



AMERICAN OSTEOPATHIC ASSOCIATION

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May 30, 2012

The Honorable Jim Marleau
Chair, Senate Health Policy Committee
1010 Farnum Building
Lansing, MI 48909

Dear Chairman Marleau:

The American Osteopathic Association (AOA) is writing to encourage you to oppose SB 481 in committee. This bill would change the definition for advanced practice registered nurses (APRNs) by establishing licensure for nurse midwives, nurse practitioners and clinical nurse specialists. In addition, the bill also has a coinciding expansion of the scopes of practice for these clinicians by allowing them to possess, prescribe and administer nonscheduled prescription drugs and controlled substances included in schedules II through V. These increases in scopes of practice fail to include a matching increase in education and training for APRNs. As a result, this legislation could place Michigan patients at risk through possible adverse drug interactions and missed diagnoses.

The AOA proudly represents its professional family of more than 78,000 osteopathic physicians (DOs); promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities.

The AOA supports the "team" approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. While we value the contributions of APRNs to the health care delivery system, we believe any expansion of their authority to provide services to patients without appropriate oversight should be directly related to additional education, competence and training requirements. This bill does not satisfy these concerns, because although it does require the completion of a pharmacology course, it does not establish course hour requirements. APRNs do not have the training needed to appropriately prescribe and dispense potentially dangerous controlled substances. Therefore, physician oversight is needed to ensure patient safety and quality of care delivery.

Osteopathic physicians complete four years of osteopathic medical school, which includes two years of didactic study and two years of clinical rotations. Clinical rotations in the third and fourth years are done in community hospitals, major medical centers, and doctors' offices. This is followed by three to seven years of postgraduate medical education, i.e., residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions. Physicians have both extensive medical education and comprehensive training that prepares them to understand medical treatment of disease, complex case management and safe prescribing practices. In addition, osteopathic physicians have strenuous continuing education requirements through

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maintenance of licensure and the AOA's Osteopathic Continuous Certification. This process ensures that board certified DOs maintain currency and demonstrate competency in their specialty area. It includes lifelong learning and continuous education, cognitive assessment, and practice performance and assessment.

Most nurse practitioners have just two to three years of graduate education and less clinical experience than is obtained in the first year of a three-year medical residency. Physicians complete 12,000 to 16,000 hours of supervised postgraduate clinical training, while nurse practitioners are generally only required to complete somewhere between 500-720 patient care hours. In a recent national patient survey, 90% of respondents said that a physician's additional years of education and training (compared to a nurse practitioner) are vital to optimal patient care, especially in the event of a complication or medical emergency.¹

Expanding APRNs' scope of practice without explicitly establishing the required amount of postgraduate training runs counter to the state's obligation of protecting the public. The United States is already faced with a prescription drug abuse epidemic, and adding thousands of additional prescribers with less training will only increase the problem in Michigan.

Adequate oversight established through proper limitations on health professionals' scopes of practice, based on training, education, experience and examination, is an essential component in protecting the public's health and safety. **We urge you to protect the safety of Michigan patients by opposing SB 481 in committee.** Should you need any additional information, please feel free to contact Nicholas A. Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773 ext. 8185.

Sincerely,



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President

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¹ *Truth in Advertising: 2008-2010 Survey Results*; American Medical Association, available at <http://www.ama-assn.org/resources/doc/arc/tiasurvey.pdf>