December 6, 2023

Councilmember Christina Henderson
Chairperson, Committee on Health
1350 Pennsylvania Avenue NW, Suite 402
Washington, DC 20004

RE: Bill B25-0545

Dear Chair Henderson,

On behalf of the American College of Physicians (ACP) and the ACP DC Chapter, we are writing to share our concerns regarding B25-0545, the Health Occupations Revision General Amendment Act of 2023. ACP is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness. There are 12,115 licensed medical and surgical practitioners in DC.

ACP and the ACP DC Chapter share your desire to improve patient access to health care clinicians, especially internal medicine specialists and other primary care clinicians, and agree that there is a particularly strong need in historically underserved and disenfranchised racial and ethnic communities (1). However, while ACP and the ACP DC Chapter appreciate the intent of B25-0545 to facilitate patient access to some types of clinicians, we are greatly concerned that the legislation goes much too far in allowing non-physician clinicians to deliver care that is not commensurate with their training, skills, and demonstrated competencies in accordance with national standards (2). If enacted into law, this legislation would put patient safety at risk by undermining team-based, collaborative care. Allied health care professionals play critical roles in patient care as part of the physician-led health care team. This evidence-based care delivery model ensures patients have access to the right health care professional based on their clinical needs. ACP and the DC ACP Chapter believe that a well-rounded health care team includes physicians and other health care professionals who provide care for patients commensurate with their specific training and skill set, with the physician serving as the team-lead for the other health care professionals who also furnish care to that patient (3). Although

some training and competencies overlap, physicians' education and years of training far exceed that of any other health care profession. The rigorous and extensive clinical training and examination process that all physicians must complete before being licensed to provide unsupervised patient care ensures that every practicing physician has the competence required to deliver high-quality evidence-based care. Patients receiving care from non-physician clinicians in a physician-led health care team have the benefit of physician involvement in medical diagnosis and decision-making when needed. Simply put, non-physician clinicians' skills are complimentary but not interchangeable with those of physicians (4). While ACP values the contributions of all health care professions to the health care delivery system, non-physician clinicians' education and training lack the comprehensive and robust requirements needed to safely deliver independent medical care to patients. All physicians licensed in the United States complete:

- Four years of medical school, which includes two years of didactic study totaling upwards of 750 lecture/practice learning hours just within the first two years, plus two more years of clinical rotations done in community hospitals, major medical centers, and doctors' offices.
- 12,000 to 16,000 hours of supervised postgraduate medical education ("residencies") that includes required hospital inpatient clinical training, completed over the course of three to seven years, during which they develop advanced knowledge and clinical skills relating to a wide variety of patient conditions.
- A comprehensive, multi-part licensing examination series designed to evaluate their knowledge and ability to safely deliver care to patients before they are granted a license to independently provide care to patients.
- Many physicians also go on to complete additional specialty training and rigorous certifying board examinations, which serves as a mark of excellence to patients who are seeking expert care in a particular specialty.

In contrast, below are the training of the non-physician clinicians who would be eligible to care for patients outside of a physician-led team under B25-0545:

- Pharmacists require 4 years of graduate-level education, no residency training, and 1,740 hours of clinical training.
- Various types of nurses require various degrees and training. However, none approach the levels required by physicians. For example, nurse practitioners require 2-4 years of graduate level education (which does **not** need to be in-person and may be completed partially or entirely online depending on the program) and 500-750 hours of patient care time, 6% of the time required for physician training.

- Optometrists complete four years of graduate-level education but unlike ophthalmologists are not required to complete 4-6 years of medical residency.
- Podiatrists complete four years of graduate-level training and 2-3 years of residency/fellowship training, for a total of 6-7 years, compared to 7-11 years for an orthopedic surgeon.

This bill does not require or reward a collaborative, team-based approach to patient care. It encourages non-physician clinicians to operate outside of a well-functioning team that would appropriately assign responsibilities to health care professionals for specific dimensions of care commensurate with their training and skills to most effectively serve the needs of the patient. This approach could lead to medical care being more fragmented and siloed, and a two-tiered health care system with some patients not having direct access to physician-led care. As noted above, a cooperative approach including physicians and other health care professionals in collaborative team models helps address physician shortages, by appropriately assigning responsibilities for specific dimensions of care commensurate with their training and skills to serve the needs of the patient most effectively (5). In addition, team-based care is associated with better patient outcomes, increased efficiency, improved quality of care, and improved health care professional well-being.

ACP recognizes that all members of a health care team are essential to meeting the growing demand for primary and comprehensive care in the United States (8,9). We strongly believe that expanded investments in primary care delivery and workforce development are essential, and the best approaches to improving the prevention and early detection and treatment of disease, which can help avoid costlier future care. The Council could instead consider expanding the DC Health Professional Loan Repayment Program and focus on increasing access to physicians for underserved DC residents living in Wards 5, 7, and 8. Unfortunately, B25-0545 undermines efforts to provide quality care for individuals and populations with both common and complex health care needs using evidence-based guidelines and effective models of collaboration. At the same time, it does not address workforce shortages or improve collaboration, coordination of care, or access to high-quality, evidence-based care. If passed, this bill will lead to higher health care costs and increased financial challenges for the Medicare payment system.

This legislation also puts patients at significant risk of receiving lower quality care and having poorer outcomes. We would like to call attention to just a few examples of “scope of practice” changes in the bill that concern us: podiatrists treating hand and wrist soft tissue injuries including surgical intervention, podiatrists administering immunizations, and pharmacists interpreting CLIA waived test results independently. This bill also calls for the Mayor to oversee

the scope of practice for nurses rather than the appropriate professional board. We recommend striking that provision.

As the Committee on Health considers this legislation, ACP and ACP DC urge the DC Council to not advance the bill in its current form and to work with the ACP DC Chapter, the Medical Society of DC, and other medical professional organizations to improve the bill. In addition, ACP recommends that the Board of Medicine composition should either reflect a percentage of the clinicians licensed in DC or keep the number of physicians constant and make the Board of Medicine larger to accommodate the additional practitioners. DC ACP also appreciates the telemedicine additions to the bill that will improve the practice of medicine.

We stand ready to collaborate with you to support legislation that will improve patient access to high-quality, evidence-based care and strengthen our health care workforce. Thank you for your consideration.

Sincerely,

Omar Atiq, MD, FACP
President
American College of Physicians

Shmuel Shoham, MD, FACP
Governor, District of Columbia Chapter
American College of Physicians

CC: Chairman Phil Mendelson, Councilmember Brianne Nadeau, Councilmember Zachary Parker, Councilmember Charles Allen, Councilmember Vincent Gray

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www.acponline.org/advocacy/current_policy_papers/assets/np_pc.pdf.

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