The New York State
Society of Anesthesiologists, Inc.
228 Park Ave S, PMB 614149, New York, New York 10003-1502 US
TELEPHONE: 212-867-7140 | FAX: 929-205-7836 | WEBSITE: www.nyssa-pga.org

Testimony for the
Joint Legislative Budget Higher Education Hearing

Honorable Chairs and Members of the Senate and Assembly Higher Education Committees, Senate Finance Committee and Assembly Ways & Means Committee on behalf of the New York State Society of Anesthesiologists, thank you for the opportunity to submit testimony related to our priorities for the SFY 2025-26 State Budget.

The New York State Society of Anesthesiologists, Inc. ("NYSSA") is a medical society consisting of approximately 4,307 physicians specializing in the field of anesthesia. NYSSA is an organization dedicated to advancing the specialty of anesthesiology and providing the safest, highest quality patient care to the citizens of New York state.
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OPPOSE: Expanded Physician Assistant Scope of Practice (H/MH Article VII Part V and 30 Day amendments)

The New York State Society of Anesthesiologists is opposed to proposals that would weaken the current standard of physician-led care in New York State and is urging lawmakers to once again reject this proposal and prioritize patient safety by ensuring access to providers with the highest level of training and experience. This proposal would compromise quality of care and jeopardize patient safety and outcomes.

Physician assistants (PAs) are an integral part of the healthcare team. Physician supervision of PAs helps ensure patient health and safety through care coordination, assisting patients with accessing treatments, testing, and needed specialty care. Given the success of physician-led health care teams, we believe this proposal would fragment and weaken patient care. A primary reason for this is the significant difference in education and training between a physician and that of a PA. A comparison demonstrates the stark differences between length of education and degree of specialization.

Following undergraduate education, physicians' training includes four years of medical school, 3-7 years of residency and fellowship training, and 12,000-16,000 hours of supervised clinical practice. In comparison, PA training typically includes two years of physician assistant school with about 2,000 hours of clinical practice. This difference in

LEGISLATIVE REPRESENTATION
Charles J. Assini, Jr., Esq. | NYSSA Legislative Counsel and Representative | 1036 Onondaga Road, Niskayuna, NY 12309
TELEPHONE: 518-461-3680 | E-MAIL: Chuck@AssiniLaw.com and cc: Grace@AssiniLaw.com
Reid, McNally & Savage, LLC | NYSSA Lobbyists | 1 Commerce Plaza, Suite 402, Albany, New York 12210
TELEPHONE: 518-465-7330 | FAX: 518-465-0273 | E-MAIL: Bobr@lobbywr.com and cc: Kellyk@lobbywr.com | WEBSITE: www.lobbywr.com

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education is the reason why physician-led healthcare continues to result in the highest quality, safest, and most cost-effective care.

In a survey taken by the Medical Society relating to expanded scope allowances made during the COVID-19 pandemic Disaster Emergency, 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. This survey data reflects the realities of PA training curriculum which is built around a model of supervision by physicians.

Various studies have shown that non-physician practitioners order more diagnostic tests than physicians for the same clinical presentation, which not only increases health care costs but also may threatens patient safety by overexposure to radiation and the side effects of other medical tests. These findings are further supported in a January 2022 study in the Journal of the Mississippi State Medical Organization. The article by Batson et al, entitled "Mississippi Frontline – Targeting Value-based Care with Physician-led Care Teams" detailed a retrospective study looking at nearly 10 years of data from the 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 patient 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.*

While PAs play an important 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 proposal 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 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 New York State Society of Anesthesiologists strongly urges your opposition to this proposal and requests that it be rejected in the budget.

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OPPOSE: Transfer of Oversight to the Department of Health from the State Education Department (H/MH Article VII, Part V and 30 Day Amendments)

The SFY 2026 Executive Budget includes a proposal to transfer the authority to define, license, and oversee physicians, physician assistants, and special assistants to the Department of Health (DOH) from the State Education Department (SED). The New York State Society of Anesthesiologists does not recognize any public benefits of this change and believes there are many unknown implications that it could have including slower processing times of licenses, increased regulatory burden on physicians, a loss of the State Board of Medicine, a bifurcation on how health professions are regulated in New York and others. This proposal would only add further stress to our healthcare system. For these reasons, the New York State Society of Anesthesiologists strongly urges your opposition to this proposal and requests that it be rejected in the budget.

Scope of Practice

Our society stands together with MSSNY and other physician specialties in supporting physician lead care in office-based settings, outpatient clinics or hospitals. 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. CRNAs, PAs and NPs all 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.

In recent testimony we offered proactive solutions to help New York state meet the challenges brought about by the demands of increased surgical volume. Our recommendations ensure that New York state's patients will still receive the highest quality of anesthesia professional services performed by physician anesthesiologists and nurse anesthetists. We want to share those with your committees as you consider the SFY 2025-26 State Budget.

