

Darilyn V. Moyer, MD, FACP, FRCP, FIDSA, FAMWA Executive Vice President and Chief Executive Officer

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May 27, 2022

Thu Anh Tran, Program Officer
National Academy of Medicine
Action Collaborative on Clinician Well-Being & Resilience
500 5th Street, NW
Washington, DC 20001

Dear Ms. Tran,

On behalf of the American College of Physicians, we are writing to share our comments on the National Academy of Medicine's (NAM) National Plan for Health Workforce Well-being, Chapter 5, Priority Area: Address compliance, regulatory, and policy barriers for daily work. The College is generally supportive of the recommendations in this chapter and the overall report and appreciate NAM taking on this critical issue. However, we would like to raise concerns regarding the recommended action under Goal 5 that states there is a need to "permanently eliminate onerous scope-of-practice regulations to allow advanced practice providers (e.g., nurse practitioners, midwives) to practice independently."

The American College of Physicians is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

While ACP agrees that a cooperative approach including physicians, advanced practice registered nurses, other registered nurses, physician assistants, clinical pharmacists, and other health care professionals in collaborative team models will be needed to address physician shortages; outright elimination of scope-of-practice regulations is not the approach that should be taken to achieve this goal. Rather, state licensing authorities should review their laws and scope of practice statutes to allow clinicians to deliver care that is commensurate with, but does not extend beyond, their training, skills, and demonstrated competencies in accord with national standards. Further, licensing bodies should recognize that the skills, training, clinical experience, and demonstrated competencies of physicians, nurses, physician assistants, and other health professionals are not equal and not interchangeable. The College does not believe that a one-size-fits-all standard for licensure of each clinical discipline should be imposed on states, rather state legislatures should conduct an evidence-based review of their licensure laws to ensure that they are consistent with the following principles:

- Licensure should be evidence-based.
- It should protect the public from receiving care from clinicians that is beyond their training, skills, clinical experience, and demonstrated competence;

- Licensure should not restrict qualified clinicians from providing care that is commensurate with, but does not extend beyond, their training, skills, clinical experience, and demonstrated competence.
- Licensure should ensure that each member of the health care team practices within ethical standards as a condition of obtaining and maintaining their license

State regulation of each clinician's respective role within a team must be approached cautiously, recognizing that teams should have the flexibility to organize themselves consistent with the principles of professionalism. Finally, the College believes that health care delivery and payment can and should be purposefully designed to support physician-led, team-based care delivery models to provide the most effective, patient- and family-centered care.

If you have any questions, we are happy to discuss further. Please contact Shari M. Erickson, MPH, at serickson@acponline.org.

Sincerely,

Darilyn V. Moyer, MD, FACP, FRCP, FIDSA,

Jarilyn Mayer

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