



December 10, 2019

The Honorable Colleen Burton
Chair, Subcommittee on Health Quality
Committee on Health and Human Services
Florida House of Representatives
402 South Monroe Street, Room 214
Tallahassee, FL 32301

Dear Chairperson Burton,

On behalf of the nearly 14,000 members of the American Academy of Dermatology Association, we are writing in strong opposition to HB 607. This legislation would significantly undermine the delivery of good patient care by authorizing nurse practitioners (NPs) to practice independently. HB 607 would eliminate the requirement for a written protocol between an NP and a supervising physician and for the reasons set forth below, we urge members of the Subcommittee on Health Quality to oppose HB 607.

The best and most effective care occurs when a team of health care professionals with complementary—not interchangeable—skills work together. Dermatologists and nurse practitioners have long worked together to meet patient needs because the physician-led team approach to care works. Independent practice would sever the tie between physicians and nurses, leading to fragmented care. This is antithetical to the team-based approach. Independent nurse practitioner practice is both challenging and risky for patients.

The education and training of a nurse practitioner falls significantly short of the education and training of a physician. Board-certified dermatologists diagnose and treat over 3,000 different diseases and conditions. Dermatologists see patients of all ages - from newborns to the elderly. With only 500 to 720 hours of direct patient care acquired through training, the average nurse practitioner has less clinical experience than a physician obtains in just the first year of a three-year medical 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.

A board-certified dermatologist undertakes a minimum of 8 years of exhaustive 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

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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.

Authorizing nurses to independently practice medicine would lead to misdiagnoses, adverse events, and increased health care costs. A 2015 study from the University of Wisconsin comparing malignancy rate of biopsies performed by dermatologists versus non-physicians suggests that an increased use of biopsies may increase the morbidity and cost of care provided when provided by non-physicians.¹ Additionally, there has been a recent rapid increase in malpractice claims filed against nurse practitioners, particularly for botched cosmetic procedures.² This is a public health hazard that will be aggravated by this legislation.

Existing law does not prevent nurse practitioners from currently practicing in rural and underserved areas. There is no evidence that removing the requirement of a written protocol and granting nurse practitioners independent licensure will improve access to care. This is further illustrated by the geographic mapping initiative of the American Medical Association, which demonstrates that non-physician health care 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.³

Increasing the responsibility of nurse practitioners is not the solution to a shortage of physicians. Allowing nurse practitioners to independently practice would afford nurses the same authority and clinical autonomy that physicians have, without the education and training that Florida currently requires of physicians. Claims of a physician shortage do not justify granting nurse practitioners full clinical autonomy; an increased demand for services should not marginalize appropriate medical education and training.

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 HB 607. We remain committed to providing high quality care and serving the best interests of our patients with nurse practitioners through physician-led team-based care. For further

¹ Bennett, D., Xu, Y (2015, August). Biopsy Use in Skin Cancer Diagnosis: Comparing Dermatology Physicians and Advanced Practice Professionals, *JAMA Dermatol.* August 2015 Volume 151, Number 8.

² Jalian H. R., Avram, M.(2013,October 16). Increased Risk of Litigation Associated With Laser Surgery by Nonphysician Operators. *JAMA Dermatol.*doi:10.1001/jamadermatol.2013.7117.

³ Surveys of nearly 1,000 adults on behalf of the AMA Scope of Practice Partnership were conducted between 2008 and 2018.

Oppose HB 607
December 10, 2019
Page 3 of 3

information, please contact Lisa Albany, director of state policy for the American Academy of Dermatology Association, at LAlbany@aad.org or (202) 842-3555.

Sincerely,

A handwritten signature in black ink that reads "George Hruza". The signature is written in a cursive style with a large, sweeping initial "G".

George J. Hruza, MD, MBA, FAAD
President
American Academy of Dermatology Association

CC: Members of the Subcommittee on Health Quality