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**NYS Joint Legislative Budget Hearing  
NYSSPA Testimony  
February 8, 2022**

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

- Recognize the role of physician assistants (PAs) in addressing joint pandemic and workforce crises and to codify Executive Orders 202 and 4 to ensure continued flexibility of PAs in meeting the needs of the State’s health care workforce; and
- Allow PAs to participate in any loan forgiveness initiatives included in the budget.

**Codifying EO 202 and 4 as They Relate to PAs**

We urge amendment of the proposed FY 2022-2023 New York State Executive Budget Health and Mental Hygiene Article VII Legislation to make permanent the provisions of Executive Order 4 as they relate to PAs. EO 4 removed the requirement for supervision for PAs. Codifying this part of the Executive Order will ensure we are able to continue to fully contribute to the NYS healthcare workforce and assure continued access to care for our patients. It is critical to note that this change did not, does not, and will not change the scope of PA practice. What it does do is remove arbitrary regulatory barriers which will allow us to care for our patients to the full extent of our existing scope and appropriate to our education, training, knowledge, and experience.

While the Governor’s budget would codify elements of the EOs that relate to two other professions, without including PAs the legislation falls short of achieving the Governor’s goal of maintaining the critical flexibility granted by EO 4, as well as the goal to “leverage the growing skills of the workers already caring for New Yorkers to provide even more care when it is needed most.”<sup>1</sup>

At the epicenter of the COVID-19 pandemic, Northwell Health was able to optimally redeploy PAs due to the flexibility provided by the Executive Orders, keeping ahead of surge needs. This included utilization of PAs to lead teams of providers and PAs practicing during rounds determining care plans.

On Long Island, a major hospital system deployed non-critical care PAs (including many surgical PAs) to support Critical Care services while Orthopedic PAs supported infection control, employee health, and critical care. “With the removal of the supervising physician requirement per the Governor’s multiple

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1. New York State Office of the Governor. State of the State Book 2022: A New Era for New York, at p. 4. <https://www.governor.ny.gov/sites/default/files/2022-01/2022StateoftheStateBook.pdf>. January 5, 2022.

Executive Orders, in what could be considered a state-wide pilot program, PAs were asked to and readily provided quality care, including critical care, to help the many COVID patients. The lack of a formal, rigid supervising physician supporting line did not negatively affect patient care or outcomes.”

A primary care PA in New Rochelle who serves as the sole clinician for approximately 5,000 patients was better able to care for his patient due to the executive order. He reflects “It’s all hands-on deck during this crisis. It will be the same for future public health emergencies, there is no reason to leave perfectly qualified PAs standing on the sidelines when the country needs us, our state needs us, our patient’s need us, and our physician colleagues are counting on us.”

Further upstate in Orange County, an urgent care PA appreciates the fundamentals of his PA training as he deploys with a wife and 1 year old at home “I’m thankful that being a PA allowed me to maintain my employment during this pandemic, but more importantly I’m proud to say that it allowed me to help during a time when patients needed it the most.”

In the Finger Lakes region, a PA at a major hospital system shares his pride in his profession. “The time of crisis brought out the best in our team as PAs across the system assumed various roles and provided excellent patient care. They worked collaboratively across the operational leadership structure, human resources, medical staffs, and executive leadership.”

Over the last two years, under Executive Order 202 and subsequently Executive Order 4, PAs have practiced in NYS without the 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 PAs who pivoted out of their typical employment setting to the front lines. The PAs’ 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 something PAs can currently do within our scope – the EOs just allowed the system to respond more nimbly. EO 202 and EO 4, provided PAs the flexibility to fill healthcare workforce gaps by removing the requirement for physician supervision. This de facto demonstration project has proven PAs *increase access to high-quality care, address gaps in the healthcare workforce, and expand access for the underserved populations in NYS.*

### ***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.<sup>2-8</sup>

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2. Kurtzman ET, Barnow BS. A Comparison of Nurse Practitioners, Physician Assistants, and Primary Care Physicians’ Patterns of Practice and Quality of Care in Health Centers. *Med Care.* 2017;55(6):615-622. doi:10.1097/MLR.0000000000000689.
  3. Jackson GL, Smith VA, Edelman D, et al. Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Ann Intern Med.* 2018;169(12):825-835. doi:10.7326/M17-1987.
  4. Yang Y, Long Q, Jackson SL, et al. Nurse Practitioners, Physician Assistants, and Physicians Are Comparable in Managing the First Five Years of Diabetes. *Am J Med.* 2018;131(3):276-283.e2. doi:10.1016/j.amjmed.2017.08.026.
  5. Morgan PA, Smith VA, Berkowitz TSZ, et al. Impact of physicians, nurse practitioners, and physician assistants on utilization and costs for complex patients. *Health Aff.* 2019;38(6):1028-36.
  6. Rymer JA, Chen AY, Thomas L, et al. Advanced Practice Provider Versus Physician-Only Outpatient Follow-Up After Acute Myocardial Infarction. *J Am Heart Assoc.* 2018;7(17):e008481. doi:10.1161/JAHA.117.008481.
  7. Nabagiez JP, Shariff MA, Molloy WJ, Demissie S, McGinn JT Jr. Cost analysis of physician assistant home visit program to reduce readmissions after cardiac surgery. *Ann Thorac Surg.* 2016;145(1):225-33.
  8. U.S. Department of Health and Human Services, Health Resources and Services Administration. (2022). National Practitioner Data Bank Data Analysis Tool. A review of data 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. Available at: <https://www.npdb.hrsa.gov/analysisistool/>.

