



STOP SCOPE OF PRACTICE EXPANSION



WORKING TOGETHER TO KEEP PHYSICIANS IN PATIENT CARE

INTRODUCTION

Nonphysicians in Texas are once again asking legislators to let them practice medicine – without a license – by significantly expanding their respective scopes of practice. And once again, the Texas Medical Association and specialty societies have banded together to oppose these intrusions into the safe practice of medicine:

- Federation of Texas Psychiatry
- Texas Academy of Family Physicians
- Texas Association of Otolaryngology
- Texas Chapter of the American College of Cardiology
- Texas Chapter of the American College of Physicians Services
- Texas College of Emergency Physicians
- Texas Dermatological Society
- Texas Medical Association
- Texas Neurological Society
- Texas Ophthalmological Association
- Texas Orthopaedic Association
- Texas Osteopathic Medical Association
- Texas Pain Society
- Texas Pediatric Society
- Texas Radiological Society
- Texas Society of Anesthesiologists
- Texas Society for Gastroenterology and Endoscopy
- Texas Society of Plastic Surgeons
- Texas Urological Society

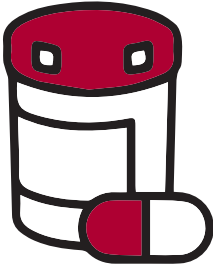
The proposed bills don't save patients time or money or expand patient access to care. Safe, quality patient care depends on our collective advocacy in preventing these bills' passage. Health care must be physician-led and team-based.

TMA created this toolkit to arm stakeholders with the information they need to join us in stopping scope of practice expansion in Texas. The following resources are for your social media channels: messages, research and polling data, social media graphics and posts, short videos, a draft email to legislators, and past TMA articles on scope of practice expansion. TMA encourages your active participation in this advocacy.



MESSAGING

- **Don't let advanced practice registered nurses (APRNs) push physicians out of patient care.**
- APRNs are telling lawmakers they need the authority to diagnose and prescribe independent of physician supervision **without going to medical school.**
- APRNs **do not have the medical and clinical training** to take care of patients without a physician's supervision.
- **House Bill 2029** by Rep. Stephanie Klick and **Senate Bill 915** by Sen. Kelly Hancock **would allow APRNs to independently prescribe dangerous drugs and controlled substances** (up to Schedule III with some Schedule II privileges in inpatient facilities and hospice), **order and interpret diagnostic testing, and prescribe durable medical equipment and devices.** This is the practice of medicine.



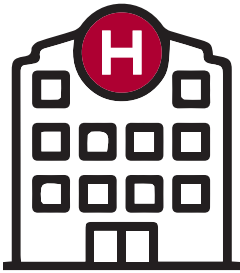
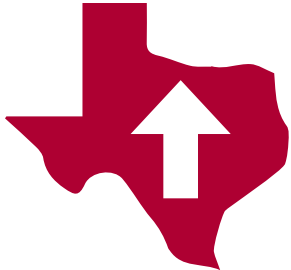
Education/Clinical Training

- Physician training is very different from that of an APRN. **A primary care physician completes between 12,000 and 16,000 hours** of competency-based, clinical training, **compared with ONLY 500 to 720 hours for APRNs.**
- **Physicians' training and education uniquely qualify them** to determine if a medical act can be safely delegated to an APRN acting under the physician's supervision.
- **There are no national standards for APRN training programs,** many of which are conducted entirely online with a 100% acceptance rate. Students are responsible for arranging post-program clinical training hours themselves. Uneven, substandard training results.
- **APRNs do not have the in-depth training required for independent practice in Texas' isolated communities** that have limited health care infrastructure and referral services.
- **Independent diagnosing and prescribing is the practice of medicine,** and it must continue to be reserved solely for those with appropriate training. Patient safety depends on it.

Physician-Led, Team-Based Care

- **Employing a physician-led, collaborative care model when utilizing APRNs supports the goal of patients receiving safe, cost-effective, and efficient care.** Without physician direction and supervision, medical care by independently practicing APRNs will become uncoordinated and fractured, leading to less effective and duplicative services, higher costs, and lower-quality patient care.





