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Letter to Editor OMICS International

Physicians should not Shackle Non-physician Healthcare Providers

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Letter to Editor

According to the Centers for Disease Control and Prevention (U.S.), more than 12% of Americans lack access to a usual place to obtain medical care [1]. Part of the problem, no doubt, is driven by a lack of primary care providers in many parts of the United States. Forecasts suggest that the problem will likely deteriorate [2] in the coming years.

Occupational licensing laws specify the tasks or "scope of practice" that non-physician healthcare providers are allowed to perform by law. Physicians have significant influence on these laws directly via their position on state licensing boards and also indirectly by influencing state legislators with professional association lobbying. Individual states have the authority to specify professional scope of practice and this results in some interesting differences across states. For example, the state of Kentucky is the only state [3] in the United States that does not allow physician assistants the authority to prescribe controlled substances with physician supervision. This places a clear limitation on the ability of physician assistants to provide care to vulnerable populations in the state.

There are also significant differences across states with respect to the prescription authority of nurse practitioners [3]. Several states allow nurse practitioners to prescribe controlled substances without physician supervision, several others do not. Why does this discrepancy persist? Are the needs of patients being fully considered, or are there other motives behind these differences? All of these questions deserve serious consideration.

Physician assistants and nurse practitioners are only one example. States grant very different [4] levels of patient access to physical therapists, some states allow "direct access"-granting patients the ability to see physical therapists without physician referral. Several other states have erected a number of barriers that prevent patients from seeking care from physical therapists.

There are also significant differences [5] across states with respect to the scope of practice of pharmacists. Some states make it easy for pharmacists to perform routine medical testing (such as blood glucose screening) and others make it considerably more challenging.

Physician groups (such as the Physician Foundation) [6] maintain support for the status quo-namely that non-physicians should continue to be restricted. It deserves to be emphasized that there is no evidence than a non-physician health provider can serve as a perfect substitute for a physician. In order to overcome the significant challenges that remain with respect to health care access in the United States, however, a plan of action needs to be devised. It is my recommendation that the plan of action includes a broader scope of practice for non-physicians. Justifying why significant differences persist across states with respect to scope of practice is very difficult. Scope of practice portions of occupational licensure laws should be designed with the best interest of patients in mind as opposed to the best interest of physicians.

References

1. https://www.cdc.gov/nchs/fastats/access-to-health-care.htm
2. http://www.aafp.org/news/practice-professional-issues/20150303aamcwkforce.html
3. Timmons EJ (2017) The effects of expanded nurse practitioner and physician assistant scope of practice on the cost of medicaid patient care. Health policy 121: 189-196.
4. Timmons EJ, Hockenberry JM, Durrance CP (2016) More battles among licensed occupations: Estimating the effects of scope of Practice and Direct Access on the Chiropractic, Physical Therapist, and Physician Labor Market. State and Local Policy.
5. Timmons EJ, Norris CS (2016) CLIA Waiver Pharmacy Growth: How Does Broadening Scope of Practice Affect the Pharmacist Labor Market? Study of American Capitalism.
6. Isaacs S, Jellinek P (2012) Accept no substitute: A report on scope of practice. The Physicians Foundation.