



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

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THE PLASTIC SURGERY  
FOUNDATION™



May 7, 2021

The Honorable Deb Patterson, *Chair*  
The Honorable Tim Knopp, *Vice-Chair*  
Senate Committee on Health Care  
900 Court Street NE  
Salem, OR 97301

**Re: Oppose H.B. 3036**

Dear Chair Patterson and Vice-Chair Knopp:

On behalf of the Northwest Society of Plastic Surgeons (NWSPS) and the American Society of Plastic Surgeons (ASPS), we are writing **in opposition to** H.B. 3036. ASPS is the largest association of plastic surgeons in the world, and in conjunction with NWSPS, represents more than 7,000 members and 94 percent of all board-certified plastic surgeons in the United States – including 116 board-certified plastic surgeons in Oregon. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

We must oppose H.B. 3036, as it is authorizing physician assistants (PAs) to practice independently – representing a dangerous expansion of their role in patient care. The language on pages 3 and 10 of this bill clearly eliminates the vital requirement for supervision or collaboration between a physician and a PA. A PA's degree of autonomous judgement should *not* be decided by their primary location of practice or employer and the 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 in this manner. 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, H.B. 3036 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.

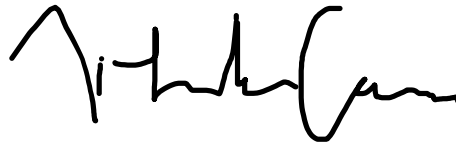
As surgeons, we encourage you to uphold the high level of patient care that has been established and permit licensed PAs to only practice under the supervision of physicians who meet appropriate education, training, and professional standards to practice medicine in Oregon. We urge you to oppose H.B. 3036.

Please do not hesitate to contact Patrick Hermes, Director of Advocacy and Government Relations, at [phermes@plasticsurgery.org](mailto:phermes@plasticsurgery.org) or (847) 228-3331 with any questions or concerns.

Sincerely,



Joseph Losee, MD, FACS, FAAP  
President, American Society of Plastic Surgeons



Nicholas Carr, MD  
President, Northwest Society of Plastic Surgeons

cc: Members, Senate Committee on Health Care

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