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SB167 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)  
**Written Testimony of David Strobel, M.D.**  
**Support SB 167**

Good afternoon, members of the House Committee.

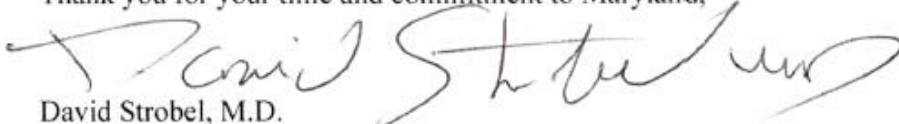
I am a Maryland board certified dermatologist (ABPS) and licensed physician, working in my own private practice Strobel Dermatology in Maryland. I employ two licensed dermatology PAs. I support the bill, SB 167 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants.

As you know, Maryland is facing significant healthcare provider shortages. These shortages are placing undue pressure on the practicing providers and limiting patients access to care, particularly within primary care, women's health, behavioral health, dermatology and underserved and rural communities. On the national level there are fewer slots for physician dermatology resident programs, whereas, with a practice agreement trained licensed physician assistants would be able to provide these services to Maryland residents. Physician assistants are trained on an accelerated medical model and a team-based approach, which includes collaboration with Physicians and other health professionals. The administrative barriers that exist when hiring PAs in Maryland, increase both the administrative and cost burden on hospitals, private clinics and all healthcare facilities. The proposed legislation focuses on removal of these administrative barriers, which delay the employment and utilization of well-trained, compassionate PAs, who can assist in reducing the gap in access to care, as well as the unprecedented healthcare shortage.

Due to retirement and the shortage of dermatology physicians, there is an excessively long wait time for appointments. As we have been seeing, skin cancers are on the rise and continue to proliferate if there is no intervention, putting patients at risk of metastases. Removing these barriers would allow Maryland's dermatology PAs to serve properly as full members of their dermatology practice team without layers of outdated regulatory burdens. In the region of my private practice, unexpectedly, two extremely busy private dermatology practices closed within two months of each other. We have received an overwhelming influx of new patients, specifically a high volume of seniors with a multitude of complex cases. Within my practice the two PAs I work with have filled the void by providing the community access to dermatology healthcare. Without them it would be devastating. Unfortunately, there are not many communities that experience the benefits of having seasoned dermatology PAs. Having a collaborative agreement would put the responsibility of the PA's abilities at the practice level, allowing providers to tailor services to the needs of their patients and community.

I ask that you support and enact SB 167 on behalf of our patients, communities, and state.

Thank you for your time and commitment to Maryland,



David Strobel, M.D.