

Non-Physician Practitioners: Scope of Practice in the Emergency Department



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AAEM/RSA Advocacy Committee

Introduction:

Non-Physician Practitioners (NPPs) are healthcare professionals certified or licensed to provide healing services that complement or supplement those provided by a physician. It is the position of AAEM that each of these professional degrees are meant to help the team led by a board certified emergency physician to deliver the most appropriate care to patients in the emergency department (ED).

In the ED, these degrees mainly fall into two categories based on their educational background, licensure, and regulatory bodies.

- Physician Assistant (PA)
- Nurse Practitioner (NP)

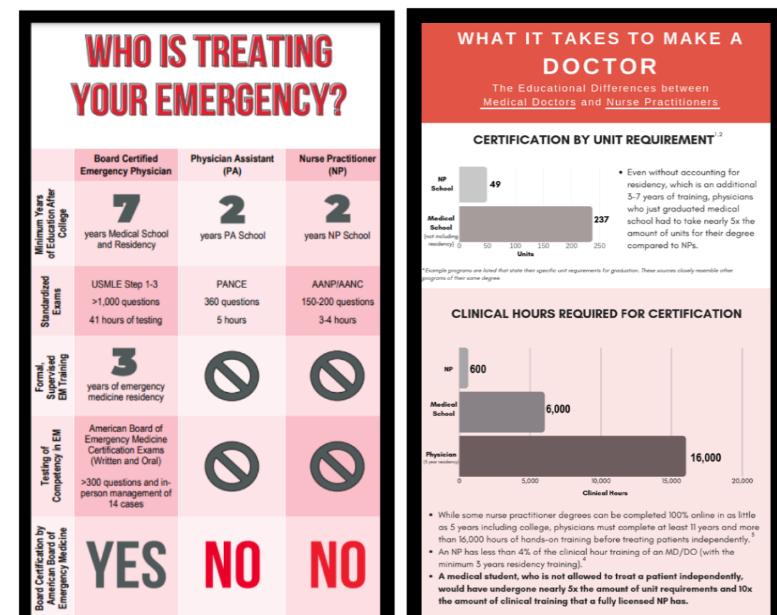
Initially seen as physician extenders in a time of physician shortages, both of these relatively new licensures' (PA and NP) have been actively changing and increasing their scope of practice (SOP). SOP is defined as the practices, processes, and procedures that healthcare practitioners are permitted to contribute to patient care in keeping with the terms of their professional license.

Here we will discuss the current national landscape of Non-Physician Practitioners SOPs, then discuss the difference in licensing bodies and their implications on the integrity of the practice of medicine.

Physician Assistant vs Nurse Practitioner:

The Physician Assistant degree and licensure is based on the practice of medicine, and requirements for training follow a truncated curriculum modeled compared to the education physicians receive in medical school. This produces practitioners well equipped to assist physicians in their practice. Central to the profession is the team relationship they have with physicians as their supervisors.

The NP degree and licensure, as well as their scope changes are vastly more drastic than a PA. The educational background of NPs varies, but their governing bodies maintain the standard that the degree of "Nurse Practitioner" is a nursing degree.



NPP Scope of Practice

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The NP degree and licensure, as well as their scope changes are vastly more drastic than a PA. The educational background of NPs varies, but their governing bodies maintain the standard that the degree of "Nurse Practitioner" is a nursing degree. Originally, a central value to the profession of PA, was the importance of the team relationship they have with physicians as their supervisors. However, in 2017, the American Academy of Physician Assistants passed a new policy called Optimal Team Practice which called for the elimination of any legislative requirement for specific relationships between Physician Assistants and Physicians. In a more dramatic move, in 2021 the AAP-Assistants affirmed a policy to change their profession's name from physician assistant to "Physician Associate".

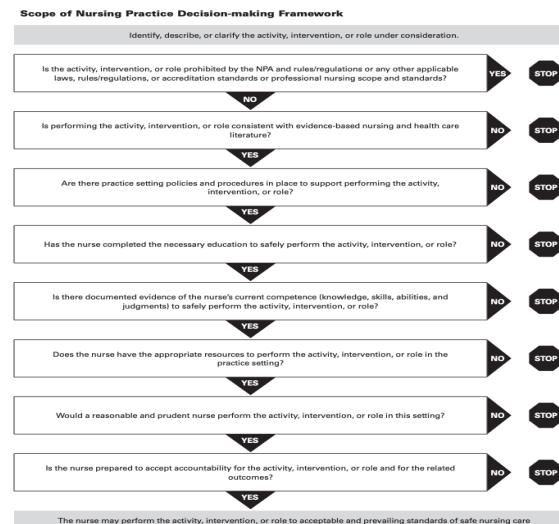
The Nurse Practitioner scope of practice is more ambiguous. The practice's lack of self defined and specific legislative designation for the terms of their licensure in many states has resulted in the NP profession taking a large step away from the practice of nursing into the practice of medicine. The ambiguity of SOP being determined at a practice level is thus advantageous in such circumstances, as *while it does not guarantee their ability to independently practice medicine, it more importantly, does not prevent them from doing so.*

