Yerkes Written Testimony SB 673.pdf
Uploaded by: Brittany Yerkes
Position: FAV

Committee: Finance Committee
Bill: SB 673 - Physician Assistant Modernization Act of 2023
Position: SUPPORT (FAVORABLE)
3/14/23
Brittany Yerkes, MS, PA-C, AAHIVS

Madam Chair,

My name is Brittany Yerkes, and I have been a practicing Physician Assistant (PA) in the state of Maryland since 2011. I am in strong support of SB 673, a bill which aims to ameliorate current practice laws in Maryland to be more reflective of the collaboration that occurs in current healthcare and to update regulations for better alignment with PA legislation in surrounding states, such as Delaware and West Virginia.

I have been a practicing PA since 2011 and served as a faculty member at the University of Maryland Eastern Shore's Physician Assistant Program for two years. My passion for healthcare struck in an odd way, during a course I took at my undergraduate college, Lehigh University, that focused on the HIV/AIDS epidemic. It was that course that shaped the trajectory of my career and helped me to realize how I could give back to my hometown on the Eastern Shore of Maryland.

For the last 12 years, I have focused my career on becoming an expert in the management of HIV, among other infectious diseases, and the prevention of HIV, commonly known as Pre-exposure Prophylaxis (PrEP). I began my training in Baltimore, Maryland before relocating back to the Eastern Shore in 2015. In 2019, I was recruited by my current supervising physician, Dr. Stephen Robinson, to my current practice at a local Federally Qualified Health Center (FQHC) with the intention to develop a comprehensive HIV management program. The goal being to **increase the access to HIV care by local, highly trained providers**. In fact, prior to my relocation to the Eastern Shore, the only care that was available to people living with HIV (PLWH) and other infectious diseases was contracted out to providers in Baltimore. Not only did this create a major barrier for patients having to travel and communicate with a healthcare provider over 200 miles away, but it limited the care that patients were able to receive due to funding and grant stipulations.

With that said, my current supervising physician has an interest in the treatment of HIV but does not specialize in the field nor plan to. I say this only to acknowledge the outdated practice laws which suggest that the care I provide to my patients is directed by the supervising physician who has signed my delegation agreement filed with the Maryland Board of Physicians. This is, quite frankly, not reflective of my current practice or the practice of many PAs in the state. As you can imagine, if nothing changes under Maryland law, one of my main concerns remains that if my supervising physician were to take ill, leave the practice, or suddenly be unable to fulfill his current duties, my patients, who rely on my specialized knowledge and experience, would be unable to receive the same life-sustaining care

In closing, I hope you can see how important it is to update our current practice laws to not only protect the many PAs who are providing valuable services in underserved populations, but mainly to protect the *patients* that we serve. I feel enormously blessed to be caring for individuals in and around the town where I was raised, and the passing of the PA Modernization Act will allow me to continue to provide care to residents of the Eastern Shore of Maryland and hopefully recruit others into the field.

Best regards,

Brittany Yerkes, PA-C

Candice jordan senate written testimony.pdf

Uploaded by: Candice Jordan

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act**.

I serve as the emergency department chair of a community hospital in Baltimore and have worked alongside of, managed, and consulted with many PAs over my 1 years of practice. The premise of this bill reflects the current practice of healthcare today. Physician assistants are highly trained team members that add an additional layer of support, care, and access to our patients. Our PAs do not function in a vacuum under one supervising physician, but truly collaborate with the entire healthcare team including physicians, other advanced practice providers, nursing, allied health, and administrators. In our healthcare system, we have flexibility to move our nurses, allied health, and physicians to where the need is most. For PAs, we do not provide the same flexibility despite being fully licensed, having a defined curriculum for education and training, and standard delineation of privileges across all our service lines. Currently, with every new chair or attending that comes into the department, a host of administrative documentation follows; despite the role of the physician assistant never changing.

PAs continue to be required to have the supervising physician name on all their prescriptions. This is occurring even when the physician assistant holds their own DEA and CDS license and has completed the necessary education to maintain their prescriptive licenses. The PA can and should be responsible for the prescriptions they write, untethered to a physician.

Lastly, the idea around filing for advanced duties is laborious and unnecessary. As with any profession, PAs perform procedures according to their training. Medicine is ever changing, and new procedures and techniques must be learned. We hold training sessions for physicians and PAs alike for new techniques, yet our PAs must submit additional paperwork. The "list" of advanced duties continues to change and will continue to do so in medicine. Learning procedures is something that is routine to all medical professions. Moreover, individual hospitals already oversee and regulate the privileges and procedures they have at their individual sites based on training and competencies. To require PAs to then provide the same information to the state is time consuming and duplicative.

Thank you for your consideration.

Sincerely,

Candice Jordan, MD
Emergency Department Chair
canfletcher@gmail.com
410-370-4146

SB 673- PA Modernization Act- FAV testimony.pdf
Uploaded by: David Bunnell
Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT

This is a letter in **Support of SB 673- PA Modernization Act**.

Senator,

Maryland residents need you to modernize PA legislation to improve access to healthcare, to support our healthcare systems, and to compete for PAs who are choosing not to practice in our state.

Improve Access to Healthcare
I live in Maryland and know that access to care is a challenge for everyone. This is especially true for our rural and medically underserved citizens. PAs provide critical access to the healthcare system.

My previous practice has been in the VA Healthcare System which continues to improve PA policies and has proven that improved PA legislation has been safe and effective in our region. This legislation is about Maryland catching up to the rest of the country.

Support Our Healthcare Systems
PAs practice in team-based healthcare. Our training, education, and flexibility allows for both large systems and small practices alike to respond to the changing healthcare landscape.

PAs are a cost-effective way for healthcare systems and practices to provide team-based care that is profitable for the organization.

Competition for PA to live and work in Maryland
I am a PA Educator who works to place PAs in Maryland rural and underserved practices. Students participate in an assignment in which we compare PA practice acts. It is fair to say PA students are surprised and frustrated about legislation in Maryland. There is no barrier for these young professionals to leave our communities for a better practice landscape.

Sincerely,
David J. Bunnell, MSHS, PA-C, DFAAPA
4610 Learned Sage
Ellicott City, MD 21042

SB673- PA Modernization Act- FAV Testimony (pdf).p
Uploaded by: David Hager
Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act**. As a practicing emergency physician and physician executive leader, overseeing a large emergency medicine group staffing multiple emergency departments across Maryland and DC, I wholeheartedly endorse the PA Modernization Act and the provisions contained therein. In my role I oversee hundreds of emergency physicians and PAs and I personally serve as the supervising delegated physician for many of those PAs. I have a very long-standing and deep understanding of the critical role PAs play in the provision of care to patients in most emergency departments and some of the current PA supervisory regulations that, quite frankly, don't make sense. I would specifically like to reference a few key provisions from the PA Modernization Act that I support:

1. I am strongly supportive of abandoning the current "Delegation Agreement" in favor of the proposed "Collaboration Registration." This change would allow physician assistants to document and register with the Board of Physicians their collaborative relationship with any of the following: an individual physician, a group of physicians, or a specific health care facility that employs, contracts with, or credentials physicians. In this modern age of medicine, very few PAs work in a single practice, supervised by a single physician. This is especially true in emergency medicine where physicians and PAs maintain varied and inconsistent schedules and there is rarely a supervising physician who always works concurrently with the PA they are expected to supervise. There are frequently other physicians working in that ED who are providing that direct supervision. Also, both physicians and PAs may rotate from one clinical site to another, within the same health system, with uniform delegation of duties and guidelines for practice. For these reasons, a "Collaboration Registration" is much more appropriate and practical.
2. The current process of requiring privileging of PAs for core and advanced procedures through both the hospital(s) where they practice, and the State Board of Physicians, as part of the Delegation Agreement, is onerous and redundant. As proposed, I strongly support of the "Collaboration Registration" serving as the basis for licensure with the Board of Physicians, while allowing hospitals/health systems to use their delineation of privileges process to determine the scope of PA practice.
3. Finally, the current requirement for a supervising physician's name and credentials to be documented on prescriptions and in-hospital medication orders written by a PA is antiquated and nonsensical. Physician assistants undergo extensive training in pharmacology, appropriate prescribing of medications, and the risks inherent in the prescribing of controlled substances. They also must secure their own DEA and CDS

licensure prior to prescribing controlled substances. This requirement for a physician name and credentials on these prescriptions/orders should be eliminated.

I am very excited to know that there may be opportunity to modernize the licensure, privileging, and supervision of physician assistants in the state of Maryland. It is long overdue. I feel very fortunate and privileged to have had the opportunity to work with hundreds of PAs over my long career in emergency medicine. The work they do and the care they provide is absolutely critical to our healthcare system and I look forward to seeing these changes put into place.

David Hager, MD, FACEP
Emergency Physician and Physician Executive Leader
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443-570-7982

SB 673- PA Modernization Act- FAV testimony- Deann
Uploaded by: Deanna Najera
Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act**. In Maryland, there are three categories of licensed healthcare professionals allowed by regulations to diagnose, treat, and prescribe medications: physicians, nurse practitioners (NPs), and physician assistants (PAs). Unfortunately, Maryland regulations constrain the ability of PAs to practice to the full extent of their training and education. While these restrictions have been present for years, the COVID pandemic made these barriers more apparent, more real to practitioners and their patients.

When requests for medical help came from nursing homes, PAs could not assist without authorization from the Board of Physicians, a process which has always been significantly delayed until emergency orders were put in place to facilitate the process. When Maryland Responds (the volunteer medical response corps) was activated to help with the pandemic, PAs were not easily utilized because leadership was uncertain how to navigate confusing regulations regarding PA practice. When mass vaccination clinics were rolling out, PAs were told they could not provide vaccinations without having a physician onsite with whom they had a specific delegation agreement submitted to the state. And when there was a physician death in the state, the PAs working with them had to stop seeing patients until the Board of Physicians approved a new delegation agreement, meaning patients had to go without care until paperwork was approved.

While these few examples are specific to the pandemic, they are by no means the only areas where PAs are restricted from providing care to the people of the state. Maryland is the last state in the country to require a separate application for what are termed advanced duties, instead of allowing physicians and PAs to collaboratively decide how the PA will work on an

individual practice level. The barrier of advanced duties is most pronounced in the mental health sphere, where PAs must submit proof of experience in all aspects of advanced psychiatric management to work in the field, even if they had previously worked in the specialty in another state. Again, Maryland is the only state with this restriction. There has been a proposal to eliminate advanced duties in the hospital setting but not the outpatient clinical setting. This remains unnecessary, as no other state differentiates hospital versus outpatient PAs, and would continue to restrict the practice of a healthcare provider, driving PAs to work in surrounding states with improved practice environments.

These archaic issues will be addressed in SB 673, the Physician Assistant Modernization Act. With the passage of this act, there will be no change to PA scope of practice, our rigorous education requirements, our national board certification process, or continuing education obligations. We will remain the highly trained, collaborative members of health care teams that we have been since 1967. We are simply asking to be able to care for our patients to the full extent of our training and education. **I sincerely hope you will support SB 673, the Physician Assistant Modernization Act.**

Please do not hesitate to contact me if I can be of any further assistance.

