



American College of Physicians  
Leading Internal Medicine, Improving Lives

April 30, 2024

The Honorable Phil Mendelson  
Chair, Council of the District of Columbia  
1350 Pennsylvania Avenue NW, Suite 504  
Washington, DC 20004

RE: Bill B25-0545

Dear Chair Mendelson,

On behalf of the American College of Physicians (ACP), I am 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, including nearly 1,800 members in the District of Columbia (DC) chapter. 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.

In December 2023, my predecessor, along with the then-Governor of the ACP DC Chapter, wrote to Councilmember Henderson as the Committee on Health considered this legislation. We are grateful that you and your colleagues on the Council listened to feedback from ACP, the Medical Society of DC, and other physician organizations during the legislative process and some changes have been made, but we urge you not to pass B25-0545 unless it is further improved and the harm to patients its current proposals could cause is addressed. A March 2024 pulse survey by the Medical Society of DC found that 88% of DC physicians oppose this bill, and we ask you to listen to the overwhelming opposition of physicians and not pass the bill in its current form.

If enacted into law, this legislation would put patient safety at risk by undermining team-based, collaborative care. Team-based care is associated with improved patient outcomes, better collaboration among health professionals, and reduced professional burnout.<sup>1</sup> While non-

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<sup>1</sup> Meyers DJ, Chien AT, Nguyen KH, et al. Association of team-based primary care with health care utilization and costs among chronically ill patients. *JAMA Intern Med.* 2019;179:54-61. [PMID: 30476951] doi: [10.1001/jamainternmed.2018.5118](https://doi.org/10.1001/jamainternmed.2018.5118)

physician clinicians play critical roles in patient care as part of the physician-led health care team, the reality is that they lack the comprehensive and robust requirements needed to safely deliver independent medical care to patients. Their skills are complimentary, not interchangeable, with the skills of physicians. 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.

This rigorous and extensive clinical training and examination process is vital to ensure that every practicing physician has the competence required to deliver high-quality evidence-based care. In contrast, the non-physician clinicians that would be authorized to provide independent patient care under B25-0545 do not have equivalent education and training. For example, nurse practitioner programs are one to two years in length, have no residency requirements, and only require 500-750 hours of patient care time, approximately 5 percent of the time required for physician training. Pharmacists require 4 years of graduate-level education, no residency training, and 1,740 hours of clinical training. While this training prepares these professionals to play essential roles in the healthcare team, it is not sufficient to ensure patient safety for the full spectrum of care that would be allowed under this bill.

ACP is particularly concerned about provisions in B25-0545 that would allow independent practice of advanced practice registered nurses (APRNs), and that the bill does not distinguish between different APRN specialties. In addition to significant education and training differences, there is strong evidence that patients seen by APRNs practicing without any

physician involvement experience worse outcomes,<sup>2</sup> and that this independent practice leads to an increase in health costs due to overprescribing and overutilization of services like diagnostic testing.<sup>3</sup> ACP encourages the Council to recognize that physician-led health care teams will deliver the best outcomes for patients and the health system as a whole, and to amend the legislation so it does not authorize APRNs to practice independent of physician oversight.

ACP also opposes the bill's allowance for pharmacists to order, perform, and interpret Clinical Laboratory Improvement Amendment (CLIA)-waived tests and provide immunizations to patients as young as three years old. There are more than 1,500 CLIA-waived tests, some of which require specific equipment or specially trained personnel, and this broad expansion would authorize pharmacists to order, perform, and interpret any of these often complex tests despite a lack of training. Pharmacists are not trained to perform physical examinations, make diagnoses, develop differential diagnoses, or perform primary care activity, skillsets that are essential for ordering, performing, and interpreting CLIA-waived tests. Additionally, while ACP supports pharmacists as sources of immunization information, hosts of immunization sites, and immunizers for adult patients, we are concerned the bill allows pharmacists to vaccinate children as young as three, which the American Academy of Pediatrics and most medical organizations agree is not in the interest of pediatric patients' health. Pharmacists administering vaccination to patients of any age should also ensure coordination, communication, and collaboration with the patient's primary care team. ACP calls on the Council to protect patient safety by removing these provisions inappropriately expanding pharmacist scope of practice.

We should be working to ensure all patients have access to a physician trained to deliver whole-person, comprehensive, and longitudinal care. Indeed, a recent survey from the American Medical Association showed patients want physicians as part of their care team, with 95 percent of patient respondents saying it is important for a physician to be involved in their diagnosis and treatment. Unfortunately, this legislation undermines this goal by encouraging non-physician clinicians to operate outside of a well-functioning team that appropriately assigns responsibilities to health care professionals for specific dimensions of care commensurate with their training and skills. This approach could lead to medical care being more fragmented and siloed, and a two-tiered health care system with some patients not having access to the physician-led care they want and deserve. For these reasons, ACP opposes

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<sup>2</sup> Chan DC, Chen Y. The Productivity of Professions: Evidence from the Emergency Department, National Bureau of Economic Research, Nov. 2022.

<sup>3</sup> Hughes DR, Jiang M, Duszak R. A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits. *JAMA Intern Med.* 2015;175(1):101–107. doi:10.1001/jamainternmed.2014.6349

the independent practice of non-physician clinicians and asks the Council to remove provisions that would expand the scope of practice for these professionals.

As the Council considers the Health Occupations General Revision Amendment Act, ACP urges you to address physicians' concerns about its proposed scope of practice expansions. B25-0545 in its current form would endanger patient safety, change DC law to allow patients to receive care from unqualified professionals, and establish an alarming precedent for other states to follow. We stand ready to collaborate with you to improve this legislation and work together towards improving patient access to high-quality, evidence-based care and strengthening our health care workforce.

If you have any questions, please contact Kory Stuer, Associate for State Health Policy and Advocacy at [kstuer@acponline.org](mailto:kstuer@acponline.org). Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Opole". The signature is stylized and cursive.

Isaac O. Opole, MBChB, PhD, FACP  
President  
American College of Physicians

CC: DC Council, Committee of the Whole