STOP
SCOPE OF PRACTICE EXPANSION
INTRODUCTION

Nonphysicians in Louisiana are once again asking legislators to let them practice medicine – without a license – by significantly expanding their respective scopes of practice. And once again, the Louisiana State Medical Society and the Louisiana Academy of Family Physicians along with the other specialty societies have banded together to oppose these intrusions into the safe practice of medicine:

Louisiana State Medical Society
Louisiana Academy of Family Physicians
Louisiana Psychiatric Medical Association
Medicine Louisiana
Louisiana Eye Physicians and Surgeons
Louisiana Society of Interventional Pain Physicians
Louisiana Osteopathic Medical Association/VCOM
Louisiana Society of Anesthesiologists
LA Chapter – American College of Emergency Physicians
LA Chapter – American Academy of Pediatrics
LA Chapter – American Academy of Otolaryngologists
LA Chapter – American College of Physicians
LA Chapter – American College of Surgeons
LA Chapter – American Congress of Obstetricians and Gynecologists
Louisiana Dermatological Society
Louisiana Pathology Society
Louisiana Society of Addiction Medicine
Louisiana Orthopaedic Association
Radiological Society of Louisiana
Louisiana Medical Association
The proposed bills don’t save patients time or money or expand patient access to care. Safe, quality patient care depends on our collective advocacy in preventing these bills’ passage. Health care must be physician-led and team-based.

This toolkit has been created to arm stakeholders with the information they need to join us in stopping scope of practice expansion in Louisiana. The following resources are for your social media channels: messages, research and polling data, social media graphics and posts, short videos, a draft email to legislators, and past articles on scope of practice expansion. We encourage your active participation in this advocacy.
MESSAGING

• Don’t let advanced practice registered nurses (APRNs) push physicians out of patient care.
• APRNs are telling lawmakers they need the authority to diagnose and prescribe independent of physician supervision without going to medical school.
• APRNs do not have the medical and clinical training to take care of patients without a physician’s supervision.
• House Bill 495 by Rep. Barry Ivey would significantly compromise patient safety and care by further fracturing the healthcare professions and undermining physician-led medicine. HB 495 would allow APRNs to independently prescribe dangerous drugs and controlled substances (up to Schedule III with some Schedule II privileges in inpatient facilities and hospice), order and interpret diagnostic testing, and prescribe durable medical equipment and devices. This is the practice of medicine.

Education/Clinical Training

• Physician training is very different from that of an APRN. A primary care physician completes between 12,000 and 16,000 hours of competency-based, clinical training, compared with ONLY 500 to 720 hours for APRNs.
• Physicians’ training and education uniquely qualify them to determine if a medical act can be safely delegated to an APRN acting under the physician’s supervision.
• There are no national standards for APRN training programs, many of which are conducted entirely online with a 100% acceptance rate. Students are responsible for arranging post-program clinical training hours themselves. Uneven, substandard training results.
• APRNs do not have the in-depth training required for independent practice in Louisiana’s isolated communities that have limited health care infrastructure and referral services.
• Independent diagnosing and prescribing is the practice of medicine, and it must continue to be reserved solely for those with appropriate training. Patient safety depends on it.

Risks to Patient Safety

• While some procedures seem simple and uncomplicated, there are too many examples of practitioners with less education and training having bad outcomes that harm patients for the rest of their lives. Working together as a care team – with physicians in the lead – is critical to having the best and safest outcomes.
• Removing physicians from the care team through changes to scope of practice puts patient safety at risk, and patients are very concerned about the quality of their care.
• Scope changes that would allow non-physicians to perform invasive procedures are particularly alarming to patients.
66 percent of U.S. voters surveyed oppose allowing nurse practitioners to run an emergency department with no physician oversight.

- The best way to maintain and improve quality of care is to keep physician experts at the helm of the health care team, working alongside nurses and other health care professionals.

