intern Med*. (2020)

Mancuso, J and Udlis, K. "Doctor of nursing practice programs across the United States: a benchmark of information: part II: admission criteria." *J Prof Nurs.* (2012)

Melnyk, B et al. "The state of evidence-based practice in US nurses: critical implications for nurse leaders and educators." *J Nurs Adm.* (2012)

Minnick, A et al. "Defining and describing capacity issues in U.S. Doctor of Nursing Practice programs." *Nurs Outlook.* (2013)

Mundinger, M and Carter, M. "Potential Crisis in Nurse Practioner Preparation in the United States" Policy Polit Nurs Pract. (2019)

Oregon Center for Nursing. "Primary Care Workforce Crisis Looming in Oregon" (2020)

Ornstein, C. "Transparency Program Obscures Pharma Payments to Nurses, Physician Assistants" *ProPublica* (2015)

Yong-Fang, K et al. "Diabetes Mellitus Care Provided by Nurse Practitioners vs Primary Care Physicians" *J Amer Ger Soc.* (2015)

Think twice before voting for FPA.

There should be no shortcuts in healthcare.

You deserve a physician.

Your loved ones deserve a physician.

When it matters most, you deserve the best.