Scope of Practice

Background
CMA both supports utilizing allied health professionals — physical therapists, optometrists, nurse anesthetists, pharmacists, nurse practitioners, psychologists, audiologists, chiropractors, podiatrists, dentists, clinical social workers, naturopaths, etc. — to the top of their training and recognizes the important role they play in the healthcare delivery team. Allied health professional scope of practice expansions must be examined carefully to ensure that patient care is not jeopardized, i.e., that allied health professionals have the proper experience, training, and education to treat patients safely, and that the physician is the final decision-maker.

Threats
- SB 491 would expand the scope of practice for California’s nurse practitioners, allowing them to establish independent practices without the supervision of a physician partner.
- SB 492 initially sought to dramatically expand the scope of practice for California’s optometrists. Through amendments, all of the surgical procedures and most of the treatments generally reserved for ophthalmologists have been removed from the bill.
- SB 493 initially sought to expand the scope of practice of California’s pharmacists to allow them to prescribe a wide variety of drugs without physician supervision. Following a round of amendments, much of the prescribing authority has been removed from the bill, but CMA continues to have major concerns.

Allied health professional scope of practice expansion bills that are a threat to patient safety are introduced in the California Assembly and Senate every year.
Argument Against Allied Health Professional Scope of Practice Expansions: These scope expansions lead to inferior outcomes.

Explanation: Recklessly allowing certain health professionals to operate outside of their training puts patients in harm’s way. Simply changing the law cannot duplicate the years of graduate training, full-time residencies, and thousands of hours of clinical rotations physicians undergo to equip them with the necessary knowledge and understanding of complicated and hard-to-diagnose, hard-to-treat diseases.

Argument Against Allied Health Professional Scope of Practice Expansions: Addressing the physician shortage in California is a funding issue.

Explanation: The severe underfunding of medical residency programs in California has forced thousands of new MDs to leave the state for their residencies, where the majority of them stay to join or open practices. Increasing the number of residency slots for physicians educated in California will keep those physicians in the state and can provide immediate relief for newly insured patients looking for quality medical care as the Affordable Care Act goes into effect.

Argument Against Allied Health Professional Scope of Practice Expansions: We need to increase access to care for patients in California.

Explanation: The solution is not to devalue the primary role of trained physicians — it’s to attract and retain more physicians. Expanding allied health professional scope of practice will not ensure access to care. California needs more medical schools. In August of this year, UC Riverside will open the doors of its full-time medical school; however, to stay operational, the school will need to secure additional funding, which AB 27 (Medina) and SB 21 (Roth) aim to achieve.

Argument Against Allied Health Professional Scope of Practice Expansions: These expansions will lead to greater fragmentation of care.

Explanation: The new healthcare laws were specifically written to increase reliance on team-based care, in which physician assistants, nurse practitioners, medical assistants, and other professionals work under the supervision of highly trained and experienced physicians. This model leverages the skills and experience of all health professionals and has a proven record of quality and efficiency based on clinical integration.

Proposals to expand so-called “scope of practice” would only further fragment the healthcare delivery system, encourage over-reliance on specialty referrals, and create a dangerous disincentive away from the proven model of physician-supervised, team-based care.

The Affordable Care Act has offered a chance for the medical community to be innovative and groundbreaking in the way healthcare is delivered to patients. We must seize this opportunity to show that integrated care led by a physician is not only the safest but the most efficient and cost-effective way to make the ACA a success.

California can accomplish both of the ACA’s objectives — expanding access to health coverage to all while ensuring the high quality of medical practice in California — without eroding quality or jeopardizing patient safety, providing access to safe and high-quality care for everyone.

Argument Against Allied Health Professional Scope of Practice Expansions: Scope expansions don’t close the provider gap.

Explanation: Of the 10 states that allow independent practice by nurse practitioners, the majority have a higher percentage of underserved individuals than California.

Supporters claim that expanding the scope of practice for allied health professionals will increase primary care capacity in underserved areas. However, there is no strong evidence to support this claim. A number of states have already enacted expanded scope of practice laws. Despite that, there has been little or no reduction in the underserved population in the majority of those states.

This is a thinly veiled power grab by these groups seeking to benefit from healthcare reform. Scope expansion is a windfall for medical specialists. If these laws are passed, they will be able to perform lucrative medical procedures — such as administering Botox injections — even if they are not trained to do so.

