AMERICAN SOCIETY OF PLASTIC SURGEONS
THE PLASTIC SURGERY FOUNDATION
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South Carolina Society of Plastic Surgeons
SESPRS
Southeastern Society of Plastic and Reconstructive Surgeons

September 5, 2025

The Honorable Tom Davis, *Chairman*
Senate Medical Affairs Subcommittee
Gressette Building, Room 412
1101 Pendleton St.
Columbia, SC 29201

RE: Opposition to Senate Bill 45

Dear Chairman Davis:

On behalf of the American Society of Plastic Surgeons (ASPS), the South Carolina Society of Plastic Surgeons (SCSPS), and the Southeastern Society of Plastic and Reconstructive Surgeons (SESPRS), we write in opposition to Senate Bill 45 (S. 45). ASPS is the largest association of plastic surgeons in the world, and in conjunction with SCSPS and SESPRS, represents more than 8,000 members and 92 percent of all board-certified plastic surgeons in the United States – including 119 board-certified plastic surgeons in South Carolina. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

By allowing advanced practice registered nurses (APRNs) to provide medical care without any physician involvement after just 2,000 clinical hours in advanced practice nursing, S. 45 threatens patient safety, thus we urge you to oppose it. We see several specific concerning downstream impacts of over-expanded APRN scope and several specific concerns with the quality of advanced nursing education.

Specifically with nurse practitioners (NPs), they do not receive enough education and training to provide them with the expertise to practice outside of a collaborative agreement with a medical doctor. While a master's degree and advanced clinical experience make NPs more skilled than other nurses, those factors in no way equate to the education and training of medical school and specialty residency programs. Moreover, several facts about NPs' schooling are very concerning. For example:

- Twenty NP programs had a **100 percent acceptance rate**[1] and nearly half of these schools are listed in the bottom quarter of programs on the U.S. News ranking list.[2] One of these schools – which, not unusually, offers its courses online – received and accepted 500 applicants. Not a *single* applicant was rejected.

[1] NP program search. AANP web site. https://npprogramsearch.aanp.org/Search. Accessed October 21, 2021.
[2] https://www.usnews.com/education/best-graduate-schools/the-short-list-grad-school/articles/nursing-masters-programs-with-the-highest-acceptance-rates.

- In addition, 82 Doctorate of Nurse Practitioner (DNP) programs do not even require masters' level clinical skills, meaning the student may *never* have worked with patients before beginning the DNP degree; their entire patient experience may be the 500 to 1,000 hours of DNP clinical experience.[3,4]
- From 2005 to 2018, only 15 percent of the 553 accredited DNP programs were clinical.[5]
- In 2010, nursing programs began emphasizing online education programs in order to recruit more students, but by 2021, 59 percent of family nurse practitioner students were either completely or primarily enrolled in online learning courses.[6]
- Among NP schools, there are many that do not set up any of the rotations for their students, screen any of the precepting physicians, or even assess the students after the rotations. In fact, in a study in the *Journal of the American Academy of Nurse Practitioners*, NPs themselves state that formal NP education is not preparing them generally to feel ready for practice.[7]

Only the depth and duration of training provided in medical school and residency prepares a provider to safely execute all the responsibilities associated with primary care – and likely why data show that patients both want and expect the experience of a physician. A 2021 national survey revealed 68 percent of U.S. voters believe it is very important for physicians to be involved in diagnoses and treatment decisions, with an additional 27 percent of voters believing it is at least somewhat important (95 percent total).[8]

Second, even if NPs had the preparation and skillset necessary to practice independently, the entire premise behind the expansion argument is flawed. Proponents push for this expansion to improve access to primary care and fill gaps. However, the data from states that have granted independent practice clearly show that NP practice locations are in the same places that primary care physicians already practice. NPs who have been granted independent practice are not going to rural or physician-shortage areas to establish a practice. They are going to affluent, provider-dense urban and suburban locations. Oregon provides the perfect example: while the total number of NPs in Oregon increased after gaining independent practice, there was no noticeable increase of NPs within rural, underserved areas.[9]

Finally, we are concerned that independent practice for NPs would increase costs. Ample evidence suggests increases in utilization across multiple measures when NPs are charged with decision-making. Here is a sample:

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[3] https://www.physiciansforpatientprotection.org/whats-going-on-with-nurse-practitioner-education/.
[4] https://www.doctorofnursingpracticednp.org/2019/12/the-controversy-around-entering-advanced-practice-nursing-without-working-as-an-rn-first/.
[5] Mundinger MO, Carter MA. Potential Crisis in Nurse Practitioner Preparation in the United States. Policy Polit Nurs Pract. 2019 May;20(2):57-63. doi: 10.1177/1527154419838630. Epub 2019 Apr 3. PMID: 30943837.
[6] Types, Frequency, and Depth of Direct Patient Care Experiences of Family Nurse Practitioner Students in the United States. McNelis, Angela M. et al. Journal of Nursing Regulation, Volume 12, Issue 1, 19 – 27.
[7] Hart, Ann Marie, How well are nurse practitioners prepared for practice: Results of a 2004 questionnaire study. *Journal of the American Academy of Nurse Practitioners,* 2007.
[8] American Medical Association, *Scope of Practice Toolkit*. 2021.
[9] *Id.*

