

Federation of State Medical Boards
2005 Annual Meeting: Reference Committee
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**Comments on “Assessing Scope of Practice in Health Care Delivery:
Critical Questions in Assuring Public Access and Safety”**

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Thank you for allowing me to share the American Nurses Association’s evaluation of the Federation’s proposed Scope of Practice document. As an organization representing the largest group of health care providers, registered nurses, ANA supports regulation that protects the public’s interest and supports the ability of all health professions and organizations to innovate and change to meet the needs of their patients. These guidelines miss the mark in several key ways.

At the outset, I must note that the premise of the document is flawed, which leads to erroneous conclusions throughout the suggested guidelines. The “Overview” section states: “All discussions about changes in scope of practice should begin with a basic understanding of the definition of the practice of medicine and recognition that the education received by physicians differs in scope and duration from other health care professionals. Non-physician practitioners may seek authorization to provide services that are included in the definition of the practice of medicine under existing state law.” With all due respect, all discussions about the scope of practice should not start with a definition of medical practice, any more than they should start with the practice of any of the other health care professions. To select one profession as the starting place from which others must “seek authorization” to practice diminishes the importance of all of the health care professions, and certainly ignores the fact that physicians, while schooled for a long period of time, are occasionally woefully lacking in knowledge in areas in which other professionals are knowledgeable and qualified. Because of this faulty premise, the

scope of practice guidelines presented in this report reflect and reinforce old-fashioned and self-serving positions traditionally held by organized medicine, positions that seek to control and constrain the practice of licensed health care professionals who are not physicians. They do not take into consideration the dramatic changes in education, practice, technology and the health delivery system we have witnessed in the last 20 years. Because the guidelines, if adopted as presented, will make it significantly more difficult to successfully extend or expand scope of practice for those health professionals who are not physicians, the result would be to further limit access to providers who have the education and experience to provide safe quality health care services. It also reduces the availability and choice of providers.

The profession of nursing relies heavily on evidence based practices. It is surprising to see another profession develop a set of guidelines that are not based on any empirical data and certainly none that reflect benefits in joint regulation of scope of practice issues. The mixed regulatory approach to scope of practice suggested by the FSMB Scope of Practice document increases the potential for biased policy making and professional turf battles. In addition, anti-competitive action emerges when one profession is empowered to define the practice boundaries of a related profession.

Lastly, ANA respectfully contends that it is inappropriate for the FSMB to advise boards of medicine to regulate, either directly or indirectly, the scope of practice of licensed providers whose scope of practice is authorized in statutes other than medical practice acts and who are not regulated by boards of medicine. State legislatures, boards of nursing, and the nursing profession are the appropriate regulators of nursing practice. The use of government funds to support the FSMB in the development of guidelines that are to be used as a lobbying tool that contradicts established law is bad policy at best, and illegal at worst.

As health care leaders, we need to provide an environment for innovation that allows for more flexible roles and responsibilities for health care workers, putting aside interprofessional conflicts. The proposed guidelines certainly fail to address the current principles of patient-centeredness, evidence based practice, and systems thinking in the regulatory process. The proposed FSMB scope of practice assessment and suggested

questions represent steps back in history, instead of the forward thinking leadership that is needed at a time when our country faces a health care crisis. I know the Federation can do better than this. On behalf of the ANA, I urge you to recommend withdrawal of these Scope of Practice guidelines.