

Konrad Jackson

From: Emily Olsen <emigene@gmail.com>
Sent: Thursday, March 13, 2025 3:52 PM
To: Sen. Jesse Bjorkman; Sen. Kelly Merrick; Sen. Elvi Gray-Jackson; Sen. Forrest Dunbar; Sen. Löki Tobin; Sen. Robert Yundt; Rep. Genevieve Mina; Rep. Zack Fields
Subject: Regarding SB 89 (In opposition)

Dear Alaska legislators,

I'm a full-time practicing pediatric anesthesiologist in Anchorage, Alaska (99517). I've read through several of the letters submitted in opposition of this bill (SB 89), and I agree with my physician colleagues that physician assistants (PAs) are categorically different from physicians. These roles are not the same. The training is not the same. A paralegal does not become an attorney after "x" amount of hours with said attorney. An apple does not become an orange with time.

Similar to Dr. Rachel Samuelson, I graduated from the WWAMI program and observed the MEDEX PA students and their "clinical rotations along side medical students," as Sen. Tobin references. We graduate with vastly different levels of medical understanding, and as physicians we then proceed to subspecialty training gaining expertise in our given field. The relationship between physician and PA was designed to work collaboratively, and I think PAs lose a remarkable amount of expertise when they sever from collaboration. I agree with Dr. Granholm that this lack of experience/expertise is associated with increased inappropriate prescribing and have also seen more inappropriate testing and excessive specialty consults due to a lack of understanding/expertise.

So what does this legislature want? Presumably they want to increase access to care for Alaskans. Presumably they understand that additional time "in training" generally correlates with additional expertise, as I see the minimum time of post-graduate training has changed from previous legislation. I just want this legislature to understand that what they are offering Alaskans is a different quality of care than that afforded by a physician-led team. I personally oppose independent practice by PAs.

That being said, if this legislature is committed to passing this legislation, then I'd like to point out a couple points of interest. As an aside, I serve in an administrative position at Alaska Regional Hospital as the President Elect of the Medical Staff. As such, I have some experience dealing with credentialing matters. With that lens I submit the following:

I'm an anesthesiologist. I work very closely with PAs, especially surgical PAs. I'm pleased to see this updated legislation includes language precluding PAs from being surgeons; which is the correct call.

Sec 08.64.107

a (1) the regulations may not allow a physician assistant to perform surgery or operate on a human without assistance

I would argue this should read "without A COLLABORATIVE PHYSICIAN/SURGEON OR PODIATRIST". Otherwise what would preclude a PA "assisting" another PA with surgery? In this example the surgeon/podiatrist is the primary and the PA is assisting.

Sec 08.64.107

(d) A PA shall notify the board if the PA begins practicing in a new specialty.

THIS IS BACKWARDS. The medical board should verify if the PA meets threshold criteria to practice a new specialty before they proceed as such.

Sec 08.64.107

(f) States that the Board may not require a PA to obtain hours of post-graduate training in excess of 4K hours required under (b) and any additional hours required when practicing a new specialty.

I think this is too limiting and could prevent the medical board from doing its job of ensuring clinicians are safe and competent. This language would limit their discretion. What happens if the PA had educational difficulties or Board actions in another state?

You are making an assumption that 4K hours is going to make a clinician safe and proficient 100% of the time. Why not give the Board room to require a higher standard if there is sufficient evidence to suggest it is necessary? What if the Board is unable to verify the authenticity of hours/clinical site? What if those 4000 hours don't include appropriate opioid safety training, as required by law?

I think it's prudent to give the Board some leeway in asking for additional training, assuming they have a compelling reason to do so.

Thanks for your time and for your dedication to Alaskans. I know legislating is a very difficult job and appreciate your service!

Emily Olsen, MD