

**Referred to Board for Decision
(Annual Meeting 2021)**

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 02.2021-34
(A-21)**

Introduced by: Laura Tommaso, MD, ISMS Member

Subject: State Legislation Proposal for Scope of Practice Limitation for
Nurse Practitioners in Initial Specialist Assessment

Referred to: Council on Education & Health Workforce (initial review) /
Governmental Affairs Council (final recommendation)

1 Whereas, in the state of Illinois, nurse practitioners have virtually unlimited scope
2 of practice and independent practice authority; and

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4 Whereas, primary care providers and hospital providers, in dealing with a broad
5 spectrum of disease, often refer and consult patients to physician specialists seeking a
6 higher expertise in the evaluation, diagnosis, and treatment of their patients; and

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8 Whereas, often initial assessment and treatment plans in the inpatient and
9 outpatient settings are performed by nurse practitioners instead of physicians, often
10 without review and re-assessment by a specialist physician; and

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12 Whereas, the knowledge base and experience is very minimal of “specialized”
13 nurse practitioners compared to physician specialists as they can go into and switch
14 “specialties” without any additional training whatsoever; and

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16 Whereas, a nurse practitioner’s assessment and treatment plan for an initial
17 evaluation does not provide the level of expertise necessary to adequately care for
18 patients as they often have complex presentations with diagnostic uncertainty and
19 specific plans of care that are less familiar to the requesting physician; and

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21 Whereas, optimal patient care is often compromised through delays, errors and
22 omissions in diagnosis and treatment resulting from initial evaluations by nurse
23 practitioners rather than specialist physicians; therefore, be it
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1 RESOLVED, that the ISMS introduce legislation that would limit the scope of
2 nurse practitioners so that they may not be the initial consultant or complete initial
3 evaluation of patient referred to a specialist physician, without timely, in-person, co-
4 assessment by the specialist physician referred to by the primary care provider or
5 hospital provider.

Fiscal Note:

n/a

Existing ISMS policy related to this issue:

It is the policy of ISMS to support the guidelines on the Relationship of Physicians and Nurse Practitioners in an Integrated Practice and policy guidelines defining the relationship of physicians and nurse practitioners in an integrated practice. (HOD 1996; Last BOT Review 2010)

ISMS supports physician oversight of advanced practice nursing care by reaffirming the Guidelines on the Relationship of Physicians and Nurse Practitioners in an Integrated Practice; and believes that physicians should directly collaborate with not more than five full- or part-time APNs, realizing that such factors as geographic location, scope of the physician’s practice, complexity of patient populations, volume, and experience/training of the physician must be taken into account. (HOD 2011)

It is the policy of the Illinois State Medical Society that the Illinois Medical Practice Act (225 ILCS 60/1) should be revised to prohibit Advanced Practice Registered Nurses and Physician Assistants from holding themselves out as “board certified” as related to their credentials and their practice of their respective professions; and be it further (2020 Annual Meeting)

ISMS continues to oppose and will lobby against any legislation that seeks to expand the scope of practice including independent practice of nurse anesthetists. (2019 Annual Meeting)

ISMS declares its firm opposition to interstate licensure compacts or processes that supersede individual state licensure requirements for advanced practice registered nurses. (HOD 2018)

Physicians licensed to practice medicine in all its branches remain the primary entry point for the care of patients with hearing impairment. (HOD 1977; Last BOT Review 2010)

Only physicians licensed to practice medicine in all its branches are qualified to prescribe or administer eye medication for therapeutic purposes and services. ISMS vigorously opposes any legislative attempt in Illinois to allow non-physicians to prescribe or use medications other than approved topical agents used for diagnosis. (HOD 1987 Amended; Last BOT Review 2010)

It is the policy of ISMS to: (1) make its professional knowledge and expertise available to any component society, to citizen groups, and to government, state or local, if a bona fide effort to increase access, in those areas where it is a problem, can be demonstrated; (2) support the use of properly and adequately educated and trained nurse practitioners and physician's assistants, provided that (a) the supervision by a physician(s) is guaranteed and that same physician(s) retains the responsibility for the medical care rendered by the nurse practitioner or physician's assistant; and (b) that the number of physician's assistants for whom any one physician is designated as the supervising physician is no more than two, and (c) that the nurse practitioner and physician's assistant should be within the same medical service area as that physician; and (3) support efforts to increase the number of primary care physician, nurses, and other needed paramedical personnel who are educated, trained, and/or available to locate in Illinois. (HOD 1991; BOT Revised 2002-APR; Last BOT Review 2012)

A nurse practitioner is defined either: as a nurse who has received a master's degree in nursing from a National League of Nursing accredited master's program and has passed a certifying examination administered by a nationally recognized professional or nursing specialty board; or, as a nurse who has practiced as a nurse practitioner for at least ten years prior to 1997 and has passed a certifying examination administered by a nationally recognized professional or nursing specialty board. (HOD 1996; Last BOT Review 2010)

A patient's consent for treatment by a specific physician, like any other consent, is a continuous process. Practices related to the use of hospitalists or other inpatient specialists should respect that right at all times. (HOD 2006; Reaffirmed 2019; Last BOT Review 2011)