

SUPPORT PHYSICIAN INVOLVEMENT IN PATIENT CARE

Current law requires that a physician supervise Advanced Practice Registered Nurses (APRNs). However, the SAVE Act wants to eliminate physician involvement and compromise team-based care.

That move would undermine patient safety and cost-saving efforts in our state.

In order to provide North Carolina patients with the highest quality of care and meaningful access to their clinician of choice, the **best solution is for health care professionals to work together under the leadership and supervision of trained physicians.**



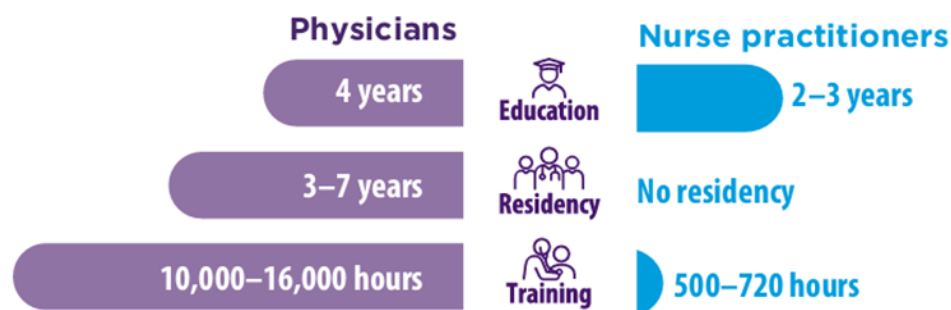
CURRENT LAW MAXIMIZES PATIENT SAFETY

- Eliminating physician involvement within the health care team will create **significant** risks for patients.
- Physicians are trained to make critical medical judgements. In medical situations such as those involving anesthesia or recognizing the potential for a life-threatening medical emergency seconds matter.
- Physicians have the required training and experience to act quickly and save lives.
- Teamwork among physicians, physician assistants and nurses is designed to help patients get the best medical care from each member of the health care team.



EDUCATION AND TRAINING MATTER

- Physicians have 4 years of medical school followed by 3-7 years of residency in a hospital. Nurse practitioners attend 2-3 years of nursing school. Additional training is not required.
- Physicians undergo 10,000-16,000 hours of hands-on, in person clinical training, compared to 500-720 required hours for nurse practitioners. Through this training, physicians learn how to properly address a wide range of complex health care issues.



All physicians get vital hands-on instruction, but **60%** of nurse practitioner programs in 2019 were mostly or completely online.



PROTECT THE CLINICIAN-PATIENT RELATIONSHIP

- Eliminating physician supervision requirements results in increased health care costs due to critical medical errors, inappropriate prescribing, and unnecessary referrals.
- A 2020 study published in the *Journal of General Internal Medicine* found that nurse practitioners were 20 times more likely to overprescribe opioids in states that allow independent prescribing than those in prescription-restricted states.
- The Veterans Health Administration (VHA) granted full practice authority to nurse practitioners in 2016. In VHA health records, researchers recently found that nurse practitioners had higher medical resource utilization but less favorable patient outcomes in 1.1 million emergency department visits they assessed. Patients treated by nurse practitioners had lengths of stay that were 11% longer and costs that were 7% higher, which means a \$66 increase in cost per emergency department visit. Nurse practitioners also had a 20% increase in 30-day preventable hospitalizations as compared to physicians. (Source: National Bureau of Economic Research, “The Productivity of Professions: Evidence from the Emergency Department,” October 2022)



PATIENTS SUPPORT PHYSICIAN INVOLVEMENT

- 95% of U.S. voters believe it is important for their physicians to be involved in diagnosis and treatment decisions. (Source: AMA 2021 National Survey)
- A majority (62%) of U.S. voters said patients are most likely to be harmed from scope of practice changes. (Source: AMA 2021 National Survey)
- A majority (62%) of U.S. voters think that scope of practice changes would make our health care system worse. (Source: AMA 2021 National Survey)
- 90% of North Carolinians want a doctor to respond to a medical complication or anesthesia emergency during surgery. (Source: Poll of 500 registered North Carolina voters conducted by McLaughlin Associates in 2017)



ELIMINATING PHYSICIAN INVOLVEMENT WILL FURTHER PREVENT ACCESS FOR RURAL AND UNDERSERVED PATIENTS

- A change in how nurses practice will NOT increase the number of health care providers in the rural parts of the state.
- In the states that passed legislation expanding scope of practice, there is no positive correlation to an increase in health care providers in rural or underserved areas.
- According to research from the American Medical Association (AMA), physicians and nurse practitioners tend to practice in the same areas of the state, even in those states where nurse practitioners can practice without physician supervision.
- The Centers for Medicare & Medicaid Services’ (CMS) Graduate Nurse Education Demonstration Project found that only 25% of graduates went on to provide care in medically underserved communities, with the vast majority of those providing care in urban settings.
- Policymakers should focus on incentives such as higher pay and education loan repayment programs, which would make practicing in rural areas more attractive, rather than eliminating physician involvement in patient care.

OPPOSE THE SAVE ACT

NORTH CAROLINA MEDICAL SOCIETY

**BRUNSWICK COUNTY MEDICAL SOCIETY
DURHAM – ORANGE COUNTY MEDICAL SOCIETY
MECKLENBURG COUNTY MEDICAL SOCIETY
NEW HANOVER – PENDER COUNTY MEDICAL SOCIETY
SAMPSON COUNTY MEDICAL SOCIETY
WAKE COUNTY MEDICAL SOCIETY
WAYNE COUNTY MEDICAL SOCIETY
WESTERN CAROLINA MEDICAL SOCIETY**

**NC OSTEOPATHIC MEDICAL ASSOCIATION
OLD NORTH STATE MEDICAL SOCIETY
TRIANGLE INDIAN PHYSICIANS SOCIETY**

**NC ALLERGY, ASTHMA AND IMMUNOLOGY SOCIETY
NC SOCIETY OF ANESTHESIOLOGISTS
NC DERMATOLOGY ASSOCIATION
NC COLLEGE OF EMERGENCY PHYSICIANS
CAROLINAS SOCIETY OF ENDOCRINOLOGISTS
NC ACADEMY OF FAMILY PHYSICIANS
NC SOCIETY OF GASTROENTEROLOGY
NC CHAPTER, AMERICAN COLLEGE OF PHYSICIANS
NC NEUROLOGICAL SOCIETY
NC OBSTETRICAL AND GYNECOLOGICAL SOCIETY
NC ONCOLOGY ASSOCIATION
NC SOCIETY OF EYE PHYSICIANS AND SURGEONS
NC ORTHOPAEDIC ASSOCIATION
NC SOCIETY OF OTOLARYNGOLOGY-HEAD & NECK SURGERY
NC SOCIETY OF PATHOLOGISTS
NC PEDIATRIC SOCIETY
NC PSYCHIATRIC ASSOCIATION
NC RHEUMATOLOGY ASSOCIATION
NC SPINE SOCIETY
NC CHAPTER, AMERICAN COLLEGE OF SURGEONS
NC UROLOGICAL ASSOCIATION**

**CAROLINA ASTHMA AND ALLERGY CENTER
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MOUNTAIN EMERGENCY PHYSICIANS
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SANDHILLS EMERGENCY PHYSICIANS
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