



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

June 4, 2013

The Honorable Brian Sandoval
Governor
Office of the Governor
101 N. Carson Street
Carson City, NV 89701

Dear Governor Sandoval:

On behalf of the American Academy of Family Physicians (AAFP), representing over 110,600 physicians and medical students nationwide, I am writing to strongly urge you to veto Assembly Bill 170, as it further fractures an already fragmented health care system, diverts attention away from the establishment and implementation of team-based care models, and potentially lowers the quality of care for thousands of Nevada citizens. The AAFP **opposes legislation that would allow any provider without adequate medical education and training to practice medicine outside of a physician-led health care team. Though this proposal attempts to address the need for increased access to health care in Nevada, it falls short of its goal to increase access to quality care in rural counties.**

Fragmentation Is Costly and Dangerous

There is no question that our health care system is complex, especially with the implementation of the Affordable Care Act. The current system is fraught with hazardous mistakes and costly duplication, much of which is a direct result of the fragmentation that already exists. To address the quality problems and inefficiencies created by this fragmentation of health care delivery, the AAFP stresses the use of patient-centered health care teams. The AAFP has been one of the earliest supporters of the Patient Centered Medical Home model of care, because it requires physicians, physician assistants, nurses, and other members of the health care team to work together to ensure better quality and more efficient health care.

Section 6 of AB 170 specifically removes regulations that prohibit advanced practice registered nurses (APRNs) from engaging in diagnosis, treatment or other conduct, which the nurse practitioner is not qualified to perform. Allowing APRNs the ability to diagnose, treat, or provide other unsupervised services without consulting a physician further splinters the health care team, and puts added strains on our health care system. This bill would allow lesser qualified medical professional to lead a patient's treatment without collaboration with a medical doctor, which in our opinion puts the patient at risk. APRNs are important members of the medical team; they are skilled at assisting patients implement physician-prescribed treatment plans. However, APRNs do not have the medical education and training to support their interest in

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providing unsupervised primary and preventative care, and prescribing schedule II and III medications. For this reason, a nurse is not a substitute alternative for a medical doctor when it comes to ensuring patient safety.

We find further concern in that this bill would allow nurse practitioners to provide specialty care and prescribe schedule II and III controlled substances. Nevada has one of the largest prescription drug abuse problems in the country, and it is our belief that allowing nurse practitioners unsupervised prescriptive authority for these serious substances would unintentionally worsen the problem. The bill language in sections 6 and 7 requires that a nurse practitioner only have two years of clinical experience before he or she can prescribe schedule II and III controlled substances. This provides a false sense of public safety, and is not an effective way to increase access to needed controlled substances.

Lastly, we take issue with section 19 of this bill, as it addresses the definition of rural clinics and continues to require that advanced practice registered nurses be supervised by physicians in rural clinics. Thus, the bill contradicts itself by allowing APRNs independent practice in some areas of the state, but not all. We urge the state legislature to reexamine the rural clinics to determine how best to increase access to team-based care, while being careful not to further splinter the health care system.

Allowing APRNs to diagnose, prescribe and treat patients, without physician involvement puts patients at risk, and undermines the movement of the health care system towards coordinated team-based care.

The AAFP commends the leadership of the Nevada State Legislature in its quest for a positive path toward better and more accessible health care. The current collaborative agreements, and physician supervisory ratios required by the Board of Medical Examiners exist in the interest of patient safety. Regulations that prohibit APRNs from prescribing schedule II and III drugs also exist to protect the public. This legislation does not improve the collaboration of physician-led health care teams; in fact, it does the exact opposite. For these reasons, **we strongly urge you to veto AB 170.**

Thank you for your consideration. If you have questions or need further information, at the AAFP, please do not hesitate to contact Michelle Greenhalgh, Manager of State Government Relations, at mgreenhalgh@aafp.org or (202) 232-9033.

Sincerely,

Glen Stream, MD
Board Chair
American Academy of Family Physicians