**Physician-Led, Team-Based Care**

- Employing a physician-led, collaborative care model when utilizing APRNs supports the goal of patients receiving safe, cost-effective, and efficient care. Without physician direction and supervision, medical care by independently practicing APRNs will become uncoordinated and fractured, leading to less effective and duplicative services, higher costs, and lower-quality patient care.
- Team-based care capitalizes on the efficiencies of having the right professional providing the right services to the right patient at the right time with overall direction and coordination managed by physicians.
- Louisiana needs more physicians and other health care professionals working in all parts of the state, especially in rural areas in Louisiana. But the real gains in improving access to and coordination of patient care will come largely from solidifying and expanding the use of physician-led teams.

**Physicians at the Helm of the Health Care Team**

- When it comes to receiving high-quality health care, patients want and assume physicians will be involved in medical diagnoses and treatment.
- Health care is about fixing a problem. Patients expect the most qualified person—physician experts with unmatched training, education, and experience—to deal with the unexpected.
- Data shows that patients both want and expect a physician to lead the care team.
  - A national survey revealed 68 percent of U.S. voters believe it is very important for physicians to be involved in diagnoses and treatment decisions, with an additional 27 percent of voters believing it is at least somewhat important (95 percent total).
  - In focus groups, education, training, and experience were widely cited as essential to quality care; treatment and diagnosis without physician involvement caused grave concern.
- Patients pay high insurance premiums and co-pays to “go to the doctor.” Their belief and strong desire is that physicians will be involved in medical diagnosis and treatment.

**Improving Access to Care**

- APRNs argue they will improve access to care in rural and underserved areas of the state. However, in data from other states where APRNs practice independently, it is clear they migrate and establish practices in urban and suburban areas and not rural, underserved locations.
Experience in states like Oregon, Wyoming, and New Mexico demonstrate no real improvements in access to care – especially in rural areas – when those states have granted independent practice and prescribing authority to APRNs.

While independent APRNs might be paid less for an office visit than physicians, they tend to order more expensive tests and diagnostic scans, and they are quicker to refer patients to specialists – all of which drives up the cost of care.

Scope Changes Do Not Improve Access to Care

- Inflating the role of non-physician health care providers does not translate to increased access to care as some proponents have suggested.
- In states where nurse practitioners work independently from physicians (most of which has occurred at a rapid, untested approval pace over the last few years), it has not guaranteed increased service in rural and underserved areas.
- The state of Oregon provides the perfect example. While the total number of nurse practitioners in Oregon increased after gaining independent practice, there was no noticeable increase of nurse practitioners within rural, underserved areas.
RESEARCH/POLLING FINDINGS

National Toplines

The survey was conducted among 1,000 U.S. voters, conducted between January 27th and February 1st, 2021. The margin of error is +/- 3.5 at the 95% confidence interval.

68% of U.S. voters say it is very important to them for a physician to be involved in the diagnosis and treatment decisions.

- Expectations extend across parties, with 65% of Republicans, 71% of Democrats, and 64% of independents saying it is very important.

56% or more of U.S. voters oppose the different changes to scope of practice tested.

- U.S. voters are most concerned about allowing optometrists without medical degrees to perform eye surgery, with total opposition at 79% among Americans (64% strongly oppose).

62% of U.S. voters say patients are most likely to be harmed from scope of practice changes.

- This includes 66% of Republicans, 57% of Democrats, and 64% of independents.

35% of U.S. voters believe these changes will most benefit non-physician health care practitioners.

- Seventeen percent (17%) say for-profit health care providers are most likely to benefit and 16% say health insurance companies.

62% of U.S. voters think these changes would make our health care system worse.

- This includes majorities across parties, with the strongest sentiment among Republicans (69% worse). Fifty-five percent (55%) of Democrats and 64% of independents say these changes would make our health care system worse.
Opinion Former Toplines

The survey was conducted among 200 opinion formers nationally, conducted between January 27 and February 1, 2021. The margin of error is +/- 7.9 at the 95% confidence interval.

Opinion formers are defined as voters who follow news about public policy and government very closely or follow news about health care very or somewhat closely, are between the ages of 25 and 70, are college graduates or attended post-graduate school, and have an annual household income of $50,000 or more.

73% of opinion formers say it is very important to them for a physician to be involved in diagnosis and treatment decisions.

- Expectations extend across parties, with 67% of Republicans, 80% of Democrats, and 68% of independents saying it is very important.

