

***TMA OP-ED – FOR IMMEDIATE RELEASE***

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**Removing Texas Physicians from the Health Care Team Would be Harmful, Costly**

*Op-ed by Texas Medical Association (TMA) President Gary W. Floyd, MD, and Board of Trustees Chair G. Ray Callas, MD, about legislation proposing to give advanced practice registered nurses and other providers independent practice authority without physician supervision.*

Would you support a health care reform that worsens patient outcomes, increases medical costs, and undermines access to quality medical care? Of course not. But this would be the consequence of several misdirected pieces of legislation currently before the Texas Legislature, including Senate Bill 1700 and House Bill 4071.

Specifically, these legislative proposals remove physician oversight of nurses and other lesser trained health care professionals involved in the care of Texas patients. Conveniently, the special interest lobbyists behind these bills are silent as to the harmful consequences of such proposals, which have been thoroughly documented in a growing body of research.

Among that research, two recent, prominent studies specifically analyzed what happens when physician oversight of the health care team is removed. One studied emergency medical care of veterans, and the other focused on primary care. Both documented negative patient outcomes and higher medical utilization and costs.

A 2022 study of Veterans Health Administration data by the National Bureau of Economic Research found nurse practitioners who deliver emergency care without physician supervision or collaboration “significantly increase resource utilization but achieve worse patient outcomes.” Looking at three years’ worth of data, researchers found nurse-led care increases lengths of stay by 11%; raises 30-day preventable hospitalizations by 20%; and increases the cost of emergency department care by about $66 per patient and $74 million annually.

The recent experience of the Hattiesburg Clinic in Mississippi – studied after 15 years of growing its care teams by adding nurses and others because of a shortage of primary care physicians – showed the model of allowing nonphysicians to function independently had “failed to meet [its] goals in the primary care setting of providing patients with an equivalent value-based experience,” clinic physicians wrote in the January 2022 issue of the Journal of the Mississippi State Medical Association. The results: more ordering of tests, more referrals to specialists, more emergency department use, lower quality scores, and higher costs, to the tune of $10.3 million annually.

Texas families deserve better and want better. In a January 2023 statewide survey of primary voters across the state, two-thirds of voters – both Republicans and Democrats – opposed the removal of physician oversight of nurses and other professionals involved in the health care team.

Of note, the survey also found strong voter opposition to removal of physician oversight in rural areas of Texas and within Medicaid. In other words, Texans do not want a lower quality of care delivered by lesser trained health care professionals just because of where they live or because of their income.

Access to care does not equal access to quality care. No matter who you are or where you live, you deserve the highest quality of care as a Texas patient.

In order to increase the number of Texas physicians, the legislature over the years has provided increased funding for physician residency positions, opened six new medical schools in the last seven years, and maintained a healthy environment in which to practice medicine by protecting our liability reform measures. Because of the work the legislature already has accomplished, Texas licensed more than 6,500 new physicians in 2022 and has more family physicians serving in rural areas than urban.

Our Texas Legislature also is working with physicians and health care professionals to improve access to care through telemedicine and statewide broadband internet access; expansion of loan repayment programs for physicians and health care professionals who practice in rural and underserved areas; and stronger accountability measures for health insurance plans that don’t provide adequate access to in-network physicians.

The rigorous and lengthy training Texas requires of its physicians in medical school, residencies, licensing requirements, and in their oath to put “patients first” and “do no harm” is purposeful for our state’s physical and fiscal health. Let’s not undermine, or water down, Texas’ strong patient care protections.

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