

Title: Oppose Scope of Practice Expansion for Allied Health Care Professionals and Address Physician Shortage with Data Proven Methods

Introduced by: Kaitlyn Dobesh, Gunjan Malhotra, and Tamara Roumayah for the Medical Student Section

Original Author: Kaitlyn Dobesh

Referred to: Reference Committee B

House Action: **AMEND**

Whereas, in March 2015, a study conducted for the Association of American Medical Colleges by the Life Science division of IHS Inc. found that by 2025 our nation will face a predicted shortage of physicians somewhere between 46,100-90,400 physician providers including both primary care (12,500-31,100 providers) and specialty physicians (28,200-63,700 providers), and

Whereas, demand for physicians is expected to increase 15 percent as a result of the aging population and increase two percent as a result of the Affordable Care Act (ACA)¹, and

Whereas, to address this shortage, medical schools have been increasing their class sizes and more schools have been opened; yet, a bottleneck at the level of graduate medical education (GME) exists which limits the completion of training required for physicians to be capable of practicing^{2,12}, and

Whereas, other allied health care providers are also increasing the number of students they are training to help address the shortage; however, they do not have a barrier in the form of GME, and

Whereas, many allied health care providers are also seeking to expand their scope of practice beyond their level of education and training and cite the physician shortage and ACA as the reasons for doing so. However, the IHS Inc. report found that a shortage of physicians will persist even with this approach likely because the role and level of education of a physician cannot be emulated by changes in legislation regarding scope of practice. The number of years in education, direct clinical experience, and years in residency are not found in other professions^{1,3,10}, and

Whereas, the lack of access to providers is most prevalent in rural and urban areas, but there is no incentive for allied health care professionals to provide care in these areas with expansion of their scope of practice, and

Whereas, studies have shown that these professionals practice in the same areas where physicians are present. For example, only 18 percent of nurse practitioners choose to practice in

46 underserved areas and incentives to bring them to rural areas include the same loan
47 reimbursement ideas that can be used to bring physicians to these areas^{5,6}, and

48 Whereas, this in theory may sound like a helpful method to address the physician shortage,
49 in actuality disrupts the team based care provided to patients by allowing allied health care
50 providers to practice independently, decentralizes care, creates unsafe care for patients, increases
51 use of resources and cost of care in the form of duplicate and unnecessary studies, decreases
52 communication and collaboration between providers, and ultimately still does not address the lack
53 of access to physician providers in the areas where they are required most, and

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55 Whereas, studies have shown the benefits of collaborative care and fragmenting the
56 delivery of healthcare goes against this evidence^{4,9,11}, and

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58 Whereas, one of the most effective ways to incentivize greater access to physicians in
59 underserved rural and urban areas calls for programs that help with the heavy resident and
60 physician debt burden. Unfortunately, the states and federal government are not investing in such
61 programs or in graduate medical education. Physicians involved in programs that bring them to
62 underserved areas do require the support of allied health care professionals; thereby, resulting in a
63 team of health care providers that is better able to serve these areas^{6,7,8}, and

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65 Whereas, the IHS Inc. report suggested a multi-pronged approach to address the physician
66 shortage, including innovation in delivery; greater use of technology; improved, efficient use of all
67 health professionals on the care team; and an increase in federal support for residency training¹,
68 and

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70 Whereas, the State of Michigan faces a continuous influx of various legislative initiatives
71 aimed at expanding the scope of practice for allied health care professionals, and

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73 Whereas, proponents of these initiatives often cite laws passed in other states, the issue of
74 effectiveness of these laws in addressing the physician shortage still remains debated, and

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76 Whereas, the amount of training required for physicians is much more extensive as
77 evidenced by the fact that in some programs nurse practitioners can elect to complete their
78 degrees online. Other examples include short courses for rapid diagnostic testing and allied health
79 professionals not being required to maintain certification and keep up to date on changes in the
80 practice of medicine³; therefore be it

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82 RESOLVED: That MSMS continues to oppose any legislation that seeks to expand the scope
83 of practice for allied health care professionals beyond the level of their education and training; and
84 be it further

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86 RESOLVED: That MSMS supports legislative and financial measures to incentivize physicians
87 to practice in underserved areas.

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90 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

¹ https://www.aamc.org/download/426242/data/ihsreportdownload.pdf?cm_mmc=AAMC_-_ScientificAffairs_-_PDF_-_ihsreport

² <https://www.aamc.org/newsroom/newsreleases/431036/20150430.html>

³ http://www.mcrh.msu.edu/documents/grandrounds/2014_pharmacy_gr/feb_11/use_rdt_community_pharmacies.pdf

⁴ Yee, Tracy, et al. "Primary care workforce shortages: nurse practitioner scope-of-practice laws and payment policies." National Institute for Health Care Reform. Research Brief 13 (2013).

⁵ <https://onlinenursing.simmons.edu/nursing-blog/rural-nursing-primary-care/>

⁶ <http://www.aspr.org/?579>

⁷ https://services.aamc.org/fed_loan_pub/index.cfm?fuseaction=public.welcome&CFID=1&CFTOKEN=13F7A7BF-A884-0E81-3DA6043685E0CC1C

⁸ <http://journalofethics.ama-assn.org/2011/05/pfor1-1105.html>

⁹ <https://www.ncsbn.org/ReformingScopesofPractice-WhitePaper.pdf>

¹⁰ <http://www.nytimes.com/2011/10/02/health/policy/02docs.html>

¹¹ <http://well.blogs.nytimes.com/2015/04/30/doctors-and-nurses-not-learning-together/>

¹² <http://www.nytimes.com/2014/04/30/opinion/nurses-are-not-doctors.html>