52% or more of opinion formers oppose the different changes to scope of practice we tested.

- Opinion formers are most concerned about allowing optometrists without medical degrees to perform eye surgery, with total opposition at 73% among opinion formers (59% strongly oppose).

59% of opinion formers say patients are most likely to be harmed from scope of practice changes.

- This includes 58% of Republicans, 57% of Democrats, and 64% of independents.

34% of opinion formers believe these changes will most benefit non-physician health care practitioners.

- Twenty percent (20%) say for-profit health care providers are most likely to benefit and 20% say health insurance companies.

58% of opinion formers think these changes would make our health care system worse.
- This includes majorities across parties, with the strongest sentiment among Republicans (59% worse). Fifty-seven percent (57%) of Democrats and 56% of independents say these changes would make our health care system worse.
MYTHS VS. FACTS

**Myth:** Changes to scope of practice expand patient access to care.  
**Fact:** While the number of nurse practitioners doubled between 2010-2017, there has been no noticeable increase of nurse practitioners within rural, underserved areas. CMS data and countless state examples show nurse practitioners tend to practice in the same areas of the state as physicians, irrespective of state scope of practice laws.

**Myth:** Patients welcome scope of practice changes.  
**Fact:** Sixty-eight percent of U.S. voters say it is very important to them for a physician to be involved in diagnosis and treatment decisions. Patients want and expect a physician to be present on their care team.

**Myth:** Scope of practice changes would decrease health care costs.  
**Fact:** Studies from the Mayo Clinic and JAMA found nurse practitioners and physician assistants are more likely to make unnecessary referrals and imaging orders, resulting in higher costs for patients.

**Myth:** Patients are the primary beneficiaries of scope of practice changes.  
**Fact:** By allowing increased scope expansions, lawmakers are allowing for-profit entities to shape our health care system – regardless of what patients want – while also reducing patient choice in who provides their care.

**Fact:** While some procedures seem simple and uncomplicated, there are too many examples of practitioners with less education and training having bad outcomes that harm patients for the rest of their lives.

**Fact:** Studies from the Mayo Clinic and JAMA found nurse practitioners and physician assistants are more likely to make unnecessary referrals and imaging orders, resulting in higher costs for patients.

**Fact:** While the number of nurse practitioners doubled between 2010-2017, there has been no noticeable increase of nurse practitioners within rural areas for those patients who are underserved.

It’s clear – patients benefit the least from changes in scope of practice.
SOCIAL MEDIA GRAPHICS

4 OUT OF 5 PATIENTS PREFER A PHYSICIAN TO LEAD THEIR HEALTHCARE.

EDUCATION MATTERS.
86% OF PATIENTS SAY THAT PATIENTS WITH ONE OR MORE CHRONIC CONDITIONS BENEFIT WHEN A PHYSICIAN LEADS THE PRIMARY HEALTH CARE TEAM.

PATIENT CARE HOURS REQUIRED THROUGH TRAINING

<table>
<thead>
<tr>
<th>Profession</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (MD or DO)</td>
<td>12,000-16,000 hours</td>
</tr>
<tr>
<td>APRN</td>
<td>1,500-2,000 hours</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>2,000-500 hours</td>
</tr>
</tbody>
</table>

EDUCATION MATTERS
MEDICAL PROFESSIONAL EDUCATION AND TRAINING DIFFERENCES

<table>
<thead>
<tr>
<th>Medical Professional</th>
<th>Length of Graduate Level of Education</th>
<th>Years of Residency/Fellowship</th>
<th>Total Patient Care Training Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (MD or DO)</td>
<td>4 years</td>
<td>3-7 years</td>
<td>12,000-16,000 hours</td>
</tr>
<tr>
<td>Family Physician (MD or DO)</td>
<td>4 years</td>
<td>3 years</td>
<td>10,000-12,000 hours</td>
</tr>
<tr>
<td>Anesthesiologist (MD or DO)</td>
<td>4 years</td>
<td>4-6 years</td>
<td>12,000-16,000 hours</td>
</tr>
<tr>
<td>Ophthalmologist (MD or DO)</td>
<td>4 years + 1 year internship</td>
<td>3-5 years</td>
<td>12,000-16,000 hours</td>
</tr>
<tr>
<td>Psychiatric MD or DO</td>
<td>4 years</td>
<td>4-6 years</td>
<td>12,000-16,000 hours</td>
</tr>
<tr>
<td>Nurse Practitioner (NP)</td>
<td>3-4 years (online program included)</td>
<td>None</td>
<td>500-700 hours</td>
</tr>
</tbody>
</table>
SOCIAL MEDIA GRAPHICS

