



Physicians Caring for Texans

House Public Health Committee
Testimony by Jimmy Widmer, MD, Texas Medical Association
House Bill 4404
April 17, 2023

Good (morning/afternoon/evening), my name is Dr. Jimmy Widmer. I practice internal medicine in Temple. On behalf of the Texas Medical Association and its more than 57,000 members, we thank Chairwoman Klick, Vice Chair Campos, and the members of the House Public Health Committee for the opportunity to respectfully testify in opposition to House Bill 4404.

TMA strongly opposes this legislation because this bill is not really about advanced practice registered nurse (APRN) licensure portability but actually is a vehicle to supplant existing Texas law and expand APRN scope of practice. This bill would allow an APRN licensed through the compact to independently practice and prescribe non-controlled substances. This would supplant Texas law limiting APRNs to practicing and prescribing under physician delegation and supervision.

As an internist, I practice in hospitals and outpatient settings and provide primary care for my patients. Primary care physicians are the first line of defense not just for preventive care, but also for lowering patients' cost of care. Correct and effective treatment is critical to preventing more complex health conditions that can lead to increased specialist care, ER visits and prolonged hospital stays, and time away from jobs and family.

While APRNs are a critical part of my health care team, expanding their scope of practice is not the answer for better patient care.

We can learn from experiences in other states that tried this. One example is the Hattiesburg Clinic in Mississippi, which performed a two-year study after allowing APRNs and physician assistants to function with independent panels under physician supervision. After assessing outcomes, the clinic reverted to their original model of physician-led, team-based care. Their findings revealed:

1. Physicians performed better than nonphysician practitioners on nine of 10 quality measures;

2. Patients who had a nonphysician as their primary care practitioner cost almost \$43 more per member per month than those who had a physician. When adjusted for patient case complexity, the difference increased to \$119 per member, per month; and
3. Nonphysician practitioners had a 7% higher rate of referral to a specialist.

Access to care improves with appropriate physician-led, team-based care models, which promote oversight and collaboration while keeping patient safety the priority. Each member on the health care team serves an incredibly important purpose; to dissolve this care model by supplanting state law is the wrong thing to do for health care.

Thank you for the opportunity to testify, and I am happy to answer any questions.