

February 5, 2021

The Honorable Kevin Jensen
Chair
House Health and Human Services Committee
South Dakota House of Representatives
27808 484th Ave.
Canton, SD 57013

Re: Opposition to H.B. 1163

Dear Chair Jensen:

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.) 1163**. This bill would allow physician assistants to diagnose and treat patients and prescribe substances without any physician involvement. As drafted, H.B. 1163 replaces physician supervision with a weakened definition of collaboration.

Specifically,

H.B. 1163 states that collaboration must occur with a physician or another physician assistant and is only required for physician assistants with less than 520 practice hours. These parameters are woefully inadequate to maintain patient safety and place South Dakota apart from any other state in the nation.

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. 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. 1163 eliminates physician-led teams and ultimately, allows physician assistants to practice medicine without any physician oversight. First, H.B. 1163 replaces 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 farther and in effect, eliminates such a relationship by allowing a collaboration agreement between a physician or physician assistant. **It is critical to note that this is not permitted in any other state.** Moreover, H.B. 1163 would remove this requirement altogether for physician assistants with a mere 520 practice hours, a fraction of the more than 10,000 hours physicians complete.

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. 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 520 patient care hours to the clinical care hours achieved during physician assistant education is woefully inadequate for the independent practice of medicine and should give legislators great pause.

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.) 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, 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 the Health and Human Services Committee to oppose H.B. 1163.

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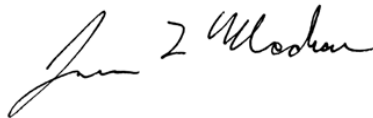
As the provision of health care in this country becomes more complex, a fully coordinated, quality-focused and patient-centered health care team will be the optimal means by which Americans will receive their health care. In the physician-led team approach, each member of the team plays a critical role 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, H.B. 1163 is contrary to this goal.

Finally, the AMA is concerned with language in H.B. 1163 that would allow physician assistants to prescribe controlled substances for greater than 30 days, coupled with the fact this will now be permitted without any physician oversight. There is strong evidence that expanding prescriptive authority for physician assistants has resulted in more prescribing of opioids. A 2020 study published in the *Journal of General Internal Medicine* found 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 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 South Dakota will face if H.B. 1163 becomes law.

For all of the reasons stated above, the AMA stands in strong opposition to H.B. 1163 as written. We urge you to oppose H.B. 1163, 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,

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

James L. Madara, MD

cc: Members of the House Health and Human Services Committee
South Dakota Medical Association