



The Massachusetts Chapter

June 18, 2014

The Honorable Brian S. Dempsey
Chair, House Ways and Means
The State House, Room 243
Boston, MA 02133

RE: FY2015 Budget, Senate Amendment 935 Quality Improvement and Cost Reduction

Dear Chairman Dempsey,

I write to you on behalf of the Massachusetts Chapter, American Academy of Pediatrics (MCAAP) which represents approximately 1,800 pediatricians across the Commonwealth. The members of the MCAAP are physicians dedicated to improving the quality of life for children by providing quality health care and advocating for them and their families. The MCAAP is committed to the attainment of optimal physical, mental and social health for all infants, children, adolescents, and young adults.

We want to ensure that children receive the highest quality and safest care possible; therefore, we urge you to oppose Senate Budget Amendment 935, which was included in the Senate passed budget that is now before a House-Senate Conference Committee. Senate Budget Amendment 935 would allow nurse practitioners to practice independently without any physician oversight.

Senate Budget Amendment 935 is very similar to H.2009 and S.1079, which the Joint Committee on Public Health recently sent to a study. The issues raised by the budget amendment are very complicated and affect the quality of medical services rendered in the Commonwealth as well as patient safety. The issues have not been considered by the House, and should not be acted upon through the budget.

Pediatricians value nurse practitioners (NPs) and the services they provide, but we strongly believe that optimal quality care for our patients is served best by nurse practitioners and physicians working as a team to provide a patient centered medical home for our patients.

Senate Budget Amendment 935 removes the collaborative team approach that has been the hallmark of the NP scope of practice from the very beginning; i.e., NPs practice in accordance with written guidelines developed in collaboration with, and mutually acceptable to, the nurse and a physician in the nurse's area of practice. Nurse practitioner independent practice runs counter to the concept of team approach to the delivery of care which is the hallmark of the patient-centered physician led medical home endorsed by health care experts.

Senate Budget Amendment 935 seeks to create legislative and regulatory parity for nurse practitioners and physicians despite the significant differences in the amount of training required by the two professions. The legislation is written to insert nurse practitioners into every part of the law where physicians are named except provisions which require specific performance or quality standards of physicians. The amendment would broaden their scope of practice to "interpret tests", which could include X-rays and other diagnostic tests, notwithstanding a lack of sufficient training in such areas. In effect, granting by legislation what the nurse practitioners do not have by education or training.

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Nurse Practitioners generally receive a master's degree or post master's certificate. Their training focuses on chronic and preventive care management rather than complex diagnoses. Nothing in the legislation recognizes those limits in training and experience. Yet, the amendment would allow nurse practitioners to engage in solo practice after two years of supervised training, which could be supervision by an independent nurse practitioner. For independent nurse practitioners there would be no statutory limits on the medical services they provide and they could practice without the resources and safety net inherent in teams.

Pediatricians and nurse practitioners are not interchangeable in the delivery of health care.

Pediatricians in comparison have 4 years of medical school and 3 years of pediatric residency at a minimum in which the pediatrician has invested between 12,000 and 14,000 clinical hours at the completion of basic pediatric training alone.

The health care of children benefits the most from a physician led medical home, within which services can be coordinated and delivered by a team of qualified clinicians who work in collaboration with each other and benefit from the training and skills each brings to the team.

We strongly advocate for universal primary care and recognize that current gaps in that care will best be filled by completing the transition to team-based care in medical homes where all health professionals play valuable and appropriate roles. That is the message of the Affordable Care Act and the longstanding aim of health care reform efforts here in the Commonwealth. You may hear from the proponents of the amendment that nurse practitioner independent practice can help provide care in underserved areas of the state. The truth is, studies have clearly demonstrated that nurse practitioners choose to practice in the same locations as physicians. It is certain, therefore, that other mechanisms will be necessary to bring primary care to everyone.

The Massachusetts Chapter, American Academy of Pediatrics believes that this sweeping change to the delivery of quality health services in Massachusetts needs to be openly considered, just as the Public Health Committee did, and not included in the state budget process.

The MCAAP would urge you to reject Senate Amendment 935.

Sincerely,

John O'Reilly, M.D., FAAP

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



The Massachusetts Chapter

November 19, 2013

To the Honorable Chairmen and Members
Joint Committee on Public Health:

Re: H. 2009 and S.1079 An Act Improving the Quality of Health Care and Reducing Costs

This testimony is submitted on behalf of the Massachusetts Chapter, American Academy of Pediatrics (MCAAP) which represents approximately 1,800 pediatricians across the Commonwealth. The members of the MCAAP are physicians dedicated to improving the quality of life for children by providing quality health care and advocating for them and their families. The MCAAP is committed to the attainment of optimal physical, mental and social health for all infants, children, adolescents, and young adults.

We want to ensure that children receive the highest quality and safest care possible; therefore, we want to express our strong opposition to H.2009 and S.1079, which would allow nurse practitioners to practice without any physician oversight.

Pediatricians value nurse practitioners (NPs) and the services they provide, but we strongly believe that optimal quality care for our patients is served best by nurse practitioners and physicians working as a team to provide a patient centered medical home for our patients.

The proposed legislation removes the collaborative team approach that has been the hallmark of the NP scope of practice from the very beginning; i.e., NPs practice in accordance with written guidelines developed in collaboration with, and mutually acceptable to, the nurse and a physician in the nurse's area of practice. Nurse practitioner independent practice runs counter to the concept of team approach to the delivery of care which is the hallmark of the patient centered physician led medical home endorsed by health care experts.

This legislation seeks to create legislative and regulatory parity for nurse practitioners and physicians despite the significant differences in the amount of training required by the two professions. These bills are written to insert nurse practitioners into every part of the law where physicians are named except provisions which require specific performance or quality standards of physicians. The bills would broaden their scope of practice to "interpret tests", which could include X-rays and other diagnostic tests, notwithstanding a lack of sufficient training in such areas. In effect, granting by legislation what the nurse practitioners do not have by education or training.

Nurse Practitioners generally receive a master's degree or post master's certificate, and receive 500 to 700 hours of clinical training.¹ Their training focuses on chronic and preventive care management rather than complex diagnoses. Nothing in the legislation recognizes those limits in training and experience. Yet, H. 2009 and S. 1079 would allow nurse practitioners to engage in solo practice with no limits on the medical services they provide and without the resources and safety net inherent in teams.

Pediatricians in comparison have 4 years of medical school and 3 years of pediatric residency at a minimum in which the pediatrician has invested between 12,000 and 14,000 clinical hours at the completion of basic pediatric training alone. **Pediatricians and nurse practitioners are not interchangeable in the delivery of health care.**

The health care of children benefits the most from a physician led medical home, within which services can be coordinated and delivered by a team of qualified clinicians who work in collaboration with each other and benefit from the training and skills each brings to the team.

You may hear from the proponents of the legislation that nurse practitioner independent practice can help provide care in underserved areas of the state. The truth is studies have indicated that nurse practitioners practice in the same locations as physicians. More importantly, **any gap in primary care can best be filled by the continuing transition to team-based care in medical homes where all health professionals play valuable and appropriate roles.** That is the message of the Affordable Care Act and the consensus of health care reform efforts here in the Commonwealth.

The MCAAP urges the committee to reject H.2009 and S.1079.

Respectfully submitted,
John O'Reilly, M.D., FAAP
President