

February 26, 2024

The Honorable Jesse Bjorkman, *Chair*  
The Honorable Click Bishop, *Vice Chair*  
Senate Labor & Commerce Committee  
206 4<sup>th</sup> St., Room 105  
Juneau, AK 99801

RE: **Oppose Senate Bill 115**

Dear Chair Bjorkman and Vice Chair Bishop:

On behalf of the Northwest Society of Plastic Surgeons (NWSPS) and the American Society of Plastic Surgeons (ASPS), we are writing **in opposition** to Senate Bill 115 (S.B. 115). ASPS is the largest association of plastic surgeons in the world, and in conjunction with NWSPS, represents more than 8,000 members and 92 percent of all board-certified plastic surgeons in the United States – including 20 board-certified plastic surgeons in Alaska. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

We must oppose S.B. 115, as it is authorizing physician assistants (PAs) to practice independently – representing a dangerous expansion of their role in patient care. The language of this bill clearly eliminates the vital requirement for supervision and establishes moderations surrounding collaboration between a physician and a PA. A PA's practice agreement should *not* be between a practice site and a PA, but rather between the supervising or collaborating physician and the PA. This effort to significantly expand their scope of practice is, quite frankly, irresponsible. PAs do not receive sufficient medical training to provide them with the clinical expertise to practice outside of a collaborative agreement. Their training is in no way equivalent to that of physicians, who offer essential diagnostic and medical expertise to patients. Nothing can replace the foundational medical knowledge and decision-making skill possessed by physicians because of their residency training.

Authorizing PAs to independently practice represents a dangerous expansion of their role in patient care. PAs do not receive sufficient medical training to provide them with the clinical expertise to practice outside of a collaborative agreement. Their training is in no way equivalent to that of physicians, who offer essential diagnostic and medical expertise to patients. Requiring a PA to have 2,000 hours of clinical experience prior to practicing independently is an arbitrary benchmark. This is clearly evidenced by the standards being haphazardly tossed around in other pieces of legislation related to PA independent practice across the country. The reason these requirements fluctuate so greatly is that it ultimately does not matter what number of "experience" hours a PA has. Nothing can replace the foundational medical knowledge and decision-making skill possessed by physicians because of their residency training.

Most PAs receive their bachelor's degree in science, followed by a three-year master's degree program. While the master's degree and advanced clinical experience provide PAs with an advanced education in comparison to other mid-level practitioners, this education will never replace the education gained through

medical school. In contrast, all primary care and specialty physicians receive a bachelor's degree, followed by a four-year degree from an accredited medical school. Medical students spend nearly 9,000 hours in lectures, clinical study, lab, and direct patient care.

Comprehensive physician training continues through post-graduate medical education, where all physicians are trained in accredited residency programs and receive at least three additional years of training before becoming licensed and board certified. Ultimately, physicians will train for eleven to sixteen years, as much as four-times-as-long as a PA. Only this depth and duration of training prepares a provider to safely execute all the responsibilities the bill seeks to grant to PAs.

Ultimately, we believe that giving PAs independent practice authority will undermine the physician-centered, team-based healthcare delivery model, an established norm resulting from the extensive education of the lead physician. 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. Instead, PAs should continue to practice in collaboration with a physician who specializes in the medical care offered. This allows for seamless consultation in case the PA needs advice regarding care, more effective identification when referring to a specialist, and faster admission to a hospital, if needed.

ASPS recognizes that the ultimate goal of this proposal is to expand access to primary care services, especially in areas that have difficulty attracting physicians. However, rigorous studies conducted by the American Medical Association<sup>1</sup> have consistently shown that expanding PA scope of practice does not increase access to care in underserved areas. In fact, PAs with expanded practice parameters tend to practice in the exact areas that are already served by established physician populations. Therefore, S.B. 115 is founded on the flawed premise that it will increase access to primary care services for areas in need. Unfortunately, this is simply not true and will not address this warranted concern.

As surgeons, we encourage you to uphold the high level of patient care that has been established and permit licensed PAs to only practice under the supervision of physicians who meet appropriate education, training, and professional standards to practice medicine in Alaska. We urge you to withdraw S.B. 115.

Thank you for consideration of our comments. Please do not hesitate to contact Joe Mullin, ASPS State Affairs Manager, at [jmullin@plasticsurgery.org](mailto:jmullin@plasticsurgery.org) or (847) 981-5412 with any questions or concerns.

Sincerely,



Steven H. Williams, MD  
President, American Society of Plastic Surgeons



H. Dan Zegzula, MD, FACS  
President, Northwest Society of Plastic Surgeons

cc: Members, Senate Labor and Commerce Committee

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<sup>1</sup> The AMA Health Workforce Mapper, 1995-2020. <https://www.ama-assn.org/about/health-workforce-mapper>.