



February 23, 2023

The Honorable Rhonda Fields
Chair, Health and Human Services Committee
Colorado Senate
200 E Colfax
Denver, CO 80203

Re: **Opposition to SB 23-083**

Dear Chair Fields,

On behalf of the undersigned organizations representing approximately 330 dermatologists in Colorado and nearly 17,000 nationwide, we oppose SB 23-083, which would remove physician oversight of physician assistants. Board-certified dermatologists diagnose and treat over 3,000 different diseases and conditions. Dermatologists see patients of all ages, from newborns to the elderly. We urge you to retain current safeguards to ensure our patients have access to physician led team-based care.

The best and most effective care occurs when a team of health care professionals with complementary—not interchangeable—skills work together. Dermatologists and physician assistants have long worked together to meet their patients' needs. Efforts to disassemble the physician-physician assistant relationship will further compartmentalize the delivery of health care. The optimal way to provide dermatologic care is under the direction of a board-certified dermatologist, who retains ultimate responsibility for patient care and tasks delegated to care team members.¹ The dermatologist also remains responsible for ensuring that all delegated activities are within the scope of each care team member's training and level of experience.

¹ AAD Position Statement on the Practice of Dermatology: Protecting and Preserving Patient Safety and Quality Care, <https://server.aad.org/Forms/Policies/Uploads/PS/PS-Practice%20of%20Dermatology-Protecting%20Preserving%20Patient%20Safety%20Quality%20Care.pdf>

Physician assistant educators do not believe the physician assistant curriculum adequately prepares physician assistants to practice without physician supervision, collaboration, or oversight.

² A task force report of the Physician Assistant Education Association concluded that the current education system trains physician assistants to practice under the supervision or collaboration with physicians³. A board-certified dermatologist undertakes a minimum of 8 years of exhaustive medical education and training (4 years of medical school, 1 year of internship, 3 years (minimum) of dermatology residency), during which they complete 12,000 to 16,000 hours of direct patient care, before they can practice independently.

Medical students who attend schools accredited by the Liaison Committee on Medical Education are required to care for patients in both inpatient and outpatient settings in the following clinical rotations: family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry and surgery.⁴ Similarly, students at colleges of osteopathic medicine that are accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation must receive education in the following clinical disciplines: internal medicine, obstetrics/gynecology, pediatrics, family practice, surgery, psychiatry, radiology, preventive medicine, and public health.⁵ All medical students must also select a number of specialty elective rotations to round out their exposure to the branches of medicine, ensuring a broad and comprehensive medical knowledge base upon which they build by choosing an area of practice specialization for graduate medical education, commonly known as residency.

In stark contrast, physician assistants complete a 26-month physician assistant program followed by 2,000 hours of clinical rotations, which emphasize primary care in ambulatory clinics, physician offices and acute or long-term care facilities.⁶ Rotations could also include family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine, and psychiatry.⁷ Unlike physicians, physician assistants are not

² Physician Assistant Education Association OTP Task Force. Optimal Team Practice: The Right Prescription for All PAs? May 8, 2017. https://paeaonline.org/wp-content/uploads/imported-files/PAEA-OTP-Task-Force-Report_2017_2.pdf

³ *Id.*

⁴ Web, Liaison Committee on Medical Education (LCME). LCME Accreditation Standards with annotations. www.lcme.org

⁵ Web, https://www.aacom.org/docs/default-source/cib/aacom-cib-2019-all-web.pdf?sfvrsn=95e22597_8

⁶ <https://www.aapa.org/what-is-a-pa/#tabs-2-how-are-pas-educated-and-trained>

⁷ https://www.aapa.org/wp-content/uploads/2016/12/Issue_Brief_PA_Education.pdf.

required to complete a residency program. Physician assistants who elect to practice in dermatology are trained in the clinic by dermatologists.⁸ There are no uniform training requirements in such a setting. Training requirements, including length of time, vary from practice to practice.⁹

By any measure, the differences in training are significant. Given the wide array of challenges and complexity that confront health care practitioners, particularly as the population ages, physicians' additional training and expertise allows them to substantively reduce the incidence of complications and to recognize and treat complications appropriately should they occur.