Deanna Bridge Najera, MPAS, MS, PA-C
Deanna.Bridge@gmail.com
301-639-2070 (cell)

Final Version of Testimony on Senate Bill 673(1) (

Uploaded by: Esther Cohen
Position: FAV

MARYLAND ASSOCIATION OF DERMATOLOGY PHYSICIAN ASSISTANTS 11620 Reisterstown Rd. #845, Reisterstown, Maryland 21136
mddermpas@gmail.com www.madpa.net

Testimony on SB 673 & SB 674

Physician Assistants – Revisions (Physician Assistant Modernization Act)
PA Parity Act
Position: Favorable
Senate Finance Committee

March 13, 2023

To: The Honorable Melony Griffith, Chair, Finance Committee

Dear Chair Griffith:

As president of the Maryland Association of Dermatology Physician Assistants (MADPA), I am providing oral and written testimony asking for **your vote in favor of SB 673 Physician Assistant Modernization Act and SB 674.** MADPA supports this legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

Physician Assistants (PA's) play a critical role in the delivery of healthcare and increase patient access to care in Maryland, and particularly in underserved and rural communities. In rural communities, there are fewer primary care and specialty physicians. PAs are trained and educated in all specialties and clinical settings. Therefore, they would be able to fulfill those underserved communities. By removing the barriers of the current law, the scope of practice would be determined by the clinical setting and what is in the best interest for the practice and patient care. Also, it would provide greater flexibility for PAs to deliver healthcare to all citizens of Maryland in all clinical settings and communities.

Maryland legislation is behind the times when it comes to the PA profession. The national PA/Physician model is to define the nature of the PA working with physicians and replace it with "collaborative agreements". Furthermore, having clear laws and regulations that state physicians are not responsible for the care provided by PAs reduces physician risk but does not reduce patient safety.

In my own specialty of dermatology, COMAR 10.32.09 regulations, Dermatology PAs are being held to a standard equivalent to that of no other PA. According to these regulations, cosmetic procedures require increased supervision. This hindrance is not experienced by other advanced practice providers, such as Nurse Practitioners who have equivalent education and perform these very same procedures. This over-regulation is unnecessary and burdensome to the dermatologist and PA and hinders the flow of the practice. The theoretical "safety net" provides a false sense of security and has no statutory basis.

The Board of Physicians list of current advance duties “is not all inclusive”, so you have to guess what they are. This leads to confusion on the practice level, as to whether or not they're practicing within proper state regulations. Who is to determine if there is an advanced duty that is not listed? It is the physician and the PA who decide if these duties fall within their scope of practice. This collaboration is ALREADY happening on the practice level. This has not changed patient safety to date.

As part of Maryland law, the “collaborative agreement” has been in effect since 1979 for other practitioners with equivalent education. PAs could be part of the solution to fulfill Maryland’s healthcare workforce shortage by removing the legislative barriers in the current law.

Maryland’s clinically practicing licensed PAs and students are carefully monitoring improvements in neighboring state laws, as they decide to continue employment in Maryland to begin practice upon graduation. Maryland will not be able to keep pace with the recruitment and retention rate of these highly educated and skilled PAs without positive legislative changes. Maryland, as well as in these other states are struggling with the same issues of healthcare shortage. Maryland is losing PAs to its surrounding states that do not have the hassle and struggle of the restrictive burdensome PA practices laws in Maryland.

The PA profession in Maryland is at a critical point to keep pace with the rest of the country and be in a position to recruit and retain PAs. It is worrisome that PAs are electing to leave Maryland for other states where legislative laws are more conducive and where PAs can practice medicine in autonomy to their fullest ability of their experience, education and training.

PAs take the same Hippocratic Oath as physicians. An oath “To uphold professional ethical standards of medicine”, and not to be ashamed to say "I know not,” nor fail to call colleagues when the skills of another are needed for a patient's treatment plan. PAs have their own medical license, malpractice insurance, practice standards, NPI number and ethical morality to uphold. We are requesting that you remove the legislative barriers in the current law to PA practice and implement an improved statutory and regulatory environment for PAS, with the scope of practice at the practice level, collaborative agreement with registration.

For these reasons, we urge a favorable report on Senate Bill **673** Physician Assistant Modernization Act.

Respectfully submitted,

Esther Cohen, P.A-C
President, Maryland Association of Dermatology Physician Assistants
cohen.estherpa@gmail.com
410-967-5179

SB673 Physician Assistants - Revisions (Physician

Uploaded by: Flavius Lilly

Position: FAV

UNIVERSITY of MARYLAND
GRADUATE SCHOOL

FLAVIUS R. W. LILLY, PhD, MA, MPH
Vice Dean, Graduate School
Vice Provost, Student and Academic Affairs

620 W. Lexington Street
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SB 673 – Physician Assistants – Revisions
(Physician Assistant Modernization Act of 2023)

Support Testimony Flavius Lilly, PhD, MA, MPH
Vice Dean, Graduate School
Vice Provost, Academic and Student Affairs
University of Maryland Baltimore
620 W. Lexington Street Baltimore, Maryland 21201
(410) 706-7767 flilly@umaryland.edu

March 1, 2023

The University of Maryland Baltimore is the state's health and law graduate campus, producing the majority of health professionals for the state. Since 2014 UMB has been actively engaged in educating PAs and I can speak personally to the quality of their education and clinical experience.

As Vice Dean, I am closely involved with clinical site procurement and oversight as well as programmatic review and evaluation. I can attest that consistently our program outcomes on National Certifying exams exceed the national average, our graduates serve side by side with our physicians and nurses on the frontlines across medical specialties.

Increasingly our graduates who predominantly are from Maryland, and wish to seek employment in Maryland, are burdened by antiquated practice regulations and laws which delay and prohibit their practice and utilization, despite their rigorous education and experience. The proposed legislation does not change the scope of practice of PAs, rather it removes administrative barriers that are currently delaying the hiring and optimal utilization of these frontline healthcare providers. PAs are educated to practice on teams, in collaboration with Physicians and other healthcare team members to provide patient centric, quality care. I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Thank you,

Flavius R. W. Lilly, PhD, MA, MPH

SB 673- PA Modernization Act - FAV Testimony - Han

Uploaded by: Hanna Dennis
Position: FAV

Hearing Date: March 6, 2023

Committee: Heath and Government Operations

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (FAV)

This is a letter in **Support of SB 673 - PA Modernization Act of 2023**.

My name is Hanna Dennis and I have been practicing as a PA for 12 years, 5 ½ years in Maryland. I work in outpatient Family Practice in rural St. Mary's County. In my time as a PA, I have had the privilege of serving the Spanish speaking population in Texas, working in occupational health in South Carolina, and am now working in a medically underserved area in southern Maryland. I entered the medical profession with a desire to support and educate underserved populations.

I graduated from UT Southwestern Medical Center at Dallas with a thorough and well-rounded education. I was well prepared for working in my primary care field and received additional on the job training and instruction as I went. As such, I have been able to work as a capable member of the medical team in my current role in Family Practice. Because of my experience, I am able to work in a setting that allows me to collaborate and communicate with my supervising physician without him needing to be on site. While this has allowed for significant improvement in access to care for my patients in such a rural setting, current Maryland PA law has created some unintended barriers to me being able to practice to the full extent of my training. Because of the distinction made between core duties and advanced duties, there are skills that I have acquired in my schooling and subsequent on the job training that I am unable to utilize in my current practice. Because I am in an underserved area, I am practicing in a different physical location than my supervising physician, making it prohibitive for him to observe me for the required number of observed procedures in order for me to apply for advanced duties. The Physician Assistant Modernization Act is working to remove language separating core duties from advanced duties and allowing decisions regarding provider capability to be made at the practice level. This would still ensure proficiency of skill while allowing for different practice environments. The goal is to allow providers to utilize what they have learned in order to increase access to care that patients so desperately need.

Maryland is the only state in the surrounding area (to include Delaware, DC, Virginia, and West Virginia) where Scope of Practice is not allowed to be determined at the practice site or that makes a distinction between core and advanced duties. I am requesting support of SB 673 to allow us to practice on par with our neighboring states and help improve access to care in the state of Maryland. Thank you for your consideration.

Letter of Support SB 673 and 674.pdf

Uploaded by: Heidi Anderson

Position: FAV

UNIVERSITY OF MARYLAND EASTERN SHORE
Office of the President

March 2, 2023

Honorable Madam Melanie Griffith
Vice Chair Katherine Klausmeier
Committee Members
Maryland Senate and Finance Committee

RE: SBs 673 and 674 Physician Assistants –with Other Health Care Practitioners (Physician Assistant Parity Act of 2023)

The University of Maryland Eastern Shore (UMES) School of Pharmacy and Health Professions plays an intricate role in providing health care providers to the Eastern Shore of Maryland, which is federally designated as a Health Personnel Shortage Area and Medically Underserved Area.

Our newest Program, the UMES Physician Assistant (PA) Program is currently the only PA Program on the Eastern Shore of Maryland. Our mission is to educate diverse and local students on the Eastern Shore, in hopes once they graduate they will join in the efforts to combat the health care shortage on the Eastern Shore.

Therefore, it is vital that our State support and remove barriers from practice in an effort to retain newly graduated physician assistants. The current State Laws do not foster recruitment or retaining new graduates, as it currently serves as an administrative barrier that delays and deters physician assistants from being hired and to be utilized to their fullest potential, in comparison to our neighboring States of Delaware and Virginia. The PA community is not looking to change their scope of practice or their relationship and collaborative partnership with the physician community.

In closing, the PA community seeks supportive legislation that will support the health care community to work with all members of the health care team and allow physician assistants to work to their fullest capacity. Allowing physician assistants to work at the top of their license will help to close gaps on access and health care equity.

Sincerely,

Heidi M. Anderson, Ph.D., FAPhA
President

SB 673- PA Modernization Act- FAV testimony Strake

Uploaded by: Howard Straker

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT

This is a letter in **Support of SB 673- PA Modernization Act.**

I am a licensed Maryland physician assistant (PA), a faculty member of the PA Program of George Washington University School of Medicine & Health Sciences, and a recent (2020) past president of the PA Education Association (which represents all 300 of the PA programs within the United States). I am writing in support of updating the Maryland rules for the practicing the PAs. As health care has recognized the quality, training, and capabilities of PAs, many states have removed unnecessary barriers. These barriers placed undue hardships on patients, physicians, and PAs. This bill will remove barriers, update and streamline how PAs practice in the state to provide more productive patient care.

