

Konrad Jackson

From: Casey Gokey <gokey.casey@gmail.com>
Sent: Friday, April 18, 2025 1:08 PM
To: Senate Labor and Commerce
Subject: Testimony Opposing SB 89 Without Key Amendments

Dear Members of the Senate Labor and Commerce Committee,

Thank you for the opportunity to submit written testimony on SB 89. I am writing today as a physician who works closely with outstanding Physician Assistant (PA) colleagues. I have tremendous respect for the clinical skill, compassion, and professionalism they bring to patient care, and I consider them invaluable members of our healthcare team.

Please note that I submit this testimony in my personal capacity as an individual clinician and not on behalf of any affiliated organization, including my employer. These views are my own.

While I support recognizing the evolving role of PAs in our healthcare system, I am writing to express concern with SB 89 in its current form and to respectfully urge the committee to consider several amendments. I believe these changes would enhance patient safety while supporting the continued growth of team-based care in Alaska.

The training pathway for physicians and PAs is significantly different—not only in duration and depth, but in scope and intensity. Physicians undergo four years of medical school followed by a minimum of three years of residency training, often with additional fellowship training beyond that. This structured and prolonged hands-on experience is critical in preparing physicians for independent decision-making in complex and high-stakes environments. While PAs are exceptionally well trained for their intended roles within physician-led teams, their training is designed for a different scope of practice and does not include the same level of sustained, supervised clinical exposure.

I believe there is a path forward that honors the valuable contributions of PAs while also ensuring that patient safety remains paramount. I respectfully recommend the following amendments to SB 89:

- Require a minimum of 10,000 hours of supervised practice prior to eligibility for independent licensure.
- Require 6,000 hours of supervised practice when transitioning between specialties, recognizing the importance of specialty-specific knowledge and clinical nuance.
- Limit independent practice to settings with formal credentialing and oversight—such as hospitals, FQHCs, or large group practices—or to physician-owned private practices.
- Ensure patients are fully informed of the qualifications and licensure status of the clinician providing their care.
- Restrict PAs from performing surgery independently, instead ensuring they serve as surgical assistants under the supervision of a licensed physician.

These amendments are not intended to diminish the PA profession, but rather to reflect the differences in training and ensure safe, high-quality care for all Alaskans. They mirror amendments suggested by the

Alaska State Medical Association and align with thoughtful, evidence-informed approaches seen in other high-risk professions that require extensive preparation before independent practice.

SB 89's proponents have cited data comparing PA and physician outcomes. However, it is important to note that these outcomes reflect PAs working in collaborative settings—not independently. No long-term data yet exists on the impact of widespread independent PA practice, given that the first state to adopt such legislation only did so in 2019.

I strongly support PAs as valued healthcare partners and am committed to working together to build a healthcare system that is both accessible and safe for all Alaskans. Thank you for considering these amendments to SB 89.

Sincerely,
Casey Gokey, MD
Anchorage, Alaska