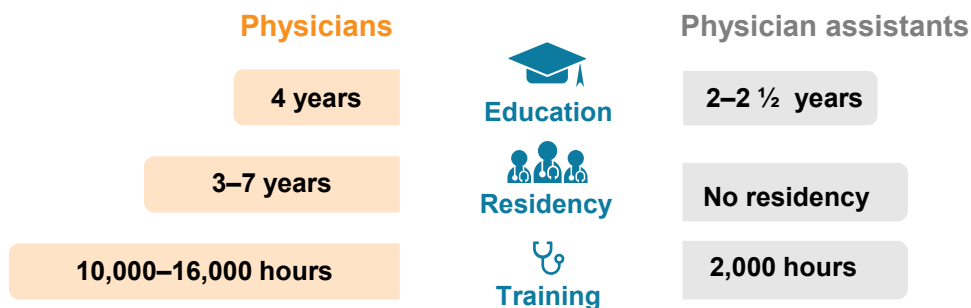


Protect access to physician-led care

Patients are concerned about the cost and quality of health care. While there is certainly room for improvement in the health care system, allowing non-physicians, including physician assistants, to diagnose and treat patients without any physician oversight is a step in the wrong direction. **The best way to support high-quality care and lower costs is to keep physicians as the leader of the health care team.**

PHYSICIANS ARE TRAINED TO LEAD

With the highest level of education and clinical training



SCOPE EXPANSION INCREASES COSTS

X-ray ordering increased **441%** among non-physicians

Non-physicians needed **2x** the number of biopsies to screen for skin cancer

Patients were **15%** more likely to receive an antibiotic from a non-physician

8.4% of physician assistants prescribed opioids to over half of their patients compared to **1.3%** of physicians

According to a leading ACO, patients with non-physician primary care providers had **\$43** higher spending per member per month compared to those who had a physician, which could translate to **\$10.3M** more in annual spending.

PATIENTS PREFER PHYSICIAN-LED CARE



91% say a physician's education and training are vital for optimal care



3/4 say they would wait longer and pay more to be treated by a physician



95% say it's important for a physician to be involved in their diagnosis and treatment

Healthcare teams working together—with physicians in the lead—is critical to having the best and safest outcomes for patients.

All patients, regardless of ZIP code, deserve care led by a physician.



Oppose SB 218 - Efforts by Physician Assistants to Remove Patient Safety Protections

Physicians at the *Illinois State Medical Society, Illinois Academy of Family Physicians, American College of Obstetricians and Gynecologists, Illinois Dermatological Society, and the Illinois Psychiatric Society* respectfully request your “**NO**” vote on SB 218, a bill that would remove the collaborative agreement requirement for physician assistants (PAs) and grant them independent practice after they complete additional hours of continuing education, and in clinical training.

SB 218 is a considerable change from the current regulatory and practice of PAs, and would make Illinois an outlier compared to other states. Only five states allow PAs to practice independently after a period of time. 30 states are stricter than Illinois, and require PAs work under the supervision of a physician. 14 states, including Illinois, require PAs to work collaboratively with physician and require a written collaborative agreement. One state, Michigan, allows PAs to work according to the terms of a written practice agreement with a participating physician.

The Physician Assistant Education Association (PAEA) —the organization representing all physician assistant educational programs in the United States— has criticized attempts to remove legal supervision and collaboration requirements “because of the potentially far-reaching implications for PA education and for new PA graduates,” and feared that these changes would result in an environment that is lacking support for new physician assistants. According to PAEA, this could lead to the negative consequences of compromising physician assistants’ success and confidence and posing a potential risk to patient safety. PAEA identified three specific issues:

The current education system trains physician assistants under a model created with the intention to prepare physician assistants to practice under the supervision or collaboration with physicians;

Many physician assistant students are under the impression that upon graduation they will be practicing under a high degree of physician collaboration which may lessen as they gain experience and more independent practice; and

Patients have come to expect that a physician assistant/physician team partnership is based on collaboration.

SB 218 would allow PAs to provide the same care, independent from any physician input, as physicians without requiring equivalent education and training standards that physicians are required by law to complete. The bill also deletes a requirement that prescriptive authority be delegated by the collaborating physician and would allow physician assistants to prescribe and administer all drugs, including scheduled II drugs by injection. This is extremely dangerous for patient safety.

While PAs are essential in a patient’s care and treatment, there is no substitute for having physician collaboration. Not only will it be confusing to patients who may not understand the differences, allowing PAs to practice independent of physicians will likely lead to increases in misdiagnoses and over-utilization of services. **For these reasons, we respectfully urge you to vote NO on SB 218.**