American College of Physicians
Leading Internal Medicine, Improving Lives

May 10, 2018

Katherine Thomas, MN, RN, FAAN
President
National Council of State Boards of Nursing
111 East Wacker Drive
Suite 2900
Chicago, IL 60601

Dear Ms. Thomas:

We are writing to express our concern about the effects of the Advanced Practice Registered Nurse (APRN) Compact on state scope of practice laws. The American College of Physicians (ACP) understands that historically, it has been the province of state lawmakers to define in law the appropriate relationships between licensed health professionals in their state. We, therefore, believe the APRN Compact should focus on simplifying and streamlining licensure policies for APRNs rather than expressly endorsing a policy of independent practice for the nursing profession. We are concerned that the Compact instead would encourage states to enter into agreements that eliminate all collaboration requirements between advanced practice nurses and physicians. While some state legislatures have granted independent practice for advanced practice nurses, others have determined that collaboration or supervision arrangements are beneficial in ensuring that nurses and physicians alike are working as teammates in ensuring the best possible care of patients, with each practicing to the top of their training and skills. We believe that such judgments are best left to each state's legislature.

ACP continues to strongly support the concept of dynamic clinical care teams, where the unique skills of each clinician, including physicians and APRNs, are used to provide the best care for the patient as the patient's needs dictate, while the team as a whole must work together to ensure that all aspects of a patient's care are coordinated for the benefit of the patient (i). ACP is primarily concerned that the APRN Compact would encourage states to agree to eliminate all requirements that nurses collaborate with physicians, potentially allowing them to sever ties with the clinical care team, undermining coordination of care and access to the unique skills that an APRN working in a team-based environment can provide.

In our 2013 position paper *Principles Supporting Dynamic Clinical Care Teams,* ACP acknowledges that the U.S. health system is undergoing a shift from individual clinical practice

toward team-based care and that fresh thinking is needed to guide this transition. Rather than focus on which member of the team should manage care of the patient, the paper offered principles "related to the professionalism, regulation, reimbursement, and research of clinical care teams to attempt to dissolve the barriers that hinder the evolution toward dynamic clinical care teams and nimble, adaptable partnerships that encourage teamwork, collaboration, and smooth transitions of responsibility to ensure that the health care system meets patient needs."

Within this context, ACP reaffirmed its strong belief that patients should have access to a personal physician who is trained in the care of the "whole person" and has leadership responsibilities for a team of health professionals, consistent with the Joint Principles of the Patient-Centered Medical Home. However, *well-functioning teams will assign responsibilities to APRNs, other registered nurses, physician assistants, clinical pharmacists, and other health care professionals for specific dimensions of care commensurate with their training and skills to most effectively serve the needs of the patient.* The paper also discussed scenarios in areas where shortages of primary care physicians exist and APRNs practice independently without an on-site physician. In such cases, virtual clinical care teams are particularly necessary and can be achieved through telemedicine, electronic health records, regular telephone consultations, and other technology to enable the on-site health care professional to effectively collaborate and share patient information with the physician and other clinicians. Further, the ACP Ethics Manual states that "all health professionals share a commitment to work together to serve the patient's interests. The best patient care is often a team effort, and mutual respect, cooperation, and communication should govern this effort" (ii).

ACP policy also states:

> *Although a one-size-fits-all standard for licensure of each clinical discipline should not be imposed on states, state legislatures should conduct an evidence-based review of their licensure laws to ensure that they are consistent with the previously mentioned licensure principles. The review should consider how current or proposed changes in licensure law align with the documented training, skills, and competencies of each team member within his or her own disciplines and across disciplines and how they hinder or support the development of high-functioning teams.*
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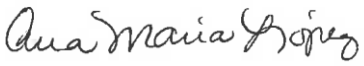
> Licensing laws should ensure that clinicians who are qualified to provide a level of care commensurate with their training, skills, clinical experience, ethical standards, and demonstrated competency are not restricted from doing so. Changes in licensure laws must not harm patients by allowing health professionals to deliver services for which they are not qualified.

> To the extent that states have laws that require ongoing communication between and among physicians and advanced practice registered nurses (sometimes called "supervision" or "collaboration" requirements), such requirements should be directed solely to ensuring ongoing, team-based communication and exchange of information, consultation, and appropriate referrals between and among the clinical disciplines involved in a patient's care. They should not restrict clinicians from providing a level of care that is commensurate with, but does not extend beyond, their training and competencies. Laws should seek to promote and support true team-based and collaborative care.

ACP affirms our mutual professional goal to meet patient needs through a collaborative effort between physicians, APRNs, and other health care professionals. An emphasis on a team-based approach allows physicians and other clinicians to work at the top of their skill set in the best interest of patients. Access to physicians is vital; however, care delivery may come from physicians, APRNs and other health care professionals. We are concerned that the APRN Compact attempts to encourage a "one-size-fits-all" standard on states that potentially detracts and endangers our commitment to collaboration in the interest of the patient. Therefore, in the spirit of continued collaboration and comity among our professions, we respectfully request that the APRN Compact be amended to be consistent with the principles cited above, "promotion of team-based and collaborative models of care that ensure ongoing, team-based communication and sharing of information," with each member of the team "being allowed to provide a level of care that is commensurate with, but does not extend beyond, their training and competencies."

We appreciate your consideration. If you have questions or comments, please contact Ryan Crowley, Senior Associate, Health Policy at rcrowley@acponline.org.

Sincerely,



Ana María López, MD, MPH, FACP
President
American College of Physicians

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[i] Doherty RB, Crowley RA, for the Health and Public Policy Committee of the American College of Physicians. Principles Supporting Dynamic Clinical Care Teams: An American College of Physicians Position Paper. Ann Intern Med. 2013;159:620–626. doi: 10.7326/0003-4819-159-9-201311050-00710

[ii] Snyder L, for the American College of Physicians Ethics, Professionalism, and Human Rights Committee. American College of Physicians Ethics Manual: Sixth Edition. Ann Intern Med. 2012;156:73-104.