



July 24, 2017

The Honorable James Welch
Senate Chairman
Joint Committee on Health Care Financing
Massachusetts State Senate
24 Beacon St.
Room 413-B
Boston, MA 02133

The Honorable Peter Kocot
House Chairman
Joint Committee on Health Care Financing
Massachusetts State House
24 Beacon St.
Room 236
Boston, MA 02133

Dear Chairman Welch and Chairman Kocot:

On behalf of the American Academy of Family Physicians (AAFP), representing over 129,000 family physicians and medical students across the country, and our state chapter, the Massachusetts Academy of Family Physicians, which represents over 1,600 family physicians, I am writing to urge you to oppose *An Act Promoting Affordable Health Care Options*. This legislation would permit Advanced Practice Registered Nurses (APRNs) to practice and prescribe independently without the clinical supervision of physicians. This legislation would alter the standards of care and dismantle the physician-led team-based health care model in Massachusetts. The AAFP opposes legislation that undermines the physician-led team-based care models that have proven to be most effective in improving quality and efficiency.

The AAFP believes that health professionals should work collaboratively as clinically integrated teams in the best interest of patients. Physician-led team-based care addresses patients' needs for high quality, accessible health care and reflects the skills, training and abilities of each of the health care team members to the full extent of their state-based licenses. Furthermore, family physicians are particularly qualified to lead the health care team because they possess distinctive skills, training, experience and knowledge that allow them to provide comprehensive medical care, health maintenance, and preventative services for a range of medical and behavioral health issues.

All fully trained physicians are required to complete a four-year bachelor's degree, four years of MD/DO education, and then a minimum of three years of residency that includes 12,000 to 16,000 hours of clinical patient care. Physicians are also required to take 150 hours of Continuing Medical Education (CME) training every three years and must sit for their board certifications every six to ten years. Physician education is standardized by state medical boards. Each physician is also required by law to carry his/her own medical liability insurance. By contrast, APRNs are only required to complete a four-year bachelor's degree and 1.5 to 3 years of masters-level coursework and complete between 500-1,500 clinical hours before becoming licensed APRNs. They are also not required to complete mandatory standardized CME, sit for nursing board certifications at standardized intervals, or carry medical liability insurance.

www.aafp.org

President John Meigs, Jr., MD <i>Brent, AL</i>	President-elect Michael Munger, MD <i>Overland Park, KS</i>	Board Chair Wanda Filer, MD <i>York, PA</i>	Directors Mott Blair, IV, MD, <i>Wallace, NC</i> John Cullen, MD, <i>Valdez, AK</i> Lynne Lillie, MD, <i>Rochester, MN</i> John Bender, MD, <i>Fort Collins, CO</i> Gary LeRoy, MD, <i>Dayton, OH</i> Carl Olden, MD, <i>Yakima, WA</i>	Robert Raspa, MD, <i>Orange Park, FL</i> Leonard Reeves, MD, <i>Rome, GA</i> Ada Stewart, MD, <i>Columbia, SC</i> Matthew Burke, MD (New Physician Member), <i>Arlington, VA</i> Stewart Decker, MD (Resident Member), <i>Klamath Falls, OR</i> Lauren Abdul-Majeed (Student Member), <i>Chicago, IL</i>
Speaker Javette C. Orgain, MD <i>Chicago, IL</i>	Vice Speaker Alan Schwartzstein, MD <i>Oregon, WI</i>	Executive Vice President Douglas E. Henley, MD <i>Leawood, KS</i>		

An Act Promoting Affordable Health Care Options specifically removes provisions that require APRNs to practice with collaborating physicians in patient-centered care teams that engage in diagnosis, treatment and patient care. Allowing APRNs the ability to independently provide care by diagnosing, prescribing, treating, counseling, providing health assessment and screening, facilitating patient management of acute and chronic illness and disease, ordering and performing, supervising, and interpreting diagnostic tests, and prescribing pharmacologic and non-pharmacologic therapies, or providing other unsupervised services with no physician collaboration further splinters the health care team. APRNs are important members of the medical team, but they do not have the medical education and training to provide full coordination of a patient's care. For this reason, a nurse practitioner is not a substitute for a physician when it comes to ensuring patient safety.

Physicians and nurses occupy interdependent roles in the delivery of quality, comprehensive health care. The AAFP recognizes that nurses are an integral and valuable part of a physician-led team. However, we believe that independent practice and prescribing is not the answer. Physicians offer an unmatched service to patients and, without their skills, patients' safety would be at risk.

We strongly urge you to support physician-led health care teams by opposing the proposed legislation on expanding APRN scope of practice without clinical physician supervision. Thank you for your consideration. Please contact Shannon Morey, Center for State Policy Manager, at 202-232-9033 or smorey@aafp.org with any questions.

Sincerely,



Wanda D. Filer, MD, MBA, FAAFP
Board Chair

CC: The Honorable Robert Deleo, Massachusetts Speaker of the House
The Honorable Stanley Rosenberg, Massachusetts President of the Senate
The Honorable Karen Spilka, Senate Chair Joint Committee on Ways and Means
The Honorable Jeffrey Sanchez, House Chair Joint Committee on Ways and Means