

**Written by Anna McMaster, MD on behalf of the  
Ohio Academy of Family Physicians  
for Ohio House Health Committee - June 2, 2020**

Chairman Lipps, Ranking Member Boyd, members of the House Health Committee, thank you for allowing me to submit written testimony today. My name is Dr. Anna McMaster. I am a family physician. I grew up in Liberty Center, Ohio and completed my medical school and family medicine residency training at the Medical College of Ohio in Toledo. I practice at Henry County Family Medicine in Napoleon and am President of the Ohio Academy of Family Physicians, an organization that represents 5,200 family physician, family medicine resident and medical student members in Ohio.

Last May I testified in-person before this committee in opposition to House Bill 177, legislation that would give APRNs independent practice authority. Today, I am testifying in opposition to Substitute House Bill 177, modified to allow APRNs to practice independently without a collaboration agreement with a physician, during the COVID-19 state of emergency and to allow a PA practicing in a facility like a hospital to provide emergency care during a state of emergency. This is concerning and unnecessary legislation for many of the very same reasons it was concerning and unnecessary legislation 12 months ago.

During this coronavirus pandemic, it is imperative that our health care system be positioned to provide care in the most appropriate and timely manner, and without question, that care should be led by a physician. The Ohio Academy of Family Physicians opposes any measure that further fragments care and undermines the physician-led team-based care models that have proven to be most effective in improving quality, efficiency, and most importantly, patient health. This standard should apply in times of pandemic as well as in non-emergent times. Ensuring patient safety is paramount always - it doesn't just apply when most convenient.

As I stated last May, the skills, knowledge and abilities of APRNs, PAs and physicians are not equivalent, but they are complementary. APRNs and PAs haven't completed medical school and the residency training that affords them the same knowledge, training, experience, and skills as those who have. The importance of care delivery in a physician-led, team-based approach cannot be overlooked - even during a pandemic. I am not going to rehash all of the points made in my testimony last May, but I would ask that you review that testimony which I have attached to this testimony.

I do, however, want to make a point about capacity. On May 19, 2020, an analysis by the Commonwealth Fund found that visits to primary care doctors declined by as much as 60%

since the COVID-19 outbreak. During this downturn in patient visits, hospital systems and the house of medicine prepared office-based physicians to deploy to hospitals by keeping those physicians abreast of COVID-19 updates.

Furthermore, emergency department visits are down 50%. The Medical Group Management Association estimates that 60% of physicians' offices furloughed staff and 36% laid off workers as of early May because of postponement of elective care and patients cancelling office visits due to fear of COVID-19 exposure. On May 8, 2020, the Federal Bureau of Labor Statistics reported that 1.4 million health care jobs disappeared in April.

When patient volume is so substantially down, it doesn't make sense that scope expansion for APRNs and PAs is an emergency or desperately needed. In fact, the need is contraindicated. Statistics show that capacity already exists and expanding the scope of APRNs and PAs isn't necessary. Ohioans flattened the curve. The surge did not materialize. And, even if the surge had materialized, or COVID-19 resurges in the future, patients are entitled to, deserve and expect the high standard of care provided by physician-lead teams.

While I have the highest respect for the vital role APRNs and PAs play in physician-led health care teams, I can't help but remember the words, "Never let a good crisis go to waste." Is this pandemic an opportunity to advance long-standing advocacy objectives rather than a response to a real need? A solution in search of a problem? Under no circumstances should patient care and safety be compromised.

If appropriate, high-quality patient care is the goal for the citizens of Ohio during a pandemic, Substitute House Bill 177 should not be enacted. Please vote no.

Respectfully submitted,

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