

Oklahoma Senate panel studies payments between advanced nurses, doctors

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The Oklahoma Senate's only member who is a doctor said Tuesday he will consider writing a law that ends payments that some nurses make to doctors for prescription supervision.

State Sen. Ervin Yen might introduce legislation next year to address complaints from advanced practice nurses, who are fighting to reverse Oklahoma's requirement that doctors supervise those nurses' prescription authority. Ending the supervisory link between doctors and advanced practice nurses is hailed by nurses as one solution to Oklahoma's health care provider shortage. By loosening restrictions on nurse practitioners and advanced practice nurses, they might be able to practice more in rural areas where there are few doctors. Brett Guthrie, a nurse practitioner from Spiro, told a legislative hearing that requiring more supervision would make it harder to find a doctor in his eastern Oklahoma community.

“Without that supervising physician, I can see a patient, I can diagnose a patient, I can order a test for a patient, but if they need an antibiotic or an antidepressant, or a blood pressure medication, I can't fill that,” Guthrie said. “Effectively, I can do them no good.”

Advanced nurses are limited in what kinds of medicines they can prescribe, but Oklahoma law requires the nurses to coordinate with a supervisory physician. There's little in the law that details what a doctor must do in their supervisory role, and nurses pay an average of \$36,000 a year for the service, said Toni Pratt-Reid, president of the Association of Oklahoma Nurse Practitioners. Some nursing clinics may also pay up to \$90,000 a year or be responsible for paying a portion of the doctors' malpractice insurance.

The industry group endorsed legislation last year that would have removed doctors' supervisory role in high-level nurses' prescription power, but it stalled in Yen's Health and Human Services Committee. Yen, an anesthesiologist, wouldn't give it a hearing.

At the interim study Tuesday, he conceded some problems exist in the nurse-doctor relationship, especially when doctors are paid for doing little to no work. “If the Legislature or the Board of Medical Licensure needs to do some things to tighten up supervision, I think we should work on that,” said Yen, R-Oklahoma City.

Nurse practitioners argue that state laws already limit what they can and cannot do.

“This is not supervision of our practice,” said Pratt-Reid. “This is a supervision-collaboration of the prescriptions that we generally, in a broad perspective, write.”

She said that in recent years, she only speaks with her supervisory physician once every few months about a case.

The physician community is generally opposed to removing their oversight authority, but Kevin Taubman, a doctor and president of the Oklahoma State Medical Association, said he is offended by the costs that some nurses are charged.

If someone is charging for services they do not render, that's fraud,” Taubman said. “If it all comes down to the prescriptive authority and they're not reviewing charts, it's a problem.”

More than two dozen states have given advanced nurses full authority over their practices.

Oklahoma's 2018 regular legislative session begins in February.