

On Feb 26, 2025, at 10:10 AM, Rachel Samuelson
<samuelson.rachel@gmail.com> wrote:

Hello Senators Clamen, Dunbar and Tobin,

Thank you for your work on the Senate Health Committee. I'm a family medicine physician who has worked at the Anchorage Neighborhood Health Center for 9 years and am writing in regards to the Physician Assistants Bill. I work with four excellent physician assistants at ANHC, all of whom I would not hesitate to have care for my own family. They are great members of the team, and a real asset to ANHC. Many of them have been in practice now for over 5 years at ANHC and really do wonderful work with our vulnerable patient populations. I'm saying this so that you know that though I have the utmost respect for physician assistants and appreciate the amazing work that they do every day, and yet I am still concerned about a this Physician Assistant bill that will allow PAs to be independent practitioners after just over 2 years of full time practice under a

collaborative plan. I worry deeply that PAs with so little clinical experience will be treating patients (who may not be sophisticated enough to understand the difference between a PA, nurse practitioner, and physician). This truly is NOT about turf wars. My concern is based on the ability of PAs with so little training and practice to safely care for patients. As you know physicians have a minimum of 7 years training to practice independently with board certification. PAs have two years of training before practicing under a collaborative agreement. Two years of clinical practice is frankly not enough time to develop the clinical skills to practice independently. **I would fully support a bill that allowed for PA's to practice independently after 5 years of full time practice under a collaborative plan.** This would give PAs the opportunity to learn and grow with the support that is needed before going off to an independent practice.

For the sake of the safety of patients, please do not sign the bill as it is currently written.

Sincerely,

Rachel Samuelson,MD
7530 Labrador Cir
Anchorage, AK 99502

From: [Sethan Tigarian](#)
To: [Arielle Wiggan](#)
Subject: FW: Senate Bill 89
Date: Thursday, February 27, 2025 9:56:25 AM

From: Rachel Samuelson <samuelson.rachel@gmail.com>
Sent: Wednesday, February 26, 2025 9:27 PM
To: Sen. Löki Tobin <Sen.Loki.Tobin@akleg.gov>
Cc: Sen. Matt Claman <Sen.Matt.Claman@akleg.gov>; Sen. Forrest Dunbar <Sen.Forrest.Dunbar@akleg.gov>
Subject: Re: Senate Bill 89

Hello Senator Tobin,

Thank you so much for your response. I know you want what is best for Alaskan healthcare, so I know we are on the same page there.

I do want to make sure that you are aware that PA training includes one year of purely didactic training with no clinical rotations, followed by one year of clinical training. And their training is not "alongside medical students," it is completely separate. In my WWAMI training I had one didactic class one semester with medex students. PAs are trained differently, as is necessitated by their short training course. So, when physician assistants graduate their program, they have one year of didactic and one year of clinical training.

Then, when you say PAs are requesting that they have an independent license after 2000 hours post graduation, this is actually just a total of 3000 hours (1000 hours in school, and 2000 hours post graduation) of clinical experience or rotations, not 4000 hours.

Once again, I do think there should be a path for PAs to become independent practitioners, but I do not feel that the amount of experience PAs have after two years of practice is safe for independent practice, so I continue to be very opposed to this bill.

Thank you again for your consideration.

Sincerely,

Rachel Samuelson, MD

On Wed, Feb 26, 2025 at 10:40 AM Sen. Löki Tobin <Sen.Loki.Tobin@akleg.gov> wrote:

Thank you Rachel for reaching out.

I appreciate your input and insight and I will forward your message onto our stakeholder group for consideration.

I completely agree with you, PAs are not doctors and that is no way the intent of SB 89.

As you know, PAs must attend an accredited program that includes two years of clinical rotations along side medical students.

Additionally, included in the legislation is a compromise that before a PA can request an independent license, they must complete an additional 2,000 hours. This means PAs must complete 4,000 hours of clinical rotations before the option of independent licensure, a requirement that Nurse Practitioners do not have.

Again, I appreciate your feedback and I will add you to the list of stakeholders to keep updated on the progress of the legislation.