PATIENT CARE HOURS
REQUIRED THROUGH TRAINING

WORKING TOGETHER TO KEEP PHYSICIANS IN PATIENT CARE

WORKING TOGETHER TO KEEP PHYSICIANS IN PATIENT CARE

MEDICAL SCHOOL MATTERS

physician-led | knowledge-driven
SOCIAL MEDIA GRAPHICS

I’M NOT JUST YOUR DOCTOR.
I’M YOUR PHYSICIAN.

PHYSICIAN-LED MEDICINE:
THERE’S NO SUBSTITUTE.
SAMPLE SOCIAL MEDIA POSTS

Tweet: Three to five per week
Facebook: One to two per week

Hashtags:
#OnlyPhysiciansArePhysicians
#APRNsArentPhysicians
#YearsVsDays
#TeamBasedCare
#StopScopeCreep

Example posts:

HB 495 gives to advanced practice registered nurses by legislation what they did not earn by education - MEDICAL SCHOOL MATTERS!

Since 2010, the Louisiana Legislature has debated 16 pieces of legislation regarding the nursing community and their efforts to carve out ways to practice medicine – not nursing. The physician community appreciates that the legislature has continued to recognize the distinct difference in education and training that sets the physician apart from other healthcare providers. Support physician-led healthcare teams and OPPOSE HB 495.

HB 495 would give any advanced practice registered nurses independent practice authority.

Passage of HB 495 fractures the established healthcare delivery. Physicians readily acknowledge that ALL nurses are an important part of any healthcare team. However, there are significant areas in the practice of medicine that are reserved for physicians and should remain so. If there are certain areas where nurses believe they should be able to expand their scope, they should be required to identify each of them individually and thoroughly rather than changing them globally as HB 495 does.

Support physician-led healthcare teams and OPPOSE HB 495.
Advanced Practice Registered Nurses (APRN) are using the COVID-19 pandemic to promote legislation telling lawmakers that they are currently working without the need for a Collaborative Practice Agreement (CPA) and things are just fine without Louisiana’s “unnecessary and antiquated rules and regulations.” HB 495 is a bad bill with huge implications!

HB 495 gives to APRNs by legislation what they did not earn by education. We encourage everyone to make sure your legislators know that MEDICAL SCHOOL MATTERS!

Support physician-led healthcare teams and join the Physician Coalition of Louisiana in opposing HB 495!
Advanced Practice Registered Nurses (APRN) are using the COVID-19 pandemic to promote legislation telling lawmakers that they are currently working without the need for a Collaborative Practice Agreement (CPA) and things are just fine without Louisiana's “unnecessary and antiquated rules and regulations.” HB 495 is a bad bill with huge implications!

HB 495 gives to APRNs by legislation what they did not earn by education. We encourage everyone to make sure your legislators know that **MEDICAL SCHOOL MATTERS!**

Support physician-led healthcare teams and join the Physician Coalition of Louisiana in opposing HB 495!

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**Captions**

- Patients want and assume physicians will be involved in medical diagnoses and treatment. But with changes to scope of practice, that might not be the case. #StopScopeCreep

- Survey says: 68% of U.S. voters believe it is very important for physicians to be involved in diagnoses and treatment decisions, with an additional 27 percent of voters believing it is at least somewhat important (95% total). #StopScopeCreep

- Working together as a health care team with physicians in the lead is critical to having the best and safest outcomes for patients. Would you be okay with a non-physician performing an invasive procedure? #StopScopeCreep

- Changes to scope of practice benefit non-physicians and for-profit entities – not patients. To protect patients’ wallets and safety, we must #StopScopeCreep.

