



**New York State Radiological Society**

**Testimony Submitted for the  
Joint Legislative Public Hearing on  
Higher Education**

**SFY 2025-2026 Budget**

**February 25, 2025**

Honorable Chairs and Members of the Senate and Assembly Higher Education Committees, Senate Finance Committee and Assembly Ways & Means Committee, thank you for the opportunity to submit testimony related to the New York State Radiological Societies' priorities for the SFY 2025-26 State Budget Proposal.

The New York State Radiological Society represents diagnostic radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, medical physicists and patients served by these professions across New York State. In addition to advocating for the above listed professions, a key component of the Society's mission is to improve the access to, and quality of, radiologic services to patients throughout the state.

### **OPPOSE: Expanded Physician Assistant Scope of Practice (H/MH Article VII Part V)**

The New York State Radiological Society (NYSRS) opposes the Executive Budget proposal to remove the requirement of physician supervision of physician assistants in New York State. Further, NYSRS opposes provisions within this Part to transfer oversight and licensing of these professions from the New York State Education Department to the Department of Health. NYSRS does not recognize any public benefits of this change and is concerned that there are negative implications including slower processing times of licenses, regulatory burden on physicians, and no longer having a Board of Medicine independently chosen by the NYS Board of Regents. **We urge the Legislature to reject these proposals once again.**

Physician assistants (PAs) are an integral part of the healthcare team. Physician supervision of PAs helps ensure patient health and safety through care coordination, assisting patients with accessing treatments, testing, and needed specialty care. Given the success of physician-led health care teams, we believe this proposal would fragment and weaken patient care. A primary reason for this is the significant difference in education and training between a physician and that of a PA. Page 5 of this testimony includes a comprehensive comparison of the education and training received by physician radiologists and PAs. The comparison demonstrates the stark differences between length of education and degree of specialization.

Following undergraduate education, physicians' training includes four years of medical school, 3-7 years of residency and fellowship training, and 12,000-16,000 hours of supervised clinical practice. In comparison, PA training typically includes two years of physician assistant school with about 2,000 hours of clinical practice. Physician radiologists receive in-depth training in medical imaging physics, radiation safety, complex image interpretation and interventional procedures which correlate imaging results with a patient's clinical history and pathology. PAs receive generalized medical training across multiple disciplines with very limited formal coursework in radiology. This difference in education is the reason why physician-led healthcare continues to result in the highest quality, safest, and most cost-effective care.

In a survey taken by the Medical Society relating to expanded scope allowances made during the COVID-19 pandemic Disaster Emergency, 75% of the physician respondents indicated that advanced care practitioners working independently during the pandemic under the Governor's Executive Orders (waiving physician supervision requirements) had committed an error while treating a patient; 90% indicated that the error could have been prevented had there been physician oversight. This survey data reflects the realities of PA training curriculum which is built around a model of supervision by physicians.

Various studies have shown that non-physician practitioners order more diagnostic imaging than physicians for the same clinical presentation, which not only increases health care costs but also threatens patient safety by exposing them to unnecessary radiation. In a study published in the Journal of the American College of Radiology that analyzed skeletal x-ray utilization for Medicare beneficiaries from 2003 to 2015, ordering of diagnostic imaging increased substantially-more than 400% by non-physicians, primarily NPs and PAs during this time frame.

These findings are further supported in a January 2022 study in the Journal of the Mississippi State Medical Organization. The article by Batson et al, entitled "Mississippi Frontline – Targeting Value-based Care with Physician-led Care Teams" detailed a retrospective study looking at nearly 10 years of data from the Hattiesburg Clinic looking at over 300 physicians and 150 advanced practice nurse and physician assistant providers. *The study found that allowing advance practice providers to function with independent patient panels failed to meet goals in the primary care setting of providing patients with an equivalent value-based experience for quality of care, keeping costs stable and meeting patients' expectations and satisfaction with healthcare delivery.*

Scope of practice proposals such as this also fail to account for the integration of artificial intelligence (AI) in medicine, and in particular, medical imaging. Physician radiologists are the only professionals rigorously trained to interpret complex medical imaging, correlating findings with clinical context to guide accurate diagnoses and treatment. As AI-assisted image interpretation becomes more prevalent, there is a growing concern that non-physician practitioners who lack comprehensive radiology training may rely on AI tools without expertise to independently assess their outputs. AI, while powerful, is not infallible – it can generate false positives, miss critical findings, or misinterpret anomalies. Without a qualified radiologist providing oversight, independent practice by PAs and other non-physician providers introduces a significant risk of inaccurate image interpretation which may lead to misdiagnoses, unnecessary procedures, or delayed treatments. Maintaining physician supervision of the healthcare team upholds the highest standard of diagnostic accuracy in our rapidly evolving healthcare and technological environment.

While PAs play an important role in providing care to patients, their skillsets are not interchangeable with that of fully trained physicians. Patient care would be adversely affected by removing requirements for physician supervision of PAs and this would further deepen the healthcare disparities in our state with unequal levels of care provided in communities. This proposal would be a very significant divergence from the care model that has been in place in New York since inception. This change should not be hastily enacted as part of the state budget. Rather, much further discussion and objective studies are needed to ensure that it does not result in health care costs increasing and most importantly, that patient quality of care is not sacrificed. For these reasons, the NYS Radiological Society strongly urges your opposition to this proposal and requests that it be rejected in the budget.