

TALKING POINTS



BACKGROUND: HB 1303 in the Mississippi House of Representatives seeks to give independent practice to APRNs who have only 3,600 hours of past collaboration with a physician.

TALKING POINTS:

- Primary care physicians and APRNs do NOT share the same levels of expertise, training or knowledge.
- Health professionals' training has a direct impact on the depth and quality of patient care. The difference in overall training is almost 18,000 hours more for Family Physicians than for APRNs.
- This is a public health/public safety concern.
- Physicians know how to implement appropriate care plans.
- During House Committee discussions, we heard the NP argument is that doctors charge large fees to collaborate with them. We know this is not standard practice. If you collaborate, please share your own experience with legislators.
- LEGISLATORS UNDERSTAND PERSONAL STORIES. PLEASE TELL YOUR OWN STORY. HERE ARE JUST A FEW EXAMPLES FROM PHYSICIANS:

*"Collaboration, simply put, is patient protection and good medicine. Ending collaboration will disrupt the effective and high-quality medical team and result in bad medicine. I have long been a proponent of the physician-led health care team in which nurse practitioners and physician assistants play such a vital role. I have trained, overseen, and promoted many dozens of nurse-practitioners and physician assistants (students are in my office today training) and remain on the faculty of the leading Nursing Schools and Mississippi's PA school. I praise the work of Nurse Practitioners and PAs and could not care for my large patient population without their role in the physician-led team. **However, as a Nurse Practitioner instructor, I assert strongly the truth that NPs and PAs are trained to collaborate with physicians, not to stand alone.** As well, there is extraordinary variability in the quality of NP training, with many of the programs being online, and much further training is required after NPs find a job for them to achieve basic competence. I have known NPs who obtain their certification and don't know how to write a prescription. Ending collaboration is counter to their training for safe medical practice, which emphasizes following protocols and extension/collaboration. As well, my nurse practitioners frequently call me to clarify complex issues for complicated patients. Without collaboration, this essential consultation would be absent, resulting in worse patient care. Rather than ending collaboration, our leaders need to be supporting*

the physician-led team model and encourage flexibility for physicians and NPs and PAs to interact without burdensome regulations of their boards. Encourage rather and don't destroy the medical team! As well, I have collaborated with more than a dozen nurse practitioners in both Mississippi and Louisiana in clinics, nursing homes, hospitals, and psych units over the last 20 years and not one has paid me an oversight fee. The large majority of the nurse practitioners in Pike County are employees of clinics or hospitals and do not pay a collaboration fee. Such is not even an issue. The few who pay fees are independent, stand-alone private providers, and frankly, physician oversight in those settings is absolutely essential for patient safety." --- Lucius M. "Luke" Lampton, MD, FAAFP, family physician in Magnolia, member Mississippi State Board of Health

*"One of my patients called me concerned about her husband (also a patient) who was in the hospital. He had suddenly taken a turn for the worse. An NP was seeing him daily. My patient expressed her concern to the NP who said it's probably too much pain medicine. She begged him to call the doctor. He refused because he said he knew what he was doing. She asked me to talk to the NP. I did and asked him to investigate other causes. He argued with me and said the nurses would rather him take care of patients than the doctor. He refused to call the doctor. I called the doctor. **My patient was in florid congestive heart failure.** The NPs arrogance caused unnecessary suffering to the patient. The danger is in what they don't know but have no insight into their knowledge deficit."*

"I think COVID has really demonstrated the importance of not losing physicians in the system. Think about every time a suggested new treatment for COVID has come out.... zmax, plaquenil, ivermectin, etc. If you don't have physicians to design your care plans and actually understand how the physiology of the body interacts with pharmacokinetics and pathology, then you have no way of evolving your care plans. NPs don't have the education to do that, which is why I still seeing them giving Z packs and plaquenil to lightly symptomatic patients in the Delta."

"What does that difference in hours of training mean? It means the ability to recognize stridor in a child and intubate, setting a broken bone in your office, knowing that cough isn't bronchitis but a blood clot, and that rash is actually cancer."

MESSAGE: Vote NO to stop all INDEPENDENT PRACTICE bills.

- Support a physician-led team approach
- Continue to support the Mississippi Rural Physicians Scholarship Program that puts doctors in rural areas to treat and serve.
- All health care providers are part of the SOLUTION but are NOT a substitute for physicians.

Please call your Representative directly ([each representative's phone number is listed here](#)) or call the Capitol Switchboard (601-359-3770) to leave a message for your representative.

CALLING SPEAKER PHILIP GUNN IS JUST AS IMPORTANT AS CALLING YOUR LOCAL REPRESENTATIVE. Please call his office at **(601) 359-3300** and leave a message.