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**NYS Joint Legislative Budget Hearing
NYSSPA Testimony
February 28, 2023**

Albany, New York – The New York State Society of Physician Assistants (NYSSPA) represents the more than 20,000 PAs licensed across the state of New York. We appreciate the opportunity to address the Assembly and Senate Committees, and speak today to urge the Legislature to:

- Recognize the role of physician assistants (PAs) in addressing joint pandemic and workforce crises, and to support Governor Hochul’s language contained in Executive Budget proposal (HMH, Part W, Secs. 17-23). This language updates statutory provisions to better reflect the current roles and responsibilities of PAs, remove unnecessary barriers to access to care, continue improved patient access in underserved areas, and promotes and continues the flexibility afforded to the health care delivery system under the Governor’s executive orders as they relate to PAs.

The provisions would allow PAs to practice without physician supervision where (1) the PA has 8,000 hours of experience and (a) practices in primary care; or (b) is employed by and is credentialed and has privileges with an Article 28 hospital or healthcare system; or (2) when a PA has completed a program approved by the Department of Health, in consultation with the State Education Department. The language also would remove limitations on how many PAs a physician can supervise in a private practice or hospital setting. It also would clarify prescribing privileges, including allowing PAs to write non-patient specific orders and order durable medical equipment. Finally, it would allow a school district to select a PA as a director of school health services and make other conforming amendments.

At the health system level, PAs are credentialed and issued Medical Staff privileges like physicians, and PA patient outcomes and quality of care is monitored by the same oversight bodies. Despite this, PAs still routinely encounter barriers to practice. These barriers are the types of administrative burdens that could be alleviated by adoption of the provisions in the proposed budget language.

Over the last three years, under Executive Order 202 and subsequently Executive Order 4, PAs have practiced in NYS without the legal requirement for physician supervision. EO 202 was necessary in March 2020 when PAs served as frontline healthcare providers facing COVID-19 head-on. PAs in emergency medicine and critical care were joined by other clinical PAs who pivoted out of their typical

employment setting to the front lines. The PA's broad, robust clinical training, modeled after physician training, allowed the flexibility to switch specialties and be the healthcare heroes New York needed. Again, this is permissible under the PAs current scope of practice – the EOs created flexibilities that allowed the system to respond more nimbly. With EO 202 and EO 4, PAs filled healthcare workforce gaps by removing the requirement for physician supervision. This 3-year de facto demonstration project has proven that PAs *increase access to high-quality care, address gaps in the healthcare workforce, and expand access for the underserved populations in NYS*. Governor Hochul's budget proposal language would allow this to continue.

PAs expand access to care for underserved populations in NYS including rural, immigrant, and LGBTQ populations

In NYS, the majority of counties include a HPSA, and 96% of PAs work in a county with a HPSA (Health Provider Shortage Area).¹² According to the AAPA November 2021 PA Practice Survey, 46% of PAs said that a lack of a physician to fulfill state required supervision requirements were a moderate to severe barrier to working in a HPSA.¹³ Stated another way: the number of PAs currently working in medically underserved areas is limited because they have needed a supervising physician. Within NY, with 96% of PAs already in a county with a HPSA, it may be a matter of changing the practice environment to increase access to care for those in HPSAs and medically underserved areas.

HPSA data from the Primary Care Development Corporation (PCDC) from December 2021 emphasizes the profound impact PAs have in providing primary in the underserved regions of New York State:¹³

- A higher proportions of PCP PAs (40%) practice in HPSAs compared to PCP physicians (36%).¹³
- In rural areas of NYS, PAs make up a greater proportion of the total practitioners (13.5%) compared to metropolitan (5.6%).¹³
- PAs represent 8.7% of PCPs in upstate counties, 6% of PCPs on Long Island, and 3.8% of PAs in New York City.¹³

PAs in states with prescriptive authority not restricted by physician supervision are twice as likely to prescribe HIV preexposure prophylaxis (PrEP) which carries a USPSTF Grade "A" recommendation and significantly impacts HIV which disproportionately affects New York State.¹⁴ PAs' focus on preventive health and impact on underserved populations is recognized by GLMA: Health Professionals Advancing LGBTQ Equality, the leading authority on LGBTQ health advocacy. GLMA identifies the essential role PAs play on interdisciplinary healthcare which are necessary for achieving health equality.¹⁵

PAs are the Solution to the healthcare workforce shortage

The most up-to-date practice laws allow healthcare teams to decide at the practice level how they will collaborate to best meet the needs of patients. Evidence demonstrates the most successful clinical teams are those that utilize the skills and abilities of each team member most fully. The team approach supports efficient patient-centered healthcare.¹⁶⁻¹⁸ The PA profession is just over 50 years old and many of the laws governing PA practice have **not** been updated in over 20 years. Three states (Wyoming, Vermont, Utah), recognizing the PA's value, have removed the requirement for supervision, and several other states have legislation pending.

