Nurses, Pharmacists, Doctors Gearing Up For Annual Scope Of Practice Fights

By Lynn Hatter
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The nation’s health care delivery system is undergoing major changes, and the lines between what different healthcare providers do is beginning to blur. That’s the backdrop for fights between doctors, nurses and pharmacists, and those fights have become an annual occurrence at Florida’s Capitol, as each group tries to increase or maintain its scope-of-practice.

To put it plainly, these are turf battles. At the center is this debate: access, versus quality. Marshall Kapp is the Director of the Center for Innovative Collaboration In Medicine and Law at Florida State University. He’s been watching the battles for years.

“There is a legitimate sincere concern about the quality of care implications and those concerns dovetail with the economic interest that physicians are concerned about protecting.”

The Federal Affordable Care Act or "Obamacare" has created a vehicle for more people to enter the healthcare marketplace. And with more people comes a greater demand for services. But there are only so many doctors and nurses to go around. And an insurance card is worthless if you can’t find anyone to see you.

“That’s clearly putting a strain on the healthcare system and the workforce capacity now and for the foreseeable future is inadequate to handle the surge of demand we’re encouraging," said Kapp.

For years, nurses with advanced training have wanted the ability to practice primary care independent of doctors, and they may get that authority this year. The proposal, sponsored by Representative Cary Pigman (R-Avon Park), a medical doctor himself, would create the
“Independent Advanced Practice Registered Nurse”, a position that could perform many of the same duties as primary care physicians—including writing prescriptions -- without a doctor’s oversight.

“I believe in the safety and benefits of this bill with the full breath of my heart," Pigman said during a recent hearing on a committee bill that would expand nurse’s scope of practice.

But the bill is opposed by a powerful and vocal interest group: doctors. Erin VanSickle is the spokeswoman for the Florida Medical Association, and she argues nurses haven’t had the same kind of training as doctors—and the bill could set a dangerous precedent:

“The Florida Center for nursing predicts the state will run short...by 2025. So, turning nurses into primary care doctors isn’t going to alleviate that shortage, it only pushes it off and pushes the can down the road.”

The FMA is also lobbying lawmakers to write clearer rules for telemedicine. During a recent committee hearing, a panel of lawmakers observed telemedicine in action, through a computer screen connected with a group of health practitioners in Georgia.

Florida is looking to Georgia’s telemedicine policy as a guide. Paula Guy heads the Georgia Partnership for TeleHealth. She says physicians must support telemedicine for it to work, and the best way to ensure that is by paying them:

“But unfortunately or fortunately, they have to make a living. Docs don’t do free care. If they think they’re going to have to see a patient via telemedicine and not get paid, they’re not going to do it. And you are not going to be successful,” she said.

Telemedicine is viewed as a way to reach rural patients who may not have easy access to doctors. Others see it as a cost-saving measure, with its focus on prevention.

The Florida Medical Association also has its hands full as it tries to fend off another challenge to members’ authority: this one raised by pharmacies -- mainly large chains like CVS and Walgreens -- that want the ability to administer more vaccines. Those big chains also want to hire more technicians. Under current state law, a pharmacist can oversee up to three techs. Retailers want to boost that to six. But Florida Pharmacy Association CEO Michael Jackson worries those numbers could go higher, and that’s a no-go:

“Instead of a pharmacist monitoring what three technicians are doing, that pharmacist may have to monitor what 12, 14, 15 technicians are doing," Jackson said. "There have to be assurances that everything will be done correctly. If not, the fear is that a patient will get a medication they’re not supposed to get, or not get a medication they should be getting,

Which brings the debate back to its center: how to balance demands without jeopardizing quality of care.