

MSSNY Ad Hoc Scope of Practice Committee
April 20, 2021

Participants

Dr. Lisa Eng – Co-Chair
Dr. Rose Berkun - Co-Chair
Dr. Bonnie Litvack – MSSNY President
Dr. Art Fougner – MSSNY Past-President
Dr. Parag Mehta – MSSNY Vice-President
Dr. Arpit Chhabra
Dr. Maria Paone
Dr. Purvi Parikh
Dr. Robert Rapaport
Dr. James Slough
Dr. Julie Vieth
Dr. Richard Wissler
Troy Oechsner
Moe Auster
Pat Clancy

The meeting began at 7:30. Dr. Berkun and Dr. Eng welcomed the participants, and the minutes of the September 11, 2020 Committee meeting were approved.

Budget Issues Relating to Scope of Practice

Moe Auster discussed the multiple scope of practice issues that had been under discussion in the State Budget including:

- extending for one year – until June 30, 2022 - the existing nurse practitioner modernization act which permits NPs with more than 3,600 hours of practice to practice without a written collaborative agreement provided there is evidence of collaborative relationships with a physician practicing in same specialty. MSSNY had been urging the adoption of stronger collaboration requirements than currently exist, however, NPs had been advocating legislation that would completely remove any further documented collaborative practice arrangements; and
- rejection of changes proposed in the Executive Budget opposed by MSSNY to pharmacy scope of practice rules that would have permitted pharmacists to conduct lab tests without coordination with a physician; expansion of the physician-pharmacist collaborative drug program to include nurse practitioners and to greatly expand the patients who could be subject to these protocols and permitting pharmacists to perform all vaccinations approved by the ACP, all of which were rejected in the final Budget. MSSNY used funding from a grant from the AMA's Scope of Practice Partnership to run radio ads in different media markets across New York State in opposition to these proposals.

Dr. Eng articulated the importance of continued physician advocacy to protect patients through ensuring meaningful collaboration between nurse practitioners and physicians. Dr. Parikh urged MSSNY to work with patient advocacy groups to join us in our advocacy on this issue. Dr. Paone suggested we additionally work to educate physicians about the importance of these issues. Dr. Fougner reiterated the importance of this being a patient safety and protection issue, and Dr. Berkun agreed regarding the importance of educating patients and patient advocacy groups.

Issues for the Remainder of the Legislative Session

Dr. Vieth urged that MSSNY advocate to limit the number of physician assistants that a physician can supervise in a hospital, currently set at 6. She believes it should be no more than 1, noting that hospitals are now replacing and marginalizing the role of physicians in hospitals. Dr. Paone urged that the supervision requirements be specific to physicians and PAs practicing in the same specialty. Dr. Parikh agreed with the need to limit the number of PAs a physician can supervise. Dr. Vieth was going to check with the New York ACEP chapter to obtain their recommendations on this issue so MSSNY can coordinate. Dr. Wissler noted that we should look further into how this aligns with hospital financial incentives.

Dr. Berkun discussed recently re-introduced legislation to permit independent CRNA practice in New York. She said this legislation was opposed by the NYS Society of Anesthesiologists (and MSSNY) that will be the subject of an upcoming May lobby day. Dr. Chhabra noted the recent Wisconsin situation, where one hospital had reportedly replaced all their anesthesiologists with CRNAs. Dr. Berkun noted that Wisconsin is a state that has enacted collaborative practice for CRNAs so they can be supervised by a non-anesthesiologist physician. Dr. Wissler noted that Wisconsin has availed themselves of a federal option to remove anesthesiologist supervision requirements.

Dr. Litvack noted legislation opposed by the NYS Society of Radiologists (and MSSNY) that would permit physician assistants to perform fluoroscopy. She noted that the radiologists are recommending that there be direct physician supervision of PAs performing fluoroscopy to help protect patients against unnecessary and excessive radiological exposure.

Dr. Slough noted legislation opposed by the NYS Society of Orthopedic Surgeons that would expand the scope of practice of podiatrists to, among other provisions, provide wound care on the leg for conditions not contiguous to the foot and ankle, and make other changes. He noted that the podiatrists have argued that they are "technical" changes but they are far more substantive. He also noted that the NYSSOS is supportive of efforts to redefine the scope of practice for athletic trainers.

Dr. Eng asked about inviting MLMIC to participate in the next meeting and/or to provide data on trends involving liability for services provided by non-physicians. She is going to ask other medical liability insurance companies for similar information. Dr. Parikh asked about additional AMA assistance for our advocacy efforts in addition to the SOPP grant, where Dr. Berkun noted the various additional tools AMA can provide, including social media talking points/graphics and summaries of state laws. Dr. Mehta noted that primary care physicians might not necessarily agree with restricting the number of PAs employed in physician practices. Dr. Eng also raised ongoing concerns with legislation to create an alternative path for midwife birth centers to be approved to deliver services, through meeting accreditation requirements that could bypass the typical CON procedure.

Troy Oechsner introduced himself to the Committee members and noted the importance of developing and advancing a patient focused agenda.

The meeting ended at 8:25 AM.