AMERICAN ACADEMY OF
OTOLARYNGOLOGY–
HEAD AND NECK SURGERY

March 24, 2016

The Honorable Joshua Miller
82 Smith Street
Providence, RI 02903

Re: OPPOSE S. 2639/H. 7489, Relating To Businesses And Professions – Physician Assistants

Dear Chairperson Miller:

On behalf of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), I am writing to convey our strong opposition to S. 2639/H. 7489, "Relating To Businesses And Professions – Physician Assistants." If enacted, S. 2639/H. 7489 would significantly alter the current supervisory practice arrangement between physicians and their employed physician assistants (PAs), inappropriately threatening the safety of Rhode Island patients.

As background, the AAO-HNS represents approximately 10,500 physicians in the United States who diagnose and treat disorders of the ears, nose, throat, and related structures of the head and neck, including over 30 members who live and practice in Rhode Island and the thousands of patients under their care. Otolaryngologist-Head and Neck Surgeons, commonly referred to as ear, nose, and throat specialists (ENTs), diagnose and treat medical disorders that often afflict many Americans, including hearing and vestibular disorders, speech and swallowing disorders, head and neck cancer, chronic ear infection, sinusitis, snoring and sleep apnea, facial and cranial nerve disorders, and reconstructive facial plastic surgery.

Supervisory vs. Collaborative Practice Arrangements

S. 2639/H. 7489, by removing the "supervision" requirement and replacing it with "collaboration," gives the impression of training equivalency between a PA and a physician (MD/DO). Although the AAO-HNS recognizes the advanced training of PAs, there is a significant difference in training requirements for the two professions.

Board-certified otolaryngologist-head and neck surgeons go through nearly a decade or more of rigorous medical education and specialized training. During the third and fourth years of medical school, a physician receives medical education and training that is devoted to the diagnosis and total care management of the patient. This includes clinical rotations in medicine and surgery, as well as training in acute and ambulatory care

and advanced cardiac life support. Additionally, medically-trained surgeons must complete five to eight years of residency training, in which they receive advanced education in surgical planning and diagnosis, surgical physiology and pharmacology, and the management of surgical complications.

In comparison, according to the American Academy of Physician Assistants (AAPA) website, "Most (PA) students have a bachelor's degree and about three years of healthcare experience." To graduate and become a PA they will need approximately 2,000 clinical hours, whereas, an otolaryngologist will complete 12,000 – 16,000 hours.

It should be noted that S. 2639/H.7489 are based upon a "model bill" released by the AAPA in 2015. This is the same organization that includes a segment of its membership advocating for changing the term "physician assistant" to "physician associate." Rhode Island legislators also need to consider why PAs should have greater autonomy than medical residents who have completed at least four years of medical school and are supervised by their attending physicians.

Importance of Physician-Led Heathcare Teams

The AAO-HNS strongly believes an MD/DO physician-led healthcare team with coordination of services is the best approach for providing the highest quality care to patients. As a medical specialty organization whose members work closely with PAs and other non-physician healthcare providers, we recognize and support the critical role PAs provide in the delivery of quality healthcare in Rhode Island. However, it is important for a patient care plan to have a coordinator and leader, so as to not jeopardize patient care.

Deviation from National Standard

As written, S. 2639/H. 7489 would redefine and greatly expand the role of PAs in Rhode Island – a significant deviation from the national norm. As noted above, this legislation is based upon AAPA "model legislation," and we suspect Rhode Island is a "test case" for further changes in other states. However, the policy of the American Medical Association as reaffirmed in June 2013, representing physicians nationwide, specifically states (emphasis added):

> *The suggested Guidelines for Physician/Physician Assistant Practice are adopted to read as follows (these guidelines shall be used in their entirety.):(1) The physician is responsible for managing the health care of patients in all settings.*
>
> *(2) Health care services delivered by physicians and physician assistants must be within the scope of each practitioner's authorized practice, as defined by state law.*
>
> *(3) The physician is ultimately responsible for coordinating and managing the care of patients and, with the appropriate input of the physician assistant, ensuring the quality of health care provided to patients.*
>
> *(4)* ***The physician is responsible for the supervision of the physician assistant in all settings.***

(5) The role of the physician assistant in the delivery of care should be defined through mutually agreed upon guidelines that are developed by the physician and the physician assistant and ***based on the physician's delegatory style****.*

(6) The physician must be available for consultation with the physician assistant at all times, either in person or through telecommunication systems or other means.

(7) The extent of the involvement by the physician assistant in the assessment and implementation of treatment will depend on the complexity and acuity of the patient's condition and the training, experience, and preparation of the physician assistant, as adjudged by the physician.

(8) Patients should be made clearly aware at all times whether they are being cared for by a physician or a physician assistant.

(9) The physician and physician assistant together should review all delegated patient services on a regular basis, as well as the mutually agreed upon guidelines for practice.

(10) ***The physician is responsible for clarifying and familiarizing the physician assistant with his/her supervising methods and style of delegating patient care.***

Even a cursory search of state PA practice statutes reveals the majority of states follow a supervisory practice arrangement between physicians and PAs. The AAO-HNS supports flexibility in such practice agreements; however, the legislation actually reduces this flexibility by removing the option of a supervisory relationship if that is the preferred approach agreed upon by the physician and PA – especially if the PA is a recent graduate.

No True Relief from Regulatory Burdens or Liability

Though proponents of the legislation claim S. 2639/H. 7489 will reduce the regulatory (paperwork) burden on physicians and their liability exposure, the AAO-HNS respectfully disagrees. Common law principles of "agency" would still apply, and as noted in the above AMA policy, the employing physician or employing facility ultimately bears responsibility for PAs in practice. While state regulatory practices may be reduced under a "collaborative" agreement, based upon the employment relationship of PAs itself, for medical liability purposes, it would be advisable for physicians to continue to have written practice agreements in place.

Potential Scope of Practice Expansion

Finally, while proponents of the legislation also claim S. 2639/H. 7489 will not expand PA scope of practice, it is extremely concerning that the legislation specifically strikes current statutory language "…, that nothing in this section shall be construed to expand the scope of practice of physician assistants." This omission seems to open the door to future inappropriate scope of practice expansion efforts beyond a PA's training and expertise with the possibility of

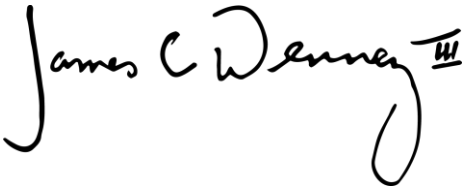
independent practice.

Conclusion

The AAO-HNS is dedicated to ensuring patients have access to the highest quality healthcare available. However, S. 2639 and H. 7489 fail to include necessary patient safeguards and unnecessarily dismantles the physician-led team-based healthcare model. For the health and well-being of Rhode Island's patients, and for the reasons set forth above, the AAO-HNS respectfully urges you and members of the Senate and House to vote "no" on H. 7489 if it is considered further.

If you or your staff have any questions, please contact the AAO-HNS at govtaffairs@entnet.org. Thank you for your consideration.

Sincerely,



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