Physician-Led, Team-Based Care (cont.)

- **Team-based care capitalizes on the efficiencies** of having the right professional providing the right services to the right patient at the right time with overall direction and coordination managed by physicians.
- **Texas needs more physicians and other health care professionals working in all parts of the state**, especially in rural and border Texas. But the real gains in improving access to and coordination of patient care will come largely from solidifying and expanding the use of physician-led teams.
- **60% of statewide voters oppose** allowing nurse practitioners to diagnose, treat patients, and prescribe medicine without the oversight of a licensed physician.

Improving Access to Care

- APRNs argue they will improve access to care in rural and underserved areas of the state. However, in data from other states where **APRNs practice independently, it is clear they migrate and establish practices in urban and suburban areas and not rural, underserved locations.**
- Experience in states like Oregon, Wyoming, and New Mexico demonstrate **no real improvements in access to care – especially in rural areas** – when those states have granted independent practice and prescribing authority to APRNs.
- While independent APRNs might be paid less for an office visit than physicians, **they tend to order more expensive tests and diagnostic scans, and they are quicker to refer patients to specialists** – all of which drives up the cost of care.
- **93%** of APRNs practice in urban areas.

RESEARCH/POLLING FINDINGS


- **71% of Texas voters** say it is very important to them for a physician to be involved in diagnosis and treatment decisions.
- **60% of Texas voters** oppose allowing nurse practitioners to diagnose, treat patients, and prescribe medicine without the oversight of a licensed physician, even if it saved them money.
- **81% of Texas voters** oppose allowing optometrists without medical degrees to perform eye surgery.
- **71% of Texas voters** oppose allowing psychologists who don't have medical degrees to prescribe antidepressants and addictive anti-anxiety medication.

SOCIAL MEDIA GRAPHICS FOR FACEBOOK/LINKEDIN/TWITTER

WORKING TOGETHER TO KEEP PHYSICIANS IN PATIENT CARE

- Federation of Texas Psychiatry
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WORKING TOGETHER TO KEEP PHYSICIANS IN PATIENT CARE



NO on HB 2029/SB 915

Nursing **does not include** “acts of medical diagnosis or the prescription of therapeutic or corrective measures.”

*Nurse Practice Act
Title 3, Subtitle E, Chapter 301, Subchapter A
Section 301.003(2), Occupations Code*



Physicians Caring for Texans

EDUCATION MATTERS

Medical Professional Educational And Training Differences




Physicians Caring for Texans

Medical Professional	Length of Graduate Level Education	Years of Residency/Fellowship	Total Patient Care Training Hours
Physician (MD or DO)	4 years	3-7 years	12,000-16,000 hours
Family Physician (MD or DO)	4 years	3 years	10,000-12,000 hours
Anesthesiologist (MD or DO)	4 years	4-6 years	12,000-16,000 hours
Ophthalmologist (MD or DO)	4 years + 1 year internship	3-5 years	12,000-16,000 hours
Psychiatrist (MD or DO)	4 years	4-6 years	12,000-16,000 hours
Nurse Practitioner (NP)	2-4 years (online programs included)	None	500-720 hours

Courtesy Of The American Medical Association, American Osteopathic Association, and Texas Osteopathic Medical Association

PATIENT CARE HOURS REQUIRED THROUGH TRAINING




Physicians Caring for Texans

PHYSICIAN	12,000	16,000
APRN	1,500	500


■ Least amount required
■ Typical maximum

NO on HB 1462

71%



of Texas voters **oppose** allowing psychologists who don't have medical degrees to prescribe antidepressants and addictive anti-anxiety medication.




Physicians Caring for Texans

Source: AMA survey of 500 registered Texas voters, Jan.-Feb. 2021.


NO on HB 2029/SB 915

Would allow APRNs to independently prescribe medication, order and interpret tests, and order devices and DME without physician collaboration.




Physicians Caring for Texans

71%



of Texas voters say it is **very important to them for a physician to be involved** in diagnosis and treatment decisions.