- PAs in community health centers perform similarly to physicians and provide more health education/counseling services.<sup>2</sup>
- 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).<sup>3-4</sup>
- PAs managing complex patients living with diabetes reduce use of acute care services and lower total cost.<sup>5</sup>
- 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).<sup>6</sup>
- PAs providing care after adult cardiac surgery reduce 30-day readmission rate by 41% at a significant cost savings.<sup>7</sup>

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.<sup>8</sup>

### ***PAs Address Gaps in the Healthcare Workforce, and Must Be Allowed to Participate in Loan Forgiveness Programs***

Healthcare workers have and continue to suffer significant trauma during the public health crisis. As the most affected state, New York's healthcare workforce faced mental, emotional, and physical trauma from the first days of the pandemic. Increasing rates of burnout have led to 1 in 5 physicians and 2 in 5 nurses intending to leave practice within 2 years.<sup>9</sup> Healthcare workers in NY continue to face these mental, emotional, and physical challenges, exacerbated by shortages of qualified care providers. This will worsen in the coming years as more and more workers leave the field. PAs have filled and will continue to fill gaps, minimizing impact on access and care to New Yorkers.

In 2022 US News and World Report ranked the PA profession as the 2<sup>nd</sup> best healthcare career, and 3<sup>rd</sup> best career overall, citing PAs' training in medicine, versatility, and cost-effectiveness.<sup>10</sup> Job growth for PAs is predicted to be much faster than average job growth at 31% by 2030.<sup>11</sup> New York is home to 28 PA programs, the most in the country. The New York State Education Department (NYSED) adds over 1,200 new PA licenses per year. Early in the pandemic, PA educational programs expeditiously transitioned to virtual-hybrid models preparing our next generation of healthcare providers, some of whom have completed the majority of their training during the pandemic. NYS PA students underwent a year of clinical rotations wearing N-95 masks, face shields, and proudly vaccinated. PA students from the 28 NYS PA Programs should be encouraged to stay in state after graduation, adding to the healthcare workforce. By allowing PAs to practice to the fullest extent of their education and training, Codifying EO 4 will encourage PAs to stay in NYS 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.***

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9. Sinsky CA, Brown RL, Stillman MJ, Linzer M. COVID-Related stress and work intentions in a sample of US health care workers. Mayo Clinic Proceedings: Innovations, Quality & Outcomes. 2021 Dec 1;5(6):1165-73.

10. US News and World Report. 100 Best Jobs. 2022. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs>.

11. Bureau of Labor Statistics, U.S. Department of Labor. Occupational Outlook Handbook, Physician Assistants. <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>. Accessed 1/10/2022.

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

In NYS, the majority of counties include a Health Provider Shortage Area (HPSA), and 96% of PAs work in a county which includes a HPSA.<sup>12</sup> 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.<sup>13</sup> Within NY, with 96% of PAs already in the location of a HPSA, changing the practice environment could increase access to care for those in HPSAs and medically underserved areas.

HPSA data from the Primary Care Development Corporation (PCDC) emphasizes the profound impact PAs have in providing primary care in the underserved regions of New York State:<sup>14</sup>

- A higher proportions of PCP PAs (40%) practice in HPSAs compared to PCP physicians (36%).<sup>14</sup>
- In rural areas of NYS, PAs make up a greater proportion of the total practitioners (13.5%) compared to metropolitan (5.6%).<sup>14</sup>
- PAs represent 8.7% of PCPs in upstate counties, 6% of PCPs on Long Island, and 3.8% of PCPs in New York City.<sup>14</sup>

PAs in states with prescriptive authority not restricted by physician supervision are twice as likely to prescribe HIV preexposure prophylaxis (PrEP). PrEP carries a US Preventive Services Task Force (USPSTF) Grade “A” recommendation and significantly impacts HIV which disproportionately affects New York State.<sup>15</sup> 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 and encourages the removal of barriers to practice.<sup>16</sup>

## **PAs are the Solution**

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.<sup>17-19</sup> The PA profession is just over 50 years old and many of

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12. HPSA Data Social Determinants of Health Database (Beta Version). Content last reviewed June 2021. Agency for Healthcare Research and Quality, Rockville, MD. Accessed February 2, 2022. <https://www.ahrq.gov/sdoh/data-analytics/sdoh-data.html>

13. American Academy of Physician Associates. November 2021 PA Practice Survey. Unpublished data. Accessed February 2, 2022

14. Primary Care Development Corporation. Characteristics of Primary Care Providers in New York State. Points on Care. December 2021. “One solution to increasing availability of PCPs has been Nurse Practitioners (NPs) and Physician Assistants (PAs). [...] Higher proportions of [...] PAs (40%) practice in Health Professional Shortage Areas compared to Physicians (36%). In rural areas, [...] PAs make up a greater proportion of the total practitioners [13.5%] when compared to metropolitan [5.6%].”

