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September 10, 2020

The Honorable Gavin Newsom
Governor
State of California
1303 10th Street, Suite 1173
Sacramento, CA 95814

Re: **California Assembly Bill 890 – strongly oppose**

Dear Governor Newsom:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write to **express our strong opposition to Assembly Bill (A.B. 890)**, which allows nurse practitioners to practice without any physician supervision or oversight. **The AMA is concerned A.B. 890 will not expand access to care in rural and underserved areas. Further, it will increase overall health care costs and threaten the health and safety of patients in California. For these reasons we strongly encourage you to veto A.B. 890.**

Nurse practitioners have long claimed that expansion of their scope of practice will result in increased access to care in rural and underserved areas and will help fill the gaps in primary care. Despite these promises, however, the evidence demonstrates nurse practitioners tend to practice in the same areas of the state as physicians, even in states where nurse practitioners have had independent practice for decades. Please find attached two maps of Oregon to illustrate this point. While the number of nurse practitioners in Oregon increased, there is no measurable shift of nurse practitioners to the rural areas. It is important to also note, while this map compares nurse practitioners to primary care physicians, recent workforce studies suggest newly graduated nurse practitioners are choosing to pursue specialty or subspecialty degrees rather than primary care.

Additionally, the AMA is deeply concerned with the notion that patients in rural and underserved areas, often a vulnerable and medically complex population, should settle for care from a health care provider with three percent of the clinical training of physicians. Rather than allow an unproven path forward, we encourage you to consider proven solutions to increasing access to care, including supporting physician-led team-based care. **In fact, evidence shows that states that require physician-led team-based care have seen a greater overall increase in the number of nurse practitioners compared to states that allow independent practice.** Other proven reforms include telehealth expansion, loan forgiveness programs for physicians practicing in rural and underserved areas and programs that encourage students from underserved areas to pursue medical school.

Despite promises that A.B. 890 will decrease costs, there is strong evidence that A.B. 890 will instead result in increased health care costs due to overprescribing and overutilization of diagnostic imaging and other services by nurse practitioners. Studies have shown nurse practitioners tend to prescribe more opioids than physicians. In states that allow independent prescribing, nurse practitioners were **20 times** more likely to overprescribe opioids than those in prescription-restricted states.¹ Multiple studies have also shown that nurse practitioners order more diagnostic imaging than physicians, which increases health care costs and threatens patient safety by exposing patients to unnecessary radiation. For example, a study in the *Journal of the American College of Radiology*, which analyzed skeletal x-ray utilization for Medicare beneficiaries from 2003 to 2015, found ordering increased substantially – **more than 400%** by non-physicians, primarily nurse practitioners and physician assistants during this time frame.² A separate study published in *JAMA Internal Medicine* found nurse practitioners ordered more diagnostic imaging than primary care physicians following an outpatient visit. The study controlled for imaging claims that occurred after a referral to a specialist.³ **The authors opined this increased utilization may have important ramifications on costs, safety and quality of care. They further found greater coordination in health care teams may produce better outcomes than merely expanding nurse practitioner scope of practice alone.**

Furthermore, the AMA is concerned A.B. 890 threatens the health and safety of patients in California. While all health care professionals play a critical role in providing care to patients, their skillsets are not interchangeable with that of fully trained physicians. Nurse practitioners are valuable members of the health care team; however, with only two to three years of education, no residency requirement and only 500-720 hours of clinical training, **they are not trained to practice independently.** By sharp contrast, physicians complete four years of medical school plus three to seven years of residency, including 10,000-16,000 hours of clinical training. But it is more than just the vast difference in hours of education and training – it is also the difference in rigor and standardization between medical school/residency and nurse practitioner programs. During medical school, students receive a comprehensive education in the classroom and in laboratories, where they study the biological, chemical, pharmacological and behavioral aspects of the human condition. This period of intense study is supplemented by two years of patient care rotations through different specialties, during which medical students assist licensed physicians in the care of patients. During clinical rotations, medical students continue to develop their clinical judgment and medical decision-making skills through direct experience managing patients in all aspects of medicine. Following graduation, students must then pass a series of examinations to assess a physician's readiness for licensure. At this point, medical students "match" into a three- to seven-year residency program during which they provide care in a select surgical or medical specialty under the supervision of experienced physician faculty. As resident physicians gain experience and demonstrate growth in their ability to care for patients, they are given greater responsibility and independence. Nurse practitioner

¹MJ Lozada, MA Raji, JS Goodwin, YF Kuo, "Opioid Prescribing by Primary Care Providers: A Cross-Sectional Analysis of Nurse Practitioner, Physician Assistant, and Physician Prescribing Patterns." *Journal General Internal Medicine*. 2020; 35(9):2584-2592.

² D.J. Mizrahi, et.al. "National Trends in the Utilization of Skeletal Radiography," *Journal of the American College of Radiology* 2018; 1408-1414.

³ D.R. Hughes, et al., A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits. *JAMA Internal Med*. 2014;175(1):101-07.

programs do not have similar time-tested standardizations. While there are many reputable nurse practitioner programs, there has been a recent proliferation of online-only nurse practitioner programs, some boasting 100% acceptance rates and programs that offer little to no oversight of students' clinical training. This should cause you great concern. Patients in California deserve to have physicians leading their health care team.