Physicians Caring for Texans


Source: AMA survey of 500 registered Texas voters, Jan.-Feb. 2021

NO on HB 2340/SB 993

81%



of Texas voters **oppose** allowing optometrists without medical degrees to perform eye surgery.




Physicians Caring for Texans


Source: AMA survey of 500 registered Texas voters, Jan.-Feb. 2021.

NO on HB 2029/SB 915

60%



of Texas voters **oppose** allowing nurse practitioners to diagnose, treat patients and prescribe medicine without the oversight of a licensed physician, even if it saved them money.




Physicians Caring for Texans

Source: Texas Informed Citizens Statewide Survey of 1,200 registered Texas voters, Nov. 2020

NO on HB 1462


Would allow psychologists to prescribe medication without physician collaboration.



Physicians Caring for Texans

NO on HB 2340/SB 993


Would allow optometrists to perform eye surgery.



Physicians Caring for Texans

NO on HB 1462

Would allow psychologists to prescribe medication without physician collaboration.



Physicians Caring for Texans

SOCIAL MEDIA POSTS FOR FACEBOOK, TWITTER, AND INSTAGRAM

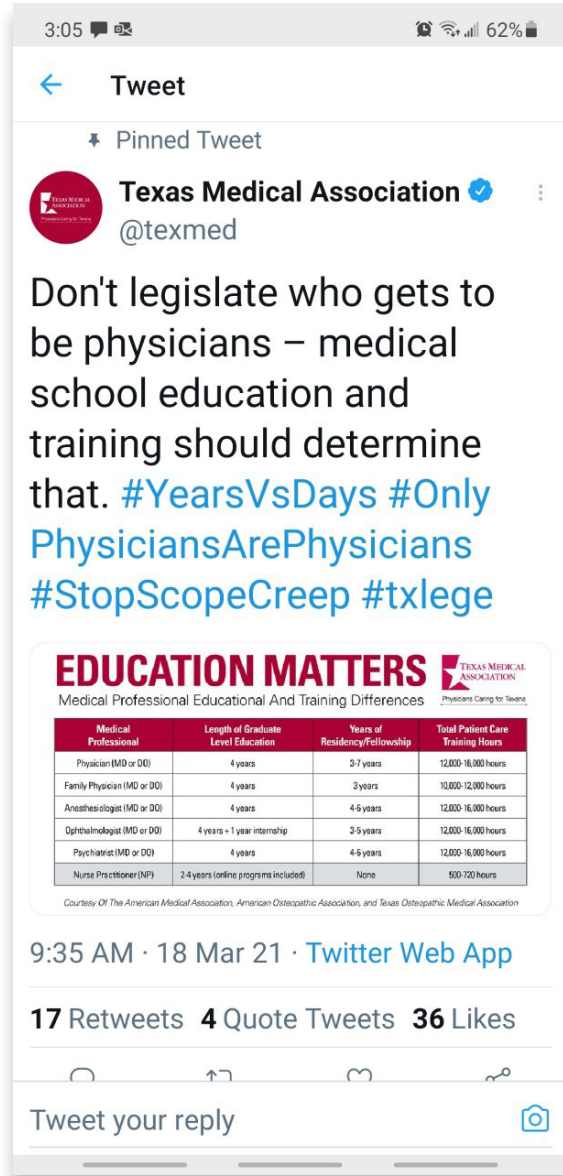
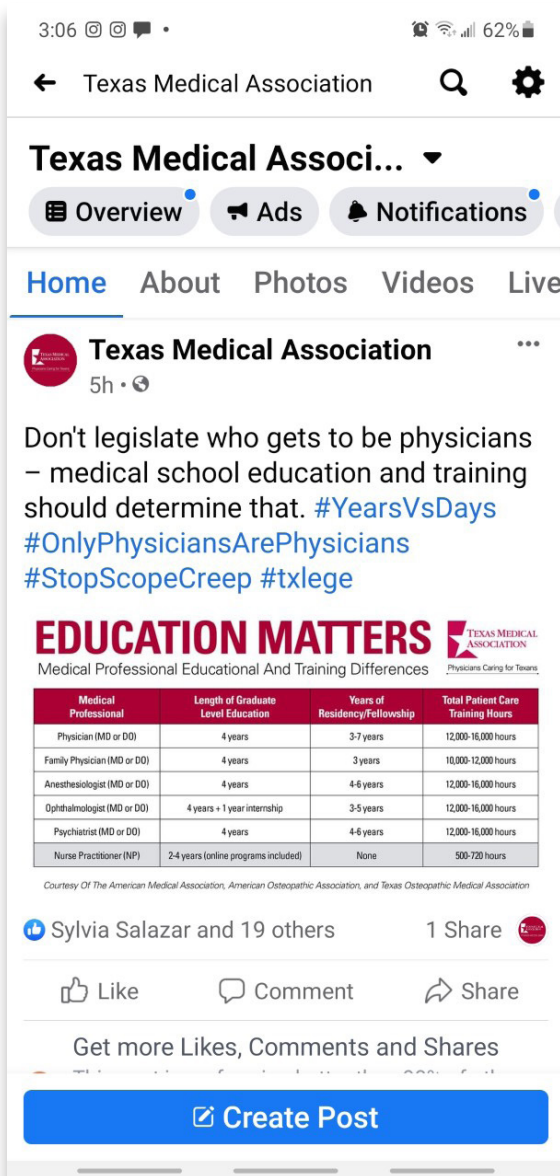
Tweet: Three to five per week

