

Scope of practice overview

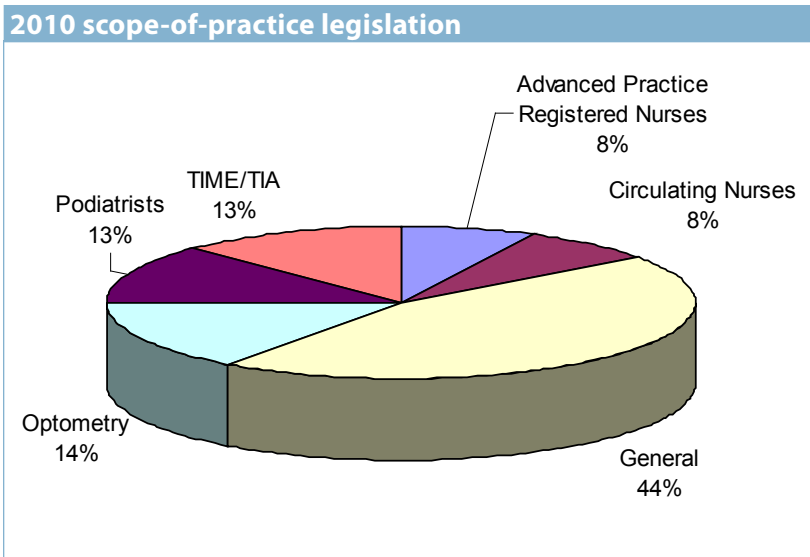
by Alexis Walters, Regional State Affairs Associate, Division of Advocacy and Health Policy

In recent years, many non-physician health care providers have increased their efforts to expand their scope of practice to include treatments, procedures, and authority inconsistent with their education and training, through legislative, regulatory, and administrative means. If scope-of-practice expansions are inconsistent with the education and training a provider group receives, or are not coupled with safeguards—such as practice protocol arrangements with a physician who provides oversight of the care provided—the safety and quality of health care delivered to patients is compromised.

On the state level, scope-of-practice issues remain one of the top five state legislative priorities for the College. Over the course of many years, the College has worked with many state coalitions to educate legislators regarding the differences in education and training between medical doctors, doctors of osteopathy, and other health care professionals. In addition, the College has adopted statements related to scope of practice and the definition of surgery (these statements, ST-40 and ST-11, can be accessed at the following Web site: http://www.facs.org/fellows_info/statements/statement.html).

Expansion efforts

Numerous bills and proposals expanding the scope of practice for nonphysician providers are introduced each legislative session across the country in state houses or via the rulemaking authority of regulatory boards (see figure, this page). Commonly seen scope-of-practice expansions include independent prescriptive authority, independent practice, diagnostic and/or surgical



authority, and other care privileges for which a nonphysician provider may not be educated or trained to safely and effectively provide.

Numerous examples exist of scope legislation the College has tracked over the years, including: podiatrists looking to expand their scope to operate above the foot, including the ankle, calf, and sometimes the knee; single-degree (Doctor of Dental Surgery) dentists interested in performing surgery on adjacent structures, including injections such as Botox and dermal fillers; physical therapists seeking to see patients independent of a medical referral from a physician; and optometrists seeking to expand their scope by including authority to dispense medicated lenses or perform surgery with lasers or scalpels.

An example of scope-of-practice expansion legislation was introduced during the 2010 legislative session, when West Virginia optometrists sought expansion privileges that would have authorized optometrists to use lasers to perform glaucoma eye surgery; perform injection procedures; and advertise as, and refer to themselves as, “optometric

physicians.” After considerable debate, the final version of S.B. 230 signed into law stated that an optometrist licensed in the state may not do the following: perform surgery except as provided in the statute; use a therapeutic laser; use Schedule II controlled substances; treat systemic disease; or present to the public that he or she is a specialist in surgery of the eye or use the term “optometric physician.”

Truth in medical education/truth in advertising

Recently, legislative initiatives in a number of states have been implemented that include efforts to enact Truth in Medical Education (TIME) and/or Truth in Advertising (TIA) bills. This legislation highlights the importance for health care providers to clearly and honestly state their level of training, education, and licensure—on a name badge, in Internet or print advertising, and so on. Due to the explosion of professional and semiprofessional titles utilizing the term “doctor,” patients are often misled regarding the training and education of health care practitioners—and patients deserve to have this information when selecting a health care provider.

Scope-of-practice partnership

For medical organizations, coalitions form an important strategic component for dealing with difficult scope-of-practice issues at the state level. For many years, physician groups have come together as an organized front with specialty organizations, and they have stood together to uphold patient safety. One effective coalition was formed in 2006, when the College, in conjunction with the American Medical Association (AMA), various specialty organizations, and state medical societies, came together to create the Scope of Practice Partnership (SOPP). The purpose of the SOPP is to focus the resources of organized medicine to oppose nonphysician scope-of-practice expansions that threaten the health and safety of patients. The SOPP accomplishes its goals by a combination of legislative, regulatory, and judicial advocacy, as well as programs focused on information, research, and education. For example, the SOPP was recently involved in West Virginia’s optometric scope expansion effort, and supports TIME/TIA legislative initiatives.

The SOPP has created various resources that

are used to address scope expansion legislation. One tool is the Scope of Practice Data Series, consisting of 10 modules that provide in-depth analysis on the education, training, and qualifications of various nonphysician providers. Another useful educational tool is the AMA geographic mapping initiative, which has been successful in addressing access to care arguments in scope of practice expansion efforts. This tool provides a clear visual comparison between the geographic practice locations for physicians and nonphysician health care practitioners, allowing legislators to determine for themselves the veracity of claims that scope expansion will increase access to care.

Ongoing support for patient safety

Scope-of-practice debates have serious implications for patient care, particularly as demand for health care services increases. The College is committed to ensuring patients are receiving the highest quality of care from properly trained and educated providers, and will continue to be dedicated to protecting patients by tracking scope-of-practice legislation and teaming with the SOPP.

Questions or comments about scope-of-practice issues may be sent to Alexis Walters, Regional State Affairs Associate, at awalters@facs.org. 