15. Carnes N, Zhang J, Gelaude D, Ya-lin AH, Mizuno Y, Hoover KW. Restricting access: a secondary analysis of scope of practice laws and pre-exposure prophylaxis prescribing in the United States, 2017. *Journal of the Association of Nurses in AIDS Care*. 2022 Jan 1;33(1):89-97.

16. GLMA: Health Professionals Advancing LGBTQ Equality. GLMA Position Statement on Scope of Practice for Primary Healthcare Clinicians. December 2021. <https://www.glma.org/index.cfm?fuseaction=Page.ViewPage&PageID=1242>. Accessed 1/29/2022. (“GLMA further recommends the removal of restrictions on scope of practice that prevent all culturally competent primary care clinicians from practicing to the full extent of their discipline’s education, experience, and training.”)

17. Mitchell PM, Wynia R, Golden B, et al. Institute of Medicine. Core principles and values of effective team-based health care. <https://nam.edu/perspectives-2012-core-principles-values-of-effective-team-based-health-care>. Published October 2, 2012. Accessed November 2, 2020.

18. Doherty RB, Crowley RA; Health and Public Policy Committee of the American College of Physicians. Principles supporting dynamic clinical care teams: an American College of Physicians position paper. *Ann Intern Med*. 2013;159(9):620-626. doi:10.7326/0003-4819-159-9-201311050-00710.

19. Jabbarpour Y, DeMarchis E, Bazemore A, Grundy P. The impact of primary care practice transformation on cost, quality, and utilization: A systematic review of research published in 2016. Washington, DC: Patient Centered Primary Care Collaborative.

[https://www.pcpc.org/sites/default/files/resources/pcmh\\_evidence\\_report\\_08-1-17%20FINAL.pdf](https://www.pcpc.org/sites/default/files/resources/pcmh_evidence_report_08-1-17%20FINAL.pdf). Published July 2017. Accessed November 2, 2020.

the laws governing PA practice have not been updated in over 20 years. Three states (Wyoming, Vermont, Utah), recognizing the value of PAs value, have removed the requirement for physician supervision, and several other states have legislation pending. The Federal government, including Congress,<sup>20</sup> the US Department of Health and Human Services, US Department of the Treasury, and US Department of Labor<sup>21</sup> value the vital role PAs play in the healthcare system, support removing practice barriers, and recognize parity in the services provided by PAs as compared to physicians. The National Governors Association 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.<sup>22</sup>

Over the course of the last two years, the pandemic has 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. Codifying the provisions in the EOs to permanently remove PA supervision by physicians will ensure that your constituents and our patients are able to access the high-quality care provided by 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 throughout the COVID-19 pandemic and declared public health emergency under the authority afforded by Executive Order 202 and Executive Order 4.
- The budget should include language to codify the Executive Orders to remove administrative barriers and allow PAs to continue to meet the many and diverse health care needs across NYS.
- Student loan repayment programs contained in the budget should specifically extend to PAs.
- Removal of practice barriers supports the PAs' role and reinforces our commitment to team-based healthcare with our physician colleagues.

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20. U.S. Congress, Office of Technology Assessment. Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives: A Policy Analysis. Health Technology Case Study 37. OTA-HCS-37. Washington, DC: U.S. Government Printing Office; December 1982:39. <https://www.princeton.edu/~ota/disk2/1986/8615/8615.PDF>. Accessed 1/8/2022. ("Most observers conclude that most primary care traditionally provided by physicians can be delivered by [physician assistants].")

21. US Department of Health and Human Services, US Department of the Treasury, US Department of Labor. Reforming America's Healthcare System Through Choice and Competition. HHS Press Office. Washington, DC; December 3, 2018. <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>. Accessed 1/8/2022. ("Physician assistants (PAs) [...]can safely and effectively provide some of the same healthcare services as physicians, in addition to providing complementary services.")

22. Dunker A, Krofah E, Isasi F. The Role of Physician Assistants in Health Care Delivery. Washington, D.C.: National Governors Association Center for Best Practices. September 22, 2014. <https://www.nga.org/wp-content/uploads/2019/08/1409TheRoleOfPhysicianAssistants.pdf>

### **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. 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. PAs sit on and are overseen by the NYS Board for Medicine and NYS Board of Professional Conduct. They practice in primary and specialty care, 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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