

Submitter:

Dr. Cara Brown MD

On Behalf Of:

Committee:

Senate Committee On Rules

Measure, Appointment or Topic:

SB1003

I urge you to reconsider that PAs and NPs are not equally trained to make such an intense life or death decision as a physician. PAs get only 27 months of training with only about 1500 clinical hours. Whereas a physician has a minimum of 7 years of training (4 years of medical school plus 3 or more years of residency) before they are responsible for life and death decisions without supervision. Physicians get over 4000 hours of clinical training before finishing medical school and then another 3 years of 40-80+ hrs/wk. Along the way, physicians have many more academic assessments than a PA. I think the other thing that gets overlooked between PA's and MD's is the way that knowledge and competency is verified throughout their education. Physician training has significantly more gatekeeping during training. They do not start clinic rotations until passed Step 1 of the USMLE (US Medical Licensing Exam). Then they must pass subject shelf exams after every rotation to confirm correct level of competency. Then they must pass Step 2 of USMLE after core rotations before graduation from medical school and Step 3 before moving on after intern year and receiving their medical license. Plus most specialties must pass boards after residency and again every 5-10 years thereafter. This process of gatekeeping with frequent testing is intentional to protect patients. PAs on the other hand have a single PANCE exam after their 27 months of training. PAs were originally set up to only practice under the supervision of a fully trained physician.

Physician Assisted Suicide is the most serious of decisions that a physician can make. Putting this decision into the hands of PAs and NPs is unnecessary as patients already have adequate access without the need to open up to healthcare providers with less than one-fourth the clinical training. Please block this part of this bill in the best interest of the most quality of care in this most serious of medical care.

With kind regards and in the interest of best practice,

Dr. Cara Brown, MD, FAAFP, caq Adolescent Medicine