

March 22, 2019

The Honorable Ellen B. Spiegel  
Chair  
Commerce and Labor Committee  
The Honorable Jason Frierson  
Vice Chair  
Commerce and Labor Committee  
Nevada Assembly  
c/o Nevada Assembly  
401 South Carson Street  
Carson City, NV 89701-4747

Re: Opposition to Nevada Assembly Bill 328

Dear Chair Spiegel and Vice Chair Frierson:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write in **opposition to Assembly Bill (A.B) 328**. This bill would inappropriately authorize physician assistants to practice independent of physician supervision or collaboration.

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. Physician assistants are an integral part of physician-led health care teams across the country. Physician-led, team-based health care is one step in ensuring that patients receive the most patient-centered, highest quality care possible. All professions in a health care team bring with them great strengths and unique perspectives that can be utilized when looking at how to provide the safest, best possible care to patients.

We are nonetheless deeply concerned that the practical implications of A.B. 328 could fragment the benefits of a high functioning health care team. Though A.B. 328 has been marketed as “optimal team practice,” in reality, one needs to look no further than the express language of the bill to conclude that it removes all elements of collaboration with physicians and actually allows physician assistants to practice independently.

The AMA opposes A.B. 328 because physician assistant education is inadequate for the independent practice of medicine. Allowing inadequately trained professionals to treat patients without the support and mentorship of a team-based practice environment poses an unacceptable risk to patient safety.

**Physician assistant educators agree that the current educational model does not prepare physician assistants to practice independently**

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 include medical school and residency, and years of caring for patients under the expert guidance of medical faculty. Physicians complete 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.

The AMA agrees with the conclusion of physician assistant educators that this 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).) The overwhelming response was 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 or collaboration with physicians.

Specifically, all respondents were asked, “Does 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?” 86 percent of Physician Assistant program directors and 100 percent of PAEA past presidents responded, “no.”

Particular concern was expressed 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 posing 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 lessen as they gain experience and more independent practice. 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 the Commerce and Labor Committee to oppose A.B. 328.

### **A.B. 328 will make physician assistant education longer and more expensive**

If passed, one of the consequences of A.B. 328 may be longer and more expensive physician assistant programs. The same survey of physician assistant educators discussed above predicted that the implications of proposals similar to A.B. 328 would include the following:

- An increase in duration or content of physician assistant curriculum of two semesters or three quarters;
- Expansion of the clinical portion of training, including direct patient care experience, by two semesters or quarters;
- Increase of student tuition by 25 percent and a potential decrease in applicant diversity; and
- Changing the degree awarded to a doctorate from a masters.

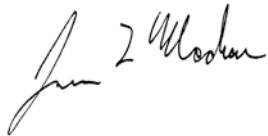
As existing physician assistant clinical sites are already experiencing a shortage, and if the physician assistant educators’ predictions are true, it will be difficult for physician assistant programs to evolve their current curriculum to conform to the needs posed by A.B. 328. If, and when these programs do evolve, they will become less accessible and more burdensome to aspiring physician assistants. A.B. 328 should not progress until Nevada has had the chance to fully evaluate the potentially detrimental impact on physician assistant education and training.

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Physician-led, team-based health care is an important step in ensuring that patients receive the most patient-centered, highest quality care possible. All professions in a health care team bring with them great strengths and unique perspectives that can be utilized when looking at how to provide the best possible care to patients. With this spirit of teamwork in mind, we urge you to **oppose A.B. 328**.

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) or (312) 464-4783.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD

cc: Commerce and Labor Committee Members  
Nevada State Medical Association