

EVIDENCE-BASED HEALTH POLICY PROJECT

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STATE MODELS OF SCOPE OF PRACTICE DECISION MAKING

Excerpted from an analysis completed in 2007 by The Center for the Health Professions at the University of California, "Scope of Practice Laws in Health Care: Exploring New Approaches for California."

Scope of practice laws establish the legal framework that controls the delivery of health care services. The reach of these laws encompasses the full range of disciplines – ranging from physicians and physical therapists to podiatrists and dental hygienists – and governs which services each is allowed to provide and the settings in which they may do so.

With few exceptions, scope of practice statutes are set by state legislatures. Due to the individualized nature of this process, such laws and regulations vary widely from state to state. Some states allow individual professions broad latitude in the services they may provide, while others employ strict limits. The nature of the limitations can either facilitate or hinder patients' ability to see a particular type of provider, which in turn influences health care costs, access, and quality.

Decision making on scope of practice matters are largely left up to the political process and carried out by state legislatures. Interest groups with strong lobbies play a significant role in shaping legislation. Partly in response to frustration with this process and concern that technical and quality of care issues do not receive adequate attention, a number of jurisdictions have established independent committees that utilize standard procedures to review proposals for scope of practice expansions. Committee reports are then transmitted to legislators, allowing them to make informed decisions based on the evidence. These jurisdictions recognize the need for fair, unambiguous, and transparent review processes.

There are many ways to structure such programs and numerous questions to be answered including but not limited to, where administrative oversight should be placed; who should comprise the membership; and what decision-making authority they should have. In addition, a set of guiding principles and guidelines for how to evaluate the evidence presented in a scope of practice legislative debate are critical. Despite these challenges, such programs can equip policymakers with the unbiased professional analysis that will help them make difficult, often technical decisions on important public health issues.



La Follette
School of Public Affairs



University of Wisconsin
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AND PUBLIC HEALTH



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Minnesota: *Health Occupations Review Program*

Established: 2001

Administrative Authority: Dept. of Health. Does not make specific recommendations.

Members: Representatives from existing state health licensing boards.

Iowa: *Reviewing Committees*

Established: 3 year pilot 1997-2000. Extended until 2002, then until 2007.

Administrative Authority: Dept. of Health. Non-binding recommendations.

Members: Five. One each from: profession seeking change in SOP; profession directly affected by or opposed to proposed change; an impartial health professional not affected. Two members of the general public.

Virginia: *Board of Health Professions*

Established:

Administrative Authority: Governor's Appointees. Recommending authority.

Members: 18 members, 1 each from each of 13 health regulatory boards and 5 consumer members.

New Mexico: *Scope of Practice Review Commission*

Established: 2007/08 as part of the state's health care reform initiative

Administrative Authority: Process under development by interim legislative committee

Ontario: *Regulated Health Professions Act*

Established: 1991

Administrative Authority: Ministry of Health. A Regulatory Council (HPRAC) recommends to Ministry.

Members: Five to seven consumer members recommended by the Ministry. Public sector employees, current and formers members of all regulated professions, and former HPRAC members are ineligible.

DUTIES OF REVIEWING BODIES

Typically, reviewing bodies use objective criteria to conduct impartial assessments of proposed changes that includes:

- Surveying regulations and modification decisions in other states.
- Examining other professions within the state for standard practices.
- Generating background information and framing issues.

Additional responsibilities include:

- Iowa: conducts public hearings.
- Ontario: Established a common framework of regulation for 23 health professions and 21 state regulatory "boards." Reviews all proposals for new professions to come under RHPA regulation.