How Mississippi is stopping scope of practice expansion with Katherine Gantz Pannel, DO [Podcast]

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How did the Mississippi State Medical Association (MSMA) defeat 11 scope of practice expansion bills in the last year? Get the secret to success and learn what’s driving this legislative winning streak from Katherine Gantz Pannel, DO—a psychiatrist in Oxford, Mississippi, and immediate past chair of the MSMA board of trustees. AMA Chief Experience Officer Todd Unger hosts.

Access AMA’s scope of practice key tools & resources.

Learn how the AMA is #FightingForDocs and working to #stopscopecreep.

Speaker

Katherine Gantz Pannel, DO, psychiatrist; immediate past chair, Mississippi State Medical Association (MSMA) Board of Trustees

Transcript

Unger: Hello and welcome to the AMA Update video and podcast series. Today we’re talking about a streak of legislative victories against scope of practice expansions in Mississippi and what we can learn from them. Here to discuss these efforts is Dr. Katherine Gantz Pannel, a psychiatrist in Oxford, Mississippi and immediate past chair of the Mississippi State Medical Association Board of Trustees.

I'm Todd Unger, AMA's chief experience officer in Chicago. Welcome to the update, Dr. Pannel.

Dr. Pannel: Thank you so much, Todd. I'm excited to be here.
Unger: Well, I'd say, first, good news. Congratulations to the Mississippi State Medical Association. You have defeated 11 scope of practice expansion bills during the 2023 legislative session. I think the bad news is there were 11 scope of practice expansion bills during one legislative session. That is a pretty significant.

Why don't we just start out as background for you to tell folks out there about some of the more concerning bills that you were up against?

Dr. Pannel: I don't know if 11 is a record, but it sure has got to be. I mean, that was a lot of scope of practice bills. Every year, we're used to seeing this the standard scope of practice bills with nurse practitioners, which either give them independence immediately as the bill passes or requires them to have some sort of training hours before they get independence.

And we're also used to seeing CRNA independence bills. We've seen a couple of podiatry bills that would allow them to do surgery above the ankle. But this year we fought a very unique bill, which was the first time we saw it. And that was the pharmacy test and treat bill, which essentially would give pharmacists the ability to test for certain medical issues and treat it if the test was positive.

So it would actually give pharmacists a little bit of independence in practicing medicine.

Unger: Well, thankfully, you were able to defeat these bills. But what we see—and I had other guests on when we talk about these things—is they just kind of seem to keep coming back. What tactics were most successful in reaching lawmakers and making your voice heard?

Dr. Pannel: I'm really proud of MSMA. They have gone from a position of defense to a commanding offense. Lawmakers expressed in MSMA that they were tired of hearing from physicians as soon as scope bills dropped, but they wanted to hear them throughout the year. And that's exactly what MSMA did.

With the partnership with AMA, we were able to do billboards. We gave lawmakers educational material that specified the differences between physician and mid-level training. We were able to do videos that we disseminated to lawmakers. And MSMA is very present in every committee meeting that has anything to do with scope of practice.

Unger: What a smart strategy, kind of a year-round educational content approach. You mentioned the partnership with AMA. Let's talk a little bit about that because you've benefited from some of the grants from our Scope of Practice Partnership.

The MSMA is one of our most successful grant recipients. Tell us more about the partnership and what other state organizations can learn from your success.
Dr. Pannel: The partnership with the AMA has been critical to our scope successes. The grant funding was what allowed us to be able to make those materials that I just spoke about to give to lawmakers. It provided also money for us to do our own studies to show how the public in Mississippi felt about mid-level care versus physician-led care, which was a huge positive for physician-led care.

And we were able to show to lawmakers that Mississippians want physician-led care. And we couldn't have done that without the grant funding, but it goes well beyond just the funding. We also use AMA materials that they produced. The workforce mapper has been huge to show lawmakers that the main argument that nurse practitioners want to go rural, they want to help those rural populations, just isn't the case. And that workforce mapper is something that's tangible to give lawmakers to prove our point.

