

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

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