- INCREASE IN HOSPITALIZATIONS: A working paper published by the National Bureau of Economic Research found that NPs delivering emergency care without physician supervision or collaboration in the Veterans Health Administration increased patients' lengths of stay by 11 percent and raised 30-day preventable hospitalizations by 20 percent compared to emergency physicians.[10] The authors also outlined that a data analysis indicated "a net increase in medical costs with NPs – even when accounting for NPs' wages that are half as much as physicians'."

- OVERPRESCRIBING OF ANTIBIOTICS: An Infection Control & Hospital Epidemiology study showed that NPs and other advanced practice non-physicians prescribed antibiotics 15 percent more frequently than physicians.[11] A study limited to prescribing for acute respiratory infections found NPs prescribing 7 percent more frequently.[12]

- INAPPROPRIATE REFERRAL TO HIGHER-COST SPECIALISTS: A Mayo Clinic study estimated that inappropriate referrals to specialists by NPs and PAs could offset any potential savings from the increased use of NPs and PAs.[13]

- OVER-UTILIZATION OF RESOURCES: A study comparing healthcare resource utilization for patients assigned to an NP versus patients assigned to a physician found that utilization for patients assigned to an NP were higher in 14 of the 17 utilization measures examining laboratory and radiology tests, specialty, primary care, and emergency department/walk-in visits, and hospital admissions.[14]

- UNNECESSARY DIAGNOSTIC IMAGING: A study in the American Journal of Emergency Medicine found that NPs and PAs recommended imaging studies when physicians had not in 34 percent of emergency department cases.[15] A JAMA study found that NPs and PAs ordered more diagnostic imaging than primary care physicians, on both new and established patients.[16]

The first of these areas is extremely concerning due to its negative impact on patients, as well as the increase in costs. The second of the five areas of utilization are not only concerning because of cost implications, but also for the possibility of increasing the likelihood of encouraging antibiotic resistance. The last of the five areas of utilization is not only concerning because of

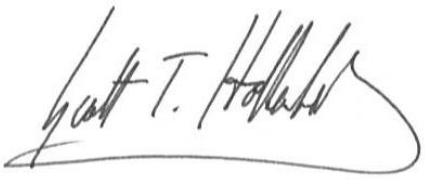
[10] Chan C, Davic MD and Chen, Yiquin. The Productivity of Professions: Evidence from the Emergency Department. October 2022.
[11] Schmidt ML, Spencer MD, Davidson LE. Patient, Provider, and Practice Characteristics Associated with Inappropriate Antimicrobial Prescribing in Ambulatory Practices. Infection Control & Hospital Epidemiology. 2018:1-9.
[12] Sanchez GV, Hersh AL, Shapiro DJ, et al. Brief Report: Outpatient Antibiotic Prescribing Among United States Nurse Practitioners and Physician Assistants. Open Forum Infectious Diseases. 2016:1-4.
[13] Lohr RH, West CP, Beliveau M, et al. Comparison of the Quality of Patient Referrals from Physicians, Physician Assistants, and Nurse Practitioners. Mayo Clinic Proceedings. 2013;88:1266-1271
[14] Hemani A, Rastegar DA, Hill C, al-Ibrahim MS. A comparison of resource utilization in nurse practitioners and physicians. *Effective clinical practice*. 1999;2(6):258-265.
[15] Seaberg DC, MacLeod BA. Correlation between triage nurse and physician ordering of ED tests. Am J Emerg Med. 1998;16(1):8-11.
[16] 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.

implications for cost, but it's also important to remember that NPs are also unnecessarily exposing patients to dangerous radiation when they overprescribe diagnostic imaging.

Ultimately, S. 45 may actually *increase* the cost of care while also undermining the physician-centered, team-based healthcare delivery model. The lead physician plays a critical role in determining whether the patient is a candidate for medical services, identifying potential complications before they arise, and triaging complications that may occur. The erosion of physician-centered, team-based healthcare will, in turn, negatively impact patient quality outcomes.

We thank you for your leadership on this important issue. Please do not hesitate to contact Joe Mullin, ASPS State Affairs Manager, at jmullin@plasticsurgery.org or (847) 981-5412 with any questions or concerns.

Sincerely,



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cc: Members, Senate Medical Affairs Subcommittee