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### **CPR Responds to AMA Scope of Practice Modules**

The American Medical Association's Scope of Practice Partnership (SOPP) is a divisive effort to restrict the practice of health care professionals who are not doctors of medicine (MDs) or osteopathy (DOs). This effort would limit patients' abilities to choose their health care providers and limit access to safe, high-quality and cost-effective health care. The AMA Scope of Practice (SOP) Data Series includes 10 modules regarding the qualifications and practice of certain health care professionals who are not medical doctors. **The Coalition for Patients' Rights™ (CPR) strongly urges the American Medical Association to withdraw these modules.**

The 38 member organizations of CPR believe that a patient's right to access the health care professional of his or her choice is critical to achieving quality health outcomes. The demand for health care services is growing and all professionals must work collaboratively to meet the needs of patients. As policymakers and regulators seek to overhaul our health care system to provide better quality and lower costs, the role of health care providers other than MDs or DOs becomes increasingly important.

CPR's recommendation to withdraw the SOP Data Series modules is based on many concerns, including those related to conflict of interest, inaccuracies, patient access, redundancies and more:

**Conflict of interest** – It is a fundamental conflict of interest for one professional group to define the scope of practice of another. It is not reasonable for medical physicians to purport that they are seeking to protect patients when 1) there is no credible evidence to suggest that preventing patients from choosing their health care professional would, in any way, improve patient care and 2) the economic interests of MDs and DOs are intertwined with scope of practice issues. These efforts amount to protecting "turf," and the needs of patients are lost in the discussion.

**Inaccuracies** – The modules are rife with inaccuracies and misstatements about the training, education and accreditation of health care professionals other than MDs/DOs. These errors have the potential to misinform lawmakers and regulators across the country and negatively impact patient access to care. Further, the modules inaccurately imply that educational requirements for all other professions are deficient, simply because they vary from the education model for MDs and DOs – without providing any evidence or research for this presumption.

**Patient access** – If the AMA SOP modules are used as intended, policymakers and regulators may draw inaccurate and inappropriate conclusions about the preparation and practice of each profession. If the AMA's efforts ultimately limit patient access to health care professionals who are not MD/DO providers, patients who wish to rely upon these other professionals will be negatively affected. Research has consistently shown quality health outcomes associated with health care professionals who are not MDs and DOs, who often serve patients with limited geographic or economic access to health care and provide services which MDs and DOs are not qualified or able to provide.

**Redundancies with existing resources and mechanisms** – Accurate, complete information about the education and credentialing of health care professionals can already be obtained directly from each autonomous professional organization, the authoritative resource on the preparation and practice of health care professionals who are their members. This makes the modules unnecessary. Policymakers and regulators have ample access to information about each profession's skills and capabilities. Further, each state has an existing regulatory mechanism in place to ensure every health care professional is practicing within an appropriate, legally defined scope of practice. AMA efforts to develop these modules suggest that state policymakers and regulators are inadequate in their role; however, state agencies charged with overseeing scope of practice have been successfully ensuring patient safety for decades.

**Divisive spirit** – Among the public, policymakers, and providers, there is a clear consensus that our health care system is under stress, the needs of patients are increasing and we urgently need to focus on providing cost-effective care. All health care professionals need to work collaboratively, to share our varied talents and strengths and ensure we can all meet the growing needs of the patient population. Engaging in efforts that divide, rather than unite, the provider community are counter-productive and do not serve our patients' best interests. Patients need the provider community to be united to ensure that, together, we can provide the highest quality care available for the best possible outcomes.

#### **About the Coalition for Patients' Rights™**

A national coalition of more than 35 organizations, the Coalition for Patients' Rights represents more than three million licensed and certified health care professionals committed to ensuring comprehensive health care choices for all patients. It was formed in 2006 in response to divisive efforts by the Scope of Practice Partnership (SOPP), an alliance of medical and osteopathic physician organizations including the American Medical Association (AMA), which aims to limit the scopes of practice of other health care professionals.

The Coalition is comprised of a diverse array of health care professionals, including registered nurses, naturopathic doctors, psychologists, audiologists, physical and occupational therapists, advanced practice registered nurses (certified registered nurse anesthetists, nurse practitioners, certified nurse-midwives and clinical nurse specialists), optometrists and chiropractors.

For more information about the Coalition for Patients' Rights, visit [www.patientsrightscoalition.org](http://www.patientsrightscoalition.org).