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**Testimony for the
Joint Legislative Budget Higher
Education Hearing**

**February 25th, 2025
9:30AM**

Honorable Chairs and Members of the Senate and Assembly Higher Education Committees, Senate Finance Committee and Assembly Ways & Means Committee, thank you for the opportunity to submit testimony related to our priorities for the SFY 2025-26 Executive Budget Proposal.

The New York American College of Emergency Physicians (New York ACEP) represents over 3,000 dedicated professionals committed to speaking out for broad access to quality health care, especially emergency health services for all citizens. Currently in New York we are facing an opioid epidemic, violence in our emergency departments, a shortage of healthcare professionals, and an erosion of the patient safety standards that have been a hallmark of New York State's healthcare system for years.

Outlined below are our SFY 2025-26 State budget priorities. We appreciate your consideration and ask for your support.

OPPOSE: Expanded Physician Assistant (PA) Scope of Practice Health/MH Article VII, Part V- and 30-Day Amendments

New York ACEP is strongly opposed to expanding PA scope of practice which would allow PAs to practice without the supervision of a physician independently in a primary care setting or in an Article 28 health system if they have practiced more than 8,000 hours. While PAs are an integral part of the healthcare team, the current care and training model for PAs is with physician supervision. We believe this proposal would fragment patient care and compromise patient quality, safety and outcomes. Last session A8378-A (Paulin) /S9038-A (MAY) was signed into law which takes steps addressing the needs across the state while still maintaining the physician-led team. We oppose any actions beyond these measures regarding PA scope of practice.

The ability for PAs to practice without physician supervision would sacrifice quality for our patients as the training and experience of PAs is not equal to that of physicians. In a recent Medical Society survey, 75% of the physician respondents indicated that advanced care practitioners working independently during the pandemic under the Governor's Executive Orders (waiving physician supervision requirements) had committed an error while treating a patient; 90% indicated that the error could have been prevented had there been physician oversight. PAs have less training in the form of didactic and clinical education in obtaining degrees, and the training is built around a model of supervision with physicians.

New York ACEP believes patients are entitled to receive care and services from health care practitioners who are adequately trained and educated in accordance with provisions of the New York State Education Law to maintain patient safety and quality of care. For emergency physicians, after earning an undergraduate degree, one attends medical school for four years. During these four years, the typical medical student will complete approximately 2,500-3,000 lecture hours and 5,722 clinical hours. Following medical school, to become board certified, one must complete an Emergency Medicine (EM) residency of either three or four years, which typically includes 6,000-10,000 clinical hours of which 4,225 hours will be spent completing supervised specialty training in the emergency department (ED). To become Board Certified, an emergency physician must pass both the written (qualifying) and oral (certifying) exams.

New York ACEP has long held the best emergency medical care is provided and led by American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) certified emergency physicians. Patients expect care to be given or directly supervised by an emergency physician. This includes all levels and locations of ED's, including rural environments, where there is often a lower concentration of board-certified emergency physicians.

There have been various studies that have shown that non-physician practitioners order more diagnostic imaging than physicians for the same clinical presentation, which not only increases health care costs but also threatens patient safety by exposing them to unnecessary radiation. In a study by the Journal of the American College of Radiology that analyzed skeletal x-ray utilization for Medicare beneficiaries from 2003 to 2015, *ordering of diagnostic imaging increased substantially-more than 400% by non-physicians, primarily NPs and PAs during this time frame.*

In sum, while PAs play a critical role in providing care to patients, their training and skillset are not interchangeable with that of fully trained physicians. Patient care would be adversely affected by removing requirements for physician supervision of PAs, cost for providing care would increase and this would further deepen the healthcare disparities in our state with unequal levels of care provided in communities.

This would be a very significant divergence from the care model that has been in place in New York since inception. This change should not be hastily enacted as part of the state budget. Rather, much further discussion and objective studies are needed to demonstrate the value and ensure that it does not result in health care costs increasing and most importantly, that patient quality of care is not sacrificed.

For the above reasons, New York ACEP strongly urges your opposition to this proposal and requests that it be rejected in the budget.

OPPOSE: Transfer of Oversight to the Department of Health from the State Education Department Health/MH Article VII, Part V and 30 Day Amendments

The SFY 2026 Executive Budget includes a proposal to transfer the authority to define, license, and oversee physicians, physician assistants, and special assistants to the Department of Health (DOH) from the State Education Department (SED). New York ACEP does not recognize any public benefits of this change and believes there are many unknown implications of utilizing multiple agencies to oversee health care providers, which may include slower processing times of licenses, increased regulatory burden on physicians, a loss of the State Board of Medicine, and a bifurcation on how health professions are regulated in New York and others. Currently in New York we are facing an opioid epidemic, violence in our emergency departments, a shortage of healthcare professionals, and an erosion of the patient safety standards that have been a hallmark of New York State's healthcare system for years. This proposal would only add further stress to our healthcare system.

For these reasons, New York ACEP strongly urges your opposition to this proposal and requests that it be rejected in the budget.