Studies demonstrate differences in patient outcomes and utilization rates. After the Hattiesburg Clinic expanded its use of non-physician clinicians to address its primary care shortage it concluded that nurse practitioners and physician assistants should not practice independently.¹⁰ The findings are based on ten years of data from more than 33,000 Medicare patients and 208,000 patient survey responses. The clinic failed to meet its expectations regarding utilization, cost, quality, or patient satisfaction. Costs increased by \$43 per patient per month, and \$119 if adjusted for patient complexity, totaling more than \$10.3 million per year.

Research shows that dermatologists are more effective than physician assistants in diagnosing skin cancer. Researchers examined data from 33,647 skin cancer screenings in 20,270 patients at University of Pittsburgh Medical Center-affiliated offices from January 2011 through December 2015. Compared to dermatologists, physician assistants needed to perform more biopsies to detect melanoma and nonmelanoma skin cancer. To diagnose one case of melanoma, the number needed to biopsy was 39.4 for physician assistants and 25.4 for dermatologists. To diagnose one case of skin cancer, the number needed to biopsy was 3.9 for physician assistants and 3.3 for dermatologists.¹¹

Dermatologists were more likely than physician assistants to diagnose noninvasive melanoma, which the authors note is more difficult to identify than invasive melanoma.

⁸ Web, The Society of Dermatology Physician Assistants, <http://hireadermpa.com/dermpa-training/>

⁹ *Id.*

¹⁰ Batson, B., Crosby, S., Fitzpatrick, J. (2022, January). Mississippi Frontline – Targeting Value-based Care with Physician-led Care Teams. *JMSMA: 2022.*

https://ejournal.msmaonline.com/publication/?m=63060&i=735364&view=articleBrowser&article_id=4196853&ver=html5%29

¹¹ Matsumoto, M. et al (2018, May). Estimating the cost of Skin Cancer Detection by Dermatology Providers in a Large Health Care System. *JAMA Dermatol.* May 2018 Volume 154, Number 5.

Early detection and treatment of noninvasive melanoma can result in improved patient outcomes and lower treatment costs.

A 2015 study from the University of Wisconsin comparing malignancy rate of biopsies performed by dermatologists versus non-physicians suggests that non-physicians, having less acute diagnostic skills, perform more biopsies, thus increasing patient morbidity and the cost of care.¹² Removing physician supervision of physician assistants would lead to misdiagnoses, adverse events, and increased health care costs. This is a public health hazard that will be aggravated by this legislation.

The public supports physician-led team-based care. As members of the health care delivery system, it is a common goal of both physicians and physician assistants to ensure that patients receive the highest quality care. We believe this is achieved when health care is delivered by a physician-led team; a model that is also supported by the public. According to four nationwide surveys, 84% of respondents prefer a physician to have primary responsibility for diagnosing and managing their health care and 91% of respondents said that a physician's years of medical education and training are vital to optimal patient care, especially in the event of a complication or medical emergency.¹³

Existing law does not prevent physician assistants from practicing in rural and underserved areas. Existing state law does not set geographic boundaries nor is there evidence that eliminating the supervisory relationship will improve access to care. A geographic mapping initiative of the American Medical Association demonstrates that there is not a noticeable increase in non-physician clinicians practicing in rural or underserved areas, but rather, non-physicians are concentrated in the same geographic areas as physicians.

As physicians, our number one priority is the health and welfare of our patients. We appreciate the opportunity to provide written comments on this important public health issue. We respectfully urge you to carefully consider the ramifications of SB 23-083, as articulated above. We remain committed to providing high quality care and serving the best interests of our patients through physician-led team-based care. For further information,

¹² Bennett, D., Xu, Y (2015, August). Biopsy Use in Skin Cancer Diagnosis: Comparing Dermatology Physicians and Advanced Practice Professionals, JAMA Dermatol. August 2015 Volume 151, Number 8.

¹³ Surveys of nearly 1,000 adults on behalf of the AMA Scope of Practice Partnership were conducted in 2008, 2010, 2012, and 2018.

February 23, 2023

Oppose SB 23-083

Page 5 of 5

please contact Lisa Albany, director of state policy for the American Academy of Dermatology Association, at LAlbany@aad.org or (202) 842-3555.

