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May 7, 2019

The Honorable Heather Sanborn  
Senate Chair  
Joint Standing Committee on Health Coverage,  
Insurance and Financial Services  
Maine Legislature  
Cross Building, Room 220  
c/o Legislative Information Office  
100 State House Station  
Augusta, ME 04333

The Honorable Denise Tepler  
House Chair  
Joint Standing Committee on Health Coverage,  
Insurance and Financial Services  
Maine Legislature  
Cross Building, Room 220  
c/o Legislative Information Office  
100 State House Station  
Augusta, ME 04333

Re: Opposition to Maine Legislative Document 1660

Dear Chair Sanborn and Chair Tepler:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write in **opposition to Legislative Document (L.D.) 1660**. This bill would allow physician assistants to practice independent of physician supervision, collaboration or oversight and would give physician assistants the ability to diagnose, treat, prescribe and even perform surgery without restriction and without physician involvement.

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.

In fact, health care delivery system reforms hinge on a team-based approach to care. With seven or more years of postgraduate education and thousands of hours of clinical experience, physicians are uniquely qualified to lead the health care team. Physicians, physician assistants, nurses and other clinicians have long worked together to meet patient needs for a reason: the team approach to care works.

We are nonetheless deeply concerned that the practical implications of L.D. 1660 could fragment the benefits of a high functioning health care team. Though L.D. 1660 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.

### **Physician assistant education is inadequate for the independent practice of medicine**

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.

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 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.**

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

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>.) 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, “[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.”

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 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

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AMA agrees, and as such, encourages the Health Coverage, Insurance and Financial Services Committee to oppose L.D. 1660.

**L.D. 1660 will make physician assistant education longer and more expensive**

If passed, one of the consequences of L.D. 1660 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 L.D. 1660 would include the following:

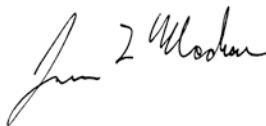
- An increase in duration or content of physician assistant curriculum of two semesters or three quarters;
- Expansion of the clinical portion of training, including direct patient care experience, by two semesters or quarters;
- An increase of student tuition by 25 percent and a potential decrease in applicant diversity; and
- A change in 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 L.D. 1660. If, and when these programs do evolve, they will become less accessible and more burdensome to aspiring physician assistants. We believe that L.D. 1660 should not progress until Maine has had the chance to fully evaluate the potentially detrimental impact on physician assistant education and training.

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 Maine's patients receive the highest quality of health care, at the lowest cost, resulting in the most optimal clinical outcomes. Simply put, L.D. 1660 is contrary to this goal.

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,



James L. Madara, MD

cc: Health Coverage, Insurance and Financial Services Committee Members  
Maine Medical Association