

18 March 2023

Madam Chair and members of the committee:

My name is Frances Jenkins. I am a physician assistant who has worked in rural NW Colorado for 25 years. I have worked in Walden, Craig and Steamboat Springs so rural medicine is what I love. When I worked in Walden for 5 ½ years, I was never in the clinic on the same day as my supervising physician and actually only called him one time to consult on a patient. When asked what I did if I had a patient about whom I needed a consult, I called a Urologist if it was a urology issue. I called an Orthopaedist if it was an orthopaedic problem. I called a Surgeon if it was a possible surgical issue. In other words, I sought collaboration with a physician most appropriate for the question at hand.

On 22 March 2023, you will hear testimony on SB23-083 regarding updating practice guidelines for physician assistants. Physician assistants have become trusted and valued members of a healthcare team. When the physician assistant programs first came into existence in 1968, guidelines were established that made sense at that time. All PA students at that time had been corpsmen in the military and had a lot of practical skills but not the didactic training needed to understand the why behind a decision that was needed for a patient. The guidelines for PA practice were set up in order to assure that patients had sound medical care because of the physician/PA supervision model.

Physician assistant training has matured as has training for other medical professions. The concept that a PA, after being in practice for years, still needs to be “supervised” by a physician is a model that no longer serves patients or medicine in general. I believe that a model where “collaboration” is required is, in modern times, more appropriate. There is no question that a new graduate should have physician supervision but, after a total of 26 years of practice as a PA, I “collaborate” with the other members of the healthcare team to deliver gold standard care to patients I see. Make no mistake, I value and appreciate the physician members of the healthcare team with whom I work. We all bring different strengths to the table that makes the Northwest Colorado Health Community Health Center one of the top Community Health Centers not only in Colorado but in the nation.

I hope you will support SB23-083 on 22 March 2023 to bring the practice of physical assistants into the 21<sup>st</sup> century.

I am grateful for the work you do on behalf of the people of Colorado and want to thank you for your decision to be a Representative to the Colorado state legislature.

Best,

Frances Jenkins PA-C  
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Steamboat Springs, Colorado  
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March 14, 2023

The Honorable Dafna Michaelson Jenet, *Chair*  
The Honorable Mary Young, *Vice Chair*  
House Public & Behavioral Health & Human Services Committee  
200 E. Colfax Ave.  
Denver, CO 80203

**Re: Oppose Senate Bill 23-083**

Dear Chair Michaelson Jenet and Vice Chair Young:

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 Association<sup>1</sup> 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 Gabrielle Coapstick, ASPS State Affairs Manager, at [gkoenig@plasticsurgery.org](mailto:gkoenig@plasticsurgery.org) or (317) 847-6115 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, House Public & Behavioral Health & Human Services Committee

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

**House Public & Behavioral Health & Human Services**  
**03/22/2023 01:30 PM**  
**SB23-083 Physician Assistant Collaboration Requirements**  
**Typed Text of Testimony Submitted**

Name, Position, Representing	Typed Text of Testimony
<p>Elise Pagel Against themselves</p>	<p>I am the mother of 2 young children (3 yrs; 10 months) in rural Colorado and I strongly oppose this bill. I understand there is a shortage of healthcare providers in rural areas, but staffing clinics with physician assistants is not the answer. Rural Colorado residents deserve access to high quality healthcare provided by the highest-trained individuals in the field (physicians) when necessary. For example, when and if I need to take my child to an emergency room, I expect to see a board-certified physician to determine the course of action and make potentially life-altering decisions for my family. Physician assistants play a role in our system, and that role (dictated by their years of study and level of training) is as an ASSISTANT to physicians with appropriate supervision. Physician assistants have far fewer hours of didactic and clinical training than many other healthcare professionals including board-certified physicians, occupational therapists, physical therapists, nurse practitioners, etc; their level of responsibility and autonomy should reflect their expertise as assistants to board-certified physicians and not as independent providers. As leaders in healthcare, CO legislators need to look beyond the “cheap fix” and focus on what is best for patients and patient care. We should be wary of profit-driven companies infiltrating Colorado’s rural healthcare scene and fully aware of how this type of legislation opens the door for lowering the standard of care for patients while filling the pocketbooks of corporate executives. Legislators should be focusing on strategies to provide additional incentives such as housing, childcare, and student loan forgiveness for board-certified physicians to support their work in rural areas. Rural Coloradan families deserve better.</p>
<p>Lois Isaksen Against themselves</p>	<p>My name is Dr. Lois Isaksen. I am a board certified Emergency Medicine Physician and I supervise both EM residents and APPs in a physician directed model.</p> <p>I am opposed to this bill because the word collaboration does not truly reveal the fact that the bill will allow PAs to practice independently. After 4 years of medical school, 4 years of residency, and many years of supervising both residents in training and APPs, I have so many examples of the need for physician supervision to catch the missed diagnoses and/or missteps in the management of sick patients.</p> <p>I will choose one case to show the critical need for supervision. A diabetic patient came to our ED a day after he had been seen for a "rash" on his left testicle by an independent PA in another facility. He was prescribed steroid cream. When he came to our Emergency</p>

	<p>Department, a PA with whom I work presented his exam as concerning for severe infection. I immediately went to see the patient with concern for Fournier's Gangrene, or gangrene of the pelvic area. This is what it implies: his pelvis were completely colonized by flesh eating bacteria, likely made worse with topical steroids and his diabetes. I called our surgical service immediately after my exam. We started broad spectrum antibiotics, and he was tragically brought to the OR immediately for debridement of his pelvis. This is what you imagine this is, surgical removal of all affected tissue. Had this man come to us in our supervised setting, this man would not have lost vital organs. This is a tragic case of morbidity in a middle aged man, a tragedy that could have been avoided with immediate antibiotics and admission the day before. Instead, he was admitted for over a month and is now in a nursing home. The loss of functional human life is of course, most clearly at hand here, but let us also be clear, there was no financial benefit to his first catastrophic PA visit.</p> <p>Physician Assistants have much less extensive education and training gives them an ability to work under the supervision of a physician, not to replace a physician.</p> <p>I know that we need better physician staffing in rural Colorado, and perhaps with a bill that would give recent EM residency graduates loan reimbursements for critical work in rural areas, as we do with primary care, we can provide our rural community members nothing but the gold standard of medical care, not second class care.</p> <p>I urge you to vote against this bill.</p>
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