



**MEMORANDUM IN OPPOSITION
And S5520, Rivera/A5012, Solages**

Allows certain physician assistants to practice without physician supervision

The New York State Radiological Society is strongly opposed to Part Q of the Health and Mental Hygiene Article VII bill that would eliminate supervision requirements for physician assistants (PAs) with 8,000 practice hours who practice in primary care or hospital settings, as well as standalone legislation, S5520, Rivera/ A5012, Solages which would authorize PAs who have practiced for more than 3,600 hours to practice without physician supervision. The Society is very opposed to weakening the current standard of care and would urge lawmakers to prioritize patient safety by ensuring access to providers with the highest level of training and experience. This legislation would compromise quality of care and jeopardize patient safety and outcomes.

Physician assistants are an integral part of the healthcare team. Physician supervision of PAs helps ensure patient health and safety through care coordination, assisting patients with accessing treatments, testing, and needed specialty care. Given the success of physician-led health care teams, we believe these proposals to erode supervision requirements would only fragment and weaken patient care.

The ability for PAs to practice without physician supervision would sacrifice quality for our patients as the training and experience of PAs is not equal to that of physicians. In a recent Medical Society survey, 75% of the physician respondents indicated that advanced care practitioners working independently during the pandemic under the Governor's Executive Orders (waiving physician supervision requirements) had committed an error while treating a patient; 90% indicated that the error could have been prevented had there been physician oversight. PAs have less training in the form of didactic and clinical education in obtaining degrees, and the training is built around a model of supervision with physicians. PAs recognize the need for supervision, with a [2016 PA Education Association survey](#) finding that 90% say collaborating with a physician is either essential or very important.

We are also concerned that this legislation could result in increased health care costs due to overprescribing and overutilization of diagnostic imaging and other services by PAs. For example, a study in the *Journal of the American College of Radiology*, which analyzed skeletal x-ray utilization for Medicare beneficiaries from 2003 to 2015, found ordering increased substantially – more than 400% by non-physicians, primarily nurse practitioners and physician assistants during this time frame.

In the January 2022 edition of the [Journal of the Mississippi State Medical Organization](#), Batson et al. published an article entitled "Mississippi Frontline – Targeting Value-based Care with Physician-led Care Teams". This was a retrospective study looking at almost 10 years of data from the Hattiesburg Clinic looking at over 300 physicians and 150 advanced practice nurse and physician assistant providers. *The study found that allowing advance practice providers to function with independent panels failed to meet goals in the primary care setting of providing patients with an equivalent value-based experience for quality of care, keeping costs stable and meeting patients' expectations and satisfaction with healthcare delivery.*

These proposals represent a significant divergence from the care model that has been in place in New York since inception. This change should not be hastily enacted as part of the state budget or through legislation without further discussion and objective studies. Relaxed supervision rules may have been necessary to manage the public health crisis experienced during the pandemic, but specific research is needed to ensure that it does not result in increased health care costs and, most importantly that patient quality of care is not sacrificed.

In sum, while PAs play a critical role in providing care to patients, their skillsets are not interchangeable with that of fully trained physicians. Available studies demonstrate that patient care would be adversely affected by removing requirements for physician supervision of PAs which would further deepen the healthcare disparities in our state with unequal levels of care provided in communities. It is critical to maintain patient safety and quality of care and avoid unnecessary policy changes that will increase health care costs.

For these reasons, the New York State Radiological Society strongly urges your opposition to this Executive Budget proposal and related legislation and that it be rejected this session.