Facebook: One to two per week

Hashtags:

- #OnlyPhysiciansArePhysicians
- #APRNsArentPhysicians
- #YearsVsDays
- #TeamBasedCare
- #StopScopeCreep

Example posts from Mar. 18, 2021



APRN SOCIAL MEDIA POSTS + GRAPHICS

- 93% of APRNs practice in urban areas. They don't serve rural and border areas as claimed. Expanding #scope is dangerous and doesn't improve #accessocare. #txlege #APRNsArentPhysicians #StopScopeCreep #HB2029 #SB915
- #prescribing and #diagnosing are the practice of medicine as defined by law. APRNs are NOT physicians and should not be allowed to practice beyond a nursing scope of license without physician supervision. #txlege #OnlyPhysiciansArePhysicians #StopScopeCreep #HB2029 #SB915
- Physicians have 7-12 years of clinical training before independent practice. APRNs have 60-90 days. APRNs are NOT physicians and should not be allowed to practice medicine independently. #txlege #YearsVsDays #HB2029 #SB915 #OnlyPhysiciansArePhysicians
- APRNs have same number of clinical hours as third-year med students but TX doesn't let med students practice medicine independently. #txlege #YearsVsDays #OnlyPhysiciansArePhysicians #StopScopeCreep #HB2029 #SB915
- APRNs aren't paying \$ to practice nursing. They collaborate w/ delegating physicians to prescribe, which is not included in Nursing Board def of nursing. #txlege #OnlyPhysiciansArePhysicians #APRNsArentPhysicians #HB2029 #SB915
- Doctor of nursing practice (DNP) is an APRN, NOT a physician. Don't let the letters fool you. #txlege #OnlyPhysiciansArePhysicians #APRNsArentPhysicians #HB2029 #SB915
- APRNs are currently allowed to practice to their fullest licensed potential – as a nurse, which is what they are. NOT a physician. #patientsafety #txlege #OnlyPhysiciansArePhysicians #APRNsArentPhysicians #TeamBasedCare #HB2029 #SB915

EDUCATION MATTERS

Medical Professional Educational And Training Differences



Medical Professional	Length of Graduate Level Education	Years of Residency/Fellowship	Total Patient Care Training Hours
Physician (MD or DO)	4 years	3-7 years	12,000-16,000 hours
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Nurse Practitioner (NP)	2-4 years (online programs included)	None	500-720 hours

Courtesy Of The American Medical Association, American Osteopathic Association, and Texas Osteopathic Medical Association



NO on HB 2029/SB 915

Nursing **does not include** “acts of medical diagnosis or the prescription of therapeutic or corrective measures.”

