



AMERICAN ACADEMY of DERMATOLOGY | ASSOCIATION

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November 15, 2019

The Honorable Joanne M. Comerford, Chair
The Honorable John J. Mahoney, Chair
Joint Committee on Public Health
General Court of the Commonwealth of Massachusetts
24 Beacon Street Room 130
Boston, MA

Dear Chairpersons Comerford and Mahoney,

On behalf of the 234 members of the Massachusetts Academy of Dermatology (Mass. Academy) and the nearly 14,000 members of the American Academy of Dermatology Association, we are writing in strong support of H 1862, an act to promote team-based care. This legislation would require advance practice nurses and physician assistants to practice as part of a physician-led patient care team. The best and most effective care occurs when a team of health care professionals with complementary—not interchangeable—skills work together. Dermatologists, nurse practitioners and physician assistants have long worked together to meet patient needs because the physician-led team approach to care works by fostering integration and coordination. Physicians, nurse practitioners, and physician assistants work together, sharing decisions and information and drawing on the specific strengths of each team member for the benefit of the patient.

The extensive education and clinical experience of physicians make them the natural leaders in the overall delivery of health care. A board-certified dermatologist undertakes a minimum of 8 years of exhaustive medical education and training (4 years

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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 US Medical Licensing Examination 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.

Under the direction of a board-certified dermatologist, the practice of dermatology benefits from a collaborative care team approach and may include other providers practicing in a dermatologic setting, including but not limited to: non-physician clinicians, such as licensed physician assistants and nurse practitioners; allied health professionals; licensed personnel; and other personnel. The board-certified dermatologist retains ultimate responsibility for patient care. The dermatologist also remains responsible for ensuring that all delegated activities are within the scope of each care team member's training and level of experience.

Physicians' experience leads to proper diagnosis, saving patients time and money, and reduces the risk for adverse events. 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

The 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.²

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 support H 1862. We remain committed to providing high quality care and serving the best interests of our patients with nurse practitioners and physician assistants through physician-led team-based care. For further 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,

² Surveys of nearly 1,000 adults on behalf of the AMA Scope of Practice Partnership were conducted between 2008 and 2018.

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

A handwritten signature in black ink that reads "Ira L. Skolnik, MD". The signature is written in a cursive style with a large, sweeping initial "I".

Ira L. Skolnik, MD, PhD, FAAD
President
Massachusetts Academy of Dermatology

CC: Members of the Joint Committee on Public Health