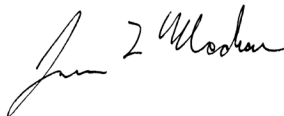
Finally, these findings are supported by an expert evaluation of A.B. 890 by Lawton R. Burns, PhD, MBA, which was submitted to the Senate Appropriations Committee. Professor Burns reviewed three practice functions permitted in the original Senate version of A.B. 890, reading of mammograms, prescribing antibiotics and prescribing opioids. His analysis found A.B. 890 may increase utilization of these services, but "such additional services and utilization may not be entirely favorable to the public's health. The section will likely lead to greater fragmentation and dispersion of care, higher healthcare costs, lower quality of care, and perhaps higher patient mortality among patients receiving these services." In his conclusion, Professor Burns found:

[w]hile APRNs can usefully supplement the nation's supply of primary care physicians, APRNs may not be fully equipped to handle many of the important clinical functions that physicians do. Moreover, allowing them to do so may jeopardize patients' healthcare outcomes, will likely lead to higher levels healthcare utilization and spending which may not have quality-enhancing benefits, and may increase patient mortality.

A copy of Professor Burns analysis is attached for your convenience.

For all the reasons above, we strongly encourage you to protect the health and safety of patients in California and veto A.B. 890. Thank you for the opportunity to provide these comments. If you have any questions, please contact Kimberly Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org.

Sincerely,

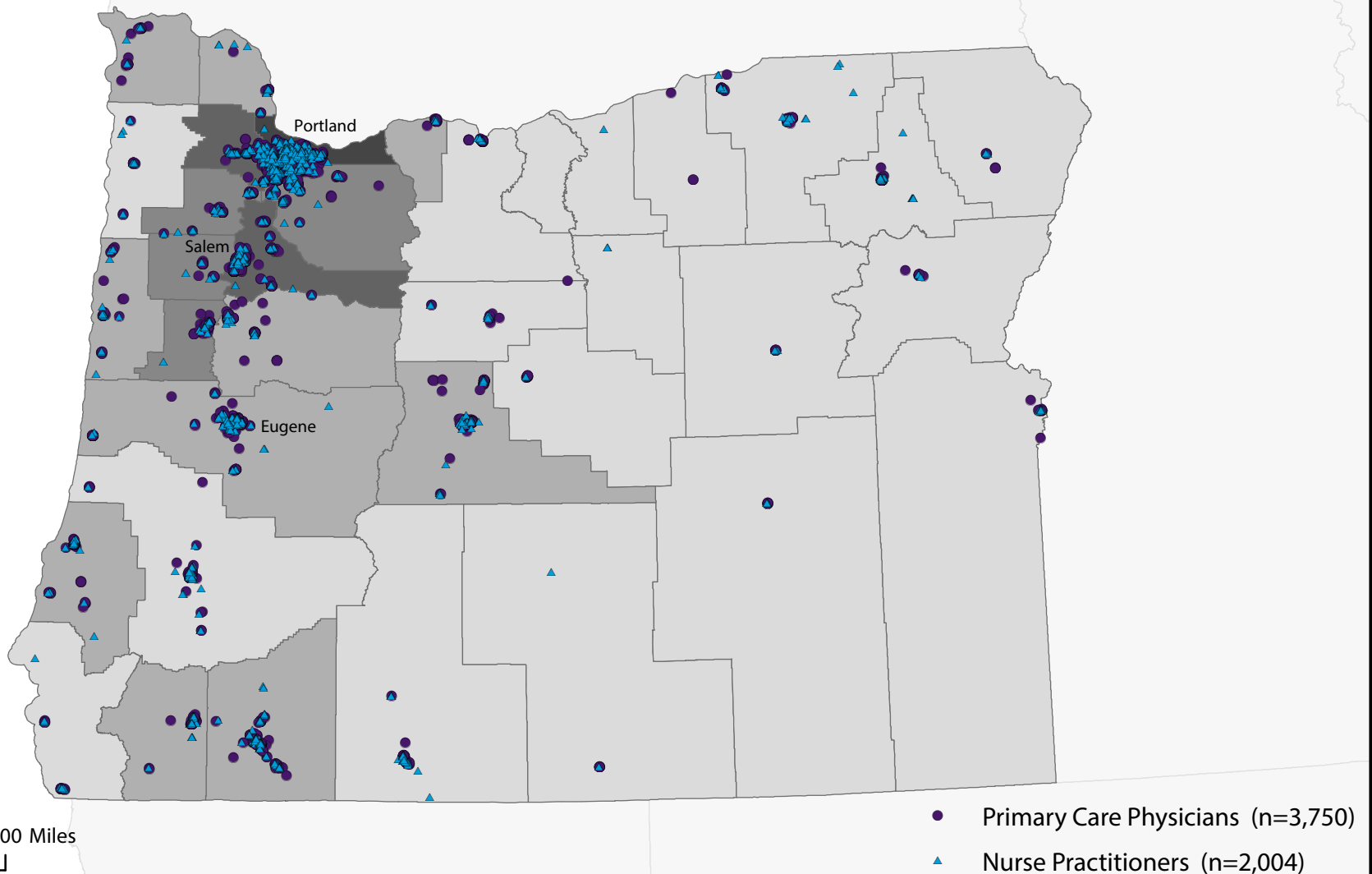


James L. Madara, MD
Attachments

cc: Peter N. Bretan, Jr., MD
Jack Resneck, Jr., MD
David H. Aizuss, MD

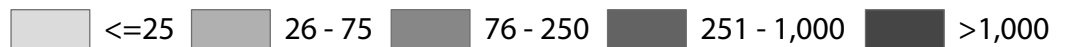
Primary Care Physicians to Nurse Practitioners