The Federal government, including Congress,¹⁹ the US Department of Health and Human Services, US Department of the Treasury, and US Department of Labor²⁰ value the vital role PAs play in the healthcare system, support removing practice barriers, and recognize parity in the services provided by PAs. The National Governors Association²¹ encourages evaluation of laws and regulations governing PAs to ensure they are sufficiently broad to allow PAs to work to the full scope of their professional training.

Over the course of the last three years, the pandemic demonstrated the need to have an efficient set of laws and regulations that enhance patients' access to highly educated and qualified healthcare providers. PAs are the solution to the NYS healthcare workforce shortage. Supporting the language in the proposed Governor's budget will ensure that your constituents and our patients are able to access the high-quality care provided by PAs.

PAs provide increased access to cost-effective, high-quality care

Study after study confirm that PAs provide high-quality care, have similar health outcomes as physicians, focus on preventive health, and significantly reduce healthcare costs.²⁻⁸

- PAs in community health centers perform similarly to physicians and provide more health education/counseling services.²
- PA PCPs at the VA achieved similar outcomes among adult patients living with diabetes early in disease, with chronic disease, and on medication (including control of hemoglobin A1C, blood pressure, lipids).³⁻⁴
- PAs managing complex patients living with diabetes reduce use of acute care services and lower total cost.⁵
- Patients managed by PAs after myocardial infarction (heart attack) had comparable rates of all measured metrics (including medication adherence, readmission risk, mortality, and major adverse cardiovascular events).⁶
- PAs providing care after adult cardiac surgery reduce 30-day readmission rate by 41% and significant cost savings.⁷

A review of data from the National Practitioner Data Bank for the last 6 years shows no change in the number of reports processed against PAs for the time period the Executive Orders were in place.⁸

In 2022 US News and World Report ranked the PA profession as the 2nd best healthcare career, and 3rd best career overall, citing PAs' training in medicine, versatility, and cost-effectiveness.¹⁰ Job growth for PAs is predicted to be much faster than average job growth at 31% by 2030.¹¹ New York is home to over 30 PA programs, the most in the country. The New York State Education Department adds over 1,500 new PA licenses per year. PA students from the 30+ NY PA Programs should be encouraged to stay in NYS after graduation, adding to the healthcare workforce. By allowing PAs to practice to the fullest extent of their education and training, the current provisions in the Governor's budget will encourage PAs to stay in NY State and enhance the state's workforce. PAs, like other professionals, would be further encouraged to stay in New York if included in the loan repayment provided to other healthcare professionals in the proposed budget. Accordingly, any student loan repayment programs contained in the budget should specifically extend to PAs.

Summary

- PAs have played and continue to play an essential and indispensable role in the provision of healthcare and the protection of public health under the authority afforded by Executive Order 202 and Executive Order 4 since March 2020.
 - Support of the proposed budget language will remove administrative barriers and allow PAs to continue to meet the many and diverse health care needs across the State.
 - Removal of practice barriers supports the PAs' role and reinforces our commitment to team-based healthcare with our physician colleagues.
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Our Vision ... NYSSPA promotes and empowers all PAs and PA students as integral members and leaders of healthcare teams, who practice evidence-based medicine, excel at research and academia, and provide high quality, cost-effective care.

About NYSSPA and PA Practice in New York

NYSSPA is a constituent organization of the American Academy of PAs (AAPA), and the representative organization for PA practice in New York State which has successfully advocated for a PAs ability to provide quality, cost-effective, patient-centered care. PAs are trained in the medical model, nationally certified by the National Commission for Certification of PAs (NCCPA), and are licensed by the NYS Education Department Office of the Professions. PAs sit on and are overseen by the NYS Board of Medicine and NYS Board of Professional Conduct. They practice in every clinical discipline and in every clinical setting including primary care, all surgical specialties, critical care, rural health, hospice, telehealth, palliative medicine, and mental health.

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