



**SB 673—Physician Assistants—Revisions
(Physician Assistant Modernization Act of 2023) and
SB 674—Physician Assistants—Parity with Other Health Care Practitioners
(Physician Assistant Parity Act of 2023)**

**Support Testimony of
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Madam Chair, members of the Committee, thank you for the opportunity to testify in support of SB 673 and SB 674.

My name is Jennifer Orozco. I am the President of the American Academy of Physician Associates, proudly representing more than 168,000 PAs serving patients in every specialty and setting in every U.S. state and territory. I have been a practicing PA for 20 years. For the last 16 years at Rush University Medical Center in Chicago, I have dedicated my career to both clinical and academic leadership. For the past seven years, I served as Rush's Director of Advanced Practice Providers for more than 400 physician associates and advanced practice registered nurses, as I continued my vascular surgery practice and served as a member of the University's faculty as an assistant professor in the Department of PA Studies.

I am here to express AAPA's strong support for SB 673 and SB 674. This important legislation would modernize the Maryland PA Practice Act and provide the profession with parity currently extended to other members of the healthcare team, improve patient access and ultimately, ensure greater health equity for ALL Marylanders at a time when it is desperately needed. The U.S. healthcare system is strained beyond capacity, and without immediate changes, this crisis is only going to get worse as our population ages, as chronic diseases such as heart disease rise, and new public health challenges emerge.

Background on PAs

PAs are licensed clinicians who practice medicine in every specialty and setting. They diagnose and treat illnesses, order and interpret lab tests, prescribe medications, perform medical procedures and examinations, assist in surgery, and enhance healthcare coordination. In Maryland, PAs practice in primary care and all medical and surgical subspecialties.

PAs are rigorously educated by an intensive curriculum modeled on that used in medical schools. All PA programs are required to adhere to the same high accreditation standards established by the Accreditation Review Commission on Education for the Physician Assistant - an independent body comprised of representatives from the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Surgeons, AAPA and PAEA, as well as the public.

After graduation, PAs must pass the Physician Assistant National Certifying Examination developed by the National Commission on Certification of Physician Assistants and be state licensed to practice.

A [report](#) compiled by the U.S. Departments of Health and Human Services, Treasury, and Labor – “*Reforming America’s Healthcare System through Choice and Competition*” -- [recommended](#) that states remove requirements for rigid supervision agreements between physicians and PAs. The report specifically recommended that “States should consider eliminating requirements for rigid . . . supervision agreements . . . that are not justified by legitimate health and safety concerns.” Given the strains on today’s healthcare systems, it is important not to impose unnecessary burdens on providers and employers and to allow PAs to have the flexibility to meet patients when and where the demand exists.

SB 673 and SB 674

SB 673 and SB 674 would more accurately reflect how PAs actually practice medicine today in a modern healthcare system, where care is delivered in teams and each team member practices to the fullest extent of their training, education and experience while continuing to collaborate, consult and refer to the appropriate member of the healthcare team. This legislation would remove outdated administrative burdens for both PAs and physicians, as well as increase access to healthcare services in Maryland’s rural and urban areas. They would give employers the flexibility to structure their healthcare teams to best serve the unique needs of the patients they serve. Now, more than more than ever, patients need access to qualified healthcare providers. PAs stand ready to support Maryland patients, and this important legislation would allow them to do just that.

Opponents to the legislation may assert that they are unprecedented expansion of PA scope of practice. This is just not true. Consistent with 41 states and the District of Columbia, PA scope of practice is determined at the practice level, based on the education, training, and experience of the individual PA. Current Maryland law is severely outdated. No other U.S. state or territory embodies Maryland’s antiquated distinction between “core” and “advanced duties” or the processes by which they must be approved, which only causes delays in PA hiring, restrictions in PAs practice in specialties, or incites practices in Maryland to abandon their efforts to hire PAs altogether.