Nurse Practice Act
Title 3, Subtitle E, Chapter 301, Subchapter A
Section 301.002(2), Occupations Code



71%



of Texas voters say it is **very important to them for a physician to be involved** in diagnosis and treatment decisions.



Physicians Caring for Texans

Source: AMA survey of 500 registered Texas voters, Jan.-Feb. 2021

NO on HB 2029/SB 915

60%



of Texas voters **oppose** allowing nurse practitioners to diagnose, treat patients and prescribe medicine without the oversight of a licensed physician, even if it saved them money.



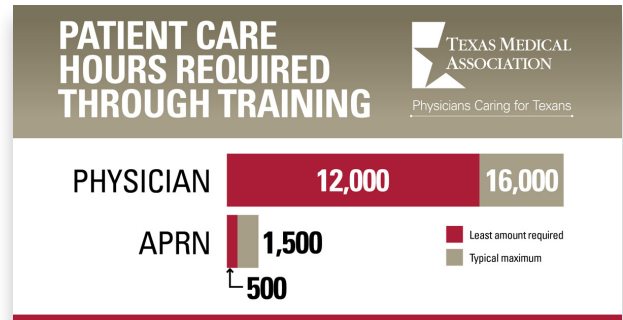
Physicians Caring for Texans

Source: Texas Interested Citizens Statewide Survey of 1,200 registered Texas voters, Nov. 2020

- Claiming #HB2029 and #SB915 won't expand scope of practice is 100% false. Bills will allow independent Rx and diagnosing, defined in law as the practice of medicine, not nursing. #txlege #OnlyPhysiciansArePhysicians #APRNsArentPhysicians
- All health care team members are important but health care teams must be physician-led. Patient safety depends on it. #txlege #TeamBasedCare #OnlyPhysiciansArePhysicians

APRN SOCIAL MEDIA POSTS + GRAPHICS (CONT.)

- Expand access to primary care by fully funding graduate medical education. Not by allowing APRNs to practice medicine. Keep Texas doctors in Texas. #txlege #OnlyPhysiciansArePhysicians #StopScopeCreep #AccessToCare #HB2029 #HB915
- APRN programs are mostly online and have 100% acceptance rate. No national standard exams like medical board exams that physicians must pass. #YearsVsDays #txlege #OnlyPhysiciansArePhysicians #HB2029 #SB915
- Don't legislate who gets to be physicians – medical school education and training should determine that. #YearsVsDays #OnlyPhysiciansArePhysicians #txlege #HB2029 #SB915
- Practicing medicine without the proper education, training, and a license is dangerous and against the law. It is not just a “contracting issue” as the health plans say. #txlege #OnlyPhysiciansArePhysicians #StopScopeCreep #HB2029 #HB2340 #SB915 #SB993



NO on HB 2029/SB 915
 Would allow APRNs to independently prescribe medication, order and interpret tests, and order devices and DME without physician collaboration.

WORKING TOGETHER TO KEEP PHYSICIANS IN PATIENT CARE


Federation of Texas Psychiatry	Texas Chapter of the American College of Physicians Services	Texas Ophthalmological Association	Texas Radiological Society
Texas Academy of Family Physicians	Texas College of Emergency Physicians	Texas Orthopaedic Association	Texas Society of Anesthesiologists
Texas Association of Otolaryngology	Texas Dermatological Society	Texas Osteopathic Medical Association	Texas Society for Gastroenterology and Endoscopy
Texas Chapter of the American College of Cardiology	Texas Medical Association	Texas Pain Society	Texas Society of Plastic Surgeons
	Texas Neurological Society	Texas Pediatric Society	Texas Urological Society

