New York State Legislature
Joint Health Committee Budget Hearing
February 11, 2025

This written testimony is submitted on behalf of the New York State Society of Physician Assistants (NYSSPA). NYSSPA represents the 23,000 Physician Assistants (PAs) licensed across the state of New York.

We thank Governor Hochul for including provisions in her proposed FY 2025-26 budget that would increase access to health care for underserved populations. These provisions will remove the administrative barriers that hinder PAs ability to provide high quality healthcare to patients in need. We urge the legislature to include the Governor's proposal as it relates to PAs in the final budget. The inclusion of these provisions will improve patient choice and access to care.

- *Allow PAs to practice without administrative physician supervision where:*
    - *(1) the PA has practiced for more than 8000 hours within the same or a substantially similar specialty the PA seeks to practice in without supervision 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 and the hospital or healthcare system determines the PA meets the qualifications of the medical staff bylaws and the PA has been granted privileges there; and*
    - *(2) when a PA has completed a program approved by DOH, in consultation with SED.*
- *Mandates a PA practice for an additional 8000 hours in a specialty before practicing that specialty without supervision.*
- *Allows a PA to prescribe, dispense, order, administer, or procure items necessary to commence or complete a course of therapy.*
- *Allow a school district to select a PA as a director of school health services.*

It is crucial to emphasize that the provisions in the Governor's proposed budget focus on removing arbitrary regulatory obstacles, enabling PAs to provide comprehensive care to patients within the bounds of our existing scope and in alignment with our education, training, knowledge, and experience.

We believe these measures are essential for recognizing, supporting, and optimizing the contributions of PAs in addressing the healthcare challenges facing the state.

The shortage of primary care clinicians is a critical issue, with repercussions for patients, especially in marginalized communities. This scarcity negatively impacts patient access, quality of services, and overall health outcomes. It is imperative to address this crisis to ensure a robust healthcare system that caters to diverse patient needs. PAs offer a ready source of highly educated clinicians to help fill New York's healthcare needs.

PA Education

PAs receive a comprehensive and rigorous education, blending academic coursework with hands-on clinical training. The typical educational path for PAs involves the following steps:

- **Prerequisite Education:** A bachelor's degree consisting of prerequisite courses that closely mirror those required for MD and DO training programs.[i]
- **PA Program Admission**: Admission is highly competitive (31% of applicants are accepted compared to 42% of medical school applicants) and necessitates previous healthcare experience, letters of recommendation, and academic rigor in the fulfillment of prerequisite coursework.

- **Master's Program**: This is the minimum level of education for entry into practice as a PA. Our programs adhere to a standardized curriculum and receive accreditation from the Accreditation Review Commission on Education of Physician Assistants (ARC-PA). These programs typically span an average of twenty-eight consecutive months of full-time study. During this period, students engage in both on-campus didactic (classroom-based) and clinical training.

    - The **Didactic Phase** encompasses an in-depth range of medical subjects, including anatomy, physiology, pharmacology, pathophysiology, the genetic and molecular mechanisms of disease and clinical medicine courses which cover all organ systems.

    - **Clinical Experience:** Following the completion of initial classroom-based instruction, PAs participate in clinical rotations across core medical specialties.

Cumulatively, these rotations average 2000 hours and offer practical, hands-on experience under the guidance of experienced healthcare professionals, enabling students to apply their knowledge in real-world settings. Mandatory rotations encompass family medicine, internal medicine, surgery, psychiatry, pediatrics, women's health (OB/Gyn), and emergency medicine, while elective options provide opportunities for exposure to specific areas of interest.

- **Examinations and Certification**: Upon graduation from accredited PA programs, individuals are eligible to sit for the Physician Assistant National Certifying Exam (PANCE), conducted by the National Commission on Certification of Physician Assistants (NCCPA). Successfully passing this exam results in national certification and is a mandatory prerequisite for obtaining licensure in all U.S. states and territories.

- **State Licensure:** PAs must apply for state licensure to practice. Providing evidence of passing the PANCE and submitting proof of education and clinical training.

- **Maintenance of Certification:** To maintain certification, PAs must complete a minimum of 100 continuing medical education (CME) hours every two years and undergo recertification by examination every ten years.

