



**FOR IMMEDIATE RELEASE – December 16, 2009**

Contact: Berna Diehl  
Jones Public Affairs  
(202) 591-4045  
[Berna@JonesPA.com](mailto:Berna@JonesPA.com)

## Access to Broad Range of Health Care Providers Critical to Lowering Costs

*Coalition Urges Lawmakers to Ensure and Encourage Access to Quality, Cost-Effective Care*

WASHINGTON – For months, members of Congress have debated the best ways to rein in runaway costs while providing care to all as part of health care reform. An important part of the ongoing discussion includes how to ensure patients equal access to a full range of health care providers besides doctors of medicine (MDs) or osteopathy (DOs). In both the House and Senate versions of health reform bills, lawmakers have included language that rightly recognizes the importance of all types of health care providers. For example, the Senate bill includes grants for teams of health professionals that collaborate on patient care, ensuring access to a broad spectrum of providers.

Yet, as federal lawmakers demonstrate a growing understanding of the need to ensure patient access to these care providers, some state lawmakers are being aggressively lobbied to restrict patient access to health care professionals, such as advanced practice registered nurses, psychologists, naturopathic doctors and audiologists.

“There is an abundance of evidence that shows patients achieve equal or better health outcomes at lower cost to themselves and the health care system when they fully incorporate a range of health care professionals in their delivery system,” said Maureen Shekleton, PhD, RN, FAAN, a spokesperson for the Coalition for Patients’ Rights™ (CPR). CPR is comprised of more than 35 member organizations representing a variety of licensed health care professionals who provide a diverse array of safe, effective and affordable health care services to millions of patients each year.

There are numerous studies that show the high quality and cost-effectiveness of the care provided by professionals other than MDs/DOs. Collectively, these data substantiate the likelihood for more cost-effective care. Highlights include:

- One study examined the potential cost savings of integrating nurse practitioners into traditional care practices in a hospital during a patient’s admission and over a four-month follow-up period. After taking into account the cost of hiring nurse practitioners and adjusting for study bias, study authors still found a net savings of \$978 per patient, versus the group that did not use nurse practitioners.<sup>1</sup>

---

<sup>1</sup> Ettner, Kotlerman, Afifi, Vazirani, Hays, Shapiro, Cowan. 2006. Reducing the costs of patient care? A controlled trial of the Multi-Disciplinary Doctor-Nurse Practitioner (MDNP) model, *Medical Decision Making*, Jan-Feb; pp. 9-17.

- A study of back pain, which costs the United States health care system \$20 billion each year, showed that naturopathic care reduced costs to patients and payers by \$1,212 per patient and reduced absenteeism by an average of 4.8 days per person over a six month period.<sup>2</sup>
- A study evaluating patients with late-life depression showed that patients who received care from psychologists as part of their primary care team generated more than \$3,000 in savings for each patient over the course of four years of treatment.<sup>3</sup>
- A review of evidence on maternity care in the United States found that care delivered by certified nurse-midwives was associated with reduced pregnancy-induced high blood pressure, reduced preeclampsia, greater satisfaction with the birth and lower costs. Additionally, the review found that women experienced fewer interventions and experienced better outcomes overall when cared for by nurse-midwives, rather than by family physicians and obstetricians.<sup>4</sup>

States are charged with overseeing each profession's scope of practice and ensuring it is safe based on the education and training of the professionals. While research backs the clinical value of promoting access to health care providers besides MDs/DOs, state regulations can hinder access for patients. There are significant lobbying and advocacy efforts under way by some of the physician community to seek restrictions to the scope of practice of other health care professionals. For example, the American Medical Association (AMA) is actively working on advocacy documents that question, despite clear evidence to the contrary, the quality of care delivered by health care professionals who provide some of the same services as physicians.

"These efforts to lobby lawmakers and regulators are not only wasteful and divisive, but do a disservice to the public who have been benefitting from the care of these practitioners for decades," said Shekleton. "Our health care system is already overburdened with shortages of qualified practitioners. As the oldest professional health care society in the United States, the AMA should be fostering a collaborative environment that meets the needs of patients, not looking to restrict the practice of qualified licensed practitioners and trying to prevent patients from seeing the provider of their choice."

CPR members are dedicated to achieving optimal health outcomes for patients in a cost-effective way. As policymakers address how to control costs and expand insurance coverage, it will be critical to include all qualified health care professionals. "Ensuring and promoting the rights of patients to choose this kind of care is good for patients and it's good for our health care system overall," said Shekleton. "If we can be prudent with our financial resources and still ensure good outcomes for patients—it's a win-win situation that policymakers should support."

### **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), a coalition 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 (including certified registered nurse anesthetists, nurse practitioners, and clinical nurse specialists), optometrists and chiropractors.

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

<sup>2</sup> Herman PM, Szczerko O, Cooley K, et al. 2008. Cost-effectiveness of naturopathic care for chronic low back pain. *Alternative Therapies in Health and Medicine*. 14(2):32-39.

<sup>3</sup> Unutzer, J., W. J. Katon, et al. 2008. Long-term cost effects of collaborative care for late-life depression (Brief record). *American Journal of Managed Care*; Volume 95-100

<sup>4</sup> Corry M, Sakala C. 2008. *Evidence-Based Maternity Care: What It Is and What It Can Achieve*. Childbirth Connection and the Milbank Memorial Fund.