

March 23, 2021

Members of the Health & Insurance Committee  
Colorado General Assembly  
200 E Colfax Avenue  
Denver, CO 80203

Re: Opposition to H.B. 1184

Dear Members of the Health & Insurance Committee:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to express our **strong opposition to House Bill (H.B.) 1184**. This bill would allow physician assistants to practice medicine without any physician involvement, including the ability to diagnose and treat patients. As drafted, H.B. 1184 replaces physician supervision with a weakened definition of collaboration and only requires such collaboration for 5,760 hours of practice experience. These parameters are woefully inadequate to maintain patient safety, sets Colorado apart from other states, and is not what patients want. In a recent AMA survey, 68% of U.S. voters agreed. Specifically, when it comes to receiving high quality health care, patients believe that physicians should be involved in medical diagnoses and treatment. Patients also are increasingly concerned about the cost and quality of health care and removing physicians from the care team is a step in the wrong direction. As such, we strongly encourage you to oppose H.B. 1184.

The AMA has long valued the commitment of physician assistants to the team-based model of care, and greatly respects the contributions physician assistants make to the health care team. It is our long-held belief that health care professionals' **scope of practice should be based on standardized, adequate training, and demonstrated competence in patient care**. This is imperative in protecting the health and safety of our patients. While all health care professionals share an important role in providing care to patients, their skillsets are not interchangeable with those of a fully trained physician. Patients want and expect a physician to be involved in their medical diagnoses and treatment decisions. Health care is about fixing a problem. Patients expect the most qualified person—physician experts with unmatched training, education and experience—to deal with the unexpected. That is why the AMA has long supported physician-led health care teams, with the members drawing on their specific strengths, working together, and sharing information and decision-making for the benefit of the patient. Just as teams do in business, government, sports, and schools, health care teams require leadership. With seven or more years of postgraduate education and more than 10,000 hours of clinical experience, physicians are uniquely qualified to lead the health care team.

The AMA is deeply concerned that H.B. 1184 eliminates physician-led teams and ultimately, allows physician assistants to practice medicine without any physician oversight. First, H.B. 1184 would set Colorado apart from the 40 states that currently require physician supervision of physician assistants by replacing the “supervision” definition in current statute with “collaboration.” Not only does this weaken the relationship between a physician and physician assistant, but it actually goes much further and in effect, eliminates such a relationship after 5,760 hours of “practice experience,” a fraction of the more

than 10,000 hours physicians complete. It is important to note, “practice experience” is not defined in the legislation and there is no standardization in how this experience must occur or requirements to demonstrate competence upon completion. In addition, any physician assistant currently licensed in Colorado or licensed in another state may attest they have met this requirement simply by submitting an affidavit as such to the Board of Medicine. This means, upon passage of H.B. 1184, any physician assistant currently licensed in Colorado can practice medicine without any physician involvement after submitting an affidavit to the Board of Medicine that they have met said requirements. This back door approach to practicing medicine should give legislators great concern.

Scope of practice should be based on standardized, adequate training, and demonstrated competence in patient care. The well-proven pathways of education and training for physicians to obtain a license to practice medicine include medical school and residency, and years of caring for patients under the expert guidance of medical faculty. As stated above, physicians complete more than 10,000 hours of clinical education and training during their four years of medical school and three-to-seven years of residency training. By sharp contrast, the current physician assistant education model is two years in length with 2,000 hours of clinical care—and includes no residency requirement. Adding 5,760 hours of patient experience is woefully inadequate for the independent practice of medicine. This is alarming and should give legislators great pause when considering the appropriateness of creating essentially two separate paths for obtaining a license to practice medicine.

The AMA agrees with the conclusion of physician assistant educators that physician assistant education is inadequate for independent practice. The Physician Assistant Education Association (PAEA) recently surveyed physician assistant educators—program directors, past presidents, and medical directors—about independent physician assistant practice. (PAEA. Optimal Team Practice: The Right Prescription for New PA Graduates? Available at [http://paeaonline.org/wp-content/uploads/2017/05/PAEA-OTP-Task-Force-Report\\_2017\\_2.pdf](http://paeaonline.org/wp-content/uploads/2017/05/PAEA-OTP-Task-Force-Report_2017_2.pdf).) Overwhelmingly, respondents concluded that the current physician assistant school curriculum does not adequately prepare physician assistants to practice without physician supervision, collaboration, or oversight. Rather, the current education system trains physician assistants under a model created with the intention to prepare physician assistants to practice in a mutually beneficial team-based care model under the supervision of or in collaboration with physicians.

Specifically, in the PAEA survey, first, all respondents were asked, “[D]oes your program’s current curriculum already prepare your graduates to practice without a supervisory, collaborating, or other specific relationship with a physician in order to practice?” **Eighty-six percent of physician assistant program directors and 100 percent of PAEA past presidents responded, “no.”**

Next, particular concern was expressed by physician assistant educators about the implications of proposals to remove physician supervision or collaboration for new physician assistant school graduates, who “may have an incomplete understanding of their own limitations and knowledge and/or are practicing in settings where there are geographic or other barriers to consultation.” According to the PAEA, this could lead to the negative consequences of compromising physician assistants’ success and confidence and pose a potential risk to patient safety.

Moreover, many physician assistant students are under the impression that upon graduation they will be practicing under a high degree of physician collaboration, which may decrease as they gain experience. **PAEA data indicates that 91 percent of physician assistant students nearing graduation described the collaborating physician relationship as “essential” or “very important.”** The AMA agrees, and as such, encourages members of the House Health and Insurance Committee to oppose H.B. 1184.

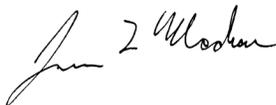
As the provision of health care in this country becomes more complex, a fully coordinated, quality-focused and patient-centered health care team will be the optimal means by which Americans will receive their health care. In the physician-led team approach, each member of the team plays a critical role in delivering efficient, accurate, and cost-effective care to patients. The AMA is committed to helping all members of the health care team work together in a coordinated, efficient manner to achieve the triple aim in health care: ensure that Colorado's patients receive the highest quality of health care, at the lowest cost, resulting in the most optimal clinical outcomes. **Simply put, H.B. 1184 is contrary to this goal.**

Finally, the AMA is concerned with language in H.B. 1184 that would allow physician assistants to prescribe controlled substances without physician supervision. There is strong evidence that expanding prescriptive authority for physician assistants has resulted in more prescribing of addictive opioids. A 2020 study published in the *Journal of General Internal Medicine* found that 8.4 percent of physician assistants prescribed opioids to more than 50 percent of their patients, compared to just 1.3 percent of physicians. They also found nurse practitioners and physician assistants in states with independent prescription authority for schedule II opioids were 20 times more likely to overprescribe opioids compared to nurse practitioners and physician assistants in states with restricted prescription programs. It is important to note that the study also found that from 2013 to 2017 almost every other medical specialty decreased opioid prescribing while nurse practitioners and physician assistants increased opioid prescribing. We believe you will agree that these results are startling, yet they are indicative of the significant risk patients in Colorado will face if H.B. 1184 becomes law.

For all of the reasons stated above, the AMA stands in strong opposition to H.B. 1184 as written. We urge you to oppose H.B. 1184, as well.

Thank you for your consideration. If you have any questions, please contact Kimberly Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at [kimberly.horvath@ama-assn.org](mailto:kimberly.horvath@ama-assn.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara".

James L. Madara, MD

cc: Colorado Medical Society