



April 7, 2021

The Honorable Destin Hall
Chairman
North Carolina State House Committee on Rules, Calendar, and Operations of the House
16 West Jones Street
Room 2301
Raleigh, North Carolina 27601

Dear Chairman Hall:

The American Osteopathic Association (AOA) and the North Carolina Osteopathic Medical Association (NCOMA) are writing to express strong concerns with HB 277/SB 249. These bills would greatly expand the scope of practice for Advanced Practice Registered Nurses (APRNs) to enable them to perform a wide range of medical services, including prescribing pharmacological substances, without any physician involvement or medical board oversight. The AOA shares the concerns of the NCOMA that such a large increase in scope of practice for APRNs, without any mandatory increases in education, training or certification competency requirements, may put the health and safety of North Carolina patients at risk.

The AOA proudly represents its professional family of 151,000 osteopathic physicians (DOs) and medical students (OMS) nationwide. The AOA promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs and osteopathic medicine can be found at www.osteopathic.org. The NCOMA is a professional organization that represents over 2,800 actively licensed DOs and OMS providing patient care in North Carolina.

The AOA and the NCOMA support the “team” approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. While we value the contributions of all health care providers to the health care delivery system, we believe that APRNs’ education and training lacks the comprehensive and robust requirements needed to safely provide patients with the broad range of unsupervised primary care services authorized by these bills.

The medical education for osteopathic physicians includes:

- **Four years of medical school**, which includes two years of didactic study totaling upwards of **750 lecture/practice learning hours** just within the first two years, plus two more years of clinical rotations done in community hospitals, major medical centers and doctors’ offices.
- **12,000 to 16,000 hours of supervised postgraduate medical education**, i.e., residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions. Residencies are completed over the course of **three to seven years**.

In comparison, APRN education includes:

- Certification in a specialty area as a nurse practitioner, clinical nurse specialist, nurse anesthetist or certified nurse-midwife, requires a **two-year master's degrees** (which may be done largely online).¹

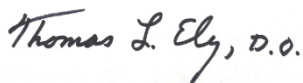
The AOA and the NCOMA have strong concerns with the following aspects of these bills:

- Removing North Carolina Medical Board oversight of medical practice by APRNs;
- Granting APRNs the authority to formulate primary and differential diagnoses, and perform acts of advanced assessment without physician supervision;
- Allowing APRNs to order, perform and interpret diagnostic tests, and prescribe pharmacologic therapies, including controlled substances; and
- Allowing APRNs to manage reproductive health care before, during and after childbirth, without any protocols or requirements for physician involvement.

In other states where non-physician clinicians work independently from physicians, it has not guaranteed increased services in rural and underserved areas. Studies from the Journal of Nursing Regulation and the Journal of the American Medical Association found that nurse practitioners and physician assistants are more likely to make unnecessary referrals and imaging orders, resulting in higher costs for patients.^{2,3} In addition, countless state examples show that nurse practitioners tend to practice in the same areas of the state as physicians, regardless of state scope of practice laws.⁴

APRNs have not completed similar education and training to a physician, which allows them to safely deliver the services described in these bills. **The AOA and the NCOMA urge you to oppose HB 277/SB 249.** Should you need any additional information, please feel free to contact Raine Richards, JD, Director, State Government Affairs at rrichards@osteopathic.org or (312) 202-8199.

Sincerely,



Thomas L. Ely, DO
President, AOA



Kevin Klauer, DO, EJD
CEO, AOA



Michael Murphy, DO
President, NCOMA

CC: Joseph A. Giaimo, DO, President-elect, AOA
Teresa A. Hubka, DO, Chair, Department of Governmental Affairs, AOA
Joel A. Kase, DO, Chair, Council on State Health Affairs, AOA
David Pugach, JD, Senior Vice President, Department of Public Policy, AOA
Raine Richards, JD, Director, State Government Affairs, AOA
Nancy Guy, Executive Director, NCOMA

¹ See <https://onlinedegrees.bradley.edu/nursing/msn-fnp/>

² U. Muench, J. Perloff, C. Parks Thomas and P. Buerhaus. Prescribing Practices by Nurse Practitioners and Primary Care Physicians: A Descriptive Analysis of Medicare Beneficiaries. *Journal of Nursing Regulation*, April 1, 2017.

³ D. Hughes, M. Jiang and R. Duszak Jr. A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits. *JAMA Internal Medicine*, January 2015.

⁴ See sample NP workforce maps for [Wyoming](#), [Delaware](#).