



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

October 16, 2013

Michael Midkiff, Audit Manager
West Virginia Legislature
Performance Evaluation and Research Division
Building 1, Room W-314
1900 Kanawha Blvd. E.
Charleston, West Virginia 25305-0610

Dear Mr. Midkiff:

On behalf of the American Academy of Family Physicians (AAFP), representing over 110,600 physicians and medical students nationwide, and our state chapter, the West Virginia Academy of Family Physicians, which represents 513 active physicians, I am writing to strongly urge you to veto the Sunrise application for the expansion of the scope of practice of the Advanced Practice Registered Nurses (APRNs) in West Virginia. This proposal 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 West Virginians. The AAFP **opposes any type of legislation or legislative change 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 West Virginia, however, 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.

The Sunrise application from the American Association of Nurse Practitioners 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, prescribe, 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 change would allow lesser qualified medical professionals to lead a patient's treatment without collaboration with a medical doctor, which in our opinion puts the patient at risk. APRNs are important

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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 providing unsupervised primary and preventative care, and prescribing schedule I, II, and III controlled 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 these regulatory changes would allow nurse practitioners to provide specialty care and prescribe schedule I, II and III controlled substances. West Virginia 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 application language change to Article 7, Section §30-7-15a. of the Code of West Virginia on page 32 of the application shows the removal of the collaborative agreement between physicians and nurses for the purpose of allowing APRNs to prescribe prescription medications without a physician's oversight. This provides a false sense of public safety, and is not an effective way to increase access to needed controlled substances.

Though the AANP application is impressive in its length, and presents seemingly legitimate evidence to support their proposal, the application is shortsighted and fails to adequately address the real problem. While the need for more health care providers and increased access to life-saving medicine is evident across the country, the solution to remove collaborative agreements between physicians and nurses, and allow unqualified practitioners the ability to prescribe a year's worth of medication is not the right choice. We urge the State Legislature to closely examine what is right for West Virginia in order 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 West Virginians at risk, and undermines the movement of the health care system towards coordinated team-based care.

The AAFP commends the leadership of the West Virginia State Legislature in its quest for a positive path toward better and more accessible health care. The current collaborative agreements, and physician prescription supervisory requirements obligatory 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 proposal 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 deny the Sunrise application from the AANP.**

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,

Jeffrey Cain, MD
Board Chair
American Academy of Family Physicians