

November 19, 2019



Dear Chairman Lipps, Vice Chair Manning, Ranking Member Boyd, & Members of the House Health Committee:

My name is Paige Gutheil, DO, and I am a board-certified Family Medicine physician in Hilliard. I am here today to urge opposition to House Bill 177 on behalf of myself as well as the Ohio Osteopathic Association.

The Ohio Osteopathic Association represents approximately 6,000 osteopathic physicians (DOs) in the state of Ohio and more than 1,000 osteopathic medical students. DOs represent about 1 in 6 of the total physicians practicing in Ohio and more than a quarter of the state's family physicians. Osteopathic physicians approach wellness through a comprehensive approach that recognizes the person is a unit of body, mind, and spirit.

Regarding House Bill 177, let me start by saying that optimum health care is provided when all members of the health care team are engaged in responsive care coordination. The contributions made by midlevel providers such as nurse practitioners, among many others, are invaluable. I have been part of wonderful teams including nurse practitioners. However I strongly believe that optimum care is provided by a **physician-led patient care team**.

In order to attain the knowledge necessary to provide patient diagnoses, osteopathic physicians and medical doctors receive a bachelor's degree, a four-year medical degree, and train in residency programs for 3-7 years, depending on specialty. The residency training alone requires a minimum of 12,000 hours by osteopathic and allopathic physicians. Again, this is in addition to four years of comprehensive medical education and rotations in a broad array of specialties.

By contrast, nurse practitioners obtain as little as two years of post-graduate education that can be obtained entirely online with as little as 500 hours of training. Clearly, the differences in education and training between a physician and nurse practitioner are stark. Quite simply, if a provider hopes to be fully equipped to issue a patient diagnosis, that person should graduate from medical school and receive years of hands-on training in patient care. There is no replacing the combination of education and training physicians must undergo.

As a family physician with an active practice, I have worked with nurse practitioners for more than ten years in a collaborative and beneficial way, both in my office and by participating in quality assurance processes with Takecare Health Walgreens clinics. During that time, I have heard from multiple nurse practitioners about the value of the collaborative physician. They frequently have told me that they would never want to practice without a collaborative agreement. Time and time again, my collaboration with my nurse practitioners has led to fewer emergency department and specialist referrals as a result of my enhanced education and training experience. This provides cost savings in addition to the enhanced quality of care.

The pursuit of scope of practice overreach by midlevel providers is nothing new. However, that does not mean we should be any less affected or concerned by attempts to devalue the quality, efficiency and cost-effectiveness of patient care.

Please remember that since the year 2000, the state of Ohio has already passed seven bills that have dramatically expanded the role of the nurse practitioners through legislation rather than education.

The mention that *other* states have removed physician supervision requirements should never be used as justification. Some states have profound physician shortages and many such states drastically poorer health outcomes. Ohio is no such state. The state's osteopathic medical school--Ohio University Heritage College of Osteopathic Medicine (OU-HCOM)—graduated its first class from its additional Dublin campus in the spring of 2018 and graduated its first class from its additional Cleveland campus this past spring. From here on out, OU-HCOM will graduate 250 osteopathic physicians a year. Approximately half of those graduates will train in primary care. In 2019, nearly three-quarters of OU grads stayed in Ohio. Thus, physician workforce and access only continues to improve in our state.

By contrast, state-level data collected by the U.S. Department of Health and Human Services, Human Resources and Services Administration, Bureau of Health Workforce, and the National Center for Workforce Analysis shows Ohio is projected to have a surplus of 1,120 nurse practitioners by 2025. As a state, we should refrain from efforts to reduce the value of physician collaboration in the face of a burgeoning nurse practitioner workforce.

Any attempt to remove or weaken collaboration agreements between a nurse practitioner and a physician is detrimental to patient care.

Let there be no question, House Bill 177 radically changes health care in Ohio. The bill unnecessarily makes dozens of changes to state law and the way care is delivered in our state. For these reasons, I respectfully urge your opposition to House Bill 177.