@lgtobin

Löki Gale Tobin, MA (she/her)
(pronounced: Lew-key)

Alaska State Senator, District I
Chair, Senate Education Committee

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<samuelson.rachel@gmail.com> wrote:

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Sincerely,

Rachel Samuelson,MD
7530 Labrador Cir
Anchorage, AK 99502

From: [Sethan Tigarian](#)
To: [Arielle Wiggin](#)
Subject: FW: SB 89
Date: Thursday, February 27, 2025 1:59:19 PM

From: S <lotafe.susan@gmail.com>

Sent: Thursday, February 27, 2025 1:44 PM

To: Sen. Jesse Bjorkman <Sen.Jesse.Bjorkman@akleg.gov>; Sen. Matt Claman <Sen.Matt.Claman@akleg.gov>; Sen. Mike Cronk <Sen.Mike.Cronk@akleg.gov>; Sen. Forrest Dunbar <Sen.Forrest.Dunbar@akleg.gov>; Sen. Lyman Hoffman <Sen.Lyman.Hoffman@akleg.gov>; Sen. James Kaufman <Sen.James.Kaufman@akleg.gov>; Sen. Scott Kawasaki <Sen.Scott.Kawasaki@akleg.gov>; Sen. Jesse Kiehl <Sen.Jesse.Kiehl@akleg.gov>; Sen. Kelly Merrick <Sen.Kelly.Merrick@akleg.gov>; Sen. Robert Myers <Senator.Robert.Myers@akleg.gov>; Sen. Donny Olson <Sen.Donny.Olson@akleg.gov>; Sen. Mike Shower <sen.mike.shower@akleg.gov>; Sen. Bert Stedman <Sen.Bert.Stedman@akleg.gov>; Sen. Gary Stevens <Sen.Gary.Stevens@akleg.gov>; Sen. Bill Wielechowski <Sen.Bill.Wielechowski@akleg.gov>; Sen. Robert Yundt <Sen.Robert.Yundt@akleg.org>

Subject: SB 89

Hello,

I am a practicing physician in Anchorage, Alaska.

Please OPPOSE this bill.

Physician Assistants are wonderful in their current scope or practice, and are a valued member of the health care team. However, they should not be autonomous and have the abilities to practice medicine as physicians do, for several reasons. Physicians are trained much longer, and are thereby able to understand the nuance of disease and required treatment. A longer length of education and training provides better patient care and also is a cost savings to the system, as we order less tests and imaging.

Physicians go through medical school for 4 years. We then complete a residency, ranging from 3-5 years (depending on specialty). Then we may go on to complete fellowship for another 1-5 years (neurosurgery, specialized cancer surgery, etc).

Physician Assistants go to PA school for 2 to 2.5 years and then start their work. They have no residency training requirement. PAs have 2,000 hours of supervised clinical practice. Physicians amass between 12,000 (12,000 hours is just residency--4 years ALONE) to 16,000 hours of supervised patient care experience during their training.

I have a friend, who was a PA, that recently graduated from medical school. She decided

that she wanted to prescribe and practice independently. She therefore pursued medical school. She is now in residency and will soon practice as an independent physician. If PAs want to be autonomous and have the same range of practice and scope as physicians, they can pursue medical school. Being a PA is not meant to be a short cut.

Paralegals cannot practice independently from an attorney, for the same reasons PAs should not practice independently from the overseeing physician.

Please VOTE NO. Protect patients, promote cost savings in health care and preserve physician careers by voting NO.

Thank you,

Dr. Susan Hayner, MD
Practicing Physician Hospitalist
Board Certified Family Medicine
Anchorage, Alaska
99501

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If we have no peace, it is because we have forgotten that we belong to each other.
mother teresa

From: [Sethan Tigarian](#)
To: [Arielle Wiggan](#)
Subject: FW: SB 89
Date: Thursday, February 27, 2025 1:03:06 PM

From: Granholm, Marin C (she/her/hers) <Marin.Granholm@providence.org>
Sent: Thursday, February 27, 2025 10:59 AM
To: Sen. Forrest Dunbar <Sen.Forrest.Dunbar@akleg.gov>
Cc: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>; Sen. Matt Claman <Sen.Matt.Claman@akleg.gov>; Sen. Löki Tobin <Sen.Loki.Tobin@akleg.gov>; Sen. Shelley Hughes <sen.shelley.hughes@akleg.gov>
Subject: SB 89

