

NMOA APP SCOPE OF PRACTICE RIGHTS UPDATE

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DISCLOSURES

- I Provide State and National Testimony on Behalf of the MOA and AOA
- I Represent Physicians
- I Highly Value APPs and What They Contribute to Medical Care

OBJECTIVES

- REVIEW BACKGROUND ON SCOPE OF PRACTICE CHALLENGES FOR THE PROFESSION
- DISCUSS ARGUMENTS POSED ON THE ISSUE
- PROPOSE SOLUTIONS TO CHALLENGE

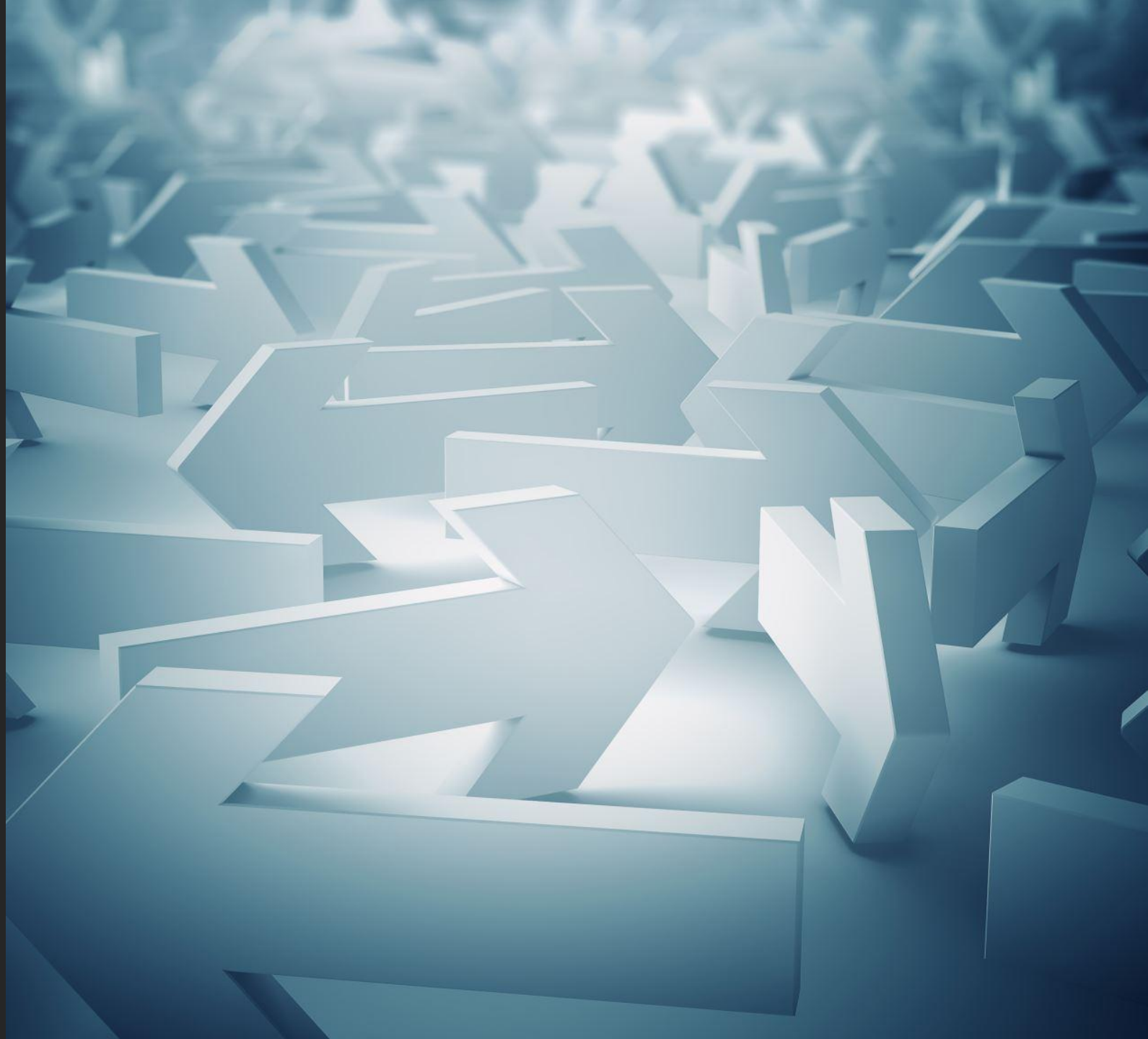


CURRENT CHALLENGES

Significant Current and Future
Workforce Shortages

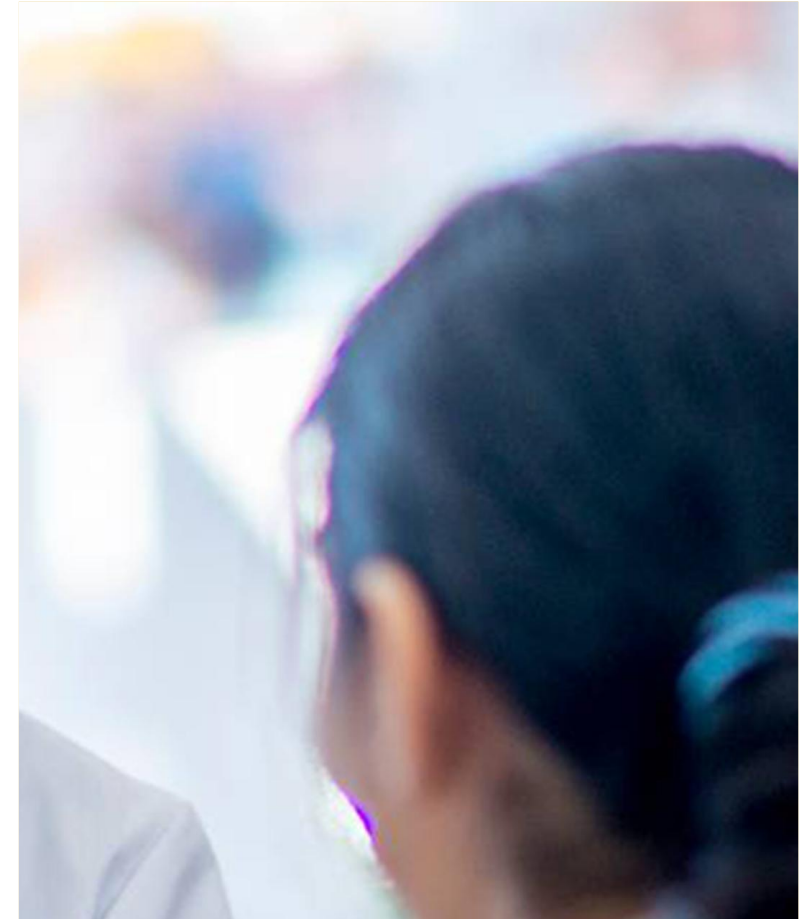
Costs of Providing Patient Care
Are Too High

Lack of Access to Care is a
Terrible Burden on Our Patients



ARGUMENTS FOR INCREASING NP SCOPE OF PRACTICE

- NPs Fill Unmet Needs in Underserved Areas
- 27 States Have Already Implemented Independent Practice Rights of APPs Successfully
- NPs Don't Stay in Michigan Because They Can't Practice at the Top of Their License





EXPANSION OF SCOPE AS A SOLUTION?

- Heatmaps
- Zero Studies Validate Independent Practice Rights:
 - Improve Patient Access to Care
 - Improve Costs
 - Improve Safety Outcomes
- Data Demonstrates This Does Not Increase Workforce of NPs in the State
- Weakens Ability to Practice Top of License



*There are **no** studies with **statistically significant results** demonstrating that removal of a collaborative agreement has retained NPs in the state, improved patient outcomes or reduced costs of care to the patients.*



TRAINING DIFFERENCES

Physicians

- 12-16 Thousand Hours of Physician Supervised Training
- 4 Years of Medical School
- 50 Hours of CME/Year

NPs

- Unspecified Training Requirements - Usually < 3600 Hours
- Training Supervision Completed with Another NP or On-Line
- 12.5 Hours of CME/Year



*WORKING AT THE TOP OF LICENSE DOES NOT MEAN LICENSES
SHOULD BE EXPANDED WITHOUT PROPER TRAINING,
CREDENTIALS AND FUNDAMENTAL KNOWLEDGE*

RISKS OF DISSOLVING NP/PHYSICIAN COLLABORATION



Lost Cost Savings

Ordering More Diagnostics Services:
Excessive Antibiotic & Opioid Prescribing =
Higher Costs of Care