We ask you to keep in mind that there are unequaled risks associated with the delivery of anesthesia. When patients encounter life, threatening emergencies requiring immediate medical intervention, it is imperative we preserve equal access to the physician-led

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supervision and the safety standard which currently exists in the New York State Health Code (which has been in existence 1989). The New York State Health Code requires the supervision of the nurse anesthetist by the physician anesthesiologist who must be immediately available, or the operating physician who must accept the responsibility of the nurse anesthetist.

The anesthesia work force, consisting primarily of physician anesthesiologists and nurse anesthetists, has seen a modest increase over the past several years according to data from the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) (*see attached graph*). This data confirms that New York state, unlike several other states, has a relatively stable number of physician anesthesiologists and nurse anesthetists.

Recommendations/Solutions

1. United States International Medical Graduates (IMGs), who have gone to medical school abroad, often cannot find residency spots when they have graduated. Increasing residency spots outside of CMS in rural counties of New York state would bring valuable work force home and bring healthcare to rural areas. New York state should also have a temporary loosening for foreign graduates (non-U.S. residents) to enter the work force for a period of time. The American Board of Anesthesiology (ABA) now has eight spots allocated per hospital as a pathway for these physicians to get their Boards. Consideration should be given to increasing the spots even more – perhaps to 12 to 14 spots.

2. Create new physician anesthesiologist residency programs. California has adopted initiatives to support more physician anesthesiologist residency programs.

3. Increase student loan forgiveness programs.

4. In recent discussions with New York state officials, we were apprised of the possibility of creating Certified Anesthesiologists Assistant (CAA) programs and licensure of CAAs in New York state. There are currently 21 states that recognize CAAs. CAAs work under the supervision of a physician anesthesiologist. This initiative would bring revenue to the state and open the

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door for additional qualified anesthesia providers, which NYSSA supports. NYSSA supports the licensure and practice in New York State of both CRNAs and AAs provided such practice is under physician supervision who is immediately available to ensure patient safety. While CRNAs are licensed in other states, most of those states and the hospitals they practice in require physician supervision.

5. Advance the Rural Pass Through (RPT) program, which is a real, obtainable solution to bring more physician anesthesiologists to rural hospitals. The Rural Pass Through program is where Medicare permits certain low-volume, rural hospitals to pay for the services of nurse anesthetists and anesthesiologist assistants through a Medicare Part A, cost-based, "pass-through" mechanism. The mechanism is used in lieu of a Part B payment for anesthesia services. Medicare should extend this program to all anesthesia providers, including physician anesthesiologists, who are presently excluded by law from participating. The federal government can directly improve care expansion in rural and underserved areas through addressing a significant problem in anesthesiology --strengthening the Anesthesia Rural Pass Through. New York state officials are advised to consider encouraging the federal government to strengthen the Anesthesia Rural Pass Through.

Preserving Safe Anesthesia Standards

There are challenges to maintaining and increasing the number of physician anesthesiologists and nurse anesthetists; however, careful consideration is needed when weighing any proposals that would impact patient safety. It is important to keep in mind that, despite advances in medicine, every procedure and surgery has risks. The physician directed anesthesia care team model is physician anesthesiologists and nurse anesthetists with different clinical and training skills working together for the benefit of the patient. In this model, the physician anesthesiologist, with advanced medical training and clinical experience, assumes the primary responsibility to determine, direct, and oversee the patient's optimum medical care. This time-tested anesthesia safety standard, as set forth in the New York State Health Code, should not be compromised when addressing anesthesia work force solutions. NYSSA believes the foregoing solutions may be helpful in accomplishing the objective of increasing the anesthesia work force while preserving the existing standard of anesthesia care. According to recent Jornal of the American Medical Association (JAMA) study , evidence demonstrated that nurse anesthetists can independently administer

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anesthesia and that physician anesthesiologists' involvement will result in patient harm. *Burns et al. Association of Anesthesiologists; Staffing Ratio with Surgical Patient Morbidity and Mortality: JAMA Surg July 20, 2022: doi:10.1001/jamasurg.2022.2804*

Conclusion

Finally, the members of our society have worked tirelessly to improve patient anesthesia care for New York's citizens regardless of socioeconomic status or whether they receive care in an office, clinic, or hospitals in any borough of NYC or county of the state. We oppose any law or regulation which would threaten patient safety in anesthesia care. The New York State Society of Anesthesiologists, Inc. (NYSSA) is dedicated to advancing the specialty of anesthesiology and supporting the physicians and scientists who are striving to provide the safest, highest-quality patient care to the citizens of New York state. We thank you for allowing us to submit testimony regarding the 2025-26 State Budget.

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