WORKING TOGETHER TO KEEP PHYSICIANS IN PATIENT CARE

OPTOMETRIST SOCIAL MEDIA POSTS + GRAPHICS

- A doctor of optometry (OD) is NOT a medical physician. Don't let the letters fool you. #txlege #OnlyPhysiciansArePhysicians #StopScopeCreep NO on #HB2340 #SB993
- Optometry school is not medical school. Optometrists should not perform eye surgery. Patient safety depends on it. NO on #HB2340 #SB993 #txlege #OnlyPhysiciansArePhysicians #StopScopeCreep
- The Texas Optometry Act allows topical treatments only and prohibits optometrists from performing surgery. #txlege #OnlyPhysiciansArePhysicians #StopScopeCreep NO on #HB2340 #SB993
- Completing residency training programs are optional for optometrists and required for physicians. Those extra years of clinical training are critical. #txlege #OnlyPhysiciansArePhysicians #StopScopeCreep NO on #HB2340 #SB993
- There are no physicians on the Texas Optometry Board – how can it regulate the performance of eye surgery by optometrists? #txlege #OnlyPhysiciansArePhysicians #StopScopeCreep NO on #HB2340 #SB993
- 81% of Texas voters oppose allowing optometrists without medical degrees to perform eye surgery. #OnlyPhysiciansArePhysicians #HB2340 #SB993 #txlege #StopScopeCreep
- Clinical training hours in the optional optometric residency is fewer hours than one year of full-time work. #txlege #StopScopeCreep #OnlyPhysiciansArePhysicians #SB993 #HB2340

NO on HB 2340/SB 993

81% 

of Texas voters **oppose** allowing optometrists without medical degrees to perform eye surgery.

Source: AMA survey of 500 registered Texas voters, Jan.-Feb. 2021



NO on HB 2340/SB 993

Would allow optometrists to perform eye surgery.

WORKING TOGETHER TO KEEP PHYSICIANS IN PATIENT CARE


Federation of Texas Psychiatry	Texas Chapter of the American College of Physicians Services	Texas Ophthalmological Association	Texas Radiological Society
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WORKING TOGETHER TO KEEP PHYSICIANS IN PATIENT CARE


PSYCHOLOGIST SOCIAL MEDIA POSTS + GRAPHICS

- #prescribing is the practice of medicine as defined by law. Psychologists are NOT physicians and should not be allowed to practice medicine. #txlege #OnlyPhysiciansArePhysicians #StopScopeCreep NO on #HB1462
- Physicians have 7-12 years of clinical training before independent practice. APRNs have 60-90 days. APRNs are NOT physicians and should not be allowed to practice medicine independently. #txlege #YearsVsDays #OnlyPhysiciansArePhysicians #StopScopeCreep #HB2029 #HB915
- APRNs have same number of clinical hours as third-year med students but TX doesn't let med students practice medicine independently. #txlege #YearsVsDays #OnlyPhysiciansArePhysicians #StopScopeCreep NO on #HB2029 #SB915
- All health care team members are important but health care teams must be physician-led. Patient safety depends on it. #txlege #TeamBasedCare NO on #HB1462 #OnlyPhysiciansArePhysicians #StopScopeCreep
- Expand access to health care by fully funding graduate medical education. Not by allowing psychologists to practice medicine. Keep Texas doctors in Texas. #txlege #OnlyPhysiciansArePhysicians #StopScopeCreep #AccessToCare NO on #HB1462
- Don't legislate who gets to be physicians – medical school education and training should determine that. #YearsVsDays #OnlyPhysiciansArePhysicians #txlege NO on #HB1462 #StopScopeCreep
- 71% of Texas voters oppose allowing psychologists who don't have medical degrees to prescribe antidepressants and addictive anti-anxiety medication. #StopScopeCreep #OnlyPhysiciansArePhysicians #HB1462 #txlege

NO on HB 1462

71% 

of Texas voters **oppose** allowing psychologists who don't have medical degrees to prescribe antidepressants and addictive anti-anxiety medication.


Physicians Caring for Texans

Source: AMA survey of 500 registered Texas voters, Jan.-Feb. 2021

NO on HB 1462

Would allow psychologists to prescribe medication without physician collaboration.