NPs Don't Populate Rural and Underserved Area OR Improve Access to Care

Heatmaps -
NPs Go Where Physicians Practice



Decreased Patient Safety

Additional Tests Ordered to Compensate for Lack of Knowledge



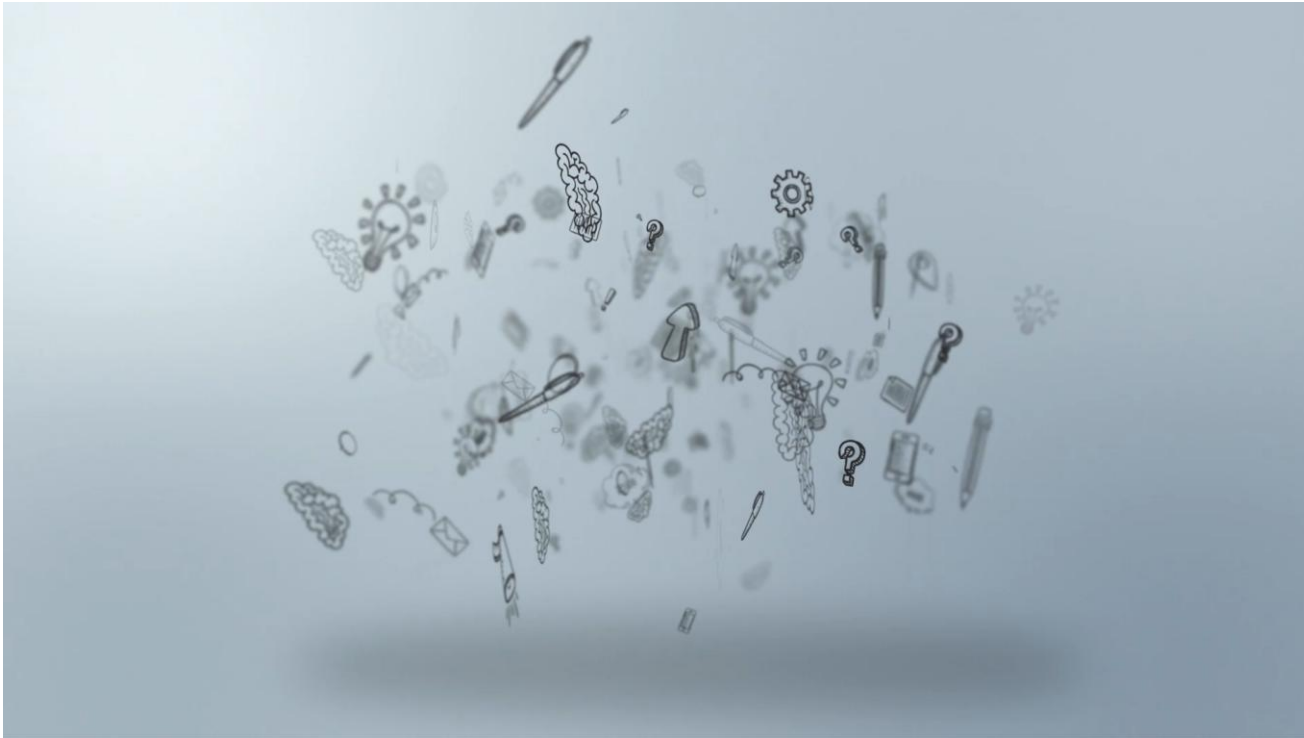
Lack of Improved Outcomes

Evidence Doesn't Exist Demonstrating Improvements – DOES Show Worse Outcomes



Increased Liability to NP

Decreased Patient Compensation for Medical Errors



PHYSICIAN CONTRIBUTION TO PROBLEM

PRICE GOUGING FOR
PRACTICE AGREEMENTS

SUPPORTING TOO MANY
APPS

NOT PROVIDING SUPPORT
NEEDED TO APPS

REFLECTION

Training for an Advanced practice provider or APRN is intended to be complementary to physician training, not the same as a physician's training. NP's extend the physician's ability practice but cannot replace a physician's training, knowledge and experience.