The education and training of PAs are designed to furnish them with the knowledge and skills essential for delivering high-quality medical care collaboratively with other professionals on the health care delivery team. The focus on both didactic and clinical aspects that represent an expedited medical training model delivered in a full-time, highly standardized manner, ensures that PAs are thoroughly prepared to tackle the diverse challenges within healthcare practice.

Doctorate programs: Although not required for entry into practice, many PAs seek additional education at the doctoral level. These programs offer advanced education and training, equipping PAs for broader roles in healthcare and leadership positions. PAs can opt for a doctoral program tailored to their interests and career goals, whether it focuses on clinical specialties, administration, education, research, public health, or other relevant areas.

Barriers to Practice:

At the hospital and health system level, PAs undergo credentialing and are granted Medical Staff privileges like physicians. The oversight bodies responsible for monitoring patient outcomes and quality of care are the same for both PAs and physicians. However, despite these measures, PAs frequently face impediments in their practice, including:

- In New York State, Medicaid does not designate PAs as Primary Care Providers (PCPs) in their contracts, preventing Medicaid patients from enrolling in a PA panel. This is true even though many commercial third-party payors do recognize PAs as PCPs.
- Numerous medical and health forms at the State, county, and local levels do not include PAs as signatories, leading to confusion and disruptions in patient care.
- Several NYS websites inaccurately classify PAs as registered rather than licensed, creating unnecessary confusion about their professional status.

- PAs receive education in pharmacology and are eligible to hold their own DEA license. However, when it comes to outpatient prescriptions by PAs, the requirement for physician identification on the prescription can lead to confusion, often causing delays in patients obtaining necessary medications.
- A PA with over 30 years of experience practicing at a Federally Qualified Health Center (FQHC) in the Buffalo area is unable to sign OPWDD forms for patients whom he has been providing care to for many years. Instead, he must rely on a recently graduated Nurse Practitioner to sign these forms.

- In the Finger Lakes region, another PA working in a university health clinic cannot sign confirmation of immunization forms or immunization waivers for students.

- A PA serving as the medical director for a rural volunteer ambulance service in the southern tier region faces a challenge: he cannot order supplies for the squad without obtaining a letter from a physician granting him explicit permission to do so.

- In Western NY, a PA employed in forensic psychiatry, alongside three other PAs, expresses concern that their 8,000 patients may be left without mental health care if their physician supervisor (psychiatrist) decides to retire. Despite actively searching for a psychiatrist for the past four years, they have been unsuccessful.

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

PAs significantly enhance access to cost-effective, high-quality care, a fact consistently validated by numerous studies. These studies consistently demonstrate that PAs deliver care of comparable quality to physicians, focusing on preventive health and contributing to substantial reductions in healthcare costs.[2-8] Here are key findings from various studies:

- PAs working in community health centers demonstrate performance on par with physicians and additionally provide a greater extent of health education and counseling services.[2]

- PAs serving as Primary Care Providers (PCPs) at the Veterans Affairs (VA) achieve comparable outcomes for adult patients living with diabetes, including those in the early stages of the disease, managing chronic conditions, and on medication. This encompasses the control of key metrics such as hemoglobin A1C, blood pressure, and lipids.[3-4.]
- PAs managing complex patients with diabetes were shown to reduce the utilization of acute care services, resulting in lower overall healthcare costs.[5]
- Patients receiving care from PAs following a myocardial infarction (heart attack) exhibit comparable rates across all measured metrics, including medication adherence, risk of readmission, mortality, and major adverse cardiovascular events.[6]
- PAs providing care after adult cardiac surgery contribute to a significant 41% reduction in the 30-day readmission rate, leading to substantial cost savings.[7]
- A review of publicly available data from the National Practitioner Data Bank and the NY Office of Professional Medical Conduct for the last 6 years shows no change in the number of reports processed against PAs for the period the Executive Orders were in place.[8]

PAs Address Gaps in the Healthcare Workforce

Healthcare workers have and continue to suffer significant trauma during the public health crisis. As the most affected state, New York's healthcare workforce bore the brunt of mental, emotional, and physical strain from the onset 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.[9] Healthcare workers in NY continue to face these mental, emotional, and physical challenges, further intensified by shortages of qualified care providers. This situation will worsen in the upcoming years as more individuals depart from the field. PAs have been and will remain instrumental in bridging these gaps, minimizing the impact on access and care for New Yorkers.