I will provide a small overview of PA education. PAs are clinicians who have received rigorous academic and clinical training that prepares them to provide quality health care services in collaboration with other health care team members. PA training programs are accredited by the Accreditation Review Commission on the Education for the Physician Assistant (ARC-PA), which provides and maintains standards of quality for PA education. PA education has two phases, the didactic (classroom/lab) phase and the clinical phase. PA program didactic curriculum includes basic medical, behavioral, and social sciences. Specific topic areas include anatomy, physiology, pathophysiology, genetics, immunology, microbiology, and pharmacology. Our didactic clinical preparation has over 300 hours of clinical medicine, 130 hour of clinical decision-making, 60 hours of behavioral medicine, 100 hours of pharmacology, and 90 hours of technical skills and procedures training. In the clinical education phase students complete more than 2000 hours of clinical rotations in family medicine, internal medicine, psychiatry, surgery, obstetrics and gynecology, emergency medicine and other subspecialities. In this phase PA students get hands-on learning in clinical locations like hospitals, clinics, private practices and are trained by physicians and PAs. This prepares them to deliver health care services in collaboration with other clinicians and health care team members.

The current barriers for PAs within the state makes Maryland a less desirable place to work. PA students at George Washington University have clinical rotations across the Maryland, District of Columbia, and Virginia area. They compare what it takes to practice in each jurisdiction and are disappointed by such things as Maryland PAs inability to sign certain forms which can delay tests or treatments for patients. They are surprised by the idiosyncrasy of Maryland regulations requiring PAs to ask to be granted advanced privileges to perform procedures that they have learned in their basic training in PA school. Approximately one third of our students come from

Maryland but many choose to practice in DC or Virginia because they perceive those regulations for PAs in those jurisdictions as more in synch with modern practice of medicine.

SB 673- PA Modernization Act will allow Maryland to optimize the talents of its health care workforce through the effective use of PAs. It will enhance more efficient patient care, promote productive team care, and attract additional PAs to work and remain in the state. For these reasons, I support this bill.

Sincerely,

Howard Straker, EdD, MPH, PA-C
Director, Joint Degree PA/MPH Program
Assistant Professor, George Washington University PA Program
Past President (2020), PA Education Association
hstraker@gwu.edu
202-994-7727

Illinois PA agreement.pdf
Uploaded by: Jenifer Abbott
Position: FAV

IMPORTANT NOTICE: Completion of this form is required by 225 ILCS 95/1, et.seq. of the Illinois Compiled Statutes. Disclosure of this information is mandatory. Any person who is found to have knowingly violated any provision of this Act is subject to discipline under the Act.

PHYSICIAN ASSISTANT NOTICE OF WRITTEN COLLABORATIVE AGREEMENT

COLLABORATING PHYSICIAN: Complete and submit this form as official notification that you have entered into a written collaborative agreement with a physician assistant under the Physician Assistant Practice Act of 1987 (225 ILCS 95/). All forms must be typed or legibly printed in ink. The physician assistant listed below shall not perform any tasks or duties delegated by the collaborating physician until this form is completed and submitted to the Division.

Completed forms may be submitted to the Division as follows: Email form to FPR.MedicalUnit@illinois.gov; Fax form to 217-524-2169; or Mail form to IDFPR - Division of Professional Regulation, 320 West Washington, 3rd Floor, Springfield, Illinois 62786.

Submitted forms will be processed by the Division in the order in which they are received. It may take at least 4-6 weeks for a submitted form to be processed by the Division. After the form is processed, the Division will email or fax an acknowledgment letter to the collaborating physician. The acknowledgment letter must be maintained by the collaborating physician along with the signed, written collaborative agreement. The collaborating physician shall provide a copy of such documentation to the Division upon request.

If the written collaborative agreement is terminated, the collaborating physician must, within 10 days of termination, complete and submit to the Division a NOTICE OF TERMINATION OF COLLABORATION form.

A written collaborative agreement is required for all physician assistants to practice in Illinois, except for physician assistants in hospitals, hospital affiliates, or ambulatory surgical treatment centers as set forth in Section 7.7 of the Physician Assistant Practice Act.

For physician assistants employed by a practice group or other entity employing multiple physicians, one of the physicians practicing at a location shall be designated the collaborating physician. The other physicians with the practice group or other entity who practice in the same general type of practice or specialty as the collaborating physician may collaborate with the physician assistant with respect to their patients.

Forms are periodically updated. To ensure that you are using the current form, visit the IDFPR website at www.idfpr.com/profs/Physician-Assistant.asp.

COLLABORATING PHYSICIAN INFORMATION

1. COLLABORATING PHYSICIAN NAME	2. ILLINOIS LICENSE NUMBERS 036-________ 336-________	3. DATE AGREEMENT WILL BEGIN ____/____/____
4. ILLINOIS PRACTICE ADDRESS (Street, City, State, Zip Code)	5. ILLINOIS PHONE NUMBER OF PRACTICE (Include Area Code) ( ) ________ 6. ILLINOIS MEDICAL STAFF/CREDENTIALING OR PHYSICIAN Fax: ( ) ________ Email: ________	

PHYSICIAN ASSISTANT INFORMATION

1. NAME OF PHYSICIAN ASSISTANT	2. ILLINOIS LICENSE NUMBERS 085-________ 385-________	3. EMPLOYMENT STATUS (See Below) ☐ FULL-TIME ☐ PART-TIME

4. CONTACT INFORMATION FOR PHYSICIAN ASSISTANT

HOME/CELL TELEPHONE ( ) ________________

PERSONAL EMAIL REQUIRED ________________ SIGNATURE ________________

The Physician Assistant Practice Act allows a collaborating physician to collaborate with a maximum of 7 full-time equivalent physician assistants. "Full-time equivalent" means the equivalent of 40 hours per week per individual. You must indicate the number of full-time physician assistants and part time physician assistants you currently have collaborative agreements with, including the physician assistant listed above.

Full-time physician assistants _____ Part-time physician assistants _____

Signature of Collaborating Physician ________________ Date Signed ________________

Indiana PA-Sample-Collaborative-Agreement.pdf

Uploaded by: Jenifer Abbott

Position: FAV

HEALTH FACILITY LETTERHEAD

(For additional clarification regarding what information is required in the Collaborative Agreement, please review the Collaborative Agreement Checklist available above this sample agreement at pla.in.gov)

PHYSICIAN ASSISTANT COLLABORATIVE AGREEMENT
(Agreement must be completely typed)

Under the collaboration with [name of Collaborating Physician], the physician assistant provides efficient, cost-effective, quality patient care in accordance with established rules and regulations defining the physician assistant's scope of practice. The physician assistant functions as an extension of the physician in diagnosing and treating patient conditions by performing tasks within the scope of the Collaborating Physician. The physician assistant may perform such tasks, which were traditionally performed by the physician, if that physician assistant has adequate orientation and has demonstrated competent performance.

Physician Assistant's name:	Enter name of PA
PA License Number:	Enter Indiana license number (or indicate "applied")
PA CSR Number	Enter Indiana CSR number (or indicate "applied")
Address of Practice:	Enter address where PA will be practicing
Phone Number:	Enter phone number of practice

List any additional practice addresses

Collaborating Physician's Name:	Enter name of Collaborating Physician
Physician's License Number:	Enter physician's Indiana license number
Address of Practice:	Enter address where physician practices
Phone Number	Enter phone number of practice

SAMPLE

ROLE OF THE PHYSICIAN ASSISTANT:
[Name of PA] is delegated to perform the following tasks and procedures that are within his/her education and training and the Collaborating Physician's scope of practice:

1. **Clinical Practice:** List tasks and/or procedures PA will perform. May not include prescribing, administering, or monitoring general anesthesia, regional anesthesia, or deep sedation. See IC 25-27.5-5-4(f) for rules on administering moderate sedation.

2. **Communication:** Maintain communication with referring physicians, ancillary departments, patients and families to ensure that services are rendered in a timely and

efficient manner. Act as liaison between the Collaborating Physician and ancillary staff to ensure quality of patient card.

3. **Documentation:** Obtain pertinent patient information for case management. Obtain procedure consent, complete pre procedure H&P's, complete consultations, and coordinate cases. Documentation is maintained in the patient's confidential medical record and entered into the appropriate database. Complete billing forms and appropriate documentation to send to the billing agency for the radiology practice.

4. **Professional Development:** Maintain continuing education requirements as required by NCCPA. Maintain knowledge of departmentally specific information systems and software. Participate in advanced practitioner, resident, student and fellow education including clinical management of patients, anatomy and physiology, disease process, new trends in their field, billing and coding, etc.

5. **Research:** Participate in research trials, consenting and maintaining confidential information in accordance with the IRB.

6. **Attendance and Reliability:** Meet the departmental attendance and tardiness policy standards. Manages time effectively. Regularly attends departmental meetings.

SPECIALTY CERTIFICATIONS

[Name of PA] has successfully completed a two to four-year physician assistant training program approved by the Medical Licensing Board of Indiana. He/She is currently licensed by the Physician Assistant Committee and is currently certified by the National Commission on Certification of Physician Assistants. He/She also possesses a current BLS and ACLS certification.

SPECIFIC MANNER OF COLLABORATION

The Collaborating Physician and/or Delegated Collaborating Physician shall provide the overall direction to the Physician Assistant. The PA shall seek consultation and direction from the Collaborating Physician and/or Delegated Collaborating Physicians when conditions or circumstances outside established protocols are encountered. The PA shall communicate directly findings of history and physical examinations.

May add additional information, including percentage of chart reviews.

PROTOCOL DEALING WITH EMERGENCIES

The physician assistant will follow the procedure described below for dealing with emergencies: Specify what the P.A. will do in the event of a patient emergency.
For example:
"The physician assistant will follow the procedure described below for dealing with emergencies: The PA will immediately contact his/her Collaborating Physician and the rest of the staff to inform them of the situation. The PA will then carry out the

SAMPLE

instructions given. If for some reason the Collaborating Physician cannot be reached, the PA will contact a Delegate Collaborating Physician and obtain instructions. Care may include, but is not limited to: vital signs, administration of oxygen, administration of medications, and initiation of advanced life support"

DELEGATED PRESCRIPTIVE AUTHORITY

(ATTENTION! AS OF JULY 1, 2016, A LIST OF MEDICATIONS THAT THE PHYSICIAN ASSISTANT WILL BE PRESCRIBING IS NO LONGER REQUIRED IN THE AGREEMENT.)

- May not include ophthalmic devices
- Indicate whether PA will/will not be prescribing medications
- Indicate whether PA will/will not be prescribing controlled substances

PROTOCOLS FOR PRESCRIBING MEDICATIONS

In prescribing medications, [Name of PA] will examine potential indications and contraindications of the medication, while noting any patient allergies, drug interactions, therapeutic alternatives, and the proper dosage for the patient. The PA will consult with her Collaborating Physician as needed on a case-by-case basis.

___________________________________ ____________________

Typed name of PA Date

___________________________________ ____________________

Typed name of Collaborating Physician Date

Have both sign and date agreement.

WE MUST RECEIVE ORIGINAL SIGNATURES, OR AUTHENTICATED ELECTRONIC SIGNATURES (ex. DocuSign) OF THE PA AND COLLABORATING PHYSICIAN.

SAMPLE

JA Senate testimony 2023.pdf
Uploaded by: Jenifer Abbott
Position: FAV

Hearing Date: March 13, 2023

Committee: Senate Finance Committee

Bill: SB673- Physician Assistants – Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (FAV)

Dear Senators,

This is a letter in **Support of SB 673- PA Modernization Act of 2023**.