Opponents might also assert that PAs don’t have the education or training to work sans supervision, causing one to question the value and authenticity of the collaboration proposed by this legislation. This is unfounded. Almost half the country, that is 20 states and the District of Columbia, have statutes built on a collaborative model and more are in the pipeline to make this change in 2023 and beyond. PAs are highly educated and rigorously trained clinicians - committed to patient-centered, team-based healthcare - who recognize when to consult with another member of a patient’s care team, and when to refer a patient. Data from the National Practitioner Data Bank reveals that PAs have a remarkably low rate of malpractice claims paid

against them.¹ In short, decades of research demonstrate PAs provide safe, quality care to patients.²

The Committee may also hear that PAs are trying to take physician jobs. Again, this is untrue. PAs are a critical component of today’s modern healthcare teams – teams that are struggling to meet patient demand. PAs are essential to expanding access to high quality care for ALL Americans. Right now, in this country:

- [99 million](#) patients lack adequate access to primary care;
- [160 million](#) patients are without adequate access to mental healthcare;
- The population of people age 65 and older is [projected to reach 80.8 million by 2040](#);
- There is a rise in chronic comorbidities such as diabetes, obesity, heart disease, Alzheimer’s;
 - According to [the CDC](#), 42% of adults aged 20 and over have obesity.
 - [5.7 million Americans](#) living with Alzheimer’s, according to the CDC. And Social Impact Partners estimates [the annual global cost of dementia](#) to be \$1.3 trillion.
 - According to the CDC, more than 133 million Americans are living with diabetes or prediabetes.

And all this is unfolding against a backdrop of a fragile, fragmented, and over-burdened healthcare system.

- An analysis of [EMSI data](#) shows there will be a shortage of up to 3.2 million healthcare workers by 2026.
- [BLS data](#) shows that over 2% of the healthcare workforce quits every month;
- A [2021 study](#) from Fierce Healthcare found that physicians were leaving the healthcare workforce faster than any other provider.
 - 117,000 physicians left the workforce in 2021 alone.
 - A total of 334,000 healthcare workers left the workforce in 2021.
 - The specialties most impacted by this exodus were internal medicine, family medicine and emergency medicine.
- [A University of Chicago study](#) found physicians don’t have enough time to fulfill all of patient needs.

¹ Brock DM, Nicholson JG, Hooker RS. Physician assistant and nurse practitioner malpractice trends. Med Care Res Rev. 2017;74(5):613-24. PAs have a remarkably low rate of malpractice claims paid against them, far lower than physicians. From 2005-2014, the rate of reported liability payments for physicians ranged from a high of 19.0 paid claims per 1,000 physicians (in 2005) to a low of 11.2 claims paid per 1,000 physicians (in 2014). For PAs, the rate of liability payments ranged from a high of 2.4 claims paid per 1,000 PAs (in 2011) to a low of 1.4 claims paid per 1,000 PAs (in 2007).

² A [large 2021 study](#) found PAs provided the same, or better, care to patients as physicians and at a lower cost: Researchers looked at 39 studies across North America, Europe and Africa completed between 1977 -2021—18 of the studies found quality of care delivered by a PA exceeded that of a physician; 15 of the studies found quality of care delivered by a PA was comparable to that of a physician; 29 of the 39 studies showed that both health care costs were lower when a PA delivered the care versus when a physician delivered care.



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- They estimated primary care physicians would need to work 26.7 hours a day to follow national recommended guidelines for preventive care, chronic disease care and acute care.
- This number included 3.2 hours a day just for documentation and inbox management.

Outdated supervision requirements are burdensome for the entire healthcare team and waste time and energy that should be placed on the patient.

SB 673 and SB 674 are consistent with the evolution of state PA practice laws across the country. They would eliminate Maryland's outdated administrative requirements and allow clinicians to decide how they should work together based on their combined experience and expertise to best serve patients. Under this legislation, PAs can more effectively and fully be a part of the solution to Maryland's mental health crisis where Maryland Department of Health data shows that in 2018, mental health accounted for 11.5% of emergency room visits statewide, a number that ballooned to nearly 48% in 2021.³ Under this legislation, PAs would still be required to practice within the scope of their own education, training, and experience. PAs failing to do so would be subject to discipline by the Maryland Board of Physicians. No U.S. state, jurisdiction, or territory that has enacted the changes proposed by this legislation has ever rescinded them. On behalf of Maryland's 6.1 million patients, I urge you to support SB 673 and SB 674 as written, which will reduce barriers to high-quality healthcare in Maryland.

Thank you for giving me the opportunity to testify today on this important legislation.

³ Maucione, Scott. Maryland lawmakers may spend \$12M to improve mental health crisis hotline, if bill moves forward. <https://www.wypr.org/wypr-news/2023-01-23/maryland-lawmakers-may-spend-12m-to-improve-mental-health-crisis-hotline-if-bill-moves-forward> Accessed March 9, 2023.