



March 18, 2026

The Honorable Lisa Swain
Chair, Appropriations Committee
New Jersey General Assembly
4th Floor, Committee Room 11
State House Annex
Trenton, NJ 08625-0068

Dear Chairperson Swain,

On behalf of the Dermatological Society of New Jersey, we urge you to oppose A 4052. This legislation would authorize certain advanced practice registered nurses to practice independent of a physician, 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.

Studies demonstrate 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.

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After the Hattiesburg Clinic expanded its use of non-physicians to address its primary care shortage it concluded that nurse practitioners and physician assistants should not practice independently. The findings are based on ten 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.

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.

Existing law does not prevent nurse practitioners from currently practicing in 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.

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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 A 4052. 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 Mary Malason at (856) 546-5600 or admin-mary@dsnj.org.

Sincerely,

Jane Lee, MD, FAAD
President
Dermatological Society of New Jersey