I am a Physician Assistant who has been an essential member of the collaborative team model in the state of Maryland since 2006. State regulations for the management of Physician Assistants began almost 40 years ago, and has had ***minimal change*** and modernization since. According to the Nurse Practitioners Association of Maryland website (see embedded link), in 1978, NPs redacted their own legislation due to the word "supervision". In 1979, It was rewritten to replace supervision with "collaboration" and passed. THAT WAS 44 YEARS AGO! This was long before COVID and the "Great Physician Resignations of 2020", which have now placed an unprecedented burden on our health care system and patient access to care.

Now is the time to make the necessary changes to ease the burden on our medical system.

CASE 1). At this time, there are 49 Primary Care offices within the University of Maryland Medical System. NOT ONE PA is employed in these offices. When I inquired as to why this was the case, I was told, "administrative burden" They only hire NPs because we have the burden of unnecessary paperwork and fees. Please feel free to call HR yourself.

CASE 2). During COVID, the State of Emergency allowed PAs to work without delegation agreements. Once this was lifted, there was a huge shortage in staff but not patients. This created a new problem in healthcare. PAs were not immediately able to practice in other areas of the hospital, in COVID tents, or urgent care centers. It is shameful that a PA in general surgery was unable to help on the internal medicine floor due to her delegation agreement creating a hurdle. With all her knowledge and education, she was only able to pass out blankets or arm bands. Meanwhile, the patient to provider care ratio was daunting.

CASE 3). The Delegation Agreement Addendum for Advanced Duties (attached) has a clause added above and beyond state COMAR regulations. On page 3 of the addendum (page 8 of the attachment), section 12f, states that if the physician must perform the initial evaluation and treatment plan for DERMATOLOGIC procedures. This is above and beyond cosmetic procedures, which are listed separately in 12e. Dermatologic procedures that I have been already given advanced privileges to perform? A core duty such as cryotherapy/liquid nitrogen used to treat a wart? This is done in primary care, podiatry and GYN. Is that still considered advanced? Again, this is not in COMAR regulations and leads to confusion in the practice.

Last year, ***I personally treated over 5700 dermatology patients. 40% of those patients were insured with Medicaid, Medicare, state based MCOs or Tricare***. I am booked with patients until September. Do you think my supervising physician is able to see another 5700 patients a year despite my approval to perform these duties?

CASE 4). The attached list of Advanced Duties states it is "not all inclusive". This gray area leaves the decision to the physician and PA to decide if duties they perform should be considered. This is collaboration at its most basic level. The physician is the one who is signing off on the procedures listed as they teach the PA their technique or method. Collaboration. The filing with the board is simply a paperwork burden and delay due to the 6 week waiting period for the board meeting. This collaboration and decision is ***ALREADY HAPPENING AT THE PRACTICE LEVEL.***

CASE 5). My current employer has been seeking a Dermatologist to fill a position in Berlin, MD. They offered a **$50,000** finders fee to anyone who could refer a dermatologist to that location. Trust me, I looked. I even offered to go there one week a month to help with the burden of patients waiting to be seen. I could not go, as I am currently booked out 6 months with my own patients. AND, my practice just lost another physician and I have to now take her patient load. All dermatologic procedures should not be considered advanced- I perform up to 25 simple biopsies a day, diagnosing cancer and life threatening diseases. My company will likely replace this MD with a NP who is not skilled or trained in procedures nor do they have to prove it.

Similar versions of the PA Modernization Act have already been passed in our neighboring states of Delaware, Virginia, North Carolina, West Virginia and DC. We are one of the last states in the Northeast Region to still have delegation agreements for PAs. It is long overdue and the time for Maryland to make the change and pass these proposed bills is now so we can continue to provide quality care to our community, your constituents, friends and family.

PAs will still be supervised. We will continue to collaborate with our physicians and team as we do now, everyday. This is simply removing the administrative burden placed upon PAs and employers by the Maryland Board of Physicians, who will still remain our governing body. Furthermore, the national credentialing service, NCCPA has also added Certifications of Added Qualifications (CAQ) for specialties like OB/GYN, Dermatology, Emergency medicine and Surgery.

In addition to the Advanced Duties Addendum, also find sample collaboration agreements from other states.

For this reason, I **Support SB 673- PA Modernization Act of 2023** and you should too!

Jenifer Abbott, MS, PA-C
Tideway/Anne Arundel Dermatology
Bel Air/Havre de Grace, MD

Virginia PA Practice_Agreement.pdf
Uploaded by: Jenifer Abbott
Position: FAV

BOARD OF MEDICINE

9960 Mayland Drive, Suite 300, Henrico, VA 23233
www.dhp.virginia.gov/medicine

Phone: (804) 367-4600 Fax (804) 527-4426
Email: medbd@dhp.virginia.gov

PRACTICE AGREEMENT AS A PHYSICIAN ASSISTANT (PA)

"This form is to be completed by the patient care team physician and the physician assistant."

1. Name in Full (Please Print or Type)

Last	First	Middle
	License Number **0110-**	

Collaborating Patient Care Team Physician Practice Information

Collaborating Physician's Name:	Phone Number
Specialty	VA License Number
Name of Practice	
Address of Practice	

Work Setting: (check appropriate area): ☐ **Outpatient setting** ☐ **Nursing Home** ☐ **Other (specify in complete detail)** ☐ **Hospital (if employer, complete hospital information section)**

____
____
____
____

2. Will the PA perform medical acts when the collaborating physician is not in the office/medical facility?

☐Yes ☐No If Yes, describe situations in which this might occur and the arrangements made to ensure communication is maintained with either the collaborating physician or an alternate collaborating physician.

____

____

____

HOSPITAL AFFILIATION

Name of Hospital: ________________________________ Phone________________________

Address of Hospital: ____
Street City Zip

In what department will the P. A. collaborate with a Patient Care Team Physician?

____

HOSPITAL AFFILIATION

Name of Hospital: ________________________________ Phone________________________

Address of Hospital: ____
Street City Zip

In what department will the P. A. collaborate with a Patient Care Team Physician?

____

DUTIES

Please spell out role and function of the PA, indicating number of patients, types of illnesses, nature of treatments, special procedures, the nature of physician's availability for any direct physician involvement, and the evaluation process for the physician assistant's performance. By signing this practice agreement, the collaborating physician confirms that he shall accept the responsibilities of collaborating with PA named in this practice agreement pursuant to PA. Physician Assistants are authorized to order and interpret radiological studies; however, the application of x-rays to human beings for diagnostic or therapeutic purposes is the practice of radiological technology and requires a license issued by the Board pursuant to Virginia code section 54.1-2956.8:1

EFFECTIVE July 1, 2019:

The physician assistant shall retain this practice agreement for as long as the physician assistant practices medicine as part of the patient-care team, and shall make the practice agreement and evaluation process available to the Board upon request.

1. **Role and function of the PA as part of the patient care team:**

____

____

2. **Types of Illnesses treated by patient care team:**

____

____

3. **Indicate an estimated number of patients seen daily.**

____

____

4. **Nature of treatment:**

____

____

5. **Special procedures:** (See Appendix A)

6. **Nature of physician's availability for any direct physician involvement as necessary:**

____

____

7. **Describe the evaluation process for the physician assistant's performance.**

____

____

8. **When does the patient care team physician review the record of services rendered by the physician assistant?**

____

____

9. **Provide a detailed list of duties for the physician assistant or include an attachment.**

PRESCRIPTIVE AUTHORITY

⏩Request for prescriptive authority from the PA

My signature hereto attests that I have completed a minimum of 35 hours of acceptable training in pharmacology.

Signature of Physician Assistant ____

⏩Statement of Patient Care Team Physician

Please check all schedules for the prescriptive authority you are requesting:

☐**Schedule II** ☐**Schedule III** ☐**Schedule IV** ☐**Schedule V** ☐**Schedule VI**

As the primary collaborating physician for the above named Physician Assistant, I attest to his/her competence to practice and prescribe as indicated above. I further attest that I will make periodic site visits if the physician assistant named in this practice agreement provides services at a location other than where I regularly practice.

Signature of Collaborating Physician____

Print or type name ______________________________ Date ____________________

This form does not require prior approval of the Board of Medicine before practicing

Appendix A: Invasive Procedures authorized by the executed practice agreement

Please list below all minor and/or invasive procedures determined to be part of the scope of practice by the patient care team, patient care team physician, and PA based on the PA's education, training, and experience.

Hospital credentialing and privileging forms may be attached to this practice agreement to demonstrate the agreed upon procedures.

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SB 673- PA Modernization Act- FAV testimony JB- Co

Uploaded by: Jennifer Barnett

Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act**.

My name is Jennifer Barnett, and I am in my 22nd year as a physician assistant working in a variety of practice settings, most recently in hospital medicine. Our current PA practice laws are outdated with administrative burdens that decrease access to care. I have a heart for caring for underserved populations, but am limited in providing primary care, as many outpatient sites will NOT hire physician assistants, even in underserved areas, including Federally Qualified Health Centers due to the administrative barriers.

Under the current law, I can only perform the duties that my supervising physician can also perform, even if I have performed these duties for years working with other providers. This causes decreased access to care, particularly in the outpatient or rural care setting. I have my own DEA number and license to practice medicine as a PA in Maryland. I have had pharmacy refuse to fill my prescriptions, even for life saving medications because my supervising physicians name and license number was not listed when the prescription was electronically sent. This has caused my patients to need to come back to the emergency department, increasing the burden on the healthcare system.

I see patients in the hospital daily and work with all members of the healthcare team to provide care. When a psychiatrist determines that a patient is not competent needing an involuntary admission to an inpatient psychiatric unit, I am not ablet to be the second provider to certify this need, even though I may know the patient the best. I must contact a physician who likely has not ever seen the patient to see the patient and sign the second certification. This causes a delay in care, and burden to the already burdened healthcare system.

It is essential to vote favorable for SB 673 to improve access to care, including eliminating the need for my supervising physician's name and license number to be listed on prescriptions, allow for me to practice based on my training and experience, and improves access to care, particularly in rural and underserved areas.

Jennifer Barnett, MPAS, PA-C, CAQ-HM, DFAAPA, SFHM
Email: jbarnettpa@gmail.com
Mobile: 443.417.5438

SB 673- PA Modernization Act- FAV testimonyJG.pdf
Uploaded by: Jennifer Grover
Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act**.

