

# **The Case for Ability-Based Overlapping Scopes of Practice for the Health Care Professions – August 2011**

## ***What is “Scope of Practice?”***

Healthcare in the United States is provided by variety of professionals including doctors, nurses, physical therapists, dentists, podiatrists, physician assistants, dental hygienists, pharmacists, occupational therapists, psychologists, social workers, midwives, chiropractors, and acupuncturists, among others. Entry into these professions is regulated at the state level by licensing boards composed of members of the licensed profession and lay people. The boards enforce laws, which require a certain level of education and passage of an examination in order to earn a license to practice the profession. The laws also specify what kinds of services members of the profession are authorized to provide to patients, under what conditions, and in what settings. This is called the profession’s *scope of practice*.

## ***How did Scopes of Practice Originate?***

Initially in the U.S., there was very little regulation of health care delivery. It was difficult to distinguish between well-trained, highly qualified professionals and “snake oil salesmen,” who took advantage of public ignorance and emotional vulnerability associated with illness. In 1910, the Flexner Report, which evaluated medical education in the U.S. and Canada, led to significant changes in the practice of medicine and established the basis for our current regulatory system.

Physicians were the first profession to secure the authority to self-regulate through state-based licensing boards (which originally were composed entirely of members of the profession). Physicians made the case that allowing unlicensed (implying unqualified) people to practice medicine would jeopardize public health and safety. Being first to attain licensure, medicine was able to secure unrestricted and exclusive authority to practice all aspects of medicine. In other words, physicians claimed an all-inclusive scope of practice.

Physicians were authorized to hire support personnel, but anyone who was not a licensed physician had to work under the strict supervision of a physician. As other health care professions, such as nurses, pharmacists, psychologists, etc., persuaded state legislatures to enact licensing laws for their professions, physicians continued to enjoy an unrestricted, all-inclusive scope of practice. So, each newly licensed profession had to persuade the legislature to authorize it to share pieces of medicine’s all-inclusive scope of practice.

## ***“Turf Battles” Over Scopes of Practice***

Hesitant to share portions of its scope of practice, organized medicine continues to this day to support laws and regulations intended to limit the growth and expansion of other legitimate health professions. For example, over the years, organized medicine has opposed independent practice by Advanced Practice Registered Nurses, access to Physical Therapists without first obtaining a physician’s referral, Optometrists’ authority

to prescribe medications and perform certain surgical procedures, medication management by Pharmacists, and so on. Nevertheless, in some states, non-physician healthcare professions, most notably Advanced Practice Nursing, have managed to expand their authority to independently practice to the full extent of their training and abilities.

Ironically, as non-physician health professions have evolved, some of them have adopted the posture of organized medicine and have fought sharing portions of their scopes of practice with other professions, even when the involved professions share similar training and skills. For example, physical therapists and occupational therapists in some states have tried to prevent athletic trainers from offering services to physically active individuals who do not qualify as professional athletes. Chiropractors in some states have sought to prevent physical therapists from performing spinal manipulation or thrust joint manipulation, while physical therapists have attempted to prevent chiropractors from incorporating physiotherapy techniques into their practice. Optometrists in some states have tried to prevent occupational therapists and other healthcare professionals from conducting vision assessments. The list goes on.

Unnecessary scope of practice restrictions that prevent practitioners in any profession from practicing to the full extent of their training and abilities unnecessarily interfere with the efficient deployment of the health care workforce. Such restrictions interfere with consumer access to healthcare, raise the cost of care, and can undermine the quality of care.

### ***The Case for Overlapping Scopes of Practice***

The nation's consumers would benefit greatly if the pattern of scope of practice turf battles were replaced by a system that produces ability-based, overlapping scopes of practice. Under such a system, the boundaries surrounding what a profession is authorized to do would be determined by demonstrated ability to perform tasks and provide services safely, without compromising quality. Each profession would be recognized for its skills and specialties, but would not have a lock on an exclusive claim. Scopes of practice would be permitted – indeed encouraged – to overlap among professions.

The effect of permitting skilled practitioners to share overlapping scopes with other professions will be to increase consumer access to care and possibly to lower costs. The Affordable Care Act will make health insurance available to millions of new beneficiaries, making it all the more important to expand the pool of professionals qualified and authorized to provide healthcare services.

There are many telling examples of the benefits of overlapping scopes of practice. One that is greatly improving access to care and lowering costs is the growing availability of retail clinics, staffed primarily by Advanced Practice Nurse Practitioners. These have been made possible by regulations authorizing nurse practitioners to practice independently (without direct supervision by a physician), to diagnose medical conditions and to prescribe medications. Many retail clinics are located in previously underserved communities and are open long hours, making them a convenient way for families to

obtain care they might otherwise forgo, or seek at a hospital emergency department, at great cost to the system.

Another example involves dental care. A growing number of states are authorizing dental hygienists to practice independently of dentist supervision; others have created a new category of mid-level dental health practitioner. The result of permitting these professionals to share portions of the dental scope of practice is to greatly improve access to dental hygiene and other basic dental health services in clinics, schools, and other non-traditional settings.

Still another example of the desirability of overlapping scopes of practice is the use of “dry needling,” a technique that at least three different professions are trained to employ, but prefer not to share with each other. Acupuncturists, physical therapists and chiropractors all use (or would like to be authorized to use) dry needling in their practices, in different ways and for different purposes. Each profession feels threatened when one of the other two seeks to have dry needling added to its scope of practice. Looking at it from a consumer point of view, patients benefit when each of these professions is permitted to use all its training and skills in practice. A strong case can be made that it is in the interests of the professions, as well, to support appropriate expansions of each other’s scopes of practice because that principle would apply to each of them when they seek the authority to deliver all of the services for which they have been trained.

A framework of overlapping scopes of practice will improve access to high quality, healthcare services from a variety of qualified professionals. Consumers – especially those living in rural and underserved areas – will find it easier to obtain needed healthcare services. Consumers with diverse ethnic backgrounds will have a better chance of finding culturally sensitive providers with whom they can communicate easily. Competition among a variety of qualified practitioners should help reduce the increase in the rate of growth of the cost of healthcare, with rewards for individual consumers and society as a whole.