

May 6, 2025

Chairman Vanderwall

Chair, House Health Policy Committee

124 N Capitol Avenue

Anderson House Office Building, S-1386

Lansing, MI 48933

**RE: House Bill 4399- APRN Scope of Practice**

Dear Chairman Vanderwall,

On behalf of the American College of Radiology (ACR), thank you for the opportunity to comment on and oppose HB 4399. ACR is a national professional organization, representing more than 41,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists. HB 4399 would allow nurse practitioners (NP) to practice medicine independently.

ACR values the commitment of nurse practitioners (NP) to the team-based model of care and greatly respects the contributions NPs make to the health care team. However, we do not believe their education and training adequately prepare them to oversee patient care independently. ACR is deeply concerned that HB 4399 eliminates physician-led teams as written. ACR is particularly concerned with a section of HB 4399 that would allow NPs to **“Order, perform, supervise, and interpret imaging studies.”**

For comparison, a Radiologist must complete at least 13 years of training, including medical school, a four-year residency, and most often, an additional one- or two-year fellowship of very specialized training, such as radiation oncology, pediatric radiology, or interventional radiology. They are certified by the American Board of Radiology, and they have exacting requirements for continuing medical education throughout their practicing years. In stark contrast, there are no radiology-specific standardized training programs for NPs. Physicians undergo extensive, highly specialized education and training to develop the expertise necessary to provide advanced medical care, a level of rigor not even approached by non-physician practitioner training programs.

The difference in standardization between medical schools with additional residency training and nurse practitioner programs is significant. Training to become an advanced practice registered nurse (APRN) is either a two- or three-year postgraduate master's or doctoral degree and between 500-720 hours of clinical training. Michiganders expect the most qualified person—physician experts with unmatched training, education, and experience—to deal with the unexpected. Yet, HB 4399 removes physician supervision, thereby removing the most qualified person on the care team. While ACR is acutely aware of the impact that the current healthcare workforce shortage has on access to care, HB 4399 sets a dangerous precedent by prioritizing the number of providers over ensuring the highest standards of medical expertise and oversight.

An example of the importance of physician-led teams occurred at the Hattiesburg Clinic, where physician shortages led to the employment of a large number of nonphysician providers (NPPs).

Years later, the Hattiesburg Clinic studied the performance of the NPPs as compared to physicians and published their results in the *Journal of the Mississippi State Medical Association*. The study showed that per-member, per-month spending, when risk-adjusted, was \$119 higher for patients whose primary health professional was an NPP instead of a physician. The study showed that these findings were related to a combination of factors, such as more tests being ordered, more referrals to specialists, and more emergency department (ED) use for patients who were only being seen by an NPP. Interestingly, patients who saw an NPP had higher rates of ED use than patients without a primary care physician (PCP). The study also showed that physicians performed better on 9 of 10 quality measures, leading the authors of the study to conclude that nurse practitioners and physician assistants should not function independently. As a result, the Hattiesburg Clinic redesigned its care model so that a doctor is the PCP all patients see and that no one sees an NPP exclusively.<sup>1</sup>

There are also various studies specific to the relationship between the ordering of advanced diagnostic imaging studies by NPPs. A study published by the *Journal of the American Medical Association (JAMA)* found that NPPs, when compared to physicians, ordered more diagnostic imaging.<sup>2</sup> Another study in the *American Journal of Emergency Medicine* found that in 34 percent of emergency department cases, NPPs recommended imaging studies when physicians had not.<sup>3</sup> Unnecessary ordering of advanced diagnostic imaging studies risks patient harm from inappropriate exposure to ionizing radiation and would undoubtedly lead to an increase in healthcare costs. Equally critical may be the delayed or lost opportunity to render a correct diagnosis and initiate appropriate care.

For these reasons, we urge you to consider the importance of a fully coordinated, quality-focused, and patient-centered healthcare team. Collaborative, physician-led care ensures that patients receive the highest quality care, at the lowest cost, and with optimal clinical outcomes. Opposing HB 4399 would uphold these principles and safeguard the well-being of Michigan's residents.

Thank you for your consideration of this very important issue. Should you have any questions, please feel free to contact Dillon Harp in ACR's Government Relations office at [dharp@acr.org](mailto:dharp@acr.org).

Sincerely,



Cynthia Moran

Executive Vice President, Government Relations, Economics, and Health Policy, ACR

*Submitted via email.*

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<sup>1</sup> Batson, B. N., Crosby, S. N., & Fitzpatrick, J. M. (2022, January). *JMSMA* January 2022 page 18. Mississippi Frontline Targeting Value based Care with Physician-led Care Teams.

<https://ejournal.msmaonline.com/publication/?m=63060&i=735364&p=20&ver=html5>

<sup>2</sup> D.R. Hughes, et al., A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits. *JAMA Internal Med.* 2014; 175(1):101-07.

<sup>3</sup> Seaberg DC, MacLeod BA. Correlation between triage nurse and physician ordering of ED tests. *Am J Emerg Med.* 1998; 16(1):8-11.