WORKING TOGETHER TO KEEP PHYSICIANS IN PATIENT CARE

Federation of Texas Psychiatry	Texas Chapter of the American College of Physicians Services	Texas Ophthalmological Association	Texas Radiological Society
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WORKING TOGETHER TO KEEP PHYSICIANS IN PATIENT CARE

TMA VIDEOS FOR SOCIAL MEDIA

Video #1: Team-Based Physician-Led Care is Best for Patients

<https://youtu.be/kcYt0FViXcA>



Video #2: Patients Prefer Physicians Leading Their Care

<https://youtu.be/7ethm8sUJTA>



Video #3: Physicians Are Most Qualified to Prescribe Medicine for Patients

<https://youtu.be/bmq8hCYr4pE>



TEXAS OPHTHALMOLOGICAL ASSOCIATION VIDEO

Safe Vision Texas_Charlotte Allison

https://www.safevisiontexas.org/patient_stories_charlotte



SAMPLE EMAIL TO LEGISLATORS

This is important: HB 2029/SB 915 would change the Nursing Practice Act to allow APRNs (nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists) to independently:

- Prescribe dangerous drugs and controlled substances (up to Schedule III with some Schedule II privileges in inpatient facilities and hospice),
- Order and interpret diagnostic testing, and
- Prescribe medical devices and durable medical equipment.

Physicians and the Medical Practice Act recognize prescribing and diagnosing as the practice of medicine. Organized medicine opposes HB 2029/SB 915 because:

1. APRNs are currently free to practice independently and to the top of their license – as a nurse, which is what they are. The Nursing Practice Act does not allow nurses to independently prescribe medication, as defined by Occupations Code, Title 3, Subtitle E, Chapter 301, Subchapter A, Section 301.002(2): Nursing can screen under standing orders and prescribe therapeutic or corrective measures when delegated by a physician. HB 2029/SB 915 would allow independent APRNs to practice medicine.
2. All members of the health care team are important, but the team must be physician-led as health care practitioners are not interchangeable. All physicians have by a significant order of magnitude more education and clinical training than APRNs. At a minimum, physicians have between 10,000 and 15,000 hours of clinical training, whereas APRNs have between 500 and 720 hours of self- or minimally proctored clinical training hours.
3. In states where APRNs have been granted independent prescribing and diagnosing authority, a variety of guardrails guide the transition to practice: minimum hours or years of close supervision by a physician; oversight by the state board of medicine; required liability coverage; requirements to self-identify to patients as a nurse, not a physician; and ongoing collaboration and consultation, to name a few. Patient safety and protection are paramount.
4. If collaborative, prescriptive, or supervisory agreements with physicians are burdensome, unworkable, impractical, or excessively expensive, then let's fix SB 406 from the 2013 legislative session, not throw it out completely.
5. Passage of HB 2029/SB 915 will not increase access to care in rural or border settings, as claimed. 93% of APRNs already practice in urban areas, with the vast majority employed by physicians, health systems, federally qualified health clinics, local health departments, and retail health clinics.

If the state legislature changes the law and grants APRNs the authority to independently prescribe and diagnose, which is currently specifically prohibited by the Nursing Practice Act, APRNs should be regulated by the Texas Medical Board along with physicians.

RESOURCES: TMA ARTICLES, ONE PAGERS, AND AMERICAN MEDICAL ASSOCIATION INFORMATION

Stop Scope of Practice Expansion Legislative Brief

<https://www.texmed.org/Template.aspx?id=55536>

TMA Opposes Bill Defining Clinical Psychologists as Physicians in Medicare

<https://www.texmed.org/Template.aspx?id=54871>

I Won't Take the Nurse Practitioners' Bait

<https://www.texmed.org/TexasMedicineDetail.aspx?id=52583>

Physicians Must Lead Care Teams, Medicine Tells Feds

<https://www.texmed.org/Template.aspx?id=52388>

TMA to Trump: Do Not Expand NPPs' Scope of Practice

<https://www.texmed.org/Template.aspx?id=51847>

TMA Says "No" to Federal Scope Expansion
Under President's Medicare Executive Order

<https://www.texmed.org/Template.aspx?id=51707&terms=scope>

We Need to Come in Force: Physician-Lawmakers Look Ahead to 2021

<https://www.texmed.org/Template.aspx?id=51566>

CRNAs Can't Administer Anesthesia Unless Physician Delegates It, AG Rules

www.texmed.org/TexasMedicineDetail.aspx?id=51523

