



## **HB 722 / SB 674 – Physician Assistants – Parity with Other Health Care Practitioners (Physician Assistant Parity Act of 2023)**

## **HB 727 / SB 673 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2023)**

### **What is a Physician Assistant (PA)?**

- PAs are licensed clinicians who practice medicine in all medical specialties and settings.
- PAs are trusted, rigorously educated, and trained healthcare professionals dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice.
- Established in 1967 due to a shortage of primary care physicians, the PA profession currently has more than 168,000 practitioners in the U.S., engaging in more than **500 million patient interactions each year**.
- Maryland is proud to be the home of four fully accredited PA programs, the first of which opened in 1972. Today more than 4,600 PAs practice medicine in Maryland. Maryland universities with PA programs can be found in Baltimore, Frostburg, Towson, and University of Maryland Eastern Shore.

### **Legislation Establishes Collaborative Practice for PAs**

- The U.S. healthcare delivery system is undergoing dramatic transformation, and team-based care is the new standard. In fact, growing interest in team-based care has led to the study of high-functioning teams and their positive impact on outcomes, costs, efficiencies, and provider burnout. As pressures mount to meet the “triple aim” of improving the experience of care, improving the health of populations, and reducing costs,<sup>1</sup> support for team-based care is now the expected standard.
- PAs collaborate daily in Maryland – if they reach the limits of their expertise, like any other medical provider, they consult someone who has the specialty expertise. However, Maryland’s PA practice laws are outdated because they encourage PAs to work with one supervising physician rather than directly utilize an entire skilled team to treat their patients.
- Collaborative Practice replaces the delegation model for PAs with a collaboration model where PAs can interact, consult and/or refer to the appropriate member of a healthcare team.
- Similar to how PAs utilize delegation agreements today, this proposal would allow increased flexibility to develop guidelines with at least one physician and medical staff in order to have the flexibility to collaborate, consult and/or refer to the appropriate member(s) of the healthcare team as indicated by the patient’s condition, the education, experience and competencies of the PA, and the applicable standard of care.
- To ensure patient safety and quality care, PAs with less than 18 months of clinical experience will have heightened collaboration requirements.
- The degree of collaboration will be determined at the practice level since each area of medicine is unique and collaboration will look different in various settings.

---

<sup>1</sup> 5 Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. Health Aff. 2008;27(3):759-69



- PAs will have sole legal responsibility for the care they provide.

## **Why Collaborative Practice Will Improve Patient Access to Healthcare and Healthcare Outcomes**

- These changes will allow community health centers, hospitals, health systems, group and private practices flexibility to assemble healthcare teams to best meet patient needs, as was limitedly authorized during the COVID-19 pandemic. This will make it easier for PAs to serve in medically underserved and rural communities where there are few or no physicians.

## **What Collaborative Practice is *NOT***

- Collaborative Practice is not independence. While PAs already have the scope of practice of their supervising physician, Collaborative Practice still tasks employers with determining PA duties and responsibilities and the level of autonomy of a PA in each practice setting.
- Collaborative Practice will still require PAs to have a collaboration registration with at least one physician or their employer that is submitted to the Maryland Board of Physicians.
- PA duties and responsibilities will be determined at the practice level consistent with the PA's education, training and experience pursuant to the collaboration registration.
- Nothing in this bill will prohibit employers from continuing to hire and manage PAs in whatever manner they deem necessary to ensure patient health and safety.

## **States and Jurisdictions with Collaborative Practice Laws**

Alaska, Delaware, District of Columbia, Idaho, Illinois, Indiana, Maine, Michigan (consultation with participating physicians), Minnesota, Missouri, New Hampshire, New Mexico (for those in primary care), North Dakota, Oregon, Rhode Island, Tennessee, Utah, Vermont, Virginia, West Virginia, and Wisconsin.

## **PA Myths and Facts**

**Myth:** PAs don't have sufficient training to act with autonomy.

**Fact:** Comprehensive, Graduate Level educational programs prepare PAs for a career in medicine and a team-based approach to providing high quality, patient-centered medical care. The broad, generalist medical education that PAs receive makes the profession uniquely flexible and able to adapt to the evolving needs of the U.S. healthcare system. The intensive PA curriculum is modeled on that used in medical schools and PA students often take classes or have clinical rotations alongside medical students.

**Myth:** PAs need direct supervision.

**Fact:** No state, including Maryland, requires a physician to be on-site 100% of the time PAs are seeing patients. Collaboration is key—PAs and physicians work together as members of a healthcare team.

*For more information, contact MdAPA's legislative director: Jennifer Grover at [LegislativeDirector@mdapa.org](mailto:LegislativeDirector@mdapa.org) or MdAPA's lobbyist John R. Stierhoff, Esq. at [jstierhoff@venable.com](mailto:jstierhoff@venable.com)*