Nurse Practitioner SOP is determined state by state in two ways. One way that NP SOP is determined is at the employee-employer level. Institutional policy can vary widely between hospitals. While it can dictate the reality of clinical practice for its patients and define an institutional scope of practice for NPs, it does not help to accurately define a scope of practice for the profession, or licensure as a whole.

The other way, which only applies to 19 states, is by specific regulatory legislation that clarifies SOPs by certification and educational preparation.

The decision making algorithm published by NCSBN, illustrates the ambiguity with which these scopes of practice are determined.

The push for changes in these NPP's SOP's have been accompanied by an increase in the number, and invention of *entirely new training programs* that are designed to train NPP's in practicing emergency medicine.



NPP Regulation:

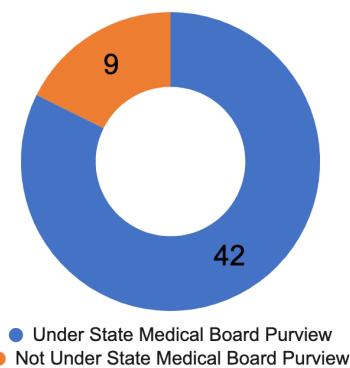
Another way to discuss NPP scopes of practice, is to examine how professional licensures in healthcare are regulated, and what oversight they receive.

The Federation of State Medical boards (FSMB) is composed of state medical boards (SMBs) which monitor and govern physician licensure to practice medicine in their respective territories. This system is mandated by the 10th Amendment of the US Constitution. Each state has statutes or medical practice acts, which are interpreted and enforced by SMBs. SMBs issue licenses to practice medicine after adequate proof of competency is provided.

After licensure SMBs serve a crucial role in maintaining patient safety, by enforcing standards of practice and quality control by keeping physicians accountable to a high degree of professionalism. The practice of medicine is a privilege granted by the government to healthcare professionals, and physicians practice every day with their licenses on the line.

Most state medical boards have purview over a number of other professional licenses in healthcare. In 42 states, the PA licensure is under their respective SMB. The PA training, and practice is in the field of medicine. PA's practice of medicine being supervised at the practice level by physicians, and their license under the purview of SMBs ensures the integrity of the practice of medicine.

Physician Assistant Licensure



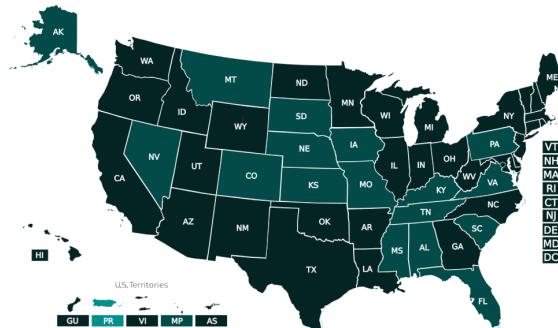
In contrast, the NP profession is not under the purview of state medical boards except NP prescriptive authorities in Alaska and Georgia . The NP profession is under Nursing Regulatory Bodies (NRBs) that comprise the National Council of State Boards of Nursing (NCSBN). NRBs, like SMBs, are responsible for monitoring licensee's compliance with each territory's nursing practice acts, licensing and disciplinary action, and making decisions pertaining to their professional scope of practice.

The NP title is a *certification* like other advanced practice registered nurse (APRN) certifications. While some states have adopted a APN licensure for NP's to obtain, The NP certification's effective license under purview of NRBs is often a Registered Nurse (RN) license. There is no NP license, nor a clear distinction between NRB's monitoring process for RNs practicing in the scope of their license as nurses, or NPs practicing medicine.

