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National Academy of Medicine
500 5th Street NW
Washington, DC 20001

Dear Distinguished Doctors:

On behalf of the American College of Radiology® (ACR®) I am writing to commend the National Academy of Medicine on the Action Collaborative for its draft of the National Plan for Health Workforce Well-Being — with one major exception.

The National Plan includes several thoughtful and potentially highly impactful goals and action plans that we sincerely hope will advance the well-being of our patients and the nation’s healthcare workforce. However, we strongly urge removal of the first action listed for Goal 5 in Chapter 5, which states, “Enable health workers to practice at the top of their training and education; and permanently eliminate onerous scope of-practice regulations to allow advanced practice providers (e.g., nurse practitioners, midwives) to practice independently.” Physician-led health teams are vital to the delivery of superior health care to our patients.

The National Plan is not an appropriate place to discuss scope of practice for advanced practice nurses. “Top of training and education,” as well as the frequently used “top of license,” are devoid of statutory or regulatory meaning and therefore cannot serve as any kind of practical guidance or limitation. They are codewords used by non-physicians seeking expansion of their scope of practice or the removal of appropriate physician supervision requirements, which is made clear in the latter part of the sentence. Authority to establish scope of practice standards, requirements whose sole purpose is to protect the public, are a matter for state and federal policymakers and their designees. This document is intended to promote clinician well-being and resilience. The two should not be confused. This National Plan must be appropriate to all stakeholders and applicable to the entire workforce. By including this divisive, non-consensus recommendation, the authors run the risk of introducing unnecessary stress and conflict in the workplace and the potential for increased burnout among the very stakeholders the Collaborative seeks to help. The proposed first action under Goal 5 in Chapter 5 is concerning for its potential economic and health care quality disservice to patients by promoting a standard of care that excludes physician supervision of health care teams.

We strongly urge that this action item be removed before this otherwise excellent document is finalized. Once deleted, our organization stands ready to promote the National Plan to our members and the public.
Thank you for your consideration of this very important issue. Should you have any questions, please feel free to contact Eugenia Brandt, or Dillon Harp in ACR’s Government Relations office at ebrandt@acr.org, or dharp@acr.org.

Sincerely,

Jacqueline A. Bello, MD, FACR
Chair, ACR Board of Chancellors