



## REDUCING ADMINISTRATIVE COMPLEXITY HELPS PATIENTS

**Cumbersome tasks and administrative hurdles are a leading cause of burnout among physicians. Decreasing administrative complexity will provide more time for patient care and help retain physicians. MAFP supports measures that remove administrative complexity and provide more time for patient care.**

- Each prior authorization costs up to \$11. This administrative burden costs \$82,975 per physician per year and 14 hours per week. That time should be spent seeing patients.
- MAFP supports measures that simplify the licensure process for physicians while ensuring qualified physicians with adequate education and training are providing care to Missourians.

## PATIENTS NEED A PHYSICIAN TO LEAD THE HEALTH CARE TEAM

**The physician-led team approach delivers the best and most cost-effective care to Missourians. Affiliated care providers such as nurse practitioners, physician assistants, and assistant physicians are dedicated, skilled members of the health care team but are not substitutes for physicians. The pathway to better healthcare for Missourians is physician training, recruitment, and retention efforts.**

- We oppose initiatives to provide licensure pathways that do not support evidence-based ACGME training.
- 4 out of 5 patients prefer a physician-led health care team (*AMA 2018 Survey*)
- A new nurse practitioner receives 3-10% (500 – 1,000 hours) of the clinical training of a family physician (minimum 15,000 hours.) (*Source: Primary Care Coalition*)
- A 2022 study from the Hattiesburg Clinic in Mississippi showed advanced practice providers (APP) increased the cost of care for patients in their clinic through increased testing, more referrals, and higher emergency department utilization. A 2022 National Bureau of Economic Research study found that independently practicing Nurse Practitioners within the US Dept. of Veterans Affairs increased the patient's length of stay, raised the cost of emergency department care, raised the 30-day preventable hospitalizations, decreased opioid prescriptions, and increased antibiotic prescriptions.
- Mid-level providers practice primarily in the higher population geographic areas with fewer in health professional shortage areas (HPSA). The 2022 Missouri Board of Nursing Workforce reports shows that 5.3% of APRNs practice in a rural area.
- A 2025 study titled "Autonomous Nurse Practitioners in Florida Frequently Practice Outside of Their Scope of Practice" shows only 39% of respondents are practicing in primary care, as mandated by statute. This study is congruent with data from other states with independent practice for mid-level providers and clearly shows independent practice does not resolve the health care workforce shortage.
- A standardized curriculum from the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education ensures all physicians are trained on the best practices, research, and advancements across the continuum of medical education. APRN programs are not required to maintain a standardized curriculum and content is frequently taught online.
- Considering the physician shortage, geographic APRN location data, and the proliferation of APRN online courses, it is imperative to increase the number of primary care physicians. This will not only meet today's demand for physicians but will also ensure there is a qualified workforce in the future for Missourians.
- A solution to the workforce shortage should include student loan repayment for physicians and grants to physicians who work and reside in rural counties.
- Alternative healthcare education, such as Naturopathic, does not prepare practitioners to properly and accurately diagnose or provide appropriate treatment, safely or effectively prescribe medications, perform physicals, or perform surgical procedures.

- Missouri is a national leader in medical school enrollment and has taken important steps to help retain medical school graduates in Missouri residencies in recent years. We support funding of primary care residency slots to keep doctors in Missouri and applaud the investments made in Missouri's healthcare delivery through the budget process. The current funding of \$2.3 million for primary care residency positions should be continued.

## **PATIENTS DESERVE ACCESS TO QUALITY HEALTH CARE**

**MAFP believes that all Missourians should have access to high-quality health care services regardless of social, economic, or political status, race, religion, gender, or sexual orientation.**

- We support measures that increase Medicaid and insurance coverage to Missourians who lack affordable health care.
- MAFP supports immunizations to protect Missouri's infants, children, adolescents, adults, and seniors when administered in a safe setting. Routine vaccines prevent and eradicate preventable diseases. These immunizations are a vital component of better public health and should be readily available at all family physician offices. Providing vaccinations to patients should not be financially detrimental to family physicians.
- MAFP supports local health agencies to develop public health policies and plans that could mitigate the impact of an epidemic on their communities. We support evidence-based decisions to ensure the safety and health of communities in ordinary times and in a state of emergency.

