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: Opposition to Senate Bill 44

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 opposition to Senate Bill 44 (S. 44). 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.

Authorizing physician assistants (PAs) to independently practice pursuant to an attestation statement represents a dangerous expansion of their role in patient care. PAs do not receive sufficient medical training to provide them with the clinical expertise to practice outside of a collaborative agreement. Their training is in no way equivalent to that of physicians, who offer essential diagnostic and medical expertise to patients. Requiring a PA to have more than 2,000 hours of postgraduate clinical practice experience prior to practicing independently is an arbitrary benchmark. This is clearly evidenced by the standards being haphazardly tossed around in other pieces of legislation related to PA independent practice across the country. The reason these requirements fluctuate so greatly is that it ultimately does not matter what number of "experience" hours a PA has. 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 consisting of roughly 2,000 hours of clinical experience.[1] 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.

[1] Chekijian SA, Elia TR, Horton JL, Baccari BM, Temin ES. A Review of Interprofessional Variation in Education: Challenges and Considerations in the Growth of Advanced Practice Providers in Emergency Medicine. AEM Educ Train. 2020 Jul 10;5(2):e10469. doi: 10.1002/aet2.10469. PMID: 33796808; PMCID: PMC7995928.

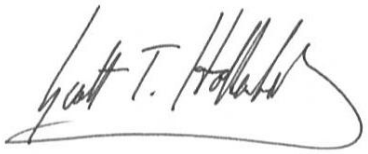
Comprehensive physician training continues through post-graduate medical education, where all physicians are trained in accredited residency programs and receive at least three additional years of training before becoming licensed and board certified. Ultimately, physicians will train for eleven to sixteen 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. 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.[2] More specifically, PAs "order imaging, and particularly CT, at rates higher than primary care doctors."[3] 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.

We recognize that the ultimate goal of this bill may be to 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 PA scope of practice does not increase access to care in underserved areas.[4] In fact, PAs with expanded practice parameters tend to practice in the exact areas that are already served by established physician populations. Therefore, S. 44 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 South Carolina. We urge you to oppose S. 44. 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
President, American Society of Plastic Surgeons

[2] 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.
[3] 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.
[4] The AMA Health Workforce Mapper, 1995-2020. https://www.ama-assn.org/about/health-workforce-mapper.

Nikki M. Jones, MD
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President, Southeastern Society of Plastic and Reconstructive Surgeons

cc: Members, Senate Medical Affairs Subcommittee