In 2024 US News and World Report ranked the PA profession as the 2nd best healthcare career, 3rd best career overall, and the 3rd best STEM career, citing PA's 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 29 PA programs, with 2 more slated to open within the year, accounting for 10% of all programs nationwide. The New York State Education Department adds over 1,300 new PA licenses per year. An informal review of NY PA schools revealed that 25-30% of graduates leave NY after graduation.

By allowing PAs to practice to the fullest extent of their education, training, and experience, Adopting the Governor's proposal in the final budget will encourage PAs to stay in NY State and enhance the state's workforce.

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

In NYS, most counties include an HPSA and 96% of PAs work in a county with an HPSA (Health Provider Shortage Area). 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 is a moderate to severe barrier to working in an HPSA.[13] Within NY, with 96% of PAs already in the location of the HPSA, it may be a matter of changing the practice environment to increase access to care for those in HPSAs and medically underserved areas. For instance, data from the NY SED, seven physicians and 2 PAs practice in Hamilton County, NY. 66% (five) of those physicians are over the age of 80.

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

- A higher proportion 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 in interdisciplinary healthcare which is necessary for achieving health equity.15

PAs represent a commonsense solution to healthcare workforce shortages.

The most modern 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 over 50 years old and many of the laws governing PA practice have not been updated in over 20 years. Six states (North Dakota, Utah, Wyoming, Iowa, New Hampshire, and Montana) recognizing the PA's value, have removed the requirement for supervision, and several other states have legislation pending. A new bipartisan, bicameral study committee report in New Hampshire finds that modernizing practice laws and removing supervision requirements to ensure PAs can practice to the fullest extent of their training, education, and experience is a win for patients and will improve access to high-quality healthcare. "According to information obtained by the committee, there has been no decline in safety or quality of care in states where collaboration agreements between physicians and PAs have been relaxed or eliminated," the report reads. HB-1222-2024-Report.pdf

The Federal government, including Congress,[19] the US Department of Health and Human Services, the US Department of the Treasury, and the US Department of Labor[20] 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[21] 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.

PAs are the solution to the NYS healthcare workforce shortage. Permanently removing PA supervision by physicians will ensure that your constituents and our patients can access the high-quality care provided by PAs.

A De-facto Demonstration Project in NYS

Over the 28 months of the dual crises of the pandemic and severe workforce shortages, New York PAs practiced without the mandatory need for physician supervision under Executive Order 202, and subsequently by Executive Order 4. EO 202 was necessary in March 2020 when PAs served as frontline healthcare providers directly confronting the challenges posed by COVID-19. PAs specializing in emergency medicine and critical care were complemented by others who transitioned from their usual work settings to the front lines. The extensive and robust clinical training PAs undergo provided them with the flexibility to shift specialties and serve as the healthcare heroes New York needed. It is crucial to note that PAs already possess this capability

within our established scope; the executive orders merely facilitated a more agile response from the healthcare system. Which is exactly what the proposed changes will accomplish.

Through EO 202 and EO 4, PAs played a vital role in offering flexibility and ability to bridge gaps in the healthcare workforce by eliminating the mandate for physician supervision. This de facto demonstration project has unequivocally demonstrated that PAs contribute to enhanced access to high-quality care, effectively address workforce shortages, and broaden access for underserved populations in New York State.

- 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 the utilization of PAs to lead teams of providers and the ability to quickly pivot PAs into positions as needed to meet the needs of patients.
- 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 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."
- Further upstate, 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 is 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 patients need us. and our physician colleagues are counting on us."
- 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 staff, and executive leadership

Summary

Governor Hochul acknowledged the vital role of PAs during the joint pandemic and workforce crises, advocating for the removal of unnecessary barriers through reforms in her SFY 2023-24 budget proposal, and again in the FY 2024-25 budget proposal. It is crucial to emphasize that the provisions in the Governor’s proposed budget focus on removing arbitrary regulatory obstacles, enabling PAs to provide comprehensive care to patients within the bounds of our existing scope and in alignment with our education, training, knowledge, and experience.

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 PA's 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 primary and specialty care, in every clinical discipline, and every clinical setting including primary care, all surgical specialties, critical care, rural health, hospice, telehealth, palliative medicine, and mental health.

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