

# OUR 2025 SCOPE

### Don't Remove Physicians from the Healthcare Team

**House Bill 3794** erodes Texas' longstanding physician-led care model and with it, patient safety. The bill expands the definition of "nursing" for APRNs – which includes nurse practitioners (NPs) nurse midwives, nurse anesthetists, and clinical nurse specialists – to include diagnosing and prescribing therapeutic measures (i.e., practicing medicine).

HB 3794 gives nurses full practice authority to:

- Formulate primary and differential medical diagnoses
- Order and interpret medical tests.
- Prescribe therapies, devices, and medications, including controlled substances in Schedules II through V;
- Treat "actual and potential health problems;" and
- Serve as a patient's primary care provider of record.

- A team approach led by a skilled physician workforce including physicians who train and practice in rural and underserved areas is key. We still need more residency programs across the state, many in rural areas. However, the GME Expansion Grant program and the State Rural Resident Training Grant program have helped by expanding care via telemedicine. We need to continue making these investments and taking steps to improve physician practice viability in rural and underserved areas of Texas.
- The goal is to ensure outstanding healthcare for all Texans. To protect patient safety and address the health care workforce shortages in a way that ensures patients have access to the same standard of high-quality, physician-led care no matter where they live.
- Expand access to care with telemedicine payment parity: Improve access with high-quality, physician-led telemedicine care covered at the same rate as in person visits.

#### **Education Matters**

#### **Medical Professional Educational and Training Differences**

| Medical Professional             | Level of Graduate Level        | Years of Residency/Fellowship | Total Patient Care Training Hours |
|----------------------------------|--------------------------------|-------------------------------|-----------------------------------|
| Physician (MD or DO)             | 4 yrs                          | 3-7 yrs                       | 12,000-16,000 hrs                 |
| Family Physician<br>(MD or DO)   | 4 yrs                          | 3 yrs                         | 10,000-12,000 hrs                 |
| Anesthesiologist<br>(MD or DO)   | 4 yrs                          | 4-6 yrs                       | 12,000-16,000 hrs                 |
| Ophthalmologist<br>(MD or DO)    | 4 yrs + 1 yr internship        | 3-5 yrs                       | 12,000-16,000 hrs                 |
| Psychiatrist (MD or DO)          | 4 yrs                          | 4-6 yrs                       | 12,000-16,000 hrs                 |
| Nurse Practitioner<br>(MD or DO) | 2-4 yrs (inc. online programs) | None                          | 500-720 hrs                       |

## HB 3794 and HB 3055 are not the answers to rural healthcare shortages.

Undermining physician-led care is not a solution—it risks lowering the quality of care across Texas. TOMA urges lawmakers to take meaningful action to improve access for future generations:

- Increase funding for graduate medical education
- Expand telemedicine with payment parity and a 10% rural physician bonus
- Invest in the Physician Education Loan Repayment Program
- Improve funding for Rural Residency Training and the Joint Admission Medical Program (JAMP)
- Raise Medicaid payments in Health Professional Shortage Areas
- Support core clinical education by providing \$1,000 per clerkship to community-based physician preceptors

#### Don't compromise patient safety by lowering care standards.

Texas has built one of the nation's strongest healthcare systems through strategic investments and physician-focused policies. That's why 7,000+ physicians move here each year to practice—while other states lose theirs. Let's continue to lead, not dismantle what works.



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