When it comes to your health, or the health of the people you love, you expect the facts.

These are the facts about Senate Bill 279 and its impact on your health.

SB 279 will mean higher costs to patients.

- Patients managed by non-physicians **pay up to $119 more** out-of-pocket per month. *[i]*
- Inappropriate referrals to specialists by NPs offset any potential savings from the implementation of SB 279.

SB 279 will increase referral rates and health care costs.

- Patients seen by a NP were more likely to be sent to the emergency department than those seen by primary care physician. *[i]*
- NPs have an 8 percent higher specialist referral rate per disease than primary care physicians. *[ii]*
- Physician referrals are more likely to be evaluated as necessary than NP referrals, which were more likely to be evaluated as having little clinical value. *[ii]*
- NPs were associated with more ordered diagnostic imaging than primary care physicians for similar patients following an outpatient visit. *[iii]*
- NPs were associated with more imaging than primary care physicians on both new and established patients. *[iii]*

SB 279 will result in dangerous overprescribing.

- NPs in states with independent prescription authority were more than **20 times more likely** to overprescribe opioids than NPs in states with restricted prescription authority. *[iv]*
- From 2013 to 2017, when almost every medical specialty decreased opioid prescribing, NPs significantly increased opioid prescribing. *[v]*
- In states that granted independent prescription authority, 7.5 percent were high-frequency opioid prescribers. In states with restricted authority, only 0.18 percent of NPs were high-frequency opioid prescribers. *[iv]*
- 6.3 percent of NPs prescribed opioids to more than 50 percent of their patients compared to just 1.3 percent of physicians. *[iv]*

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SB 279 will negatively impact quality of care.

- On patient satisfaction questionnaires, patients rated physicians higher in "overall rating of provider," and physicians had higher average scores across all six categories measured. *[i]*
- Studies found best outcomes for patients with complex medical problems within multidisciplinary teams in which NPs had immediate access to physician support. *[ii]*
- Physician-led care teams ensure the highest quality care by utilizing the training, education, and expertise of each member of the care team. *[ii]*
- A recent study published in the Journal of Nursing Regulations concluded that *"until the extensive variability in training, education, and certification requirements is resolved, **NPs should not perform independent, unsupervised care** in the emergency department regardless of state law or hospital regulations in order to protect patient safety." [vi]*

SB 279 will not increase access to care.

- In states where NPs can practice independently, underserved areas remain underserved (see Oregon and Minnesota maps).
- NPs tend to practice in the same geographic locations as physicians (see Michigan map).
- Contrary to claims that 27 states offer full practice authority, when reviewing other stipulations placed on NPs, there are only three states that truly require no other registrations, education, or training of some kind. *[vii]*

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[i] **Batson, B. N., MD; Crosby, S. N., MD; Fitzpatrick, J. M., MD;** Targeting Value-based Care with Physician-led Care Teams; https://ejournal.msmaonline.com/publication/m=63060&i=735364&p=20&ver=html5

[ii] **Lohr, R. H., West, C. P., Beliveau, M., Daniels, P. R., Nyman, M. A., Mundell, W. C., Schwenk, N. M., Mandrekar, J. N., Naessens, J. M., & Beckman, T. J.** (2013). Comparison of the quality of patient referrals from physicians, physician assistants, and nurse practitioners. Mayo Clinic Proceedings, 88(11), 1266-1271. https://doi.org/10.1016/j.mayocp.2013.08.013

[iii] **Hughes, D. R., Jiang, M., & Duszak Jr, R.** (2015). A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits. JAMA Internal Medicine, 175(1), 101-107. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1939374

[iv] **Lozada, M. J., Raji, M. A., Goodwin, J. S., & Kuo, Y. -F.** (2020). Opioid Prescribing by Primary Care Providers: A Cross-Sectional Analysis of Nurse Practitioner, Physician Assistant, and Physician Prescribing Patterns. J Gen Intern Med, 35(9), 2584–2592. https://doi.org/10.1007/s11606-020-05823-0

[v] **Romman AN, Hsu CM, Chou LN**, et al. Opioid prescribing to Medicare Part D enrollees, 2013-2017: shifting responsibility to pain management providers. *Pain Med.* 2020.

[vi] **Lavin, R. P., Veenema, T. G., Sasnett, L., Schneider-Firestone, S., Thornton, C. P., Saenz, D., Cobb, S., Shahid, M., Peacock, M., & Couig, M. P.** (2022). Analysis of Nurse Practitioners' Educational Preparation, Credentialing, and Scope of Practice in U.S. Emergency Departments. Journal of Nursing Regulation, 12(4) https://www.journalofnursingregulation.com/article/S2155-8256(22)00010-2/fulltext

[vii] https://www.npschools.com/blog/practice-authority