AMERICAN SOCIETY OF PLASTIC SURGEONS
THE PLASTIC SURGERY FOUNDATION
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South Carolina Society of Plastic Surgeons

SESPRS
Southeastern Society of Plastic and Reconstructive Surgeons

September 5, 2025

The Honorable Tom Davis, *Chairman*
Senate Medical Affairs Subcommittee
Gressette Building, Room 412
1101 Pendleton St.
Columbia, SC 29201

RE: Support for Senate Bill 669

Dear Chairman Davis:

On behalf of the American Society of Plastic Surgeons (ASPS), the South Carolina Society of Plastic Surgeons (SCSPS), and the Southeastern Society of Plastic and Reconstructive Surgeons (SESPRS), we write in support of Senate Bill 669 (S. 669). ASPS is the largest association of plastic surgeons in the world, and in conjunction with SCSPS and SESPRS, represents more than 8,000 members and 92 percent of all board-certified plastic surgeons in the United States – including 119 board-certified plastic surgeons in South Carolina. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

Care is safer and higher quality when advanced practice registered nurses (APRNs), physician assistants (PAs), and anesthesiologist assistants (AAs) are required to practice as a part of a patient care team with central leadership provided by a physician who maintains ultimate responsibility and is available for collaboration, consultation, and supervision in patient care. The physician-centered, team-based healthcare delivery model is an established norm resulting from the extensive foundational knowledge derived specifically from the education of the lead physician. The lead physician plays a critical role in determining whether the patient is a candidate for medical services, developing optimal treatment plans, identifying potential complications before they arise, and triaging complications that may occur. Several studies have shown that when compared to physicians, non-physician providers order a greater number of tests, which can increase healthcare costs and potentially pose a risk to patient safety.[1] To illustrate, PAs "order imaging, and particularly CT, at rates higher than primary care doctors."[2] Through S. 669, APRNs, PAs, and AAs will continue to practice in collaboration with a physician who specializes in the medical care offered, which allows for seamless consultation in case the need arises for advice regarding care, more effective identification when referring to a specialist, and faster admission to a hospital.

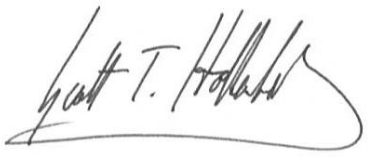
Additionally, tasking the South Carolina Department of Health and Human Services, Board of Medical Examiners, Board of Nursing, and Department of Public Health with creating a report on recommended incentives for practicing in patient care teams, particularly in primary care, in rural and underserved areas, is

[1] American Medical Association, *Setting record straight on scope of practice and team-based care*, https://www.ama-assn.org/practice-management/scope-practice/setting-record-straight-scope-practice-and-team-based-care.
[2] Radiology Business, *Physician assistants order imaging at rates higher than primary care doctors*, https://radiologybusiness.com/topics/healthcare-management/healthcare-quality/physician-assistants-order-imaging-rates-higher-primary-care-doctors.

a step towards achieving healthcare equity in the state. When advocating for independent practice, many non-physician healthcare providers assert that it will expand access to primary care services, especially in areas that have difficulty attracting physicians. However, rigorous studies conducted by the American Medical Association have consistently shown that expanding certain scopes of practice do not increase access to care in underserved areas. [3] [4] In fact, some providers with expanded practice parameters tend to practice in the exact areas that are already served by established physician populations. Instead, S. 669 has the potential to recruit the healthcare workforce into underserved areas without compromising standards. Examining potential incentives, such as loan repayment or grant programs, increased Graduate Medical Education funding, and exploring tax policy to encourage practice in the state, particularly in rural areas, will help bring providers into lower populated areas while potentially reducing the financial barriers often experienced with opening and maintaining practices.

As surgeons, we encourage you to uphold the high level of patient care that has been established in South Carolina and support S. 669, requiring APRNs, PAs, and AAs to practice as a part of a physician-led patient care team. Please do not hesitate to contact Joe Mullin, ASPS State Affairs Manager, at jmullin@plasticsurgery.org or (847) 981-5412 with any questions or concerns.

Sincerely,



Scott T. Hollenbeck, MD, FACS
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Nikki M. Jones, MD
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Galen Perdikis, MD, MPH, FACS
President, Southeastern Society of Plastic and Reconstructive Surgeons

cc: Members, Senate Medical Affairs Subcommittee

[3] The AMA Health Workforce Mapper, 1995-2020. https://www.ama-assn.org/about/health-workforce-mapper.
[4] American Medical Association, *Scope of Practice Toolkit*. 2021.