



Teams Work . . . For Patients

H.B. 216 Myths vs. Facts

House Bill 216 would permit nurse practitioners, nurse midwives and clinical nurse specialists to practice independently with no requirement for physician collaboration. It will also permit certified registered nurse anesthetists (CRNAs) to order medications for a patient for other health care personnel to administer. These over-reaching and unnecessary provisions would essentially break from the team-based model of care that exists today involving physician input and could jeopardize the safety of the patient. Below are some of the claims (or myths) made by advanced practice registered nurses (APRNs) in support of House Bill 216.

MYTH: Ohio HB 216 would solve the shortage of providers in rural / underserved areas.

FACT: Current law does not prohibit APRNs from working in rural or underserved areas, and nothing in House Bill 216 guarantees they will work in those areas. In fact the Ohio Board of Nursing 2015 APRN Workforce Data Summary Report shows most APRNs choose to work in a hospital setting and even fewer are electing to work with patients in rural or underserved areas.

MYTH: Ohio HB 216 would stop the flow of APRNs leaving Ohio.

FACT: There is no data to support APRNs are leaving the state because care requirements are too restrictive. According to the 13,000 APRNs surveyed in the 2015 Ohio Board of Nursing Workforce Data Summary Report, ***only 21*** indicated they were unemployed due to difficulty finding a job. Furthermore, the report also indicates that the number of APRNs working in Ohio has grown by as many as 3,000 since 2013.

MYTH: Ohio HB 216 would disallow high collaboration fees nurses must pay to physicians.

FACT: There is no data or evidence to support the claim that APRNs are paying physicians in Ohio any amount to collaborate.

MYTH: Ohio HB 216 would improve quality of patient care.

FACT: A 2015 study by the American Medical Association shows that when given a choice, patients prefer that their care be coordinated and a physician be included in that team model. Every member of the team plays a critical role. The team approach is efficient and effective. It ensures the patient receives safe, coordinated care that minimizes fragmented or unnecessary expensive treatments.

MYTH: Ohio HB 216 would help prescribing services by getting rid of restrictions.

FACT: House Bill 216 would allow nurse practitioners, nurse midwives and clinical nurse specialists to independently prescribe addictive and dangerous Schedule II drugs without consulting a physician. At a time when prescription drug abuse is one of Ohio's most serious public health challenges, we need greater accountability of prescribing, not less. Especially for patients using multiple medications, the extensive education and training from physicians would help ensure patient safety for prescription medicines.

MYTH: APRNs have advanced degrees. Allowing all except CRNAs to practice independently removes the barriers to primary care that many Ohioans face.

FACT: A 2015 study by the American Medical Association shows patients value and rely upon the additional education and training that physicians receive and they want a physician in the decision making process. Enabling all APRNs except CRNAs to practice independently of the collaborative model dismisses the years of education and experience physicians must have to manage complex chronic conditions or to determine root cause of a complication.

MYTH: Certified Registered Nurse Anesthetists should be able to order medications for a patient that another professional can administer.

FACT: CRNAs ordering medications for the patient is prescriptive authority and unnecessary for safe patient care. There are ample surgeons or anesthesiologists to prescribe medications for the patient during the perioperative period. By granting CRNAs the authority to give medication orders for the patient, the physician becomes further removed from patient care, potentially jeopardizing safety.

MYTH: Patients have the right to select the health care provider, current law limits that choice.

FACT: Patients are free to choose where they receive their care. Ohio law simply requires collaboration and a standard care arrangement between certain APRNs and a physician. The physician must be continuously available to communicate with the APRN. Collaboration by a health care team led by the physician increases safety and reduces the risk of poor patient outcomes.

MYTH: Doctors oppose Ohio HB 216 because they're protecting their turf.

FACT: Health providers who oppose HB 216 do so because of concerns for patient care. Team-based, coordinated care involving a physician is what patients say they want and it provides the best approach. Physicians in Ohio have worked with other providers on scope of practice issues. Recent negotiations with physician assistants to expand their practice and pharmacists to revise their consult agreements illustrate that physicians recognize the need to make changes to scopes of practice that do not jeopardize patient care.

Ohio's physicians value the abilities and contributions of APRNs and all nurses. However, House Bill 216 goes too far to upset the collaborative effort already underway among all health care professionals. For more information please contact Monica Hueckel of the Ohio State Medical Association at 614.527.6745 or mhueckel@osma.org or visit www.osma.org.



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