

January 27, 2020

**HB 177 Opponent Testimony to the House Health Committee**

Dear Chairman Lipps, Vice Chair Manning, Ranking Member Boyd, & Members of the House Health Committee:

The Ohio Osteopathic Association (OOA) represents approximately 5,000 actively practicing osteopathic physicians (DOs) in the state of Ohio and more than 1,000 osteopathic medical students. DOs represent about 1 in 6 of the total physicians practicing in Ohio and more than a quarter of the state's family physicians. Osteopathic physicians approach wellness through a comprehensive approach that recognizes the person is a unit of body, mind, and spirit.

Quite simply, House Bill 177 will dramatically lower health standards and worsen patient outcomes in the state of Ohio. The OOA supports optimum health care through responsive engagement of all members of the care team. The support made by midlevel providers such as nurse practitioners, among many others, are invaluable. However, **optimum care is provided by a** **physician-led patient care team.**

In order to attain the knowledge necessary to provide patient diagnoses, osteopathic physicians and medical doctors receive a bachelor’s degree, a four-year medical degree, and train in residency programs for 3-7 years, depending on the medical specialty. The residency training alone requires a minimum of 12,000 hours by osteopathic and allopathic physicians. Again, this is in addition to four years of comprehensive medical education and rotations in a broad array of specialties and health care settings.

By contrast, nurse practitioners obtain as little as two years of post-graduate education that can be obtained entirely online with as little as 500 hours of training. Clearly, the differences in education and training between a physician and nurse practitioner are stark. Quite simply, if a provider hopes to be fully equipped to issue a patient diagnosis, that person should graduate from medical school and receive years of hands-on training in patient care. **There is no replacing the combination of education and training physicians undergo.**

It’s also important to dig deeper on some of the terminology used by proponents of HB 177. Some have mentioned the ability of midlevel providers to practice “at the top of their license.” This ultimately translates into bestowing patient access at whatever level policymakers are willing to allow. Any change to statute that expands scope of practice without additional educational requirements is dangerous.

Another term often used by HB 177 proponents is “transition to practice.” This phrase actually equates to reduced health standards, as it eliminates the collaborative role served by physicians.

I’ve been informed by many of my physicians that the nurse practitioners they lead would never want to practice without a collaborative agreement.  This collaboration benefits the health care system by reducing unnecessary specialist referrals and often keep patients out of the emergency room. This provides cost savings in addition to the enhanced quality of care.

The pursuit of scope of practice overreach by midlevel providers is nothing new. However, that does not mean we should be any less affected or concerned by attempts to devalue the quality, efficiency and cost-effectiveness of patient care.

Please remember that since the year 2000, the state of Ohio has already passed seven bills that have dramatically expanded the role of the nurse practitioners through legislation rather than education.

The mention that *other* states have removed physician supervision requirements should never be used as justification. Some states have profound physician shortages and many such states drastically poorer health outcomes. Ohio is no such state. The state’s largest medical school and only osteopathic medical school--Ohio University Heritage College of Osteopathic Medicine (OU-HCOM)—graduated its first class from its Dublin campus in the spring of 2018 and graduated its first class from its Cleveland campus in the spring of 2019. From here on out, OU-HCOM will graduate 250 osteopathic physicians a year. Approximately half of those graduates will train in primary care. Of the 2019 graduating class, nearly three-quarters stayed in Ohio. Thus, physician workforce and access only continues to improve in our state.

By contrast, state-level data collected by the U.S. Department of Health and Human Services, Human Resources and Services Administration, Bureau of Health Workforce, and the National Center for Workforce Analysis shows Ohio is projected to have a surplus of 1,120 nurse practitioners by 2025. As a state, we should refrain from efforts to reduce the value of physician collaboration in the face of a burgeoning nurse practitioner workforce.

**Any attempt to remove or weaken collaboration agreements between a nurse practitioner and a physician is detrimental to patient care.**

A majority of this committee has heard directly from osteopathic physicians and students over the last few days regarding the dangers to patient care that would be created by this bill. The OOA underscores those concerns.

Let there be no question, House Bill 177 radically changes health care in Ohio. The bill unnecessarily makes dozens of changes to state law and the way care is delivered in our state. For these reasons, I respectfully urge your opposition to House Bill 177.

Matt Harney

Executive Director

Ohio Osteopathic Association