### **American Medical Association**

Physicians dedicated to the health of America

1101 Vermont Avenue, NW Washington, DC 20005





# Statement

to the

Federal Trade Commission/
Department of Justice Joint Hearing

RE: Health Care Competition Law and Policy – Quality and Consumer Information: Market Entry

June 10, 2003

Division of Legislative Counsel 202 789-7426

#### Statement

of the

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## RE: HEALTH CARE COMPETITION LAW AND POLICY—QUALITY AND CONSUMER PROTECTION: MARKET ENTRY

#### June 10, 2003

On behalf of its physician members, the American Medical Association (AMA) would like to express its appreciation for the opportunity to submit the following written statement to the Federal Trade Commission and Department of Justice. The AMA believes the primary consideration for all involved in regulating the scope of practice in the healing arts is patient safety, not the marketplace or competition. Anything less than a patient centered focus in this area runs counter to the strong trend of the federal and state governments, as well as private sector, to address patient safety concerns and reduce medical errors in our health care system.

While it might appear that limited licensed practitioners can perform certain acts or functions, it must be remembered that human health is complex and what may appear to be trivial or obvious, can originate in a totally different body system and can have profound impact. This does not mean, however, that there is no place for limited licensed practitioners. There certainly is, and their practice should be supported. Scope of practice expansions may even be warranted due to advancements in allied health group's education and training. Nevertheless, there must be appropriate education and supervision requirements for all allied health care providers, to assure patient safety and optimum care.

Traditionally, the states, through their respective licensure laws and professional boards, ensure that the standards they set for education and supervision of allied health professionals are met. These standards, which vary from state to state to meet unique or differing circumstances, serve to provide patients with important protections leading to safe and effective practice.

Increasingly, allied health care providers are seeking to expand their statutory scopes of practice through legislative, regulatory and administrative processes. In some cases, as stated above, this may be warranted. Unfortunately, however, <u>numerous</u> provider groups

have been tenacious in their efforts to expand their scopes of practice to include treatments, procedures and arrangements inconsistent with and beyond their education and training. It is the AMA's position that scope expansions must be coupled with safeguards to protect the level of care provided by these practitioners, such as protocol arrangements with physicians who oversee the care provided and assume legal and professional responsibility for the acts and personnel they supervise.

It is crucial that physicians collaborate and supervise all of the health care professionals involved in the care of a patient. This is well justified based on the extent of education and training physicians receive compared to allied health professionals. In addition to obtaining a bachelor's degree, a physician must undergo four years of medical school where all body systems are studied extensively, which results in an M.D. or D.O. degree. Thereafter, in all cases, physicians undergo at least one year of hospital-based clinical training, again in all body systems, and then several years of specialized training. While a physician may undergo several more years of specialized training, it is during the first four years of medical school and first year residency (internship) that physicians obtain a unique perspective with respect to the treatment of the total patient. They learn to treat the patient as a whole, identifying symptoms and treating the entire human body. This training results in all physicians understanding the complex physiologic mechanisms of the human body and the inter-relation and interaction of the bodily systems, i.e. the cardiovascular, respiratory and nervous systems. This is what defines the practice of medicine. This is not what defines the practice of any allied health professionals.

Allied health professionals fundamentally lack the comprehensive medical knowledge that is acquired during medical school. By way of example it is possible, therefore, for an optometrist to prescribe a systemic drug, and because of his/her lack of medical school training, not take into consideration or understand the effects of this drug on the patient's bodily systems. Simply stated, one cannot treat serious eye disease separate from understanding the total human body. In fact, eye complaints have led medical doctors to accurately diagnose AIDS, multiple sclerosis, diabetes, arthritis, kidney ailments, high blood pressure, heart disease, thyroid disease, brain tumors, and some cancers. Moreover, systemic drugs themselves can have powerful and serious effects on the body. For example, extended steroids use can lead to permanent damage of joints and other parts of the body, serious withdrawal effects, and in some cases diabetic coma. Controlled substances, too, can be habit-forming and subject to abuse. Therefore, it is clear that a physician must supervise and collaborate the involvement of an allied health professional's care in the treatment of a patient, in order to ensure that the medical model is applied appropriately.

As long as there is appropriate supervision, direction, and/or collaboration, limited licensed personnel play important roles in the health care system. In general, the states have a long history of effectively dealing with scope of practice and licensure issues, keeping primary the best interests of their citizens. The AMA believes the states should be encouraged to continue to regulate in these areas, with health care quality and patient safety as principal considerations.