National Landscape of Physician Assistant Oversight as of October 2021

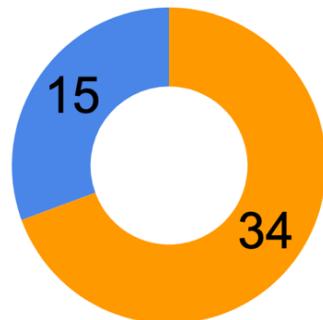
Degree of supervision determined at:

PHYSICIAN ASSISTANTS:
SUPERVISION REQUIREMENTS



LEGEND ■ Supervision determined at the practice level
■ Supervision determined by the State Medical Board or law
■ Information is not currently available

Supervision Determination

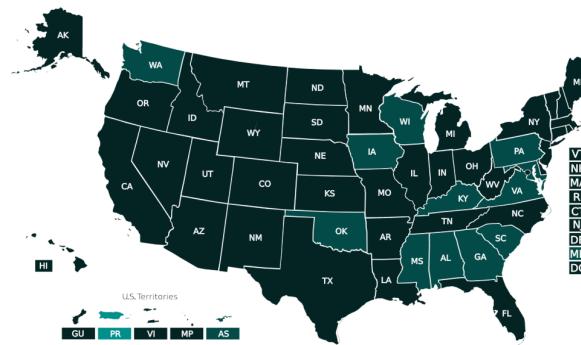


● Practice Level ● State Medical Board/Legislation

National Landscape of Physician Assistant Oversight as of October 2021

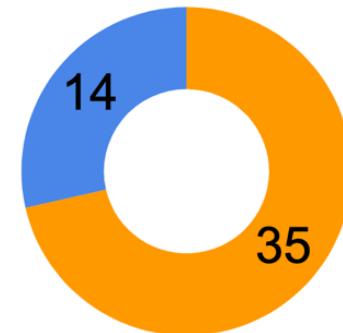
Scope of practice determined at:

PHYSICIAN ASSISTANTS:
SCOPE OF PRACTICE DETERMINATION



LEGEND ■ SOP determined at the practice level
■ SOP determined by the State Medical Board or law
■ Information is not currently available

SOP Determination

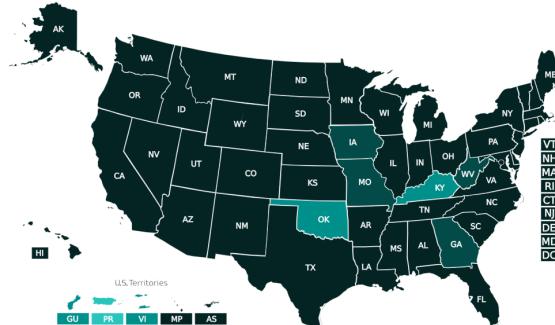


● Practice Level ● State Medical Board/Legislation

National Landscape of Physician Assistant Oversight as of October 2021

Prescriptive authority determined at:

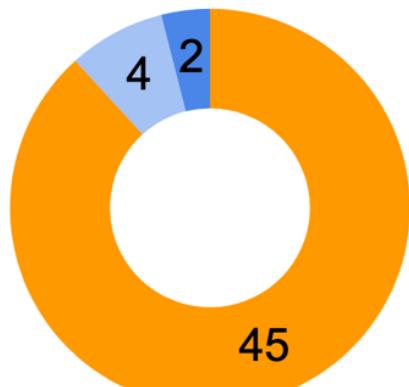
PHYSICIAN ASSISTANTS:
PRESCRIPTIVE AUTHORITY FOR PHYSICIAN ASSISTANTS



LEGEND

- Prescriptive authority determined at the practice level
- Prescriptive authority excludes certain medications
- Prescriptive authority determined by the State Medical Board or law
- Information is not currently available

Prescriptive Authority

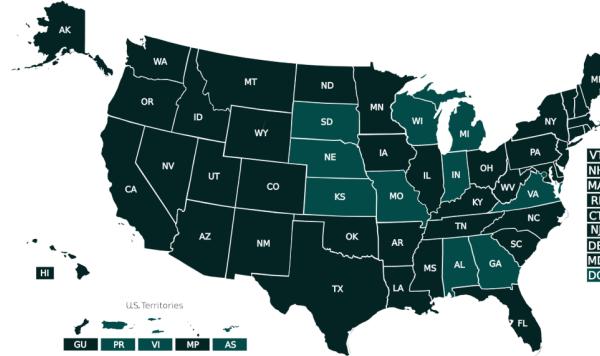


● Practice Level ● Excludes certain meds
● State Medical Board/Legislation

National Landscape of Nurse Practitioner Oversight as of October 2021

Recognition as "PC Provider" in legislation:

