

MedChi

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Peter A. Hammen, Chair
Members, House Health and Government Operations Committee
The Honorable Bonnie Cullison

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Joseph A. Schwartz, III
Danna L. Kauffman

DATE: March 10, 2015

RE: **OPPOSE UNLESS AMENDED** – House Bill 999 – *Nurse Practitioner Full Practice Authority Act of 2015*

The Maryland State Medical Society (MedChi), which represents more than 8,000 Maryland physicians and their patients oppose House Bill 999, unless amended.

House Bill 999 would repeal the requirement that a Nurse Practitioner (“NP”) attest to the existence of a collaborative agreement with a physician. In repealing this requirement, the legislation severs the required tie between an NP and a physician, and allows the NP to practice independently, effectively treating them the same as a physician.

To be clear, NP’s and other physician extenders are an essential component of our health care delivery system. However, the training and experience of an NP does not compare to that of a physician. One of the principal differences is that a physician must complete a 3-7 year residency, while the NP completes no residency at all. As it now stands, the NP’s clinical background is not adequate to recognize and treat the myriad of health issues that arise regularly in a primary care practice, without physician involvement. NPs acknowledge as much: A January 2007 study published in the American Journal of Nurse Practitioners concluded that NP’s, by their own admission, felt they needed “more out of their...clinical experience.” Without the written agreement and an established protocol between the physician and the NP, there is no system for the NP to have immediate and regular access to a physician. When a medical issue arises that is beyond the training and clinical experience of an NP, rather than immediately contacting the collaborating physician, the NP will have to search for a physician or direct the patient to the emergency room.

According to the American Academy of Nurse Practitioners (AANP), 19 states allow NP’s to practice independently. Another 12 states require supervision or delegation by a physician, which is more restrictive than the current Maryland law. The remaining 19 states require some form

of collaboration, including Maryland. This breakdown illustrates that Maryland is in the mainstream with regard to its regulation of NP's, and not an outlier as some may argue. In fact, in 2010 Maryland loosened the restrictions on NP's by eliminating the requirement of a written collaborative agreement between the NP and a physician, in favor of the current attestation.

Current Maryland law has not inhibited the presence of NP's in our delivery system. When the number of residents per NP in Maryland is compared with those states allowing independent practice, there is no proof that independent practice results in a greater number of NPs. For example, using 2011 data, Maryland had one NP per 1660 residents. Of the 19 states allowing independent practice, 11 had a greater number of NPs per population, and 8 had fewer NP's per population. If allowing independent practice resulted in a higher number of NPs serving the public, then it would be expected that ALL of the states with independent practice would have more NP's per population, but that is not the case.

Amendments

Despite its significant concerns about NPs practicing independently, MedChi has heard the calls of advocates for NPs suggesting that the attestation is of limited use. While we do not agree with that position, we do recognize that an experienced NP is distinguishable from an NP that has just obtained their license. Accordingly, MedChi would suggest following the approach of six other states which have repealed the requirement of a collaborative agreement for more experienced NPs, but retained it for less experienced NPs. Notably, the AANP characterizes these states as allowing "full practice". For example, Minnesota requires that an NP with fewer than 2,080 hours of practice must maintain a collaborative agreement. Connecticut requires NPs who are licensed for fewer than three years to collaborate, and Vermont also requires a "formal collaborative agreement" for those NP's with fewer than two years of experience. Accordingly, MedChi suggests that attestation, which includes the identification of a physician, continue to be required for NP's with fewer than four years of licensure.

Secondly, MedChi urges the General Assembly to amend the bill to retain a disciplinary basis for those NPs who fail to refer to and consult with physicians and other health care providers as needed. Current law requires NPs to do so. While NPs with greater than four years of experience could eliminate the need for the attestation, the Board of Nursing would retain the ability to discipline any NP who fails to meet the obligation of referring to and consulting with other providers. It has been the testimony of NPs for years that they regularly comply with this requirement, so continuing it should not be objectionable.

With these two amendments, MedChi would no longer oppose House Bill 999.

For more information call:

J. Steven Wise
Pamela Metz Kasemeyer
Joseph A. Schwartz, III
Danna L. Kauffman

