

HB 806/SB0167– Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Support Testimony of **Yongtao Wang, PAC**

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Good afternoon, members of the Senate and House Committee.

My name is Yongtao Wang, a Maryland licensed physician, working for University of Maryland Capital Region Medical Center and Johns Hopkins Howard County Medical Center in Maryland. I support the bill, SB0167/HB 806 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

I had worked as an ICU physician assistant in the hospital setting for 8 years. My specialty was a critical care medicine. I had worked closely with ICU physicians. I and my PA team provide tremendous and good quality medical service for critical ill patient. I had worked in two different hospitals to cover critical care unit. I found out one common problem for both of hospitals was when patient downgraded from ICU level service and moved to regular floor, the quality of the patient care cannot be guaranteed due to large volume of patient number and understaffed midlevel providers, especially PA. Based on my personal experience, in this case scenario, PA as a midlevel provider, continue to follow patient for couple days that dramatically helped regular floor physician to manage the patient with good and reliable quality and avoid to re-admitted to ICU level care. Actually, in Johns Hopkins Howard County Medical Center, I already worked closely with regular floor physician to manage the patient to avoid clinical deterioration. Generally, the most of the hospitals, ICU level care can guarantee quality of care because ICU generally is fully staffed with physician, PA and nurse. But the regular floor, most of the hospital understaffed which lack of midlevel providers, especially PA. During walking in both of the hospitals, I have been called for extra service on the regular floor patient, for example, established IV access, central venous catheter or dialysis catheter insertion. I had talked to other PA in different hospitalist, seems like that is always the common problem due to lack of PA and large volume of the patient, healthcare quality cannot be guaranteed. If have more PA hired, it will dramatically help hospital with good and reliable healthcare. Above is just one of common problem existing in current hospital setting cross Maryland based on my personal experience. Actually, currently a hospital setting still has a lot of problems due to under-staffing of PA who will fill the gap of healthcare transition and improve healthcare quality overall. I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Thank you for your time and commitment to Maryland,

Yongtao Wang, PAC

Critical care medicine

University of Maryland Capital Region Medical Center

Johns Hopkins Howard County Medical Center