



Illinois
State
Medical
Society

**ILLINOIS PHYSICIANS ARE OPPOSED TO
FULL INDEPENDENT PRACTICE OF ADVANCED PRACTICE NURSES AS
PROPOSED IN SB 642**

The physician members of the Illinois State Medical Society are opposed to SB 642, a bill that would allow advanced practice nurses (APNs) to provide the same level of care as primary care physicians, treating patients with complicated medical conditions often times requiring equally complex treatments without any physician input.

A physician residency program is the hallmark of complete medical training, a requirement that must be completed by physicians before they can practice independently. Residency training is not required for APNs. Physicians often remark that they cannot imagine practicing before completing a residency, which lasts for three years for some specialties, like family practice and internal medicine, and seven years for other specialties. The depth and breadth of knowledge acquired from this experience cannot be compared to clinical training required of APNs.

Under legislative proposal, APNs would be able to provide the same services, with the exception of surgery and administering anesthesia, as physicians. Their bill would grant them full prescriptive authority, including schedule II opioids and benzodiazepines (i.e., Xanax) independent of physician input.

The Illinois State Medical Society did offer an alternative that would have created a pathway for independence but still requiring physician input for those conditions that require prescriptions of schedule II narcotics and benzodiazepines, which are very dangerous and highly abused drugs. Benzodiazepines are addictive psychotropic drugs. Addiction to schedule II opioids continues to be a public health crisis across the country. Allowing APNs to prescribe these dangerous drugs without physician input to patients is not in the patient's best interest.

Physicians strongly disagree with assertion by APNs that a mandatory check of the state's prescription monitoring program (PMP) is sufficient oversight to prescribe opioids. While the PMP is a clinical tool, it is a program that only contains data. It does not provide information about diseases, or how best to treat chronic pain, and should not be considered a replacement for physician insight.

Illinois physicians disagree with the assertion that independent practice of APNs can fill a health care void in areas that suffer from physician shortages. Research shows that in states where nurses practice independently, physicians and nurses continue to work in the same areas. Allowing the independent practice of APNs will not help solve the problem of health professional shortages in underserved areas.

Ensuring physician input in patient care should not be viewed as a barrier to accessing care, but instead as an important benefit to the patient. For these reasons, we respectfully urge you to vote NO on SB 642.