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**Memorandum In Opposition
Expanded Physician Assistant (PA) Scope of Practice
Health/MH Article VII, Part V**

The New York American College of Emergency Physicians (New York ACEP) is strongly opposed to expanding PA scope of practice which would allow PAs to practice without the supervision of a physician independently in primary care or in the Article 28 health system if they have practiced more than 8,000 hours. While physician assistants are an integral part of the healthcare team, the current care and training model for PAs is with physician supervision. We believe this proposal would fragment patient care and compromise patient quality, safety, and outcomes. Last session A8378-A (Paulin) /S9038-A (MAY) was signed into law which takes steps addressing the needs across the state while still maintaining the physician-led team. We oppose any actions beyond these measures regarding PA Scope of Practice.

New York ACEP understands the need to address the staffing issues across New York State as well as right-sizing the Medicaid System for reimbursement of services provided. Expanding the PAs scope of practice does not address these issues. A recent study at the Hattiesburg Clinic showed that non-physician lead teams resulted in an increased spending, as well as safety risks, per patient cared for by a non-physician.¹

The ability for PAs to practice without physician supervision would sacrifice quality for our patients as the training and experience of PAs is not equal to that of physicians. In a recent Medical Society survey, 75% of the physician respondents indicated that advanced care practitioners working independently during the pandemic under the Governor's Executive Orders (waiving physician supervision requirements) had committed an error while treating a patient; 90% indicated that the error could have been prevented had there been physician oversight. PAs have less training in the form of didactic and clinical education in obtaining degrees, and the training is built around a model of supervision with physicians.

New York ACEP believes patients are entitled to receive care and services from health care practitioners who are adequately trained and educated in accordance with provisions of the New York State Education Law to maintain patient safety and quality of care. For emergency physicians, after earning an undergraduate degree, one attends medical school for four years. During these four years, the typical medical student will complete approximately 2,500-3,000 lecture hours and 5,722 clinical hours. Following medical school, to become board certified, one must complete an Emergency Medicine (EM) residency of either three or four years, which typically includes 6,000-10,000 clinical hours of which 4,225 hours will be spent completing supervised specialty training in the emergency department (ED). To become Board Certified, an emergency physician must pass both the written (qualifying) and oral (certifying) exams.

New York ACEP has long held the best emergency medical care is provided and led by American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) certified emergency physicians. Patients expect care to be given or directly supervised by an emergency physician. This includes all levels and locations of ED's including rural environments, where there is often a lower concentration of board-certified emergency physicians.

Within this extensive training, emergency physicians are specifically trained to find the needle in the haystack, and the ability to differentiate between a symptom that requires a topical cream, and one indicating more extensive testing and interventions are required immediately. Without that training, a patient that requires a brief visit and minimal testing will result in thousands of dollars in unnecessary tests, or a patient that needs immediate medical care is discharged with a prescription. When a patient presents to an ED with a potentially life-threatening illness or injury, they need care led by an emergency physician.

There have been various studies that have shown that non-physician practitioners order more diagnostic imaging than physicians for the same clinical presentation, which not only increases health care costs but also threatens patient safety by exposing them to unnecessary radiation. In a study by the Journal of the American College of Radiology that analyzed skeletal x-ray utilization for Medicare beneficiaries from 2003 to 2015, *ordering of diagnostic imaging increased substantially-more than 400% by non-physicians, primarily NPs and PAs during this time frame.*

In the January 2022 edition of the [Journal of the Mississippi State Medical Organization](#), Batson et al. published an article entitled "Mississippi Frontline – Targeting Value-based Care with Physician-led Care Teams". This was a retrospective study looking at almost 10 years of data from that Hattiesburg Clinic looking at over 300 physicians and 150 advanced practice nurse and physician assistant providers. *The study found that allowing advance practice providers to function with independent panels failed to meet goals in the primary care setting of providing patients with an equivalent value-based experience for quality of care, keeping costs stable and meeting patients' expectations and satisfaction with healthcare delivery.*¹

In sum, while PAs play a critical role in providing care to patients, their skillsets are not interchangeable with that of fully trained physicians. Patient care would be adversely affected by removing requirements for physician supervision of PAs and this would further deepen the healthcare disparities in our state with unequal levels of care provided in communities.

This would be a very significant divergence from the care model that has been in place in New York since inception. This change should not be hastily enacted as part of the state budget. Rather, much further discussion and objective studies are needed to demonstrate the value and ensure that it does not result in health care costs increasing and most importantly, that patient quality of care is not sacrificed. **For these reasons, the Emergency Physicians of New York ACEP strongly urge your opposition to this proposal and requests that Expanded Physician Assistant (PA) Scope of Practice Health/MH Article VII, Part V, be rejected in the FY26 Budget.**

¹Bryan N. Batson, MD, Samuel N. Crosby, MD and John M. Fitzpatrick, MD; *Mississippi Frontline – Targeting Value-based Care with Physician-led Care Teams*; [Journal of the Mississippi State Medical Organization](#), January 2022.