



Physicians Caring for Texans

**House Committee on Public Health
Testimony by Melissa Garretson, MD,
for the Texas Medical Association
Opposing House Bill 3794
*April 14, 2025***

Good morning, Chair VanDeaver, Vice Chair Campos, and members of the committee, thank you for this opportunity to testify. I'm Dr. Melissa Garretson, a pediatric emergency physician from Fort Worth speaking against House Bill 3794 on behalf of the Texas Medical Association and myself.

I would like to thank the author of the bill for his concern regarding access to health care, but from my personal experience directly supervising nurse practitioners as essential team members – 29 years as a physician practicing medicine in Texas including 14 years living in Stephenville – I can say this bill will NOT achieve his goal.

Nurse practitioners say they want to work in rural areas, but the data clearly demonstrates when granted independent practice they STAY in urban areas. And while the majority of nurse practitioners are certified in family practice or pediatrics, less than 34% practice in those specialties. In fact, 92.8% of nurse practitioners hold no additional specialty certifications, yet over 64% of them practice in areas other than primary care. This bill would allow nurse practitioners to move amongst specialties without the safety net of physician oversight and with no additional training. That's definitely not safe for Texans.

Current nurse practitioner training is mainly online, and patient experiences are set up individually by nurses contacting physicians on a list to set up shadowing experiences. The average patient exposure requirement is 500 to 700 hours total. My daughter – who is applying to medical school – needed over 1,000 hours in a single volunteer program just to be considered for admission to some Texas medical schools.

Electronic health records have shown us nurse practitioners who practice independently have higher costs while ordering unnecessary tests and referrals. Extra tests and referrals lead directly to higher costs, but there's also lost work time to consider as well.

We have the ability to extend access to health care across Texas. Telehealth payment parity and expanded telehealth access in our rural areas, increasing residency training slots to keep Texas medical students IN Texas, and increasing funding for our successful loan forgiveness programs coupled with a focus during training on connecting students and residents with rural community leaders are just a few of the ways we are achieving greater access.

We can all agree that every Texan, regardless of zip code, deserves the highest quality of care, which data shows comes through physician-led teams.

I respectfully ask you to decide NOT to advance HB 3794. Thank you for this opportunity.