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AMERICAN OSTEOPATHIC
COLLEGE OF ANESTHESIOLOGISTS

TO: Members of the Council of the District of Columbia

FROM: American Osteopathic Association
American College of Osteopathic Family Physicians
American Osteopathic Academy of Orthopedics
American Osteopathic College of Anesthesiologists

DATE: May 06, 2024

SUBJECT: In OPPOSITION to DC B 25-0545: Health Occupations Revision General Amendment Act of 2024

Dear Councilmembers,

On behalf of the American Osteopathic Association (AOA), the American College of Osteopathic Family Physicians (ACOFP), the American Osteopathic Academy of Orthopedics (AOAO), and the American Osteopathic College of Anesthesiologists (AOCA), we are writing to strongly oppose scope of practice expansions for several healthcare practitioner groups included in DC B 25-0545 (the Health Occupations Revision General Amendment Act of 2024).

The AOA represents over 186,000 osteopathic physicians (DOs) and medical students (OMSs) – including nearly 200 in the District of Columbia. The AOA promotes public health, supports scientific research, serves as the primary certifying body for DOs, and is the accrediting agency for osteopathic medical schools. More information on DOs and osteopathic medicine can be found at www.osteopathic.org. The ACOFP, AOAO and AOCA are national medical specialty societies representing over 29,000 DO family physicians, 3,500 DO orthopedic surgeons and 1,000 DO anesthesiologists nationwide, respectively.

As national physician organizations, the AOA, ACOFP, AOA and AOCA prioritize high standards for medical training and patient safety, and to that end, we commend the Council of the District of Columbia's Committee on Health for removing language from an earlier version of the bill that would have allowed optometrists and podiatrists to inappropriately expand their scope of practice into procedures that have traditionally been reserved for physicians due to their complexity and potential for medical complications. We are thankful that the Committee on Health heard the concerns raised and took action to protect patient safety by removing these provisions. We, however, remain deeply concerned and strongly opposed to several scope of practice expansions that remain in the version of the bill now before the full Council, and encourage the Council to strike the following provisions:

- Provisions that would allow advanced practice registered nurses (ARNPs) (i.e., clinical nurse specialists, certified nurse practitioners, certified nurse midwives, and certified registered nurse anesthetists) to practice independently;
- Provisions that would allow nurse anesthetists to provide anesthesia care without physician supervision;
- Language that allows pharmacists to order, perform, and interpret laboratory tests; administer vaccines to children as young as three; and administer medications; and

- Language expanding podiatrists' scope of practice to include surgery on the soft tissue at or below the knee and administering anesthesia.

The AOA, ACOFP, AOA, and AOCA support the “team” approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. Physicians across the United States must meet the same education, training, and testing requirements and practice in supervised environments that afford progressively greater autonomy before ultimately becoming eligible to treat patients on their own. While we value the contributions of all healthcare providers to the healthcare delivery system, we believe that non-physician clinicians' education and training lack the comprehensive and robust requirements needed to safely perform the scope expansions described in this bill.

Osteopathic (DO) and allopathic (MD) medical education includes:

- **Four years of medical school**, which includes **two years of didactic study** totaling upwards of 750 lecture/practice learning hours just within the first two years, **plus two more years of clinical rotations** done in community hospitals, major medical centers, and doctors' offices.
- **12,000 to 16,000 hours of supervised postgraduate medical education** (“residency”) over the course of four years, where they develop advanced knowledge and clinical skills relating to a wide variety of patient conditions.
- In DC, Physicians complete **50 hours of continuing education** every **two years**.¹

In contrast, the training received by other health care providers, while valuable, does not reach the depth or breadth required to safely deliver the range of services proposed in the bill.

Under this bill, APRNs (i.e., clinical nurse specialists, certified nurse practitioners, certified nurse midwives, and certified registered nurse anesthetists) are only required to possess:

- A **two-year master's degree**, which may be done largely online;²
- Registered nurse licensure, and certification in one of four specialty areas;
- **No supervised clinical practice hours; and**³
- In DC, APRNs complete **only 24 hours of continuing education** every **two years**.⁴

Pharmacists are only required to possess:

- A **four-year Doctor of Pharmacy degree**;
- **Optional** one or two-year residencies are available but **not required**;
- In DC, pharmacists complete **40 hours of continuing education** every **two years**.⁵

Podiatrists are only required to possess:

- A **four-year Doctor of Podiatric Medicine degree**.

¹ See <https://www.netce.com/ce-requirements/physician/dc/>.

² See <https://nursing.georgetown.edu/degree-programs/online-nursing-programs/>.

³ See <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/specialty%20group/arc/ama-chart-np-practice-authority.pdf>.

⁴ See <https://dchealth.dc.gov/service/education-resources-nurses>.

⁵ See <https://www.netce.com/ce-requirements/pharmacist/dc/>.

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- A **two-year residency**. An **optional** surgical residency only **includes surgical education and training on the rear foot and ankle**.⁶
- In DC, podiatrists complete **50 hours of continuing education** every **two years**.⁷

Our organizations appreciate your consideration of our concerns, and **we urge you to oppose the current version of DC B25-0545 in the interest of patient safety**. Should you need any additional information, please contact Bre Schmidt, MPH, Associate Director of State Government Affairs, at bschmidt@osteopathic.org.

Sincerely,



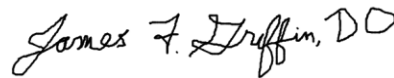
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⁶ See <https://aacpm.org/becoming-a-podiatric-physician/>.

⁷ See

<https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Podiatry%20Regulations%209272019%20%28002%29.pdf>.