Sincerely,

American Academy of Dermatology Association
American Society for Dermatologic Surgery Association
Colorado Dermatologic Society



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MOUNTAIN WEST SOCIETY OF
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February 10, 2023

The Honorable Rhonda Fields, *Chair*
The Honorable Joann Ginal, *Vice Chair*
Senate Committee on Health and Human Services
200 E. Colfax Ave.
Denver, CO 80203

Re: Oppose Senate Bill 23-083

Dear Chair Fields and Vice Chair Ginal:

On behalf of the Mountain West Society of Plastic Surgeons (MWSPS) and the American Society of Plastic Surgeons (ASPS), we are writing **in opposition to** Senate Bill 23-083. ASPS is the largest association of plastic surgeons in the world, representing more than 8,000 members and 92 percent of all board-certified plastic surgeons in the United States – including 171 board-certified plastic surgeons in Colorado. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

We must oppose S.B. 23-083, as it is authorizing physician assistants (PAs) to practice independently – representing a dangerous expansion of their role in patient care. The language of this bill clearly eliminates the vital requirement for supervision or collaboration between a physician and a PA. A PA's practice agreement should *not* be between a practice site and a PA, but rather between the supervising or collaborating physician and the PA. This effort to significantly expand their scope of practice is, quite frankly, irresponsible. PAs do not receive sufficient medical training to provide them with the clinical expertise to practice outside of a collaborative agreement. Their training is in no way equivalent to that of physicians, who offer essential diagnostic and medical expertise to patients. Nothing can replace the foundational medical knowledge and decision-making skill possessed by physicians because of their residency training.

Most PAs receive their bachelor's degree in science, followed by a three-year master's degree program. While the master's degree and advanced clinical experience provide PAs with an advanced education in comparison to other mid-level practitioners, this education will never replace the education gained through medical school. In contrast, all primary care and specialty physicians receive a bachelor's degree, followed by a four-year degree from an accredited medical school. Medical students spend nearly 9,000 hours in lectures, clinical study, lab, and direct patient care.

Comprehensive physician training continues through post-graduate medical education, where all physicians are trained in accredited residency programs and receive at least three additional years of training before becoming licensed and board certified. Ultimately, physicians will train for eight to sixteen years, as much as four-times-as-long as a PA. Only this depth and duration of training prepares a provider to safely execute all the responsibilities the bill seeks to grant to PAs.

Ultimately, we believe that giving PAs independent practice authority will undermine the physician-centered, team-based healthcare delivery model, an established norm resulting from the extensive education of the lead physician. The lead physician plays a critical role in determining whether the patient is a candidate for medical services, identifying potential complications before they arise, and triaging complications that may

occur. The erosion of physician-centered, team-based healthcare will, in turn, negatively impact patient quality outcomes. Instead, PAs should continue to practice in collaboration with a physician who specializes in the medical care offered. This allows for seamless consultation in case the PA needs advice regarding care, more effective identification when referring to a specialist, and faster admission to a hospital, if needed.

ASPS recognizes that the ultimate goal of this proposal is to expand access to primary care services, especially in areas that have difficulty attracting physicians. However, rigorous studies conducted by the American Medical Association¹ have consistently shown that expanding PA scope of practice does not increase access to care in underserved areas. In fact, PAs with expanded practice parameters tend to practice in the exact areas that are already served by established physician populations. Therefore, S.B. 23-083 is founded on the flawed premise that it will increase access to primary care services for areas in need. Unfortunately, this is simply not true and will not address this warranted concern.

As surgeons, we encourage you to uphold the high level of patient care that has been established and permit licensed PAs to only practice under the supervision of physicians who meet appropriate education, training, and professional standards to practice medicine in Colorado. We urge you to oppose S.B. 23-083.

Please do not hesitate to contact Patrick Hermes, ASPS Director of Government Relations, Political Affairs, and Health & Payment Policy, at phermes@plasticsurgery.org or (847) 228-3331 with any questions or concerns.

Sincerely,



Gregory Greco, DO, FACS
President, American Society of Plastic Surgeons



Alanna Rebecca, MD
President, Mountain West Society of Plastic Surgeons

cc: Members, Senate Committee on Health and Human Services

¹ The AMA Health Workforce Mapper, 1995-2020. <https://www.ama-assn.org/about/health-workforce-mapper>.