## **SAFEGUARD THE PHYSICIAN AND PATIENT RELATIONSHIP**

**MAFP supports evidence-based practice of medicine, the patient-physician relationship, and the delivery of safe, timely, and comprehensive care.**

- Physicians should not be criminalized for health care provided to Missourians.
- Physicians have undergone the extensive training required to assess the appropriate need for treatment and to prescribe therapies as may be indicated and appropriate for the patient.
- A physician is best equipped to assess conditions in the context of the whole patient, recommend, order, and interpret diagnostic tests and imaging studies, and refer to other specialists as needed.
- Technology is expanding access to healthcare across the state. Telehealth is a vital part of this expansion; however, it cannot replace the physician and patient relationship. A questionnaire does not assess physical symptoms such as vital signs, mental status, physical impairment, and other characteristics of patients seeking treatment. It is important to interview the patient, take a medical history, and perform a physical exam.
- MAFP does not support mandated care or specific continuing medical education for physicians.
- Family physicians provide care based on the patient's needs and evidence-based medicine - not on political ideology. Guidelines for curriculum and accreditation for medical schools and residencies have been developed based upon clinical practices that support people and healthy communities. We oppose curriculum mandates on medical education as well as any specific continuing medical education topics for licensure.
- Physicians should be able to practice in settings that are best for them and their patients. We support measures that restrict noncompete clauses and provide physician employment mobility options.

**For more information on legislation, please contact:**

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*Founded in 1947, the Missouri Academy of Family Physicians (MAFP) is a non-profit professional medical association with more than 2,400 physicians, residents, and medical students statewide. MAFP is the only state-level medical society devoted solely to primary care. Based in Jefferson City, MAFP is dedicated to optimizing the health of the patients, families and communities of Missouri by supporting family physicians in providing patient care, advocacy, education and research.*

*Positions and opinions are based on information available at the time of print.*

## POSITIONS ON PROPOSED LEGISLATION

### SUPPORT

**[HB2556 \(Loy\)](#)** - Specifies that certain medical titles or specialty designations are reserved for the use of licensed physicians

**[HB3010 \(Stinnett\)](#), [SB897 \(Brown\)](#)** – Creates provisions relating to prior authorization of health care services

**[HB2184 \(Mackey\)](#), [HB2979 \(Hardwick\)](#), [HB2821 \(Doll\)](#)** – Prohibits noncompete clauses in physician employment contracts

**[HB1920 \(Murray\)](#)** – Creates provisions relating to workplace security for health care professionals

**[SB1423 \(Crawford\)](#), [HB2976 \(Phelps\)](#)** – Modifies provisions relating to health care providers and reduces administrative complexity of license renewal

### OPPOSE

**[HB2159 \(Hurlbert\)](#)** - Creates provisions relating to licensure of naturopathic doctors

**[HB2067 \(Casteel\)](#)** - Modifies provisions relating to the prescriptive authority of advanced practice registered nurses

**[HB1635 \(Overcast\)](#), [HB1989 \(Hinman\)](#)** - Creates a pathway for independent practice for advanced practice registered nurses

**[HB1650 \(Overcast\)](#)** - Modifies provisions relating to assistant physicians

**[HB1852 \(Hewkin\)](#)** - Creates provisions relating to pharmacists' authority to dispense insulin

**[HB2262 \(Doll\)](#)** - Creates provisions relating to requirements for physicians that provide perinatal care

**[HB2085 \(Keathley\)](#), [SB1064 \(Ben Brown\)](#)** - Modifies provisions relating to tobacco product regulations

**[HB1998 \(Meirath\)](#)** - Prohibits educational institutions from using state funding for diversity, equity, and inclusion purposes

### ACTIVELY MONITORING

**[HB2702 \(Knight\)](#) [HB1453 \(Brown\)](#)** - Modifies provisions relating to telemedicine to remove physical examination to establish patient relationship

**[HB3129 \(Keathley\)](#) & [SB1492 \(Bean\)](#)** – Establishes provisions relating to license reciprocity for physician assistants, including the Physician Assistant Licensure Compact

**[SB1149 \(Burger\)](#)** – Establishes the Athletic Trainers Compact

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