



Physicians Caring for Texans

House Committee on Public Health
Testimony by Ezequiel “Zeke” Silva III, MD, for the
Texas Medical Association
Opposing House Bill 3794
April 14, 2025

Good morning, my name is Dr. Zeke Silva. I am an interventional radiologist from San Antonio, and additionally, I chair the Texas Medical Association (TMA) Council on Legislation, the body that determines legislative positions for the association. 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 in opposition to House Bill 3794.

Recent studies on allowing nurse practitioners (NPs) to practice independently have documented the dangerous and negative effects on the quality of patient care and associated health care costs.

After allowing advanced practice registered nurses (APRNs) and physician assistants to function independently in primary care practices for over a decade, the Hattiesburg Clinic in Mississippi performed a two-year study of physician versus nonphysician quality and outcomes. Their findings revealed that 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 emergency department.

Likewise, a recent three-year study evaluating independent NP practice in the United States Department of Veterans Affairs emergency departments found similar effects on the quality and cost of care. Compared to physicians, NPs practicing independently had higher rates of preventable hospitalizations, increased the overall length of hospital stays, and raised the cost of care in the emergency department.

Other studies have found similar concerns with quality of care. A Department of Health and Human Services-funded study of opioid prescribing by primary care providers in Medicare Part D found increased overprescription of opioids by unsupervised NPs when compared to prescriptions by supervised NPs and physicians.ⁱ In addition, a Mayo Clinic study found referrals from NPs and physician assistants were lower quality and almost twice as likely to be evaluated as having been unnecessary.ⁱⁱ

All the above data demonstrates that the 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. Again, Texas’ physician-led team-based care model promotes oversight and collaboration while keeping patient safety the priority. For these reasons, TMA opposes HB 3794. Thank you for the opportunity to testify, and I am happy to answer any questions.

ⁱ Muench U, Spetz J, Jura M, Guo C, Thomas C, Perloff J. [Opioid-prescribing Outcomes of Medicare Beneficiaries Managed by Nurse Practitioners and Physicians](#). *Med Care*. 2019 Jun;57(6):482-489. doi: 10.1097/MLR.0000000000001126. PMID: 31008896. (finding that NPs were twice as likely as physicians to overprescribe, and that NPs practicing in states with independent prescription authority were more than 20 times more likely to overprescribe opioids than NPs in prescription-restricted states).

ⁱⁱ Lohr RH, West CP, Beliveau M, Daniels PR, Nyman MA, Mundell WC, Schwenk NM, Mandrekar JN, Naessens JM, Beckman TJ. [Comparison of the quality of patient referrals from physicians, physician assistants, and nurse practitioners](#). *Mayo Clin Proc*. 2013 Nov;88(11):1266-71. doi: 10.1016/j.mayocp.2013.08.013. Epub 2013 Oct 9. PMID: 24119364.