Oregon



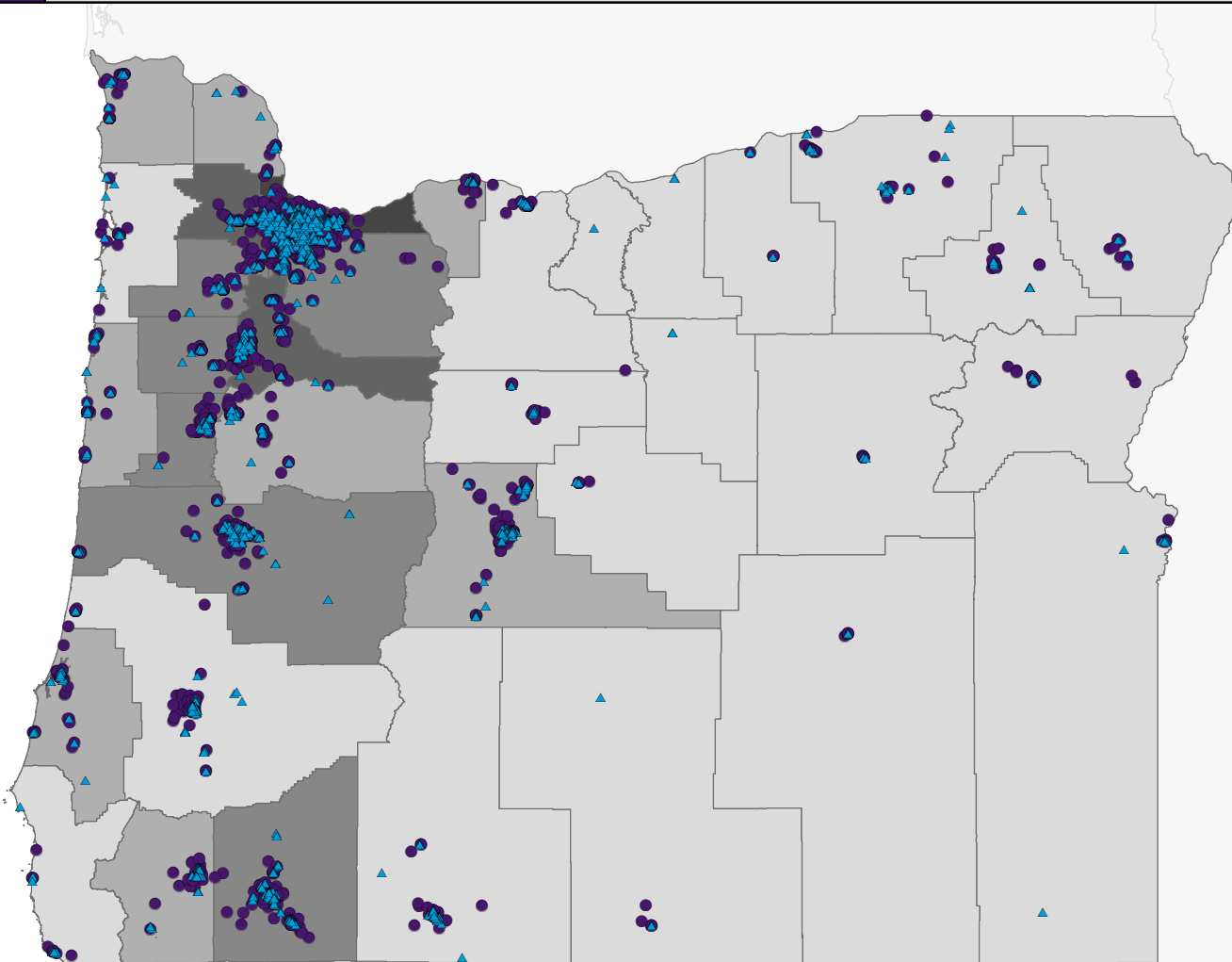
Population per square mile

Source: 2012 American Community Survey



Primary Care Physicians to Nurse Practitioners

Oregon



0 37.5 75 150 Miles

Population per square mile

Source: 2012-2016 American Community Survey



- Primary Care Physicians (n=4,185)
- ▲ Nurse Practitioners (n=2,695)

Source Notes: AMA Physician Masterfile 2018; Centers for Medicare and Medicaid Services' National Plan and Provider Enumeration System 2018; US Census county and state shapefiles 2010