Madam Chair,
I ask that you please vote in favor of SB 673. My Name is Jennifer Grover and I have been practicing as a PA in Maryland since 2010. I have been trained in multiple subspecialties including OB/GYN, orthopedics, and internal medicine. I have also been working with hospital administration on standardization of care amongst all providers and can testify to the administrative burden and challenges of hiring PAs due to the current law.
I have had the privilege of being a past president and current legislative director of the Maryland Academy of Physician Assistants (MdAPA). During the pandemic the glaring arbitrary rules that restrict PAs ability to serve their patients was the most evident. Thus, necessitating the need to update the Maryland PA statute Section 15 to reflect the current practice of health care in Maryland. The antiquated notion that PA work with one physician in one subspecialty is far in the past. PAs are highly educated and trained medical professions that provide care in all subspecialties and are integral parts of health care teams. Supporting SB 674 will provide Marylanders improved access to much needed healthcare and reduce the unnecessary administrative burden on PA and health systems. PAs see their own patients and collaborate with physicians on complex cases as needed. The current regulations have not been updated in over 20 years. The landscape of healthcare and the lack of access to highly trained medical providers is a crisis level. Not only is Maryland losing qualified PAs, but newly graduated PAs are moving to area states and jurisdictions with better practice environments due to the restrictive nature of Maryland PA laws.
To continue to burden PAs and health systems with regulations that are inconsistent with other surrounding states and the rest of the country is contradictory to the effort to expand access to care.
In closing, I would like to thank the members of the Committee for this opportunity to highlight the discrepancies in the current law and would strongly encourage your support of SB 674.

Jennifer Grover, DHSc, MMS, PA-C
410-703-0795
legislativedirector@mdapa.org

03-13-23 AAPA Jennifer Orozco Support SB 673 and
Uploaded by: Jennifer Orozco
Position: FAV

SB 673—Physician Assistants—Revisions
(Physician Assistant Modernization Act of 2023) and
SB 674—Physician Assistants—Parity with Other Health Care Practitioners
(Physician Assistant Parity Act of 2023)

Support Testimony of
Jennifer M. Orozco, DSc, PA-C, DFAAPA, President, AAPA
2318 Mill Road, Suite 1300 Alexandria, VA 22314
(703) 836-2272 jorozco@aapa.org

March 14, 2023

Madam Chair, members of the Committee, thank you for the opportunity to testify in support of SB 673 and SB 674.

My name is Jennifer Orozco. I am the President of the American Academy of Physician Associates, proudly representing more than 168,000 PAs serving patients in every specialty and setting in every U.S. state and territory. I have been a practicing PA for 20 years. For the last 16 years at Rush University Medical Center in Chicago, I have dedicated my career to both clinical and academic leadership. For the past seven years, I served as Rush's Director of Advanced Practice Providers for more than 400 physician associates and advanced practice registered nurses, as I continued my vascular surgery practice and served as a member of the University's faculty as an assistant professor in the Department of PA Studies.

I am here to express AAPA's strong support for SB 673 and SB 674. This important legislation would modernize the Maryland PA Practice Act and provide the profession with parity currently extended to other members of the healthcare team, improve patient access and ultimately, ensure greater health equity for ALL Marylanders at a time when it is desperately needed. The U.S. healthcare system is strained beyond capacity, and without immediate changes, this crisis is only going to get worse as our population ages, as chronic diseases such as heart disease rise, and new public health challenges emerge.

Background on PAs
PAs are licensed clinicians who practice medicine in every specialty and setting. They diagnose and treat illnesses, order and interpret lab tests, prescribe medications, perform medical procedures and examinations, assist in surgery, and enhance healthcare coordination. In Maryland, PAs practice in primary care and all medical and surgical subspecialties.

PAs are rigorously educated by an intensive curriculum modeled on that used in medical schools. All PA programs are required to adhere to the same high accreditation standards established by the Accreditation Review Commission on Education for the Physician Assistant - an independent body comprised of representatives from the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Surgeons, AAPA and PAEA, as well as the public.

After graduation, PAs must pass the Physician Assistant National Certifying Examination developed by the National Commission on Certification of Physician Assistants and be state licensed to practice.

A report compiled by the U.S. Departments of Health and Human Services, Treasury, and Labor – "*Reforming America's Healthcare System through Choice and Competition*" -- recommended that states remove requirements for rigid supervision agreements between physicians and PAs. The report specifically recommended that "States should consider eliminating requirements for rigid … supervision agreements . . . that are not justified by legitimate health and safety concerns." Given the strains on today's healthcare systems, it is important not to impose unnecessary burdens on providers and employers and to allow PAs to have the flexibility to meet patients when and where the demand exists.

SB 673 and SB 674

SB 673 and SB 674 would more accurately reflect how PAs actually practice medicine today in a modern healthcare system, where care is delivered in teams and each team member practices to the fullest extent of their training, education and experience while continuing to collaborate, consult and refer to the appropriate member of the healthcare team. This legislation would remove outdated administrative burdens for both PAs and physicians, as well as increase access to healthcare services in Maryland's rural and urban areas. They would give employers the flexibility to structure their healthcare teams to best serve the unique needs of the patients they serve. Now, more than more than ever, patients need access to qualified healthcare providers. PAs stand ready to support Maryland patients, and this important legislation would allow them to do just that.

Opponents to the legislation may assert that they are unprecedented expansion of PA scope of practice. This is just not true. Consistent with 41 states and the District of Columbia, PA scope of practice is determined at the practice level, based on the education, training, and experience of the individual PA. Current Maryland law is severely outdated. No other U.S. state or territory embodies Maryland's antiquated distinction between "core" and "advanced duties" or the processes by which they must be approved, which only causes delays in PA hiring, restrictions in PAs practice in specialties, or incites practices in Maryland to abandon their efforts to hire PAs altogether.

Opponents might also assert that PAs don't have the education or training to work sans supervision, causing one to question the value and authenticity of the collaboration proposed by this legislation. This is unfounded. Almost half the country, that is 20 states and the District of Columbia, have statutes built on a collaborative model and more are in the pipeline to make this change in 2023 and beyond. PAs are highly educated and rigorously trained clinicians - committed to patient-centered, team-based healthcare - who recognize when to consult with another member of a patient's care team, and when to refer a patient. Data from the National Practitioner Data Bank reveals that PAs have a remarkably low rate of malpractice claims paid

American Academy of PAs

against them.[1] In short, decades of research demonstrate PAs provide safe, quality care to patients.[2]

The Committee may also hear that PAs are trying to take physician jobs. Again, this is untrue. PAs are a critical component of today's modern healthcare teams – teams that are struggling to meet patient demand. PAs are essential to expanding access to high quality care for ALL Americans. Right now, in this country:

- 99 million patients lack adequate access to primary care;
- 160 million patients are without adequate access to mental healthcare;
- The population of people age 65 and older is projected to reach 80.8 million by 2040;
- There is a rise in chronic comorbidities such as diabetes, obesity, heart disease, Alzheimer's;
    - According to the CDC, 42% of adults aged 20 and over have obesity.
    - 5.7 million Americans living with Alzheimer's, according to the CDC. And Social Impact Partners estimates the annual global cost of dementia to be $1.3 trillion.
    - According to the CDC, more than 133 million Americans are living with diabetes or prediabetes.

And all this is unfolding against a backdrop of a fragile, fragmented, and over-burdened healthcare system.

- An analysis of EMSI data shows there will be a shortage of up to 3.2 million healthcare workers by 2026.
- BLS data shows that over 2% of the healthcare workforce quits every month;
- A 2021 study from Fierce Healthcare found that physicians were leaving the healthcare workforce faster than any other provider.
    - 117,000 physicians left the workforce in 2021 alone.
    - A total of 334,000 healthcare workers left the workforce in 2021.
    - The specialties most impacted by this exodus were internal medicine, family medicine and emergency medicine.
- A University of Chicago study found physicians don't have enough time to fulfill all of patient needs.

[1] Brock DM, Nicholson JG, Hooker RS. Physician assistant and nurse practitioner malpractice trends. Med Care Res Rev. 2017;74(5):613-24. PAs have a remarkably low rate of malpractice claims paid against them, far lower than physicians. From 2005-2014, the rate of reported liability payments for physicians ranged from a high of 19.0 paid claims per 1,000 physicians (in 2005) to a low of 11.2 claims paid per 1,000 physicians (in 2014). For PAs, the rate of liability payments ranged from a high of 2.4 claims paid per 1,000 PAs (in 2011) to a low of 1.4 claims paid per 1,000 PAs (in 2007).

[2] A large 2021 study found PAs provided the same, or better, care to patients as physicians and at a lower cost: Researchers looked at 39 studies across North America, Europe and Africa completed between 1977 -2021—18 of the studies found quality of care delivered by a PA exceeded that of a physician; 15 of the studies found quality of care delivered by a PA was comparable to that of a physician; 29 of the 39 studies showed that both health care costs were lower when a PA delivered the care versus when a physician delivered care.

- They estimated primary care physicians would need to work 26.7 hours a day to follow national recommended guidelines for preventive care, chronic disease care and acute care.
- This number included 3.2 hours a day just for documentation and inbox management.

Outdated supervision requirements are burdensome for the entire healthcare team and waste time and energy that should be placed on the patient.

SB 673 and SB 674 are consistent with the evolution of state PA practice laws across the country. They would eliminate Maryland's outdated administrative requirements and allow clinicians to decide how they should work together based on their combined experience and expertise to best serve patients. Under this legislation, PAs can more effectively and fully be a part of the solution to Maryland's mental health crisis where Maryland Department of Health data shows that in 2018, mental health accounted for 11.5% of emergency room visits statewide, a number that ballooned to nearly 48% in 2021.[3] Under this legislation, PAs would still be required to practice within the scope of their own education, training, and experience. PAs failing to do so would be subject to discipline by the Maryland Board of Physicians. No U.S. state, jurisdiction, or territory that has enacted the changes proposed by this legislation has ever rescinded them. On behalf of Maryland's 6.1 million patients, I urge you to support SB 673 and SB 674 as written, which will reduce barriers to high-quality healthcare in Maryland.

Thank you for giving me the opportunity to testify today on this important legislation.

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[3] Maucione, Scott. Maryland lawmakers may spend $12M to improve mental health crisis hotline, if bill moves forward. https://www.wypr.org/wypr-news/2023-01-23/maryland-lawmakers-may-spend-12m-to-improve-mental-health-crisis-hotline-if-bill-moves-forward Accessed March 9, 2023.

SB 673- PA Modernization Act- FAV testimony .pdf
Uploaded by: Karin Weaver
Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act**.

This is a letter in Support of SB 673- PA Modernization Act of 2023. I am a lead Physician Assistant (PA) in the Emergency Department at a nonprofit MedStar Hospital in Baltimore City, which is one of seven Maryland based emergency departments in the MedStar Health system. Even before the COVID pandemic, rising hospitalization rates and staffing storages would often combine to create unsafe environments for patients seeking emergency care; over time this has only worsened. As part of this large health system, we have worked hard to try to distribute our highly trained and capable staff to deploy to those facilities that were experiencing critical shortages. Unfortunately, PAs have been challenged to respond, despite being more than willing. This is due to the administrative burden of requiring separate delegation agreements for each hospital, a process that requires significant time and money to pursue, and something that no other healthcare provider encounters. With the backing of our system, we have worked to cross-credential physicians at each hospital, thus allowing any PAs that are part of their delegation agreement to also work at those same facilities. While this is a work around, if that physician leaves the system- especially if it happens without sufficient notice- then those PAs have to stop working until a new delegation agreement is approved by the state, a process that has been known to take upwards of several months due to the volume of applications the Board of Physicians faces. By supporting SB673, PAs will enter into collaborative agreements with the practice instead of individual providers. This will allow more flexibility to respond to staffing challenges within the system, as well as to avoid the potential hurdle having PAs stop practice if a single physician leaves the organization. While this example may be specific to MedStar Health, it is faced across the state by every organization with more than one location. For that reason, I urge you to support Bill SB673 to prevent unnecessary paperwork and fees, and more easily allow PAs to respond to the needs of the healthcare system at large.

