

PROTECT PATIENT CARE:

Don't Remove Physicians from the Health Care Team

Increasing access to care in underserved areas is challenging, but it can be achieved without compromising quality of care or patient safety. Recognizing the complexity of health care, the Texas Legislature created a team-based care framework that puts patient safety first with physician-led care, while implementing a number of proven policies to address workforce shortages. In a state as vast and fast-growing as Texas, **all patients – regardless of where they live – deserve the same standard of high-quality care** from an experienced clinician.

Expanding scope of practice is NOT the answer to helping patients in rural and underserved areas.

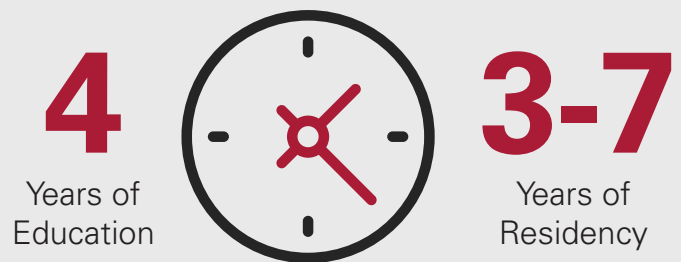
Scope expansions are harmful and costly

Recent studies on nurse scope expansions document the dangerous and negative effects on the quality of patient care and associated health care costs. TMA has similar concerns about allowing psychologists to prescribe and allowing pharmacists to diagnose and treat patients over the pharmacy counter.

- An analysis of nurses independently practicing in the Veterans Health Administration emergency department without physician supervision showed they had higher rates of preventable hospitalizations, increased the overall length of hospital stays, and **raised the cost of care in the emergency department (ED).**¹
- A two-year study by the Hattiesburg Clinic in Mississippi, which focused on primary care, found: **nonphysicians performed worse on nine out of 10 patient care quality measures;** their patients also had higher costs, higher rates of referral to specialists, and were more likely to visit the ED.²
- Another recent study of opioid prescribing in Medicare Part D found **nurse practitioners (NPs) were twice as likely as physicians to overprescribe,** with higher rates in states with independent prescription authority.³
- Repeated research mapping the location of primary care nurses and physicians shows **physicians and nurses tend to practice in the same areas** of the state – regardless of scope of practice laws.⁴

Protect Access to Physician-led Care

Physicians are trained to lead



10,000-16,000
Hours of Training

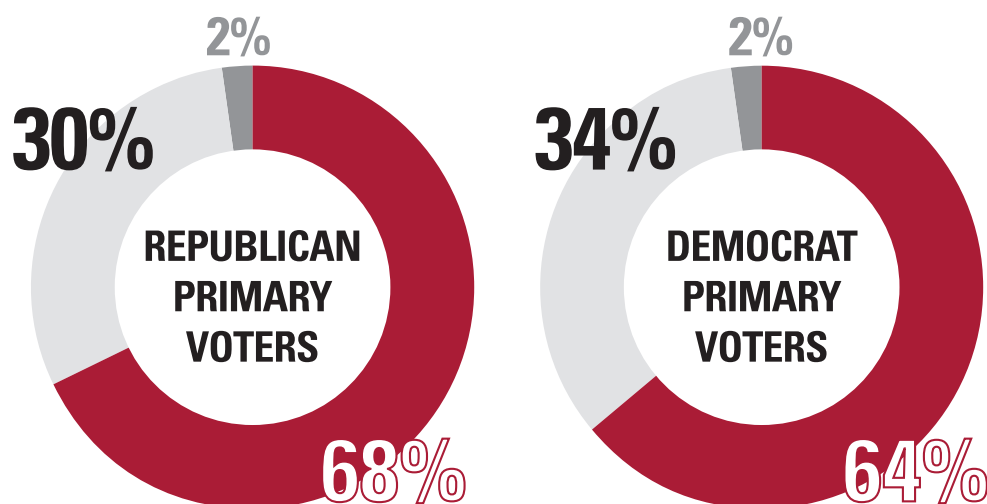
Nurse practitioner programs cannot compare



Physicians have 20 times the clinical training of NPs. Additionally, 60% of NP programs in 2019 were mostly or completely online.⁵

Source: American Medical Association

Strong Bipartisan **OPPOSITION** to Nurses Expanding Their Scope of Practice in Medical Care



“If it saves money, would you favor or oppose allowing nurses, physician assistants, and other nonphysician health care professionals to diagnose, treat patients, and prescribe medicine without the oversight of a licensed physician?”

■ OPPOSE ■ FAVOR ■ UNDECIDED

Texas Interested Citizens 34th Annual Statewide Survey, Jan. 27-Feb. 3, 2023. 1,001 Active Texas Voters Interviewed by Live Phone Interviews and Online Surveys. Primary History 36% R 27% D 8% Both 28% Gen only. +3.1% Margin Of Error at 95% Level of Confidence.

Texas already has proven access-to-care solutions

Rather than lower the standard of care for patients in rural and underserved areas, the Texas Legislature should bolster existing policies that continue to attract physicians to the state in record numbers even as Texas’ population grows.⁶ Texas has already made progress in reducing the number of health professional shortage areas (HPSAs). Going forward, **adding 80 primary care physicians to the workforce in the right places could remove all HPSA designations.**⁷

Texas’ framework for team-based care works

All of the above data demonstrates that Texas’ framework is sound. It allows nurse practitioners and other providers to work in medical teams under appropriate delegation and supervision with a licensed Texas physician. While all health care team members are important, Texas’ physician-led model promotes oversight and collaboration while keeping patient safety the priority.

TMA’s Legislative Recommendations:

- Support physician-led team-based care and oppose efforts to expand scope of practice beyond what is safely permitted by nonphysician practitioners’ education, training, and skills.
- Invest in graduate medical education and loan repayment programs to maintain a robust physician workforce so patients have access to high-quality care across the board.
- Expand telemedicine with physician oversight and enact payment parity for these programs, which can expand quality medical care throughout the state, particularly behavioral health care.
- Support statewide broadband expansion and digital literacy for increased rural health care access.
- Increase Texas Medical Board funding to support historic numbers of physician licensure applications.

1. “The Productivity of Professions: Evidence from the Emergency Department,” National Bureau of Economic Research, <https://www.nber.org/papers/w30608>
 2. “Targeting Value-Based Care with Physician-Led Care Teams,” Journal of the Mississippi State Medical Association, <https://ejournal.msmaonline.com/publication/?m=63060&i=735364&p=20&ver=html5>
 3. “Opioid Prescribing by Primary Care Providers: A Cross-Sectional Analysis of Nurse Practitioner, Physician Assistant, and Physician Prescribing Patterns,” Journal of General Internal Medicine, https://www.akleg.gov/basis/get_documents.asp?session=33&docid=32908
 4. American Medical Association Health Workforce Mapper
 5. “Nursing Master’s Programs with 100% Admit Rates,” U.S. News & World Report, June 9, 2020
 6. Texas Medical Board
 7. Texas Medical Association analysis of Health Resources and Services Administration data



Physicians Caring for Texans

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