Unger: Now, there's one common argument that's made when the scope of practice topic comes up. And that is about that it would improve access to affordable care. That turns out to be a misconception. Can you give background on why that isn't the case?

Dr. Pannel: Sure, and this is something that all Mississippi physicians are proud to talk about. Years past, we've had all these arguments, but we just haven't had a lot of studies, research or data to prove that physician-led care is the best care. The Hattiesburg Clinic, which is a multi-specialty clinic in Hattiesburg, Mississippi, actually did these studies. And they worked to look at the evidence to see cost effectiveness, do patients prefer mid-level care.

And what it found is that the argument that they lower cost of medical care, that patients are happier with their care, is just not true. The study showed that nurse practitioners independently managing patients actually increased the cost of health care. It increased ER visits and patient satisfaction was lower.

Unger: So we see high costs, lower patient satisfaction. We know a lot of the non-physician providers tend to even co-locate in the same geographic area. So that particular argument doesn't hold a lot of water there.

Dr. Pannel: No, and it's great that we finally have tangible evidence to prove that.

Unger: Absolutely. Dr. Pannel, what are some of the ways that you and your colleagues in Mississippi have been broadening access to physician-led care?

Dr. Pannel: You know, one of the positive things that came about during COVID is that we had to utilize telemedicine more. And we found that telemedicine is incredibly useful and helpful in reaching those rural populations in Mississippi and providing that care. And MSMA fought, and fought, and fought for legislation to keep that going after COVID.
It was such a benefit that we wanted to have legislation that allowed physicians to continue to see patients where they are. Prior to COVID, the patient would have to come into a physician's office to see the physician on the other end. And some didn't have transportation. They had no means to get gas, so it was very difficult for the patient.

But we were instrumental in getting legislation passed that allow physicians now to see the patient where they are. It could be from their home, from their work, wherever they are. We have to meet them where they are.

**Unger:** Absolutely. And supporting physicians’ use of telemedicine, one of the key platforms of the Recovery Plan for America's Physicians. Dr. Pannel, the work that you do in your community comes at a really critical time. According to America's Health Rankings annual report, Mississippi is ranked 49th in the nation for overall health.

Expanding scope of practice isn't the solution. Based on what we’re talking about here, what should legislators be considering instead?

**Dr. Pannel:** There’s not just one solution to the issue, but I will say one thing, that all of the states or most of the states that are higher-ranking than us have in common is that they have expanded Medicaid. We have to provide access to care for these patients, but Medicaid expansion is not the only thing that's going to—we have to provide enough funding for our public health programs, which means funding our state health department.

We need to really promote the use of other platforms such as telemedicine to reach our most vulnerable populations. But ultimately, lawmakers have to understand that this is going to be a multi-pronged approach. And we’ve got to keep our rural hospitals open and expand access to care.

**Unger:** Absolutely. Now, we talked just very briefly about the AMA's Recovery Plan for America's Physicians. Another key part of that five-part plan is, of course, fighting inappropriate scope expansions. Dr. Pannel, what advice do you have for physicians who want to help combat scope expansions in their own states?

**Dr. Pannel:** One of the best words of advice that I got from my mentor was that relationships matter. And I have come to appreciate that advice more and more as the years go on. Relationships are critical. Make those relationships with your lawmaker, and don't stop at the local level.

Of course, get to know your local lawmakers, but try to get to know as many lawmakers as possible because physicians are these subject matter experts, especially in things like scope. So if you have a relationship, when they have questions about any legislation that would affect the house of medicine, they'll come to you as the expert. And you want to be there when they’re making that critical decision whether to vote or not vote for legislation.
Unger: Well, I love that just from the start of this you said as you've gone from defense to playing offense. This is a full-year activity to educate and provide that context. So no matter how many of these particular initiatives pop up throughout the course of any given legislative session, you've already kind of prepared the ground for this. So, congratulations to you, Dr. Pannel and the MSMA, for all the work to stop these inappropriate scope expansions.

If you want to learn more about AMA’s Recovery Plan for America's Physicians, visit ama-assn.org/recovery. We'll be back soon with another AMA Update, and you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

Dr. Pannel: Thank you for having me.

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