I am testifying in opposition to H 5256.

The main problem with the bill is that while physicians and advanced practice providers like NP's and PA's may bill for the same code, the actual service each category of provider provides is not the same. In many practices the APP's end up seeing the healthier patients and the physicians end up seeing sicker patients. The billing code is the same, and the healthcare system is getting a bargain by having the more complex and costly patients cared for without truly recognizing the worth of the physician.

Frankly, the more highly experienced and highly trained physicians are financially penalized by knowing more, as they tend to get slowed down pursuing problems that a less highly trained clinician may not pick up.

Furthermore, from what I understand, the APP's already make something like 85% of what physicians make which is a real bargain for them, considering they only go for 2 years of training after college, as opposed to physicians who have at least 7 years.

At this very moment, the state and likely the nation as a whole, is having a tidal wave of APP's taking the place of regular physicians, and while I am not entirely sure what this means, you have to expect that the quality and efficiency of healthcare must be affected.

Especially the first 3-5 years out of training, there is a very significant difference in the performance of APP's and physicians, and any more reduction in the percentage of physicians in the non-procedural medical specialities will start to cause real problems. The health insurance companies have already started to measure that APP's have a higher rate of ordering consults, testing and admission to hospitals.

Lastly, if the sponsors of this bill truly want equal pay for equal work, perhaps you would be willing to legislate an hour of my time as an adult primary care physician/general internist caring for a complex patient will be reimbursed at the same level as an orthopedic surgeon putting in a new hip, or a cardiologist reading a nuclear stress test, or an interventional radiologist biopsying a lung nodule.

Howard Schulman, MD

general internal medicine/adult primary care in RI since 1995
Providence, RI