

July 15, 2020

The Honorable Brian Kemp  
Governor  
The Office of the Governor  
State of Georgia  
206 Washington, Suite 203  
Atlanta, GA 30334

Dear Governor Kemp:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write to express our strong opposition to Senate Bill 321 (S.B. 321), which would allow advanced practice nurses (APRNs) to order diagnostic imaging studies, including advanced imaging such as CT scans and MRIs, independently. **The AMA is concerned such expansion will increase health care costs and threatens the health and safety of patients in Georgia. For these reasons we strongly encourage you to veto S.B. 321.**

Multiple studies have shown that nurse practitioners, one type of APRN, order more diagnostic imaging than physicians, which increases health care costs and threatens patient safety by exposing patients to unnecessary radiation. For example, a study in the *Journal of the American College of Radiology* which analyzed skeletal x-ray utilization for Medicare beneficiaries from 2003 to 2015 found ordering increased substantially – more than 400% by non-physicians, primarily nurse practitioners and physician assistants during this time frame.<sup>1</sup> A separate study published in *JAMA Internal Medicine* found nurse practitioners ordered more diagnostic imaging than primary care physicians following an outpatient visit. The study controlled for imaging claims that occurred after a referral to a specialist.<sup>2</sup> **The authors opined this increased utilization may have important ramifications on costs, safety and quality of care. They further found greater coordination in health care teams may produce better outcomes than merely expanding NP scope of practice alone.**

This is one of the reasons why the AMA has long supported physician-led health care teams, with each member drawing on his or her specific strengths, working together, and sharing decisions and information for the benefit of the patient. All health care professionals play a critical role in providing care to patients; however, their skillsets are not interchangeable with that of fully trained physicians. While nurse practitioners are valuable members of the health care team, with only two to three years of education, no residency requirement and approximately 500-720 hours of clinical training, they are not trained to practice independently. By sharp contrast, physicians complete four years of medical school plus three to seven years of residency, including 10,000-16,000 hours of clinical training. Patients in Georgia deserve physicians leading their health care team.

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<sup>1</sup> D.J. Mizrahi, et.al. “National Trends in the Utilization of Skeletal Radiography,” *Journal of the American College of Radiology* 2018; 1408-1414.

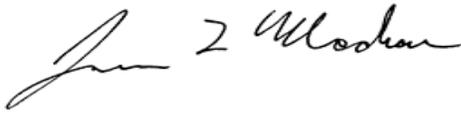
<sup>2</sup> D.R. Hughes, et al., “A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits.” *JAMA Internal Med.* 2014;175(1):101-07.

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Finally, while a common argument to expand the scope of practice of nurse practitioners is to increase access to care, in reviewing the actual practice locations of nurse practitioners and primary care physicians across the country, it is clear they tend to work in the same large urban areas. This occurs regardless of the level of autonomy granted to the nurse practitioners at the state level.

**For all the reasons above, we strongly encourage you to veto S.B. 321.** Thank you for the opportunity to provide these comments. If you have any questions, please contact Kimberly Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center at [kimberly.horvath@ama-assn.org](mailto:kimberly.horvath@ama-assn.org).

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

cc: Medical Association of Georgia  
Sandra Adamson Fryhofer, MD  
Patrice A. Harris, MD, MA