

May 1, 2023

The Honorable Pat Spearman
Chair, Senate Commerce and Labor Committee
Nevada Senate
5575 Simmons Street, Suite 1-174
North Las Vegas, NV 89031-9009

Re: **AMA Opposes Nevada Assembly Bill 364**

Dear Chair Spearman:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to express our **strong opposition to Assembly Bill (AB) 364**. This expansive bill would allow physician assistants to diagnose and treat patients, order, perform and interpret diagnostic tests and other therapeutics, prescribe controlled substances, and perform a multitude of other types of care all without attending medical school. As drafted, AB 364 removes physician supervision entirely and replaces it with an undefined “collaborative practice agreement” requirement for physician assistants with less than 6,000 hours of practice. In addition to defining the scope of practice of physician assistants to include what is essentially the practice of medicine, AB 364 would also allow physician assistants to sign, certify, stamp, verify, or endorse for anything that currently requires a physician’s signature, certification, stamp, verification, or endorsement. The broad-brush expansion found in AB 364 is a dangerous precedent and would set Nevada apart from almost every other state in the nation. More importantly, this is not what patients want. **In a recent AMA survey, 95 percent of U.S. voters agree physicians should be involved in their medical diagnoses and treatment decisions.** Patients want and expect the most educated and highly trained health care professional to be involved in their care. As such, we strongly encourage you to stand up for Nevada patients and oppose AB 364.

Physician assistants are valuable members of the physician-led health care team

The AMA has long valued the commitment of physician assistants to the team-based model of care, and greatly respects the contributions physician assistants make to the health care team. The AMA is deeply concerned, however, that AB 364 eliminates physicians from the care team. In so doing, AB 364 sets Nevada apart from most of the country, including more than half the states that currently require physician supervision of physician assistants and almost 20 states that require physician collaboration. The demolition of physician-led teams proposed by this bill is not in the best interest of patients. As the provision of health care in this country becomes more complex, a fully coordinated, quality-focused, and patient-centered health care team will be the optimal means by which Americans will receive their health care. In the physician-led team approach, each member of the team plays a critical role in delivering efficient, accurate, and cost-effective care to patients. The AMA is committed to helping all members of the health care team work together in a coordinated, efficient manner to achieve the triple aim in health care: ensure that Nevada’s patients receive the highest quality of health care, at the lowest cost, resulting in the most optimal clinical outcomes. Simply put, AB 364 is contrary to this goal.

Scope of practice for any health care professional should be based on standardized, adequate training, and demonstrated competence in patient care. The well-proven pathways of education and training for physicians

include medical school and residency, and years of caring for patients under the expert guidance of medical faculty. Physicians complete more than 12,000 hours of clinical education and training during their four years of medical school and three-to-seven years of residency training. By sharp contrast, the current physician assistant education model is two years in length with 2,000 hours of clinical care—and it includes no residency requirement. The physician assistant education model assumes that in practice, physician assistants will engage in supervision by, or collaboration with, a physician. Yet AB 364 would allow physician assistants to practice without any physician involvement, including diagnosing and treating patients. AB 364 even includes language that specifically allows physician assistants and advanced practice registered nurses to determine whether an infant has critical congenital heart disease after being flagged based on a common infant screening test. Currently only physicians can confirm this diagnosis, which if not accurately diagnosed and treated could lead to severe complications and even death.

Moreover, many physician assistants may not anticipate the degree of independent practice provided by this bill. Many physician assistant students are under the impression that upon graduation they will be practicing under a high degree of physician collaboration, which may decrease as they gain experience. In fact, Physician Assistant Education Association (PAEA) data indicate that 91 percent of physician assistant students nearing graduation described the collaborating physician relationship as “essential” or “very important.” The AMA agrees, and as such, encourages the Senate Commerce and Labor Committee to oppose AB 364.

The data and evidence are clear: Physician assistants practicing without physician involvement will increase overall health care costs

There is strong evidence that a physician assistant, practicing without any physician involvement, results in worse patient outcomes while also increasing costs due to overprescribing and overutilization of diagnostic imaging and other services. A case in point is a study conducted by Hattiesburg Clinic (the Clinic), a leading Accountable Care Organization (ACO) in Mississippi. This study found that **allowing non-physicians, including physician assistants, to have their own primary care panel of patients led to higher costs, more referrals, higher emergency department use, and lower patient satisfaction than care provided by physicians.** Based on Medicare cost data, the Clinic found the Medicare ACO patients spend was nearly \$43 higher per member per month for patients with a non-physician as their primary care provider compared to those with a physician.¹ These costs could have translated to an additional \$10.3 million in spending annually for the clinic. Adjusting for patient complexity, this number jumped to over \$119 in extra costs per member per month or \$28.5 million in additional costs annually. Data from this study also found that non-physicians had higher rates of utilization including visits to the emergency department and referrals to specialists. In addition, physicians scored higher in nine out of ten quality metrics and received higher patient satisfaction scores compared to non-physicians.