Karin D. Weaver, MMS, PA-C, EM-CAQ, CPAAPA
Mrskarinweaver@yahoo.com
443-867-7343

PA legislation-TU supportsenate.pdf
Uploaded by: Kathleen Maloney
Position: FAV

Lisa Ann Plowfield, PhD, RN
Dean
College of Health Professions
8000 York Road
Towson, MD 21252-0001

March 14, 2023

Re: Senate Bill 674 Physicians Assistants-Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2023) and Senate Bill 673 Physician Assistants-Revisions (Physician Assistant Modernization Act of 2023)
House Health and Government Operations Committee
March 6, 2023
Support

Chairwoman Griffith, Vice Chairwoman Klausmeier, and members of the Senate Finance Committee:

I am writing to you today to express my support for SB 674 – Physician Assistants – Parity with other Health Care Practitioners, and SB 673 – Physician Assistants – Revisions. These bills will focus on collaboration registration and eliminate a delegation agreement reflecting the current practice with interdisciplinary healthcare teams. These bills are subject to, but not limited to allowing the scope of PA (Physician Assistant) practice to be based upon a PA's education, training, experience, and competencies. These changes will move away from a "supervision" scenario to describe the nature of the PA working relationship with physicians and replace it with "collaboration."

Physician Assistants are licensed clinicals who practice medicine in all medical settings. The PA profession has more than 168,000 practitioners in the U.S., engaging in more than 500 million patient interactions each year. With the amount of patient care needed, the healthcare delivery system is undergoing a transformation, and interprofessional team–based care is the new standard; it is this standard to which we educate our students. A collaborative practice will replace a delegation model with a collaboration model where PAs can interact and refer to the appropriate healthcare team.

The changes proposed by this legislation will help community health centers, hospitals, health systems, group and private practices by giving them the flexibility to form healthcare teams that best meet patient and family needs. Nothing in these bills will prohibit employers from continuing to hire and manage PAs in whatever manner they deem necessary to ensure patient health and safety. Due to the high demand for accessible and equitable health care throughout Maryland, I am in support of legislation that allows providers to practice to the fullest extent of their education and licenses. Interprofessional collaboration is key in any health care related setting in which it allows not only flexibility and growth within a healthcare system, but the ability to help more patients throughout the state of Maryland.

Sincerely,
Lisa Ann Plowfield, PhD, RN
Dean

O| *410.704.2132*
lplowfield@towson.edu
www.towson.edu/chp

SB 673 - PA Modernization Act Favorable.pdf
Uploaded by: Kelly Schutz
Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act**.

As a physician assistant (PA) for 24 years and a director overseeing over a hundred PAs providing emergency services for our Marylanders, I see the impact these outdated laws have on providing timely care to patients. Our current delegation agreements tie us to a specific primary physician and location. We have not been able to volunteer to give COVID vaccines, shift PAs from site to site, or volunteer our health services at summer camps. These are only a few of the examples where even though we were completely qualified (and sometimes overqualified) to perform a task that we are trained and licensed to do, we could not because of restrictive PA practice legislation. These regulations are not reflective of the way we practice medicine today, in collaboration with multiple professionals to provide the comprehensive care our patients need.

Physician assistants have standardized education and training across the country. We provide consistent, quality care. Our delineation of privileges for the hospital already outlines our scope of practice within our specialty as they do with our physicians. Procedures which require additional training are credentialed and supported by our hospital, yet sometimes arbitrary procedures seen as "advanced" vs. "core" duties by the board are subjected to a host of more paperwork. We are the only state in the country that differentiates between core and advanced duties and requires our PAs to submit this extra paperwork!

PAs maintain their own DEA, CDS and receive countless hours and continuing education in pharmacy. Physician names should not be required on PA prescriptions. Physicians should not be responsible for a prescription they do not actually write.

By utilizing collaborative registrations, we can continue to use our PA staff how, when and where we need them to best meet the needs of our patients. The PA Modernization Act fixes arbitrary and outdated administrative hurdles that affect physician assistants' abilities to provide timely care for patients. Eliminating these unnecessary burdens on PAs, physicians, hospital systems, and other healthcare providers is urgently needed.

Thank you for your consideration supporting this bill!

Kelly Schutz, PA-C, CAQ-EM
Director of Advanced Practice, Emergency Medicine
Kellyschutz@comcast.net
410-227-7327

Testimony SB-673.pdf

Uploaded by: Kristy Fogle

Position: FAV

Maryland General Assembly

Senate Finance Committee

Testimony of Kristy Fogle, MMS, PA-C

IN SUPPORT OF - SB 673 - Physician Assistant Modernization Act of 2023

March 13, 2023

Distinguished members of the committee,

My name is Kristy Fogle. I am a licensed Physician Assistant (PA) and have been practicing medicine in Maryland for the past 10 years. I am one of more than 4,600 PAs who practice medicine in Maryland. I have practiced both in the emergency medicine setting of hospitals, in and around Baltimore and, more recently, have served my institution as a leader to our department's clinical team.

I write today with concern for Maryland's current PA practice laws, which are outdated and do not adequately reflect our licensing with respect to other healthcare providers in the State. As licensed healthcare providers, PAs are trained to work in a collaborative, team-based approach to patient care. This collaborative approach forms the backbone of the PA's current practice relationship within interdisciplinary healthcare teams and with patients. We saw the benefit of this approach come into play throughout the COVID-19 pandemic when the flexibility of Physician Assistants played a pivotal role in delivering care to patients as our workforces were stretched thin.

As an ED provider, I can personally attest to the collaborative nature of our relationship with physicians and other members of the healthcare team, working side by side in a "team-based" approach to patient care, which is what attracted me to the PA profession in the first place. Rather than being "delegated" specific tasks or tied to a specific physician, my days included seeing patients within my own scope of practice and consulting with many attendings. If I had questions that fell outside of the scope of an emergency trained provider, like any provider, I consulted specialists within the specialty that my patients required. My practice included a wide array of emergency-specific procedures, which were gained through training and experience in my setting with the support of many physicians and other experienced practitioners.

It is vital that we expand, not limit, PA practice licensing guidelines, which would usher more PAs into the Maryland workforce, while allowing us to practice to the top of our licenses, especially in times of public health crisis. The burden of identifying a single physician to be responsible for each PA is an outdated and antiquated concept that is being eliminated across the country. In many settings (i.e. the Emergency Department), PAs work as part of a team of

providers. Requiring a matrix of supervising physicians to cover every scenario and discipline for which the PA might provide care is unnecessary paperwork and expense that does not improve care from the patient perspective.

Maryland patients need the General Assembly to step forward to ensure that PA practice is consistent with the surrounding states and District of Columbia, thereby increasing access to care for our patients.

This bill, SB 673, will take the necessary steps toward updating the PA statute to reflect current practice, allow better access to care and reduce the administrative burden on healthcare practices, while removing barriers to Team-Based Practice by: Replacing 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. This more accurately reflects the current practice of PAs across the country.

This bill, if enacted, will take an important step towards providing modernization that reflects the current practice of our Maryland PA community.

As a practicing Maryland PA, I ask that you pass this measure with a favorable recommendation.

Thank you for your consideration.

SB 0673 - PA Modernization Act of 2023.pdf
Uploaded by: Laurarose Dunn-O'Farrell
Position: FAV

Hearing Date: March 14, 2023
Committee: Finance
Bill: **SB 0673** – Physician Assistants – Revision (Physician Assistant Modernization Act of 2023)
Position: SUPPORT (Favorable)

I am writing in **SUPPORT** of **Senate Bill 0673**, to promote patient care access through the modernization of legislation restricting highly trained and qualified physician assistants (PAs) from their practice efficacy. PAs seek continued collaboration with physicians while changing administrative paperwork to better reflect the actual practice environment, as interprofessional team practice is required for every health care provider.

While some organizations may not be as intimately familiar with PA education and training, this naivety has created barriers owing to a misunderstanding regarding a PA's qualifications in the medical field. To review, PAs are often trained alongside medical students, and post-graduation obtain/maintain national board certification, are licensed by the Maryland Board of Physicians (MBP), hold other prescriptive licensures (i.e., CDS, DEA). PAs provide evaluative, diagnostic, and treatment interventions for all primary care and sub-specialty populations.

Facilitating a proficient fund of medical knowledge and skills development is a cornerstone of PA education nationwide. However, despite meeting core competencies and acquisition of both licensure and certification, the ability to perform certain acts, including skills that have been established through rigorous assessment phases, there is a high probability that a PA's ability to work within this scope of training will be delayed by unnecessary secondary applications, and thus, further clotting the public health system with service delay. Presently, there are several cumbersome, ineffectual, administrative steps PAs must navigate for authorization from the MBP to work in certain capacities within the State of Maryland, termed 'advanced duties'; Maryland is the last state in the country to require a separate application for many tasks that are part of basic PA education.

I can attest to the high caliber of PA education and training first-hand, as:

1. **I am a PA** with expertise in behavioral/mental health care, crisis intervention, and experience in the urgent care setting;
2. I became the **first PA in the State of Maryland** authorized by the Maryland Board of Physicians (MBP) authorized to perform **psychiatric evaluations** (2018) and conduct **telepsychiatry** appointments (2019);
3. I am a **PA Program and Behavioral Health Educator**; and
4. I am also an educated, trained, and **licensed clinical professional counselor** (LCPC) in Maryland.

In PA education, it is a standard educational requirement for PA programs, as set-forth by the national accrediting body – the Accreditation Review Commission on Education for the PA (ARC-PA) and by the educational *Core Tasks and Learning Objective* standards established by the PA Education Association (PAEA).

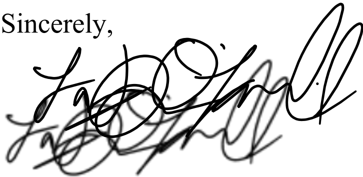
In particular, I wish to highlight that PA students are required to learn psychiatric evaluation/assessment, common behavioral counseling techniques, psychopharmacology, pathophysiology, and apply use of the standard diagnostic resource – the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR, *American Psychiatric Association*) – in-conjunction with medical knowledge to differentiate primary psychiatric conditions from those of somatic origin. Upon graduation, the PA graduate's high level of knowledge, skill, training, and interventional judgment capacity is demonstrated via the PA National Certification Examination (PANCE). PAs must also perform board recertification and routinely participate in continuing medical education (CMEs) and Board recertification.

Modernizing legislative parameters, such as through **SUPPORT** of **SB 0673,** is an ethical duty of the medical profession and all health care stakeholders, to catalyze patient care access to reasonably affordable services by qualified health care professionals, such as PAs.

