



MICHIGAN DERMATOLOGICAL SOCIETY

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Dear Members of the Michigan House Health Policy Committee,

On behalf of the more than 400 physician members of the Michigan Dermatological Society, we urge you to oppose House Bill 4399, legislation authorizing nurse practitioners to practice independently of a physician and thereby creating the authority for them to practice medicine. Board-certified dermatologists diagnose and treat over 3,000 different diseases and conditions. Dermatologists see patients of all ages, from newborns to the elderly. We urge you to retain current safeguards to ensure our patients have access to physician-led, team-based care.

The education and training of a nurse practitioner fall significantly short of the education and training of a physician. **With only 500 to 720 hours of direct patient care acquired through training, the average nurse practitioner has less clinical experience than what a physician obtains in just the first year of a three-year dermatology residency.** Furthermore, unlike nurse practitioner postgraduate educational requirements—which vary widely, can be done online, and can be completed in as little as 19 - 24 months—a physician’s educational path is uniform nationwide, with standardized medical curriculum, clinical training, and licensure. Board-certified dermatologists undertake a minimum of 8 years of medical education and training (4 years of medical school, 1 year of internship, 3 years (minimum) of dermatology residency), during which they complete 12,000 to 16,000 hours of direct patient care, before they can practice independently. Dermatologists must pass 3 standardized USMLE training exams to become licensed physicians and then pass a comprehensive examination at the conclusion of their residency training to become board-certified in dermatology. **There is no substitute for the expertise of a board-certified dermatologist.**

Studies demonstrate marked differences in patient outcomes and/or utilization rates. A 2015 study from the University of Wisconsin comparing malignancy rate of biopsies performed by dermatologists versus non-physicians suggests that non-physicians, having less acute diagnostic skills, perform more biopsies, thus increasing patient morbidity and the cost of care. A 2013 study by the Mayo Clinic comparing the quality of patient referrals from physicians, nurse practitioners, and physician assistants found that the inappropriate referrals to tertiary referral centers by nurse practitioners and physician assistants could offset any potential savings from the increased use of nurse practitioners and physician assistants. **Additionally, there has been a recent rapid increase in malpractice claims filed against nurse practitioners, particularly for poorly performed cosmetic procedures.**

After the Hattiesburg Clinic expanded its use of non-physicians to address its primary care shortage, it concluded that nurse practitioners and physician assistants are valuable members of physician-led team based care, but they should not practice independently. The findings are based on 10 years of data from more than 33,000 Medicare patients and 208,000 patient survey responses. The clinic failed to meet its expectations regarding utilization, cost, quality, or patient satisfaction. **Costs increased by \$43 per patient per month, and \$119 if adjusted for patient complexity, totaling more than \$10.3 million per year.**

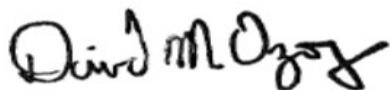
Independent practice authority for nurse practitioners does not increase access to rural and underserved areas. There is no published or documented evidence that eliminating safeguards found in collaborative practice agreements improves access to care. The geographic mapping initiative of the American Medical Association demonstrates that non-physician providers are not located in rural or underserved areas but rather are concentrated in the same geographic areas as physicians.

Public supports physician-led team-based care. The public supports the physician-led team care model. According to four nationwide surveys, 84% of respondents prefer a physician to have primary responsibility for their diagnosis and management of their health care, and 91% of respondents said that a physician's years of medical education and training are vital to optimal patient care, especially in the event of a complication or medical emergency.

There are multiple conditions that are poorly understood in dermatology medicine in general. **These require a multidisciplinary approach that also requires the appropriate understanding of the mechanism of disease, the public health infrastructure and the complex specialty interactions to accomplish optimal care of a patient.** Nurse practitioners often do not have this global training of the healthcare system. One patient that is misdiagnosed and mistreated due to this limited educational attainment can cause a healthcare system and that one person so much anguish time and money. But a nurse practitioner working with a physician can dramatically address this patient's concerns quickly by partnering with the physician.

As physicians, our number one priority is the health and welfare of our patients. We appreciate the opportunity to provide written comments on this important public health issue and urge you to oppose House Bill 4399. We remain committed to providing high quality care and serving the best interests of our patients through physician-led team-based care. For further information, please contact Angie Kemppainen, CAE, Chief Operating Officer for the Michigan Dermatological Society, at 517-336-9019 or at akemppainen@outlook.com.

Sincerely,



David Ozog, MD, FAAD
MDS President