

February 11, 2026

VIA ELECTRONIC SUBMISSION

TO: Members of the West Virginia House Committee on Health and Human Resources

FROM: American College of Osteopathic Family Physicians

SUBJECT: OPPOSITION to WV H.B. 4715

The American College of Osteopathic Family Physicians (ACOFP) writes to express its opposition to WV H.B. 4715, which amends Article 3E *Physician Assistants Practice Act* and Article 7 *Registered Professional Nurses* to allow physician assistants (PAs) and certified nurse practitioners (CNPs) to practice independently, without physician supervision or collaboration.

Representing its more than 26,000 members, the American College of Osteopathic Family Physicians (ACOFP) maintains that the independent practice of medicine requires the comprehensive medical education, rigorous residency training, and clinical skill sets possessed by physicians.

We appreciate and acknowledge the challenges to health care access in rural medically underserved areas and communities, and improving the primary care physician workforce in these areas is a top policy priority for ACOFP. However, allowing non-physician providers to practice independently should not be the remedy for closing the primary care gap.

Patients are concerned about the cost and quality of health care, and the best way to support high-quality care and lower costs is to keep physicians as the leader of the health care team. Recent data suggest higher costs, increased resource use, and potential safety concerns when NPs and CNPs practice independently.¹

Research evaluating true unsupervised practice of medicine (UPM) by non-physicians is limited. Most studies used to endorse UPM have involved physician oversight, excluded high-risk conditions, and evaluated secondary or process outcomes.² Additional research regarding care provided by non-physicians without physician oversight is warranted, but compelling data do exist to support why ACOFP is urging this Committee to take a more measured approach to addressing access to care barriers in West Virginia.

¹ Bernard R. Nonphysician Unsupervised Practice of Medicine: Examining the Evidence. *Mo Med.* 2025 Sep-Oct;122(5):351-356. PMID: 41132456; PMCID: PMC12543343.

² *Ibid.*

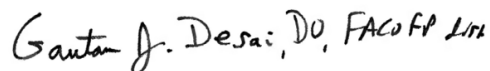
For example, when physician leaders at Hattiesburg Clinic in Mississippi began to examine the accountable care organization cost-and-quality data they received from the Centers for Medicare & Medicaid Services (CMS), they found that eight of their 10 most costly providers were non-physician providers.³ And, among the top five most costly providers, only one was a physician and who was running a clinic for complex, older patients. In fact, physicians who were primary care providers (PCPs) had a \$120 lower per-member/per-month cost than non-physician providers who were PCPs. Drivers of the higher cost non-physician providers included more tests per patient, more referrals to specialists, and more visits to the emergency department. To drive down costs, practice changes at Hattiesburg Clinic included allowing only physicians to lead care teams, which meant that patients couldn't be followed by only a non-physician provider. Non-physician providers were also restricted from making a patient referral unless the patient saw a physician first.

The lesson here is that while non-physician providers are a valuable part of the Hattiesburg Clinic care team and meeting patient needs in a historically medically underserved area, physician-led care teams are essential for ensuring patient safety, improving health outcomes, and enhancing efficiency.

PAs and CNPs play a critical role in West Virginia by bridging health care access gaps, particularly in rural and underserved areas. To support work of PAs and CNPs, we ask this Committee to continue to recognize the critical importance of maintaining the requirement of physician oversight of non-physician practitioners to ensure patient safety and the delivery of care that improves patient outcomes in a cost-efficient manner.

ACOFPP appreciates this opportunity to express its concerns with H.B. 4715 and offers itself as a resource to you during your deliberations on this important matter. For question or additional information, please contact Emily Bennett, ACOFP Director Communications & Engagement at emilyb@acofp.org.

Sincerely,



Gautam J. Desai, DO, FACOFP *dist.*
ACOFPP, President

³ Physician-led health care teams with Bryan Batson, MD. September 12, 2022. <https://www.ama-assn.org/practice-management/scope-practice/physician-led-health-care-teams-bryan-batson-md> Accessed February 8, 2026.