

Opponent Testimony on House Bill 177
Delivered by Anna McMaster, MD on behalf of the
Ohio Academy of Family Physicians
Before Ohio House Health Committee - May 14, 2019

Chairman Merrin, Vice Chairman Manning, Ranking Member Boyd, members of the House Health Committee, thank you for allowing me to testify today. My name is Dr. Anna McMaster. I am a family physician. I grew up in Liberty Center, Ohio and completed my medical school and family medicine residency training at the Medical College of Ohio in Toledo. I practice at Henry County Family Medicine in Napoleon and am President-elect of the Ohio Academy of Family Physicians.

On behalf of the 5,000 family physician, family medicine resident and medical student members of the Ohio Academy of Family Physicians, I ask that you oppose House Bill 177, a bill that gives APRNs independent practice authority, meaning the ability to practice with no physician collaboration on patient care.

HB 177, if passed, will further fragment health care. The skills, knowledge and abilities of APRNs and physicians are not equivalent, but they are complementary. The most effective way to maximize the talents and skill sets of both professionals is to work together as a team to care for patients in a physician-led, team-based approach. Independent practice for additional health professionals undermines team-based care creating silos and further fragmenting patient care. That is the last thing our health system needs - more fragmentation. Additionally, the majority of patients consistently indicate they prefer the team-based model and want their treatment to be led by a physician.

APRNs have a unique and important role in the health care team but have not completed medical school and residency training that affords them the same knowledge, training, experience, and skills as those who have. The training of an APRN is more equivalent to a third year medical student than a primary care physician who has completed four years of medical school and a three-year residency program in addition to an undergraduate degree. The argument that an APRN can "do everything a physician can do," is extremely concerning, as many APRNs have less than half the education and training that I do as a family physician.

From my vantage point in a rural, small town practice, I observe that APRNs order more tests and refer out to sub-specialists more frequently than patients need. This increases costs and is a tremendous inconvenience for the patient who is missing work to go to multiple appointments when the problem could have been diagnosed quickly, efficiently and in a less costly manner by a primary care physician. I hear from patients who have visited an APRN who, in turn, refers them out to a sub-specialist. After 3 or 4 visits to the subspecialist's APRN, they return to me in exasperation. If they had just scheduled with their family physician to begin with they could have saved themselves and the health care system a lot of time and money.

APRNs would have you believe that if HB 177 passes, they will flock to underserved areas to provide primary care. They say this legislation is about access. The truth is there is nothing, under current standard care arrangements, preventing an APRN from going to a rural community right now. Factually, only 12% of APRNs practice in outside hospital settings; and most APRNs are practicing in sub-specialties, not primary care. Only an estimated 30 to 35 percent of APRNs practice primary care.

HB 216 of the 131st Ohio General Assembly gave APRNs several expansions in scope. However, independent practice authority for APRNs was not included in HB 216 due to patient safety concerns. There is no good reason to re-visit this issue so soon after the effective date of HB 216 as none of these patient safety concerns have been alleviated.

If appropriate, high-quality patient care is the goal for the citizens of Ohio, House Bill 177 should not be enacted. Please vote no.

Respectfully submitted,

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