

MEDICAL SOCIETY of the STATE OF NEW YORK

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MEMORANDUM IN OPPOSITION

ON SENATE HIGHER EDUCATION COMMITTEE S.6800 (RIVERA)

IN ASSEMBLY HIGHER EDUCATION COMMITTEE A.6445 (PAULIN)

AN ACT to amend the education law, in relation to supervision by certain nurse practitioners; and to amend part C of chapter 57 of the laws of 2022 amending the education law relating to modernizing nurse practitioners, in relation to making certain provisions permanent.

We are writing to you regarding the above referenced legislation that would permanently eliminate any required physician collaboration for care provided by Nurse Practitioners (NPs), even recently graduated NPs with less than 3,600 hours of practice. **The Medical Society of the State of New York opposes this legislation and urges that it be defeated.**

Nurse practitioners (NPs) are a critical component of our healthcare system to ensure patients receive the care they need, whether in a physician office, hospital, or in their own practice. But maintaining ongoing team-based care in collaboration with a physician in the same specialty is essential for ensuring patients receive the highest quality care. The crisis standard of care that led to waiver of some statutory provisions during parts of the pandemic should not become the ongoing standard of care for patients.

This legislation would encourage the delivery of siloed and uncoordinated patient care by permanently eliminating long-standing collaboration requirements between a NP and physician, an entire year before the scheduled sunset date of a temporary provision enacted last year that waived the existing collaboration requirements for 2 years. Even more alarming, this bill would completely eliminate the existing requirement for newly graduated NPs to be supervised by physicians in their first 3,600 hours of practice. Even when other states such as California eliminated physician collaboration requirements for NPs, they put in place measures to require referral of patients to specialty care physicians when clinical circumstances warranted it. This legislation offers no such patient protections.

Multiple studies show that when non-physicians are permitted to practice independently, this difference in training presents patient safety risks and increases health care costs. For example, an

examination of 10 years of cost data on 33,000 patients by the South Mississippi system's accountable care organization (ACO) (ama-assn.org) found that care provided to patients exclusively by non-physicians (PAs and NPs) was much more expensive than the care delivered by physicians. This is because these non-physician providers ordered more tests and referred more patients to specialists and hospital emergency departments than physicians did. The care provided by non-physicians was also determined to have lower quality rankings. Moreover, another study (ama-assn.org) reported that Nurse practitioners (NPs) delivering emergency care without physician supervision or collaboration in the Veterans Health Administration (VHA) increase lengths of stay by 11% and raise 30-day preventable hospitalizations by 20% compared with emergency physicians.

Other peer-reviewed studies have found that non-physician practitioners order more diagnostic imaging than physicians do for the same clinical presentations. This not only increases health care costs but threatens patient safety by exposing them to unnecessary radiation. A study in the *American Journal of Radiology* that analyzed skeletal x-ray utilization for Medicare patients found a 400% increase in ordering by non-physicians who were primarily NPs and PAs.

NP education and training to deliver patient care is not interchangeable with physician education and training. Physicians must complete 4 years of medical school plus 3-7 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 human conditions. 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. 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 3-7-year residency program during which they provide care in a select surgical or medical specialty under the supervision of experienced physician faculty. NP programs do not have similar time-tested standardizations.

This far more extensive training is what makes physicians best suited for diagnosing various medical conditions and developing treatment regimens. It is also why most patients want a physician involved in their treatment. A recent national survey found that it is important to 95% of patients that a physician be involved with their diagnosis and treatment decisions. Patients feel more comfortable and benefit most by having a team-based approach to health care - with physicians leading the team.

Unfortunately, this legislation would have the effect of exacerbating silos in health care delivery and endangering patient safety by removing physicians from the health care team, even in the training of NPs. While NPs provide an important role in healthcare delivery, they are not a substitute for a trained physician in ensuring the delivery of quality patient care.

For all the reasons stated above, we urge that this bill be defeated.

**5/19/2023
MMA – Oppose**

Respectfully Submitted,

MSSNY DIVISION OF GOVERNMENTAL AFFAIRS