Dear Chairman Dunbar and Health and Social Services Committee members:

I am writing to request your opposition to SB 89. While physician assistants have an important role in expanding care delivery, PA led practice is more expensive, less safe, and not what patients want. Senator Tobin argues independent physician assistant practice will address long wait times and difficulty accessing care, as well as high costs. She specifically calls out improving rural access as important to decreasing costs. In my past role as the medical director of a rural AK health clinic, I spent a great deal of time working with a physician assistant who had experience but did not recognize deficits in their education and experience. These deficits were only recognized by required physician review. With increased supervision and training this PA was able to continue in a rural role, but I worry that without supervision future such events will go undiscovered until a patient is harmed.

Multiple studies have found that physician assistants and other non-physicians order more diagnostic imaging compared to physicians. In states that allow independent prescribing, physician assistants and nurse practitioners are 20 times more likely to overprescribe opioids than those in prescription-restricted states. From 2013 to 2017 almost every other medical specialty decreased opioid prescribing while nurse practitioners and physician assistants increased opioid prescribing. Ambulatory visits involving nurse practitioners and physician assistants more frequently result in an antibiotic prescription compared with physician visits. All of these practices—increased imaging, increased opioids, increased antibiotics—increase cost and decrease safety. Lastly but perhaps most importantly, in a recent survey 95 percent of U.S. voters agree that physicians should be involved in their medical diagnoses and treatment decisions.

I commend the Committee's efforts to improve care for Alaskans. This measure however would not meet the stated goal of decreasing costs. While it may improve access, I would argue that is not worth the price of lower quality care.

Sincerely,

Marin Granholm, MD
Anchorage, AK

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From: [Sethan Tigarian](#)
To: [Arielle Wiggan](#)
Subject: FW: Doctor in Opposition to SB-89 & Testimony
Date: Thursday, February 27, 2025 10:07:56 AM

From: Camilla Sulak <sulakcr@yahoo.com>
Sent: Wednesday, February 26, 2025 11:43 PM
To: Sen. Forrest Dunbar <Sen.Forrest.Dunbar@akleg.gov>
Subject: Doctor in Opposition to SB-89 & Testimony

Dear Senate HSS Chairman Dunbar,

I write in strong opposition to SB-89.

Every day I'm on shift as an Emergency Medicine Physician, I work with Physician Assistants (PAs). They are excellent at their jobs. Every hour or so, I'm required to review an EKG for one of the patients for whom they are primarily caring. Why? Because my Emergency Medicine PA colleagues trained clinically for about 1500 hours before graduating. They train to work in physician-led teams and are not trained to be experts at reading EKGs. Every day my superb, experienced PA colleagues run cases by me in real time. How would I suggest they treat this particularly sick patient? What antibiotic would be best in this unusual situation? How should they most-convincingly convey to the admitting Hospitalist physician why their patient needs to be admitted? I love these questions. Part of my job is to be available to answer them. In contrast, these are not questions my physician colleagues typically ask each other largely because physicians train for a minimum of 10,000 additional hours after getting our medical degree before being able to practice independently. All these hours amount to thousands of patients cared for, EKGs and X-rays and CT read, labs interpreted, and consultant calls made.

Last spring public testimony revealed significant opposition to a nearly identical bill. Important concerns of PAs were acknowledged and a Medical Board working group was convened to update regulations. That group had strong PA representation and was widely supported by PAs and physicians alike. The output of the working group appeared to thoughtfully and safely address PA and physician concerns while maintaining patient safety. It confuses me why public funds were used to support months of Medical Board meetings, discussion and work to modernize regulations of Physician Assistant practice this year, if not to utilize them and evaluate their efficacy. All of this training has given physicians a much bigger tool box for healing and team leadership.