- Did you know? In states where nurse practitioners work independently from physicians, it has not guaranteed increased service in rural and underserved areas. Keep the health care team together... #StopScopeCreep

- Changes to scope of practice:
  - Remove physicians from diagnosis and treatment
  - Risk patient safety
  - Benefit for-profit entities
  - Do not improve access to care
  #StopScopeCreep
• When you pay to “go to the doctor,” you expect to see a doctor with unmatched training, education, and experience. In a move that benefits for-profit entities, not patients, scope of practice legislation seeks to limit access to physicians. #StopScopeCreep

• You care about health care costs and your quality of care. Learn why defeating scope of practice bills is key. #StopScopeCreep
SAMPLE TWEETS FOR HB 495

- #prescribing and #diagnosing are the practice of medicine as defined by law. APRNs are NOT physicians and should not be allowed to practice beyond a nursing scope of license without physician supervision. #laleg #OnlyPhysiciansArePhysicians #StopScopeCreep #HB495
- Physicians have 7-12 years of clinical training before independent practice. APRNs have 60-90 days. APRNs are NOT physicians and should not be allowed to practice medicine independently. #laleg #YearsVsDays #HB495 #OnlyPhysiciansArePhysicians
- APRNs have same number of clinical hours as third-year med students but LA doesn’t let med students practice medicine independently. #laleg #YearsVsDays #APRNsArentPhysicians #StopScopeCreep #HB495
- APRNs aren’t paying $ to practice nursing. They collaborate w/ delegating physicians to prescribe, which is not included in Nursing Board def of nursing. #laleg #APRNsArentPhysicians #HB495
- Doctor of nursing practice (DNP) is an APRN, NOT a physician. Don’t let the letters fool you. #laleg #APRNsArentPhysicians #HB495
- APRNs are currently allowed to practice to their fullest licensed potential – as a nurse, which is what they are. NOT a physician. #patientsafety #laleg #APRNsArentPhysicians #TeamBasedCare #HB495
- Claiming #HB495 won’t expand scope of practice is 100% false. Bills will allow independent Rx and diagnosing, defined in law as the practice of medicine, not nursing. #laleg #APRNsArentPhysicians #HB495
- All health care team members are important but health care teams must be physician-led. Patient safety depends on it. #laleg #TeamBasedCare #OnlyPhysiciansArePhysicians
- Expand access to primary care by fully funding graduate medical education. Not by allowing APRNs to practice medicine. Keep Louisiana doctors in Louisiana. #laleg #OnlyPhysiciansArePhysicians #TeamBasedCare #StopScopeCreep #AccessToCare #HB495
- APRN programs are mostly online and have 100% acceptance rate. No national standard exams like medical board exams that physicians must pass. #YearsVsDays #laleg #APRNsArentPhysicians #HB495
- Don’t legislate who gets to be physicians – medical school education and training should determine that. #YearsVsDays #OnlyPhysiciansArePhysicians #laleg #HB495
- Practicing medicine without the proper education, training, and a license is dangerous and against the law. It is not just a “contracting issue” as the health plans say. #laleg #OnlyPhysiciansArePhysicians #StopScopeCreep #HB495
SAMPLE EMAIL TO LEGISLATORS

Sample Letter 1 – From Medical Societies

Dear [NAME]:

On behalf of the [MEDICAL SOCIETY] [INITIALS], representing over [TOTAL MEMBERSHIP] family physicians and medical students across the state, I am writing to urge you to oppose [BILL NUMBER, BILL TITLE].

This legislation would permit Advanced Practice Registered Nurses (APRNs) to practice and prescribe independently without the clinical supervision of physicians and dismantle the physician-led team-based health care model in [STATE]. The [MEDICAL SOCIETY] opposes legislation that undermines the physician-led team-based care models that have proven to be most effective in improving patient health and lowering health care costs.

The [MEDICAL SOCIETY] believes that health professionals should work collaboratively as clinically integrated teams in the best interest of patients. Physician-led team-based care addresses patients’ needs for high quality, accessible health care and reflects the skills, training, and abilities of each of the health care team members to the full extent of their state-based licenses. APRNs play a critical role in health care delivery as part of the physician-led health care team.

