



SOUTH DAKOTA
**Coalition for Excellence
in Patient Care**

SCOPE OF PRACTICE: MYTH VS. FACT

MYTH

VS

FACT

Changes to scope of practice expand patient access to care.

Despite changing South Dakota laws to grant independent practice to APRNs and CRNAs in 2017, there has been no noticeable increase of these providers in rural, underserved areas. CMS data and countless state examples show nurse practitioners tend to practice in the same areas of the state as physicians, irrespective of state scope of practice laws.

Patients welcome scope of practice changes.

94 percent of South Dakota voters say it is very important to them for a physician to be involved in their healthcare. Patients want and expect a physician to be present on their care team.

Scope of practice changes would decrease health care costs.

Studies from the Mayo Clinic and *Journal of the American Medical Association* found physician assistants and nurse practitioners are more likely to make unnecessary referrals and imaging orders, resulting in higher costs for patients.

Patients are the primary beneficiaries of scope of practice changes.

While some procedures seem simple and uncomplicated, there are too many examples of practitioners with less education and training having bad outcomes that harm patients for the rest of their lives.

By allowing increased scope expansions, elected representatives are allowing for-profit entities to shape our health care system into boutique practices focused on making money – regardless of what patients want – while also reducing patient choice in who provides their care.

It's clear, patients benefit least from changes to scope of practice.

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