While following the similar state bill last session targeting PAs independent practice, I noticed only very few PAs show up to provide testimony and to demonstrate their commitment to gaining PA independent practice. They are typically the same individuals. I wondered why they were alone, without the support of their many PA colleagues. I asked my PA colleagues and PA friends. I discovered that the majority of PAs, particularly those working in the tribal or federal system (which accounts for the majority of PAs in the state of Alaska) do not want independent practice. My PA

colleagues tell me they have trained to work in physician-led teams and specifically don't want the liability of independent practice. Despite their opposition, they cannot testify publicly for fear of retribution from their employers! They simply can't risk their current job by either taking a public stand which is different than their employers or because their employers have policies limiting public political action. We're all hearing again and again from a tiny vocal few and missing the cries of the majority of Alaskan PAs who oppose this bill.

Most of the select group of PAs who repeatedly provide public testimony on the topic of PA independent practice work in specialty clinics in Anchorage. PAs, just like most people, like to be in places where other people like to be. Study after study has shown that PAs are not more likely than any other medical provider to practice in rural locations. Granting PAs independent practice will not solve rural provider shortages.

I've heard from testimony that PAs are worried they will lose their jobs in Alaska to Nurse Practitioners. Per capita, there are more PAs in Alaska than any other state in the entire United States. My PA colleagues in Norton Sound, the Northwest Arctic Borough and in the Interior have always been in high demand. When looking for a new job, they have been in the driver's seat to select the job they desired anywhere in the state.

The same few vocal PAs likely providing testimony to SHSS on February 27th, 2025 also met with physicians and the Alaska State Medical Association (ASMA) for several months in late 2024. The objective was to find common ground and collaborate on a stronger bill focused on patient safety and modernized medical practices. Physicians hear PA concerns and suggested many alternative pathways to solving them, including updating Medical Board regulations. In contrast to a statement I read promoting SB-89, physicians in the ASMA meetings do not agree with the content of SB 89. Physicians representing the Alaska state chapters of national organizations in Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, and Psychiatry all report their members do NOT support granting PAs independent practice. That accounts for all of the primary care and most of the physicians in the state of Alaska!

Physicians value their PA colleagues and the key role PAs play on physician-led teams. I must support the majority of the PAs with whom I've spoken directly, from around the state, not the very few voices of PAs who helped write SB-89. Neither Alaska's PAs on the whole nor the majority of physicians support SB-89.

Thank you for your cautious consideration of SB-89.

Sincerely,

Camilla Sulak, MD, MEd, FACEP
Board Certified Emergency Medicine Physician

Member, Board of Directors
Alaska Chapter, American College of Emergency Physicians

Esteemed senators and members of HHS Committee

February 27, 2025

As President of the Alaska State Medical Association, I want the committee to note that no professional organization representing physicians in Alaska supports PA independence. We firmly believe that patients are best served by physician-led team-based care.

We agree that all Alaskans deserve excellent medical care, but do not agree that independent practice by professionals with a small fraction of the training of physicians is a solution to our access to care problem. We note that the current environment in Alaska has led to our state having the highest per capita population of PAs in the country, at nearly twice the average rate. At the same time, our state ranks 43rd in internists per capita. We should be focusing on more robust training and retention of professionals with under-represented roles.

That said, if the Legislature is committed to independent practice by PAs, we respectfully submit suggestions for Amendments to this bill.

To address training hour discrepancies between professionals:

Increase experience hours under a collaborative agreement to match Utah's standard of 10,000 hours, which approaches the minimum number of hours a physician spends in clinical training/residency.

To ensure physician-led team-based care, adopt language used in North Dakota:

A physician assistant shall practice at a licensed health care facility, facility with a credentialing and privileging system, physician-owned facility or practice, or facility or practice approved by the state medical board.

To clarify use of appropriate titles in the practice of medicine:

1. An individual not licensed as a physician or resident physician under this chapter is prohibited from using the title of "doctor of medicine", "medical doctor", "doctor of osteopathic medicine", "osteopathic physician", "physician", "M.D.", or "D.O.".
2. An individual not licensed as a physician assistant under this chapter is prohibited from using the title of "physician assistant" or "P.A.".

To ensure that Alaskans who experience the greatest barriers to accessing primary care are served by this change in the healthcare landscape:

Stipulate that any PA with an independent license shall see patients for whom Medicare, Medicaid, Tricare are their insurance source.

Respectfully submitted,

Kristin Mitchell MD FACP
President, ASMA