[SPECIALTY] physicians are particularly qualified to lead the health care team because they possess distinctive skills, training, experience, and knowledge that allow them to provide comprehensive medical care, health maintenance, and preventative services for a range of medical and behavioral health issues.

All fully trained physicians are required to complete a four-year bachelor’s degree, four years of MD/DO education, and then a minimum of three years of residency that includes 12,000 to 16,000 hours of clinical patient care. Family physicians are also required to take 150 hours of Continuing Medical Education (CME) training every three years and, if board certified, must sit for their board certification exams every six to ten years along with completing annual requirement to maintain their certification. Physician education is standardized by state medical boards. By contrast, APRNs are only required to complete a four-year bachelor’s degree and 1.5 to 3 years of masters-level coursework and complete between 500-1,500 clinical hours before becoming licensed APRNs. They are also not required to complete mandatory standardized CME or sit for nursing board certifications at standardized intervals.

This legislation specifically removes provisions that require APRNs to practice with collaborating physicians in patient-centered care teams that engage in diagnosis, treatment, and patient care.
Allowing APRNs the ability to independently provide care by diagnosing, prescribing, treating, counseling, providing health assessment and screening, facilitating patient management of acute and chronic illness and disease, ordering and performing, supervising, and interpreting diagnostic tests, and prescribing pharmacologic and non-pharmacologic therapies, or providing other unsupervised services with no physician collaboration further splinters the health care team. APRNs do not have the medical education and training to provide full coordination of a patient’s care and are no more likely than physicians to practice in rural or underserved areas. For these reasons, a nurse practitioner is not a substitute for a physician when it comes to ensuring patient safety.

Physicians and APRNs occupy interdependent roles in the delivery of quality, comprehensive health care. The [MEDICAL SOCIETY] recognizes that nurses are an integral and valuable part of a physician-led team. However, we believe that independent practice and prescribing is not the answer. Physicians offer an unmatched service to patients and, without their skills, patients’ safety would be at risk.

We strongly urge you to support physician-led health care teams by opposing the proposed legislation on expanding APRN scope of practice without clinical physician supervision. Thank you for your consideration. Please contact [NAME], at [NUMBER] or [EMAIL] with any questions.

SAMPLE LETTER 2 – From Physicians to Legislators

This is important: HB 495 would change the Nursing Practice Act to allow APRNs (nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists) to independently:

- to authorize advanced practice registered nurses to prescribe, order, furnish, and otherwise provide medications, therapies, referrals, and other healthcare items and services;
- to provide relative to the authority of advanced practice registered nurses to distribute certain medications in public health clinics;
- to authorize advanced practice registered nurses to furnish signatures and other types of endorsements required of physicians in certain instances;
- to provide relative to staff membership of psychiatric mental health nurse practitioners at behavioral health treatment facilities;
- to provide relative to admission of persons to treatment facilities by emergency certificate;
- to require that psychiatric mental health nurse practitioners who issue such certificates possess certain qualifications;

Physicians recognize prescribing and diagnosing as the practice of medicine. Organized medicine opposes HB 495 because:
1. APRNs are currently free to practice independently and to the top of their license – as a nurse, which is what they are. HB 495 would allow independent APRNs to practice medicine.
2. All members of the health care team are important, but the team must be physician-led as health care practitioners are not interchangeable. All physicians have by a significant order of magnitude more education and clinical training than APRNs. At a minimum, physicians have between 10,000 and 15,000 hours of clinical training, whereas APRNs have between 500 and 720 hours of self- or minimally proctored clinical training hours.
3. In states where APRNs have been granted independent prescribing and diagnosing authority, a variety of guardrails guide the transition to practice: minimum hours or years of close supervision by a physician; oversight by the state board of medicine; required liability coverage; requirements to self-identify to patients as a nurse, not a physician; and ongoing collaboration and consultation, to name a few. Patient safety and protection are paramount.

