

April 2, 2024

Senator Jesse Bjorkman, Chair  
Senate Labor and Commerce Committee  
State Capitol, Room 9  
Juneau, AK 99801

RE: SB 115: Physician Assistant Scope of Practice

Dear Chairman Bjorkman and members of the Committee:

As Emergency Physicians throughout Alaska, we value the role of Advanced Practice Providers (APP) as members of a physician-led healthcare team. However, we have reservations about independent practice for physician assistants (PA) as outlined in Senate Bill 115 for the reasons listed:

**Patients want access to physicians** - Patients do not just want access to any health care. They want access to physician-led care. Multiple studies and surveys demonstrate a strong preference for receiving healthcare from a physician.

**Patients are confused about roles in healthcare** - Many studies demonstrate patient confusion regarding the roles and levels of training by various types of healthcare providers. Multiple states have passed laws restricting the use of the title "doctor" by nonphysicians to prevent patient confusion.

**No cost savings** - Multiple studies demonstrate increased testing, specialty consultation, ED visits, and hospitalization by unsponsored/unsupervised APPs translating to higher costs for patients.

**Inappropriate Treatment** - In emergency departments throughout the state we routinely see patients sent unnecessarily to the emergency department by APPs practicing without appropriate collaborative physician partnerships. Frequently seen reasons include simple abscess that are not drained, EKGs that are ordered without the ability to interpret, asymptomatic non emergent hypertension, among many others.

Studies also demonstrate higher rates of inappropriate opioid and antibiotic prescriptions by APPs.

**Less training** - PAs complete 2 years of school prior to clinical practice. Physicians complete 4 years of medical school followed by 3-10+ of residency / fellowship training.

**Type of training** - Much of physician training occurs in accredited large academic medical centers. Typically, residents and fellows spend up to 80 hours a week for 3-10+ years in intensive direct patient care responsibilities. Most programs have designated numbers of supervised procedures required in order to graduate in a given specialty.

There is no required residency or other additional clinical training for PAs and much of the clinical training can occur in non-research outpatient facilities with variable responsibilities and exposure.

The training and curriculum are fundamentally different for PAs. Just as a paralegal wishing to become a lawyer or a drafter wanting to become an engineer would need additional schooling and training, PAs have the option of pursuing additional training through medical school. Even within the nursing field a CNA does not become an RN regardless of hours worked unless they attend nursing school. Likewise an RN wishing to become an NP would need to undergo additional schooling.

**No specialty training** - PAs do not undergo any specific accredited specialty training and are not board certified in specific specialties. There are already specialty clinics that are staffed exclusively by PAs and NPs in Alaska that do not have a collaborating board-certified specialist (dermatology, neurology, endocrinology). Many patients who go to these clinics believe they are being treated by specialty-trained physicians.

One of our primary concerns specific to SB115 is that there is no provision for defining specialty scope of practice of PAs. For example, what is to prevent a PA who was trained in an urgent care from opening an independently run specialty practice in neurology or any other specialty without any additional training or accreditation?

If the goal is additional primary care access with PA independent practice why doesn't the bill at a minimum limit PA independent practice to primary care settings?

**PAs can own and operate their own business currently** - While physician collaboration/oversight can be an additional expense for a PA wishing to own and operate a practice, PAs can and do own and operate their own clinics currently in Alaska. There are PA owned clinics that employ physicians. This is a business arrangement separate from the scope of PA practice. Indeed many physicians nationwide no longer own their own practices and find themselves with suboptimal and exploitative business arrangements in practices owned by private equity conglomerates. This is a separate issue from scope of practice

Thank you for your service to our state and for the opportunity to comment on SB115. As a voice of Alaska's emergency physicians we urge the Committee and Legislature to oppose the bill as drafted and not move the bill forward.

Sincerely,

Thomas Quimby, MD  
President, Alaska Chapter of the American College of Emergency Physicians

Attachment