

February 7, 2023

The Honorable Senator Erin Tobin
Chair
Senate Health and Human Services Committee
South Dakota Senate
500 E. Capitol Ave.
Pierre, SD 57501

Re: AMA Opposition to Senate Bill 175

Dear Chair Tobin and Members of the Senate Health and Human Services 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 Senate Bill 175 (SB 175). This bill would allow physician assistants to practice medicine, including diagnosing and treating patients, ordering, and performing x-rays and other diagnostic testing and prescribing controlled substances without any physician involvement. As drafted, SB 175 replaces physician supervision with a weakened definition of collaboration. The bill specifies that collaboration is only required for physician assistants with less than 2,080 practice hours and can be provided by a physician or physician assistant who has practiced for 4,000 hours. These parameters are woefully inadequate to maintain patient safety and set South Dakota apart from the rest of the country. More important—SB 175 is not what patients want. **In a recent AMA survey, 95 percent of U.S. voters agree that physicians should be involved in their medical diagnoses and treatment decisions.** Patients want and expect the most educated and highly trained health care professional to be involved in their care. As such, we strongly encourage you to stand up for patients and oppose SB 175.

Physician assistants are valuable members of the physician-led health care team.

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. The AMA is deeply concerned, however, that SB 175 eliminates physicians from the care team altogether. In so doing, SB 175 sets South Dakota apart from most of the country, including 30 states that currently require physician supervision of physician assistants, 18 states that require physician collaboration, and one state that requires a practice agreement. Only a handful of states have a time-limited collaboration requirement as proposed in SB 175.

The demolition of physician-led teams proposed by this bill is not in the best interest of patients. 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 South Dakota's patients receive the highest quality of health care, at the lowest cost, resulting in the most optimal clinical outcomes. Simply put, SB 175 is contrary to this goal.

Scope of practice for any health care professional should be based on standardized, adequate training, and demonstrated competence in patient care. The well-proven pathways of education and training for physicians include medical school and residency, and years of caring for patients under the expert guidance of medical faculty. 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 it includes no residency requirement. The physician assistant education model assumes that in practice, physician assistants will engage in supervision by, or collaboration with, a physician.

Moreover, many physician assistants may not anticipate the degree of independent practice provided by this bill. 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. In fact, Physician Assistant Education Association data indicate 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 the Senate Health and Human Services Committee to oppose SB 175.

Physician assistants practicing without physician involvement will increase overall health care costs.

There is strong evidence that a physician assistant, practicing without any physician involvement, results in worse patient outcomes while also increasing costs due to overprescribing and overutilization of diagnostic imaging and other services. A case in point is a study conducted by Hattiesburg Clinic (the Clinic), a leading Accountable Care Organization (ACO) in Mississippi. This study found that **allowing non-physicians, including physician assistants, to have their own primary care panel of patients led to higher costs, more referrals, higher emergency department use, and lower patient satisfaction than care provided by physicians.** Based on Medicare cost data, the Clinic found the Medicare ACO patients spend was nearly \$43 higher per member per month for patients with a non-physician as their primary care provider compared to those with a physician.¹ These costs could have translated to an additional \$10.3 million in spending annually for the clinic. Adjusting for patient complexity, this number jumped to over \$119 in extra costs per member per month or \$28.5 million in additional costs annually. Data from this study also found that non-physicians had higher rates of utilization including visits to the emergency department and referrals to specialists. In addition, physicians scored higher in nine out of ten quality metrics and received higher patient satisfaction scores compared to non-physicians.

Multiple studies have found that physician assistants and other non-physicians order more diagnostic imaging in the emergency department compared to physicians. In a recent study in *JAMA Network Open*, the authors found that non-physicians, including physician assistants, “are associated with an increased likelihood of an emergency department visit involving imaging, and for emergency department visits with imaging, a greater number of imaging studies were performed per visit.”² The presence of non-physicians in the emergency department was associated with 5.3 percent more imaging studies per emergency department visit, including CT, radiography, fluoroscopy, MRI, and ultrasound. Finally, the authors note their findings are consistent with other studies that found increased imaging by non-physicians in the outpatient setting and the emergency department.

Other studies have also found that nurse practitioners tend to prescribe more frequently compared to physicians. For example, a 2020 study published in the *Journal of Internal Medicine* found that

¹ Batson BN, Crosby SN, Fitzpatrick J. Targeting Value-Based Care with Physician-Led Care Teams. *Journal of the Mississippi State Medical Association*. Jan. 2022.

² Christensen EW, Liu CM, Duszak R, Association of State Share of Nonphysician Practitioners with Diagnostic Imaging Ordering Among Emergency Department Visits for Medicare Beneficiaries, *JAMA Network Open*, Nov. 2022.

8.4 percent of physician assistants prescribed opioids to more than 50 percent of their patients, compared to just 1.3 percent of physicians.³ **The study further found that in states that allow independent prescribing, physician assistants and nurse practitioners were 20 times more likely to overprescribe opioids than those in prescription-restricted states.**⁴ 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.⁵

Physician assistants also tend to prescribe more antibiotics compared to physicians. A brief report by the Infectious Diseases Society of America examined nurse practitioner and physician assistant antibiotic prescribing, compared with physician-only visits for both overall visits and visits for acute respiratory tract infections (ARTIs) between 1998-2011.⁶ **The study found that ambulatory visits involving nurse practitioners and physician assistants more frequently resulted in an antibiotic prescription compared with physician visits.** Similarly, with ARTI visits, nurse practitioners and physician assistants prescribed antibiotics 61 percent of the time while physicians prescribed antibiotics 54 percent of the time. The authors noted that their findings were consistent with several previous studies.⁷

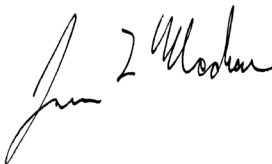
Opposing SB 175 puts South Dakota patients first.

The findings are clear: physician assistants tend to prescribe more opioids than physicians, overprescribe antibiotics, and order more diagnostic imaging and other testing than physicians—all which increase health care costs and threaten patient safety. Before allowing physician assistants to practice medicine without any physician involvement, we encourage lawmakers to carefully review these studies. We believe you will agree that the results are startling and have a significant impact on the assessment of risk to the health and welfare of patients in South Dakota, as well as the cost of health care in South Dakota.

For all of the reasons stated above, the AMA stands in strong opposition to SB 175 as written. We urge you to oppose SB 175, 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.

Sincerely,



James L. Madara, MD

cc: South Dakota Medical Association

³ Lozada MJ, Raji MA, Goodwin JS, Kuo YF. Opioid Prescribing by Primary Care Providers: A Cross-Sectional Analysis of Nurse Practitioner, Physician Assistant, and Physician Prescribing Patterns. *Journal General Internal Medicine*. 2020; 35(9):2584-2592.

⁴ *Id.*

⁵ *Id.*

⁶ Sanchez GV, Hersh AL, Shapiro DJ, et al. Brief Report: Outpatient Antibiotic Prescribing Among United States Nurse Practitioners and Physician Assistants. *Open Forum Infectious Diseases*. 2016:1-4.

⁷ Grijalva CG, Nuorti JP, Griffin MR. Antibiotic prescription rates for acute respiratory tract infections in US ambulatory settings. *JAMA* 2009; 302:758–66.