If the state legislature changes the law and grants APRNs the authority to independently prescribe and diagnose, which is currently specifically prohibited by the Nursing Practice Act, APRNs should be regulated by the Louisiana State Board of Medical Examiners along with physicians.
Sample Op-ed

Patients are concerned about the cost and quality of health care. While there is certainly room for improvement in our current health care system, allowing non-physicians to provide physician-level care would be a step in the wrong direction. Lawmakers must understand that by passing [INSERT BILL NUMBER], they could risk patient safety and would not improve costs or access to care.

The best way to alleviate patient concerns and protect patient safety is to keep physician experts at the helm of the health care team.

Health care is about fixing a problem, and patients expect the most qualified person on the health care team to be by their side to deal with the unexpected. That person is a physician expert with unmatched training, education, and experience. It is understandable then that a national survey conducted by the American Medical Association found 68 percent of U.S. voters believe it is very important for physicians to be involved in diagnoses and treatment decisions, with an additional 27 percent of voters believing it is at least somewhat important (95 percent total).

[INSERT PERSONAL ANECDOTE ABOUT PHYSICIAN-LED CARE]

Along with quality of care, cost is of the utmost importance when it comes to patient satisfaction. Proponents of [INSERT BILL NUMBER] often try to claim scope of practice changes would decrease costs and increase access to care. Don’t let them fill you with false hope, because the data does not back these points up. Studies from the Mayo Clinic and JAMA found nurse practitioners and physician assistants are more likely to make unnecessary referrals and imaging orders, resulting in higher costs for patients. Further, while the number of nurse practitioners doubled between 2010-2017, there has been no noticeable increase of nurse practitioners within rural, underserved areas. Countless state examples show nurse practitioners tend to practice in the same areas of the state as physicians, irrespective of state scope of practice laws. CMS studies also confirm that few APRNs choose to work in rural areas following graduation.

[INSERT ANY LOCAL INFORMATION OR ALTERNATIVE SOLUTIONS IF APPLICABLE]

It’s clear: Scope of practice changes do not benefit patients. They benefit for-profit entities and non-physicians. [INSERT STATE] lawmakers must see past the false promises and oppose [INSERT BILL NUMBER].

Sample Pitch
To pitch your opinion content to a local outlet, first you’ll need to know who to contact. Try searching “[OUTLET NAME] + op-ed submissions” to find a submission email address. Alternatively, you can check the outlet’s staff directory on their website for the Editorial Page or Opinion Editor. For letters to the editor, there is often a submission form or email, though you can also search for the Opinion Editor. You should also check to see if the outlet has a word count limit for submitted pieces.

Once you’ve found contact information, you can begin drafting a pitch email. You’ll want to highlight what your op-ed or LTE is about and why you’re a credible voice on the topic. Be sure to copy your piece directly below your signature. Your pitch email might look something like:

Subject line: Op-ed: Scope of practice changes in [INSERT STATE] would harm patients

Hi there,

Attached and copied below is an op-ed by for [INSERT OUTLET NAME]’s exclusive consideration. I [OR NAME/DETAILS OF PERSON WHO IS THE SIGNER] wrote this piece now given the discussions around [BILL NUMBER] and the potential for the passage of this bill to harm patients.

Scope of practice changes remove physicians from the helm of the health care team, and as the op-ed notes, this has not been found to improve costs or access to care.

Would [OUTLET NAME] be interested in running the op-ed?

Thank you,
Name

[COPY OP-ED BELOW]
RESOURCES:

Articles, One Pagers, and American Medical Association Information

- AAFP Warns of More Harm in Scope-of-Practice Executive Order
- LSBME Adopts Resolution to Preserve Scope of Practice Limitations
  o http://www.lsbsite.la.gov/sites/default/files/documents/Meetings/Minutes/2021/3%20March%20Special%20Call%20Meeting%20RESOLUTION.pdf
Primary Care Physicians to Nurse Practitioners

LOUISIANA

- Primary Care Physicians (n=3,617)
- Nurse Practitioners (n=4,664)

Population per square mile
Source: 2015-2019 American Community Survey

Source Notes: AMA Physician Masterfile 2020; U.S. Centers for Medicare & Medicaid Services National Plan and Provider Enumeration System 2020; U.S. Census Bureau county and state shapefiles 2010

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