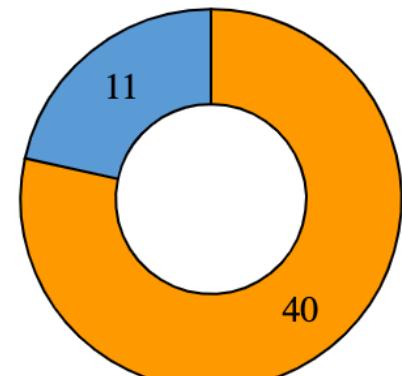
NURSE PRACTITIONERS:
NURSE PRACTITIONER AS A PRIMARY CARE PROVIDER



LEGEND

- PCP role recognized in policy
- PCP role not recognized in policy

"as PCP" in legislation

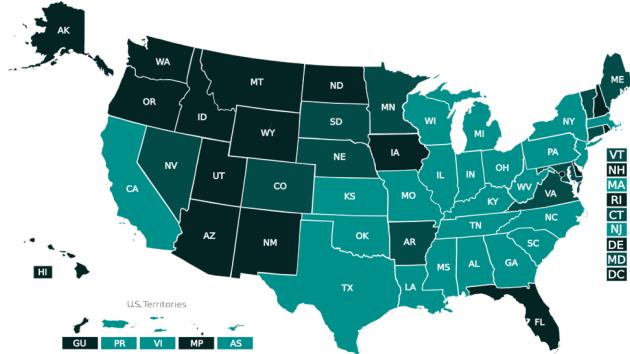


● Recognized ● Unrecognized

National Landscape of Nurse Practitioner Oversight as of October 2021

Practice authority determined by:

NURSE PRACTITIONERS:
PRACTICE AUTHORITY

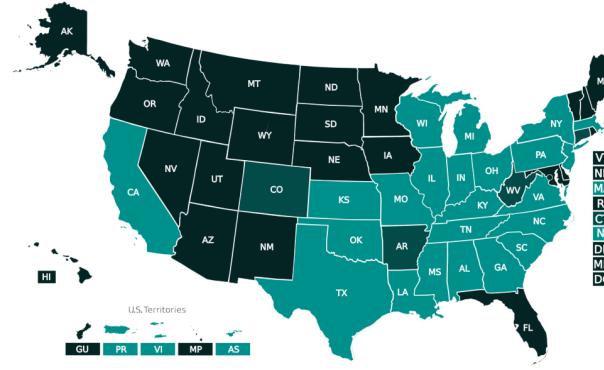


LEGEND

- Full independent practice authority
- Transition to independent practice period required
- Physician relationship required

Prescriptive authority determined by:

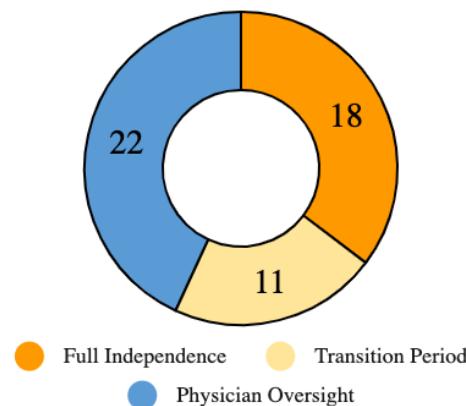
NURSE PRACTITIONERS:
PRESCRIPTIVE AUTHORITY



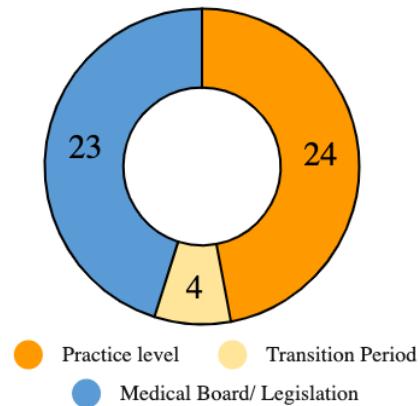
LEGEND

- Full independent prescriptive authority
- Transition to independent prescribing period required
- Physician relationship required for prescribing privileges

Practice Authority



Prescription Authority



Conclusion:

AAEM stands by its updated position statement on NPPs “The American Academy of Emergency Medicine believes that emergency department patients should have timely and unencumbered access to the most appropriate care led by a board certified emergency physician. AAEM and AAEM/RSA oppose the expansion of scope of practice regulations at the state and federal level, and do not support the unsupervised or “independent practice” of non-physician practitioners.”

We believe non-physicians who provide care in the emergency setting must be supervised by a physician who is board certified in emergency medicine. While working as a member of the emergency department team, a non-physician should never replace a board certified emergency physician. Rather, non-physicians should play the role of improving department efficiency under the supervision of an emergency physician.

Sources:

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<https://scopeofpracticepolicy.org/practitioners/nurse-practitioners/>