Proponents of the bills claim that they were introduced in response to the passage and implementation of the Patient Protection and Affordable Care Act. It is true that the ACA will expand access to healthcare to an estimated 2 million Californians. These newly insured individuals will undoubtedly put a strain on a healthcare system already

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stretched thin. However, it is disingenuous for supporters to claim that the bills were solely a response to the ACA.

The majority of nurse practitioners, optometrists, and pharmacists are practicing in the same regions as physicians, not in the areas with a shortage of providers.

Medical professionals are unlikely to relocate from densely populated, urban areas to parts of the state that lack access — primarily low-income and rural communities — simply because their scope of practice is being expanded.

The majority of California’s physicians are located in greater Los Angeles, the Bay Area and the Central/Sierra region. Most of the state’s nurse practitioners and other medical professionals are located in those same regions. Simply expanding the scope of practice for allied health professionals is not going to impact areas lacking in physicians, because those professionals are not located in those areas.

Argument Against Allied Health Professional Scope of Practice Expansions: Scope expansions create substandard care for underserved communities.

Explanation: Instead of addressing the state’s physician shortage, particularly in poor and rural areas, scope expansions create a two-tier system of care, one in which those in underserved areas rely on allied health professionals for primary care treatment, while the rest of the population receives care from physicians and physician-led teams.

Under these bills, nurse practitioners, optometrists, and pharmacists will have the power to act like a doctor minus the same level of medical training. The individuals most likely to rely on these specialists for primary care are those with low incomes and those who will be newly insured under the Affordable Care Act.

In fact, scope expansion actually undermines one of the primary intentions of the ACA, which was to increase access to quality, team-based medical care. Currently, nurse practitioners and other paraprofessionals consult with physicians in solving complex patient care problems. Allowing these professionals to open and operate their own medical practices without physician supervision erodes the collaborative nature of team-based care.

Argument Against Allied Health Professional Scope of Practice Expansions: Training and collaboration count in medicine.

Explanation: Nurse practitioners, optometrists, and pharmacists are trained medical professionals, but they are not physicians. Allowing them to diagnose and prescribe and treat patients in areas in which they have not received training places patients at serious risk.

In California, licensed physicians are required to have four years of medical school and up to seven years of additional residency and training. In comparison, most nurse practitioners receive the same amount of education as a second-year medical student.

Experts agree that quality medical treatment requires a team-based approach where nurse practitioners, medical assistants, and other trained professionals work under the supervision of a physician. By removing the supervisory role, the bill package eliminates that collaborative aspect. The same concern applies when expanding the scope of practice for optometrists and pharmacists to treat patients for conditions that require a physicians’ expertise.

Argument Against Allied Health Professional Scope of Practice Expansions: These healthcare extenders have less accountability.

Explanation: All three bills set a dangerous precedent of allowing allied health professionals to practice medicine without being subject to the Medical Practice Act (MPA), which regulates the practice of medicine and in which violations may result in the loss of a medical license and possibly criminal prosecution.

Ultimately, nurse practitioners, optometrists, and pharmacists would be providing the same services as physicians, with less training, while being held to a lower standard of care.

Argument Against Allied Health Professional Scope of Practice Expansions: These expansions would ultimately incur greater cost.

Explanation: Since the advent of nurse practitioners and physician assistants in our area, I have noted that they order many more tests than the medical doctors whom they work for. This has been consistent for the past 15 years. They lack the judgment and medical knowledge of physicians and overutilize tests, which drive up healthcare costs.

Argument Against Allied Health Professional Scope of Practice Expansions: There is a better solution.

Explanation: Rather than rely on a short-sighted fix, a responsible alternative is to focus on increasing primary care provider training; recruiting more physicians from outside California; and creating incentives for working in underserved areas. The California Medical Association supports the following approach:
SB 21 and AB 27 allocate $15 million annually for the new UC Riverside School of Medicine; AB 565 expands the Steve Thompson Loan Repayment Program to help repay medical school loans in exchange for students agreeing to practice medicine in underserved areas; AB 1176 creates residency positions in medically underserved communities by instituting insurer fees; and AB 1288 requires the Medical Board of California to prioritize applications for physician licenses from those who plan to treat members of a medically underserved population.

The California Medical Association is promoting legislation to fund a shortage of physician training slots that forces medical students out of state, and legislation to keep paltry Medi-Cal funding from being cut even further. We hope the Legislature will agree.

The most immediate way we can add more physicians is by increasing the number of residency slots throughout the state. Assembly Bill 1176, introduced by Assemblyman Raul Bocanegra, D-Los Angeles, would do just that. The bill will follow the example of other states by creating a funding source for California residency training programs, which are now grossly underfunded.

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