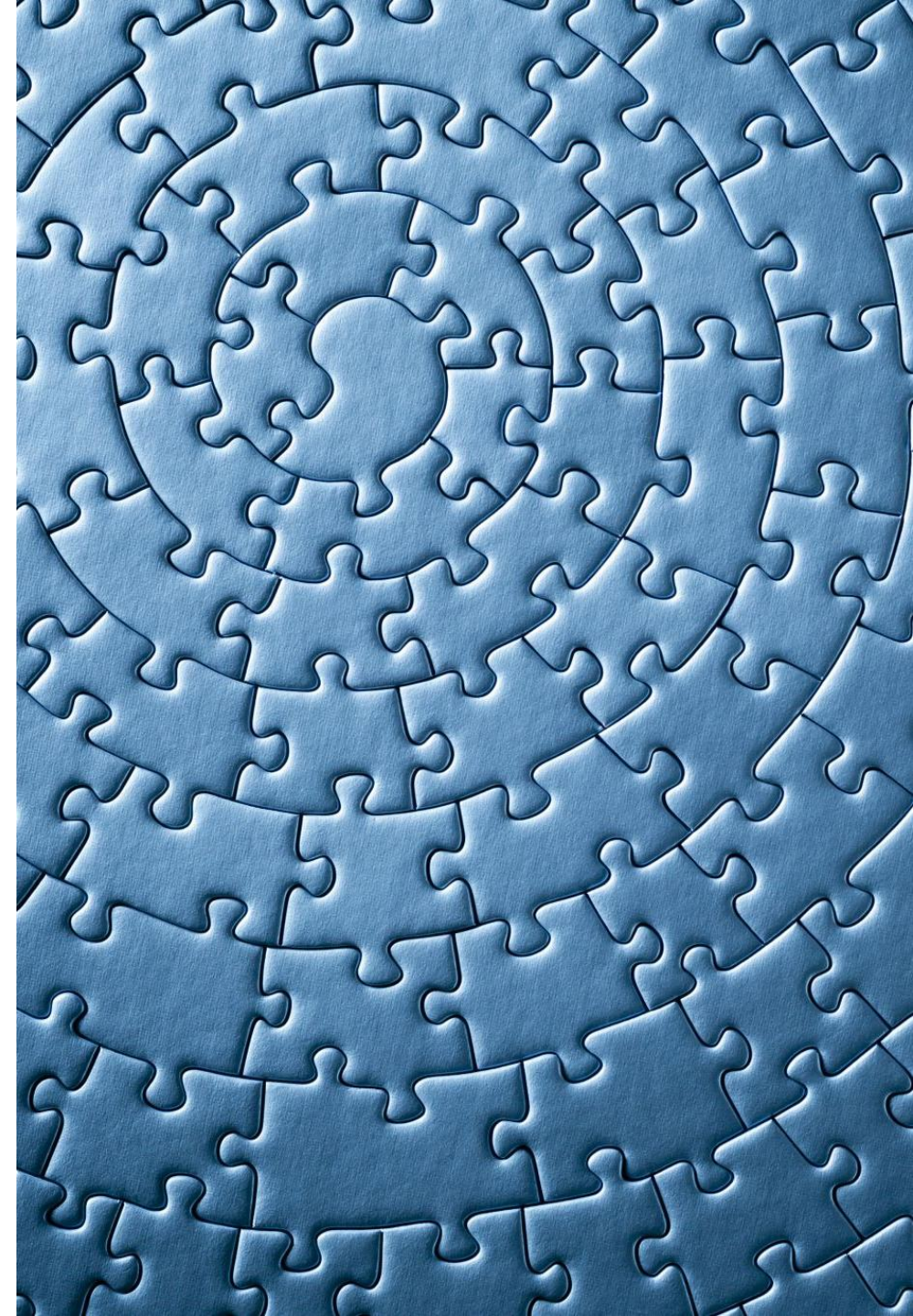
Working with a collaborating physician enhances and extends the APRNs ability to practice at the top of their license – whereas separating the two entities removes efficiencies both sides need to be effective. It also does NOT increase or strengthen our work force, but weakens it.



HOW DO
WE HELP
SOLVE THE
PROBLEM?

SOLUTIONS

- RENEGOTIATING PRACTICE AGREEMENTS
 - SIMPLIFY PROCESS
- EXPANSION OF ACCESS OPPORTUNITIES TO SUPERVISING PHYSICIANS
 - TELEHEALTH CONSIDERATIONS
 - INCREASED LEGISLATION SUPPORT
- STANDARDIZED CAPS ON COST TO PROVIDE SUPERVISION
- LIMITATIONS ON NUMBER OF APPS ONE PHYSICIAN CAN SUPERVISE





WE NEED EACH OTHER

**COLLABORATIVE TEAM WORK IS
THE SOLUTION**



Team Based Collaborative Care

Avoid Missed Nuances

APPs Manage Lower Risk Patients with Support

Physicians Off Loaded

BOTH Practice Top of License

Work Synergy

Increased Patient Safety & Support

Contained Costs

NEXT STEPS

MOA

Michigan Osteopathic Association

MSMS

Michigan State Medical Association

MHA

Michigan Hospital Association

- Balance Between the Physicians and APPs
- Employ Both
- Staying Neutral

APP Lobbyists

Advanced Practice Providers

NPs

PAs

CNSs



THANK YOU!

Any
Questions?