



# Objective Educational Standards, Improved Care, and Patient Safety Must Drive Scope of Practice Decisions

Each member of the health care team, both those who practice independently and those who work collaboratively with physicians, bring important skills and expertise to patient care. The legislature must ensure that nonphysician practitioners are not permitted to expand their respective scopes of practice beyond what their education, skills, and experience safely permit. Medical diagnoses and prescriptive authority must remain the purview of medical-school-trained, licensed physicians.

Despite the claims made by nurse practitioners, experience in other states demonstrates no real improvements in access to care — especially in rural areas — when those states have granted independent practice and prescribing authority, or expanded the services non-physicians can legally provide.

Primary care is not limited to low acuity services. It also includes management of chronic conditions (and timely interventions), and emergency surgeries such as appendectomies, cesarean sections, broken bones and lacerations, stroke care, and stabilization of trauma patients.

With regard to physical therapists desire for direct access, correctly diagnosing a musculoskeletal condition involves a number of factors, including the performance of a comprehensive history and physical examination, and, when indicated, imaging, laboratory testing, and other diagnostic procedures — none of which physical therapists have the training or education necessary to provide.



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*(continued)*

## OUR POSITION

- We oppose House Bill 1415 by Klick and Senate Bill 681 by Hancock, granting advance practice registered nurses (APRNs) independent practice and prescribing authority.
- We oppose Senate Bill 728 by Van Taylor and House Bill 2118 by Klick, allowing physical therapists to treat patients for 30 days without a referral.
- We oppose the Stickland amendments to House Bill 2950, the Nursing Board sunset bill, granting APRNs independent practice and prescribing authority.

### Data Points

#### Expanding APRNs' scope of practice will not increase access to care in rural Texas

- In New Mexico, which allows independent practice, the distribution of APRNs and primary care physicians lines up almost exactly, even in the most remote areas of the state. Similar patterns are seen in other states with large swathes of rural area, such as Idaho, Arizona, and Utah.<sup>1</sup>
- Research comparing APRNs to physicians found a 41-percent increase in hospitalizations and a 25-percent increase in specialty visits among patients treated in the same setting by APRNs.<sup>2</sup>
- From both quality and cost perspectives, research demonstrates that physical therapists are not the proper health care provider to serve as the first point of contact for a patient.<sup>3</sup>

1 American Medical Association Advocacy Resource Center, 2016. <https://www.ama-assn.org/about-us/health-workforce-mapper>

2 Hemani A, Rastegar DA, Hill C, et al. "A comparison of resource utilization in nurse practitioners and physicians." *Eff Clin Pract.* 1999 Nov-Dec; 2(6):258-265.

3 Jette, Diane U, et al. "Decision-Making Ability of Physical Therapists: Physical Therapy Intervention or Medical Referral," *Physical Therapy* 86(12):1619-29, January 2007

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