As a PA, an LCPC, Educator, and Advocate, I humbly request **favorable SUPPORT** of **Senate Bill 0673**.

Thank you for your time, compassion, leadership, and commitment to service!

Sincerely,



Laurarose Dunn-O'Farrell, MPAS, MS, PA-C, LCPC
Email: Lrosedunn@Gmail.com
Cell: 443.392.6836

SB673 - Physician Assistants - Revisions - PA Mode

Uploaded by: Martha Nathanson

Position: FAV

CARE BRAVELY

SB673 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2023)
Senate Finance Committee – March 14, 2023
Testimony of Martha D. Nathanson, Esq., Vice President, Government Relations and Community Development, LifeBridge Health
Position: **SUPPORT**

I am writing in SUPPORT of SB673. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

Physician Assistants (PAs) Provide Care Throughout LifeBridge Institutions. Physician Assistants (PAs) are licensed clinicians who practice medicine in all medical specialties and settings. PAs are post-baccalaureate prepared healthcare professionals dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. This team-based care approach is even more central to the goal of meeting the "triple aim" of improving the experience of care, improving the health of populations, and reducing costs. These changes allow community health centers, hospitals, health systems, group and private practices flexibility to assemble healthcare teams to best meet patient needs, facilitating the ability of PAs to serve in medically underserved and rural communities where there are few or no physicians.

Today more than 4,600 PAs practice medicine in Maryland, 400 of whom practice at LifeBridge institutions. LifeBridge PAs work in every specialty area from primary care to critical care and are indispensable to the functioning of many service lines, both inpatient and outpatient. While PAs are currently limited to 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. This allows PAs to effectively maximize their skill set and provide quality care to the patients of Maryland. PAs are fully licensed by the Board of Physicians and Board certified with identical continuing medical education requirements to physicians. PAs are members of our hospitals' Medical Staffs and credentialed in the same manner as physicians and subject to the same review and disciplinary procedures as physicians. The PA scope of practice is determined by a delineation of duties jointly approved by the Chief of Service and ultimately the Board of Directors.

Collaborative Practice Improves Patient Access to Healthcare and Healthcare Outcomes. PAs at LBH work in a collaborative model already. Everyone works as part of interdisciplinary teams in caring for patients. Essentially no one, including physicians, cares for patients alone. The burden of identifying a single physician to be responsible for each PA is an outdated concept that rapidly being eliminated across the country. PAs are the only licensed providers who have to have another licensed provider assume responsibility for their actions even when not directly

involved in that care. In many settings (e.g., Surgery) the PAs work as part of team of providers that could be very large. Requiring a matrix of supervising physicians to cover every scenario and discipline for which the PA might provide care is unnecessary paperwork and expense that does not improve care in any way.

How Does SB673 Provide Accountability for Care Provided by PAs and Protect Our 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. While this bill explicitly prohibits independent practice, it still holds PAs accountable for the care they provide. PAs collaborate daily in Maryland – if they reach the limits of their expertise, like any other medical provider, they consult a peer with 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. PAs will have sole legal responsibility for the care they provide and 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.

SB673 – and its companion bill SB674 – Physician Assistants -Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2023) – modernize regulation of the profession and for all the above stated reasons, we request a **FAVORABLE** report for SB673.

Contact: Martha D. Nathanson, Esq.
Vice President, Government Relations & Community Development
mnathans@lifebridgehealth.org
Mobile: 443-286-4812

SB 673 Testimony for Senate 3-14-23.pdf
Uploaded by: Mary Bondy
Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act**.

Dear honorable members of the committee,

PA education is designed to deliver an accelerated medical education experience, leveraging prior education and healthcare experience of PA applicants (often who have paramedic, nursing, or physical therapy assistant experience) to expand their knowledge and skills to create a generalist practitioner. During PA school, graduates complete an average of 111 credits in a compressed time period of 24-27 months of fulltime instruction. Clinical clerkships mirror undergraduate medical training and provide over 2000 hours of hands on, patient care experience and service. The PA model is purposefully designed to prepare a graduate to practice on interdisciplinary teams. In Maryland most of our PA programs exceed the 111-credit hour mean, they emphasize preparation for our diverse Maryland population and provide education experiences consistently in medically underserved communities. They do this at a fraction of the cost and time of what it takes to prepare a medical student. Our students graduate prepared for collaborative practice.

The accelerated medical education model has been successful for over 50 years, producing over 150,000 certified PAs in the US. Our students are trained in the medical model by Physicians and PAs who determine through direct engagement student and graduate competency. Using a competency based, generalist approach PAs are trained to be flexible and responsive to the medical needs of patients, and communities. The breadth of PA education is purposefully broad, and the depth of training expands overtime, with experience and team practice. PA education is tightly regulated and informed with current specialty medical practice informing standards of PA education through ARC-PA commission participation and medical direction required for all PA programs.

The current bills before you, aim to modernize practice, recognizing the speed at which science is evolving and informing practice, leveraging modern communication and digital strategies to extend access and reach of care. These bills reflect current team-based practice. It is time that the administrative barriers and processing delays, depriving patients of access to care and often disproportionately impacting the most vulnerable patients are removed. Current Maryland policy and procedure are limiting utilization, innovation, hiring and retention of PAs in the state.

Do you realize that under the current legislation, in rural Maryland if an MD-PA practice, loses the MD due to illness or death, the PA is unable to continue to serve the practice. The average panel of patients for a provider is 1500. It should not be the case that thousands need to be deprived of care because of the unfortunate circumstances of one person, when their colleague is prepared and able to provide care, stay engaged and connected to specialists for consultation and referral through technology.

The burden of delegation agreements and administrative processing delays currently in place in Maryland disproportionately penalizes PAs. As an example, the University of Maryland Medical System

hires NPs rather than PAs for primary care because of the stringent restriction on PA practice and the lack of collaborative practice agreement.

These are but a few examples of why modernization is needed in PA practice legislation, we know you care for your constituents and want them to receive safe, equitable, timely care. Let us help you. We have over 4000 PAs in Maryland willing to work with and for you.

Sincerely,

Mary Jo Bondy DHEd, MHS, PA-C

Director of the DMSc Program

Associate Professor

University of Maryland Baltimore

MJBondy@umaryland.edu

SB 673- PA Modernization Act - FAV Testimony.pdf

Uploaded by: Richard Burch

Position: FAV

SB 673 – Physician Assistants – Revisions

(Physician Assistant Modernization Act of 2023)

Support Testimony of Richard Burch

3079 Lawrin Court, Chesapeake Beach, Maryland 20732

(301) 535-3636

Rburch998@gmail.com

March 14, 2023

Madam Chair and Members of the Senate Finance Committee,

I ask that you vote in favor of SB 673. My Name is Richard Burch and I have been practicing as an Emergency Medicine Physician Assistant (PA) in Maryland since 2007. Additionally, I have had the opportunity to serve as President, now Past President of the Maryland Academy of Physician Assistants (MdAPA). While holding these positions within MdAPA, numerous PAs within the state of Maryland have expressed concerns about the administrative burdens and arbitrary rules that restrict PAs their ability to serve their patients. Parity with other licensed providers is essential to the delivery of healthcare especially in underserved areas. PAs are very well trained to provide excellent medical care within their training and experience, however, are limited by the unfortunate exclusion of PA in laws regarding Physicians and Nurse Practitioners.

Voting in favor of SB 673 will:

- **Reduce unnecessary delays in care, the inability for PAs to sign documents required for their patients.**
- **Reduce cost of care created by the additional visits and redundancy in office visits to see multiple providers**
- **Eliminate the hospital administrative confusion when PA, Physician and NP are hired in the same department to do the same job but PA are the only providers with arbitrary restrictions.**

To continue to burden PAs and health systems with regulations that are inconsistent with other surrounding states and the rest of the country is contradictory to the effort to expand access to care.

In closing, I would like to thank you for this opportunity to highlight our profession and would strongly encourage your support of SB 673.

SB 0673- PA Modernization Act - FAV Testimony R. S

Uploaded by: Robert Swanson

Position: FAV

Hearing Date: March 14, 2023

Committee: Heath and Government Operations

Bill: SB 0673 - Physician Assistants – Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (FAV)

This is in **Support of SB 0673 - PA Modernization Act of 2023**.

Good Afternoon Senators,

I am writing to you today for two reasons:
1. As a concerned Maryland voter, and,
2. As a dedicated Physician Assistant (PA-C) in support of Both Maryland SB 673 (HB 727), "The Physician Assistant Modernization Act", and Maryland SB 674 (HB 722), "The Physician Assistant Parity Act".

I had the wonderful opportunity to testify before the Maryland House Health and Government Operations Committee March 6, 2023, and I am looking forward to testifying before the Maryland Senate Finance Committee tomorrow March 14, 2023.

The several reasons I support these Bills are:

- They will allow PAs to provide better access to care for underserved populations in their own "neighborhoods".
- The Bills will allow PAs in Maryland to practice at the height of their skill and training levels, for the benefit of their communities.
- They will allow PAs to form more effective collaborative relationships with their Supervising Physicians.
- The Bills will allow PAs in Maryland to provide signatures for their patients on occupational and certain other forms (State and Federal), in order for patients to have better continuity of care. Which would limit patients having to seek redundant signatures.
- They will facilitate PAs being listed as "Medical Professionals". And, since PAs have always been trained by Physicians in the "Medical Model", "Medical Professional" is the best term.
- The Bills will provide parity with other medical providers, which will assist patients in maintaining confidence in their primary care PAs.
- Lastly, they will greatly reduce the administrative burden for medical practices to hire Physician Assistants for service to the citizens of Maryland.

Additional support I voiced this week at the House H, G, & O Committee,
concerned requesting support for "Collaboration" agreements for PAs, enhancing the ability for PAs to practice in medically underserved areas (by reducing the administrative burden for State and Federal Loan Repayment clinics to hire PAs), and enhancing the ability of mental health PAs like me to practice in this area of vital need for the citizens of Maryland.

Consistent with my career description below, I have over 4000 clinical practice hours of active-duty mental health experience, over 1000 hours of live CME in behavioral health, and more than 300 hours of didactic and clinical instruction in Psychiatry during PA Professional School. Current Maryland regulations would not also allow me to provide mental health services to primary care medical patients.

Beneficial goals of these currently proposed Bills would be to allow PAs to help their clients by practicing at the safest and highest levels of their education, training, and experience.

Regrettably, Maryland's current PA practice laws are lagging behind those of Virginia, West Virginia, Delaware, and the District of Columbia.

I am a recently retired active-duty Physician Assistant, US Public Health Service, and I am seeking employment in Maryland.
I am currently seeking a local position, where I can practice at the height of my skill level.
My wife, family, and I have lived in Edgewater for approximately the last 8 years.
I have spent my PA-C working life caring for underserved populations and working in the following settings:
prisons, rural areas (primary care, urgent care, school-based health, and geriatrics), Native American Reservations (primary care and emergent care), Dept. of Homeland Security, and Military Mental Health Inpatients (traumatic brain injuries, co-occurring mental health, and addiction medicine).

