

Hearing Date: March 14, 2023

Committee: Finance

Bill: [SB673 – Physician Assistants - Revisions \(Physician Assistant Modernization Act of 2023\)](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act.**

Madam Chair,

I ask that you please vote in favor of SB 673. My Name is Jennifer Grover and I have been practicing as a PA in Maryland since 2010. I have been trained in multiple subspecialties including OB/GYN, orthopedics, and internal medicine. I have also been working with hospital administration on standardization of care amongst all providers and can testify to the administrative burden and challenges of hiring PAs due to the current law.

I have had the privilege of being a past president and current legislative director of the Maryland Academy of Physician Assistants (MdAPA). During the pandemic the glaring arbitrary rules that restrict PAs ability to serve their patients was the most evident. Thus, necessitating the need to update the Maryland PA statute Section 15 to reflect the current practice of health care in Maryland. The antiquated notion that PA work with one physician in one subspecialty is far in the past. PAs are highly educated and trained medical professions that provide care in all subspecialties and are integral parts of health care teams. Supporting SB 674 will provide Marylanders improved access to much needed healthcare and reduce the unnecessary administrative burden on PA and health systems. PAs see their own patients and collaborate with physicians on complex cases as needed. The current regulations have not been updated in over 20 years. The landscape of healthcare and the lack of access to highly trained medical providers is a crisis level. Not only is Maryland losing qualified PAs, but newly graduated PAs are moving to area states and jurisdictions with better practice environments due to the restrictive nature of Maryland PA laws.

To continue to burden PAs and health systems with regulations that are inconsistent with other surrounding states and the rest of the country is contradictory to the effort to expand access to care.

In closing, I would like to thank the members of the Committee for this opportunity to highlight the discrepancies in the current law and would strongly encourage your support of SB 674.

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