



Physicians Caring for Texans

House Committee on Public Health
Testimony by Rodney Young, MD, for the Texas Medical Association
House Bill 3794
April 14, 2025

Good morning, my name is Dr. Rodney Young. I am a family physician from Amarillo, and I am a member of the Texas Medical Association (TMA) Board of Trustees.

On behalf of TMA and its more than 59,000 members, we thank Chair VanDeaver, Vice Chair Campos, and the members of the House Public Health Committee for the opportunity to provide testimony respectfully in opposition to House Bill 3794.

Rural and underserved access to care is an issue of great importance to the state of Texas and to TMA itself, as our organization's vision is "improving the health of all Texans." However, independent practice for advanced practice registered nurses (APRNs) is simply not the solution.

We have always contended that APRNs are important members of the physician-led health care team. But removing physicians from that critical leadership role and allowing APRNs effectively to practice medicine (by formulating primary and differential medical diagnoses and prescribing independently), as is proposed in this bill, will not improve patient access to care.

It is a myth that allowing APRNs to practice without physician involvement will increase access to care in rural and underserved areas. Repeated studies reflect that nurse practitioners seek to provide care in the same areas as physicians do (regardless of state scope of practice laws).

It is, therefore, critical that the Texas Legislature not be swayed by this argument (which has patient safety and quality of care implications) and instead focus its efforts on proven solutions that work while maintaining the current physician-led team-based framework. For example, the Texas Legislature should:

1. Continue to prioritize state funding for graduate medical education (residency programs) so we are prepared for the increased number of medical school graduates coming from the new medical schools in the state;
2. Fund programs to support physicians going into primary care and practicing in underserved areas, such as the Family Practice Residency Program, the Physician Education Loan Repayment Program, and the TMA-initiated Rural Resident Physician Grant Program; and
3. Support expanded access to physician-led services by enacting telemedicine payment parity laws.

Increasing access to care in underserved areas is challenging, but it can be achieved without compromising the quality of care or patient safety.

Again, Texas' physician-led team-based care models promote oversight and collaboration while keeping patient safety the priority. Thus, TMA is respectfully opposed to HB 3794.

Thank you for the opportunity to testify, and I am happy to answer any questions.