June 5, 2023

The Honorable Jason Smith
Chair
Committee on Ways and Means
United States House of Representatives
1101 Longworth House Office Building
Washington, DC 20515

The Honorable Richie Neal
Ranking Member
Committee on Ways and Means
United States House of Representatives
1129 Longworth House Office Building
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Chair
Committee on Energy and Commerce
2125 Rayburn House Office Building
United State House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
2322 Rayburn House Office Building
United States House of Representatives
Washington, DC 20515

Dear Chairpersons Smith and McMorris Rodgers and Ranking Members Neal and Pallone:

The American Osteopathic Association (AOA), and the 47 undersigned osteopathic state and specialty associations, which collectively represent more than 178,000 osteopathic physicians (DOs) and medical students, write to express our significant concerns and staunch opposition to H.R. 2713, the *Improving Care and Access to Nurses Ac*t (*I CAN Act*). If enacted, this legislation would increase healthcare costs, increase utilization rates, and lower quality of care for Medicare and Medicaid beneficiaries by removing physician involvement in patient care and expanding the scope of practice for non-physician clinicians, including nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), physician assistants (PAs), certified nurse midwives (CNMs), and clinical nurse specialists (CNS).

The AOA supports a "physician-led, team-based" approach to medical care. Such an approach ensures that professionals who complete comprehensive medical education, supervised training and testing requirements are adequately involved in patient care. We recognize the critical role NPs, CRNAs, PAs, CNMs, CNSs, and other non-physician clinicians play within the physician-led team; however, this legislation would allow these individuals to perform tasks and services that far exceed their education and training, essentially expanding their scope of practice to approximate that of a physician, without requiring them to complete the same education and competency demonstration requirements that physicians complete, which serve to protect patient safety.

DOs and medical doctors (MDs) complete:

- Four years of continuous medical school education, which includes two years of didactic study and two years of clinical rotations. Clinical rotations in the third and fourth years are conducted in community hospitals, major medical centers, and physicians' offices.
- Three to seven years of supervised postgraduate medical education (i.e., residencies), where DOs and MDs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions.
- A comprehensive, three-part licensing examination series designed to test their knowledge and ability to safely deliver care to patients before they are granted a license to independently practice medicine.
- DOs and MDs are then eligible to sit for the examination process to obtain board certification in their chosen specialty.

Upon completion of DOs and MDs medical training, they have received between 12,000-16,000 hours of patient care experience. This allows them to provide comprehensive medical care to their patients. This higher level of medical training provides DOs and MDs with the clinical tools needed to evaluate, diagnose, and treat patients in a manner that far exceeds the competencies of non-physician clinicians. The breadth and depth of the requirements for physician training, licensure and practice do not exist in non-physician clinician training programs. For this

reason, studies show that allowing non-physician clinicians to practice without physician supervision threatens patient safety and increases overall health care costs due to overutilization of diagnostic tests, improper specialty referrals and less than optimal clinical outcomes. A physician-led, team-based model of care leverages the unique skills of all members of the patient care team while ensuring that those with comprehensive medical education and training drive patient care decisions, which results in higher-quality, lower-cost care for patients.

A study published by the *National Bureau of Economic Research* in 2022, *Productivity of Professions: Evidence from the Emergency Department*, which compared emergency care provided by physicians to that of NPs with full practice authority, confirms these quality of care concerns. The study used data from the Veterans Health Administration (VHA) on emergency department visits between January 2017 and January 2020, the period in which NPs were first authorized by the VHA to practice without physician supervision. Using sophisticated causal analysis, the study concludes that:

- NPs practicing without physician involvement raise 30-day preventable hospitalization rates by 20%.
- NPs increase patients' length of stay in the emergency department by 11%, in part because they are more likely than physicians to seek information from external sources such as X-rays, CT scans, and formal consults, which, in addition to contributing to longer lengths of stay and exposing patients to unnecessary testing, raises health care costs.
- Higher resource use and worse outcomes make NPs less productive than physicians. Altogether, productivity differences between NPs and physicians are so significant that it is ultimately more costly to employ NPs than physicians, even when accounting for salary differentials.
- Continuing to use current staffing allocations of NPs in emergency departments results in a net cost of $74 million per year, compared to staffing the emergency department with only physicians.