Multiple studies have found that physician assistants and other non-physicians order more diagnostic imaging in the emergency department compared to physicians. In a recent study in *JAMA Network Open*, the authors found that non-physicians, including physician assistants, “are associated with an increased likelihood of an emergency department visit involving imaging, and for emergency department visits with imaging, a greater number of imaging studies were performed per visit.”² The presence of non-physicians in the emergency department was associated with 5.3 percent more imaging studies per emergency department visit, including CT, radiography, fluoroscopy, MRI, and ultrasound. Finally, the authors note their findings are consistent with other studies that found increased imaging by non-physicians in the outpatient setting and the emergency department.

¹ Batson BN, Crosby SN, Fitzpatrick J. Targeting Value-Based Care with Physician-Led Care Teams. *Journal of the Mississippi State Medical Association*. Jan. 2022.

² Christensen EW, Liu CM, Duszak R, Association of State Share of Nonphysician Practitioners with Diagnostic Imaging Ordering Among Emergency Department Visits for Medicare Beneficiaries, *JAMA Network Open*, Nov. 2022.

Other studies have also found that nurse practitioners tend to prescribe more frequently compared to physicians. For example, a 2020 study published in the *Journal of Internal Medicine* found that 8.4 percent of physician assistants prescribed opioids to more than 50 percent of their patients, compared to just 1.3 percent of physicians.³ **The study further found that in states that allow independent prescribing, physician assistants and nurse practitioners were 20 times more likely to overprescribe opioids than those in prescription-restricted states.**⁴ It is important to note that the study also found that from 2013 to 2017 almost every other medical specialty decreased opioid prescribing while nurse practitioners and physician assistants increased opioid prescribing.⁵

Physician assistants also tend to prescribe more antibiotics compared to physicians. A brief report by the Infectious Diseases Society of America examined nurse practitioner and physician assistant antibiotic prescribing, compared with physician-only visits for both overall visits and visits for acute respiratory tract infections (ARTIs) between 1998-2011.⁶ **The study found that ambulatory visits involving nurse practitioners and physician assistants more frequently resulted in an antibiotic prescription compared with physician visits.** Similarly, with ARTI visits, nurse practitioners and physician assistants prescribed antibiotics 61 percent of the time while physicians prescribed antibiotics 54 percent of the time. The authors noted that their findings were consistent with several previous studies.⁷

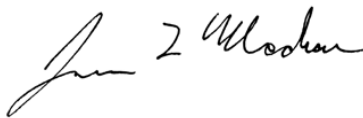
Opposing AB 364 puts Nevada's patients first

The findings are clear: physician assistants tend to prescribe more opioids than physicians, overprescribe antibiotics, and order more diagnostic imaging and other testing than physicians—all which increase health care costs and threaten patient safety. Before allowing physician assistants to practice medicine without any physician involvement, we encourage lawmakers to carefully review these studies. We believe you will agree that the results are startling and have a significant impact on the assessment of risk to the health and welfare of patients in Nevada, as well as the cost of health care in Nevada.

For all of the reasons stated above, the AMA stands in strong opposition to AB 364 as written. Similar legislation has been defeated in multiple states across the country this year based on the concerns discussed above. **We urge you to put patients first and oppose AB 364.**

Thank you for your consideration. If you have any questions, please contact Kimberly Horvath, JD, Senior Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org.

Sincerely,



James L. Madara, MD

cc: Nevada State Medical Association

³ Lozada MJ, Raji MA, Goodwin JS, Kuo YF. 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.

⁴ *Id.*

⁵ *Id.*

⁶ Sanchez GV, Hersh AL, Shapiro DJ, et al. Brief Report: Outpatient Antibiotic Prescribing Among United States Nurse Practitioners and Physician Assistants. *Open Forum Infectious Diseases*. 2016:1-4.

⁷ Grijalva CG, Nuorti JP, Griffin MR. Antibiotic prescription rates for acute respiratory tract infections in US ambulatory settings. *JAMA* 2009; 302:758-66.