Unlike physicians, the training that NPs, CRNAs, PAs, CNMs, CNSs, and other non-physician clinicians receive is not standardized across the continuum of schools and states. Additionally, significant variations in licensure requirements exist among states, even within a single profession. Thus, the passage of federal legislation that pre-empts state licensing requirements will create confusion for patients regarding the qualifications of their healthcare providers and undermine the rights of state governments to set requirements that they believe to be in the best interest of their citizens.

The AOA advocates to expand access to high-quality, affordable health care coverage for all Americans regardless of income, age, race, disability, zip code or other factors. The "physician-led, team-based" medical model is essential to ensuring that all patients are able to access quality care. To advance this effort in an evidence-based manner, we strongly urge you to instead consider reauthorizing the Teaching Health Center Graduate Medical Education (THCGME) program before its authority expires on September 30. Physician residents who train in THC programs are far more likely to practice in the rural and underserved communities in which they trained. Data shows that when compared to traditional postgraduate trainees, THCs' residents are far more likely to practice in primary care specialties and remain in underserved communities. THCGME programs play a vital role in training our next generation of primary care physicians, tackling our nation's physician shortage, and alleviating access to care in underserved urban and rural communities.

In the interest of public health, patient safety, and reining in ballooning health care costs, we respectfully ask the Committees to oppose the *I CAN Act*. If you have any questions, or if the AOA can be a resource on this or other issues, please contact AOA Vice President of Congressional Affairs and Public Policy, John-Michael Villarama, MA, at jvillarama@osteopathic.org or (202) 349-8748.

Sincerely,

American Osteopathic Association
American Academy of Osteopathy
American College of Osteopathic Emergency Physicians

American College of Osteopathic Family Physicians
American College of Osteopathic Internists
American College of Osteopathic Neurologists and Psychiatrists
American College of Osteopathic Obstetricians and Gynecologists
American College of Osteopathic Pediatricians
American College of Osteopathic Surgeons
American Osteopathic College of Proctology
American Osteopathic Academy of Orthopedics
American Osteopathic Academy of Sports Medicine
American Osteopathic College of Anesthesiologists
American Osteopathic College of Dermatology
American Osteopathic College of Pathologists
American Osteopathic College of Physical Medicine and Rehabilitation
American Osteopathic College of Radiology
American Osteopathic Colleges of Ophthalmology and Otolaryngology – Head and Neck Surgery

Arizona Osteopathic Medical Association
Arkansas Osteopathic Medical Association
Delaware State Osteopathic Medical Society
Florida Osteopathic Medical Association
Georgia Osteopathic Medical Association
Idaho Osteopathic Physicians Association
Illinois Osteopathic Medical Society
Indiana Osteopathic Association
Iowa Osteopathic Medical Association
Kansas Association of Osteopathic Medicine
Louisiana Osteopathic Medical Association
Maine Osteopathic Association
Massachusetts Osteopathic Society
Michigan Osteopathic Association
Missouri Association of Osteopathic Physicians and Surgeons
New Jersey Association of Osteopathic Physicians and Surgeons
New York State Osteopathic Medical Society
North Carolina Osteopathic Medical Association
Ohio Osteopathic Association
Oklahoma Osteopathic Association
Osteopathic Physicians and Surgeons of California
Osteopathic Physicians and Surgeons of Oregon
Pennsylvania Osteopathic Medical Association
Tennessee Osteopathic Medical Association
Texas Osteopathic Medical Association
Utah Osteopathic Medical Association
Virginia Osteopathic Medical Association
Washington Osteopathic Medical Association
West Virginia Osteopathic Medical Association
Wisconsin Association of Osteopathic Physicians and Surgeons

cc: The Honorable David Joyce, United States House of Representatives
The Honorable Suzanne Bonamici, United States House of Representatives