Again, I sincerely appreciate your time and support of these important PA Practice Bills, which will greatly benefit the citizens of Maryland.

Very truly yours,

Bob

Robert Swanson, PA-C
Physician Assistant Certified
CDR USPHS - Retired
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2023 ACNM SB 673 Senate Side FAV.pdf
Uploaded by: Robyn Elliott
Position: FAV

Committee: **Senate Finance Committee**

Bill: **Senate Bill 673 – Physician Assistants – Revisions (Physician Assistant Modernization Act)**

Hearing Date: **March 14, 2023**

Position: **Favorable**

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 673 – Physician Assistants – Revisions (Physician Assistant Modernization Act).* The bill updates how the Board of Physicians regulations physician assistants. As nurse-midwives, we view physician assistants as a valuable part of the care team. We support removing unnecessary barriers to licensure and practice, as our health care system is in great need for more flexibility and efficiency in meeting the health care needs of our patients. We simply do not have enough health care providers in any field to meet the needs of Marylanders. This bill allows a more flexible and expeditious pathway for physician assistants to practice. We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

SB 673&674 - Carozza Testimony_FINAL.pdf

Uploaded by: Senator Mary Beth Carozza

Position: FAV

Mary Beth Carozza
Legislative District 38
Somerset, Wicomico,
and Worcester Counties

Education, Energy, and
the Environment Committee

Executive Nominations Committee

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THE SENATE OF MARYLAND
Annapolis, Maryland 21401

March 14, 2023
The Senate Finance Committee
SB 673 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2023)
SB 674 – Physician Assistants – Parity with Other Health Care Practitioners (Physician Assistant Parity Act of 2023)
Statement of Support by Bill Sponsor Senator Mary Beth Carozza

Thank you Chair Griffith, Vice Chair Klausmeier, and members of the distinguished Senate Finance Committee for this opportunity to jointly present Senate Bill 673, the Physician Assistant Modernization Act of 2023, and Senate Bill 674, the Physician Assistant Parity Act of 2023 and to respectfully ask for your support of these bills which would modernize the law regarding the working relationship between Physicians and Physician Assistants to better reflect current practice.

Physician workforce shortages challenge the long-term viability of a strong medical network and the ability to achieve the goals of improving the quality of care, improving health of populations, and reducing per capita health care costs. The United States is facing a projected workforce shortage of between 37,800 and 124,000 physicians. Overall, Maryland is 16 percent below the national average for number of physicians available for clinical practice, and that will become worse over time. Maryland hospitals are already struggling to maintain adequate coverage in the emergency room and to support many of the medical specialties, especially in Southern Maryland, Western Maryland, and on the Eastern Shore.

This workforce shortage is similar to the workforce shortage that created the Physician Assistant profession in the 1960s when the first class of PAs graduated from the Duke University Medical Center in 1967. It can take up to a decade to properly educated and train a physician, whereas most graduate-level Physician Assistant programs are completed within three years. We need to take action now to ensure our caregivers can meet our needs. Medicine is now a team sport, and we need to build and train a strong supportive structure that better utilizes our Physician Assistants.

The Physician Assistant Modernization Act would enable Physicians Assistants to work collaboratively with the medical team and make contributions that they are currently restricted from doing. SB 673 would change the “Delegation Agreement” to a “Collaborative Agreement,” which is consistent with the education and expanded role the PAs have taken on due to limited staffing and the COVID-19 pandemic. While scope of practice has been expanded, there are guardrails in place – education, requirements, licensing, collaboration, and identified out of scope practices.

The Physician Assistant Parity Act would allow Physician Assistants to contribute to tasks they were previously excluded from despite their growth and education since the profession was created almost six years ago. With colleagues, they can serve by performing duties in specified areas of law; such as, guardianship, health care decisions, mental disorders, disabilities, involuntary admissions, emergency evacuation, allergy treatment, dentistry, dispensing/administering prescription drugs, attendant care, and protective orders. In addition, a PA will become a member of the Statewide Advisory Commission on Immunizations and a PA representative will serve on the Maryland Health Care Commission's Primary Care Services Workgroup.

I thank you for your kind attention and consideration, and I respectfully request a favorable report on SB 673 and SB 674.

Delegation Agreement request.pdf

Uploaded by: Stefanie Boecher

Position: FAV

Dear Honorable Maryland Senators,

My name is Stefanie Boecher, and I am a Physician Assistant. I am writing to you today to inform you of my concern regarding the laws around the Physician Assistant Delegation Agreement.

I work for a large hospital corporation that includes 9 hospitals, and many outpatient offices. My department has a team of 4 Physician Assistants and 15 Nurse Practitioners. Due to current laws, Physician Assistants require a Delegation Agreement, Nurse Practitioners do not, even though we both have a Master's Degree education. Our department has experienced significant turnover in the Medical Director position, which is the position that usually fills the Supervising Physician role. In order for a Physician Assistant to change their Supervising Physician, they must apply for the change on the Maryland Board of Physician's website and pay a $200 fee. Every time we lose a Medical Director an Interim Medical Director steps in. Nothing needs to be done for the Nurse Practitioners, but the Physician Assistants must apply for a new Delegation Agreement and pay the $200 fee. Once the new Medical Director is hired the Physician Assistants again must apply for a new Delegation Agreement and pay another $200 fee. The Physician Assistants on my team have had to complete this process 4 times in the past 3 years. This has nothing to do with their education, competency, or ability to successfully complete their job. This has everything to do with a law that requires additional paperwork, fees and potentially inhibits the Physician Assistant's ability to care for their patients. The extra cost and additional paperwork are also a deterrent to the hiring leadership team. Considering that we may continue to see turnover in our Medical Director position, it is less desirable to hire Physician Assistants than Nurse Practitioners as this Delegation Agreement requirement makes Physician Assistants less cost-efficient.

In my opinion, the laws regarding Delegation Agreements are not conducive to the current medical models. While in the past most outpatient offices were privately owned and hospitals were silos in their community, larger corporations have stepped in and created large medical networks. Our laws need to change to meet the demands of these new models. Some suggestions for updating the laws would be to remove the requirement for Delegation Agreements entirely for Physician Assistants or to allow a group of physicians to be named as the Supervising Physician(s) instead of a single provider. Either of these options would prevent unnecessary paperwork and limit to a patient's access to care. I ask that you please consider these options and change the way these laws are written.

Thank you for your time. I look forward to seeing a positive outcome from this request!

Sincerely,

Stefanie Boecher, MSPAS, PA-C

SB0673 PA Modernization Act of 2023.pdf

Uploaded by: Tara Jernejcic

Position: FAV

Bill: SB0673 Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (FAV)

Hearing Date: March 14, 2023

Committee: Finance

Witness: Tara Jernejcic, PA-C

This is a letter in **Support of SB0673- PA Modernization Act of 2023**.

Senator Carozza,

My name is Tara Jernejcic and I have been a practicing PA for 9 years in Maryland. I am the Clinical Director of the Mount St. Mary's University Physician Assistant Program currently in development. The State of Maryland has been and continues to experience critical healthcare worker shortage in every county, according to current HRSA data. Confounding this shortage, current Maryland laws contain restrictive language limiting the opportunities for physician assistants (PAs) to practice within their full scope of education and professional training.

On Tuesday, March14, the Senate will hear SB0673, the PA Modernization Act that is designed to bring Maryland regulations to the mainstream. While the bill removes restrictive language, it does not change the scope of PA practice nor the design of collaborative practice to deliver health care services to Marylanders.

In closing, I would like to thank you and the Committee for this opportunity to highlight our profession and would strongly encourage your support of SB0673.

Tara Jernejcic MA-ISHB, PA-C
Clinical Director, Physician Assistant Program
Mount St. Mary's University

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SB 673 & 674 written testimony - PA Neumann.pdf

Uploaded by: Theresa Neumann

Position: FAV

Theresa Neumann, PA-C
5426 Laurel Trail
St. Leonard, MD 20685

Date: March 12, 2023

Committee: Senate Finance Committee

Bill: SB-674 Physician Assistant Parity Act
SB-673 Physician Assistant Modernization Act of 2023

Position: Support

Honorable Madam Chair and Finance Committee Members,

I am asking you to support both SB 673 and SB 674 that are designed to modernize the PA practice statute and create an even playing field for PAs as they compete for jobs with other advanced healthcare providers.

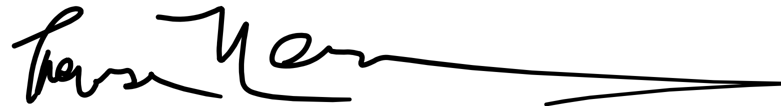
As 29-year-veteran PA and a former Director of Legislative Affairs and President of the Maryland Academy of Physician Assistants, I have advocated for and experienced piecemeal advances to our practice statute over the past 22 years through frequent legislative initiatives; however, even with appreciating these small victories, Maryland has steadily fallen behind all other states with respect to the statutory and regulatory restrictions affecting how PAs function in the healthcare workforce. We are a well-educated and well-trained profession that meets vigorous standards in order to practice medicine in collaboration with our physician partners. We value and treasure that relationship, and, ultimately, when maximized, that collaborative effort offers patients improved outcomes while freeing the physician to attend to more complicated patients.

In times when we are facing healthcare shortages, we need to extend services to Maryland residents who need care, especially in underserved areas of the state. PAs can improve access to quality care and do so every day. They function in every field of medicine. Training is broad, as is the licensure/certification-maintenance process which allows PAs to mobilize to areas of need or choice. However, the antiquated laws governing practices that include verbiage such as “supervision” and distinction between “core” and “advanced duties” (the only state in the USA to do so), as well as the processes by which these must be approved, delay hiring of PAs for months, prevent certain practices from hiring PAs, and restrict PA practice in specialties, especially in Dermatology. Dermatologic PAs are restricted by administrative laws that are found no where in current PA statute; they are singled out as a unique entity, none of which was ever the intent of the statute revisions that occurred over the past 22 years.

Furthermore, with more PA-friendly neighboring states offering jobs to new PA graduates, Maryland is losing potential workforce. As a PA educator for the past 14 years, I can attest to the rigors of the educational process, the strict standards to which all PA programs must comply, and the quality of graduates from current state programs. I can also attest to the value we place in our physician and nurse practitioner colleagues, many of whom share similar training.

Please support a positive change in Maryland and vote favorably for SB 673 and SB 674.

Sincerely,



Theresa Neumann, PA-C

SB 673- PA Modernization Act- FAV testimony -s.pdf

Uploaded by: Tiffany Maxwell
Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act**. My name is Tiffany S. Maxwell, I have been a practicing physician assistant for the past 18 years and physician educator for the past 8 years. I currently serve in the position of Department Chair and Program Director at the University of Maryland Eastern Shore Physician Assistant Program. The UMES PA Program is a 28 month program, 120 credit program. With 88 credits dedicated the didactic year and 32 credits for the clinical year.

As many of you know, the Eastern Shore of Maryland is a federally designated as a Health Professional Shortage Area and a Medically Underserved Area, and to date UMES is only Physician Assistant Program located on the Eastern Shore of Maryland. The UMES PA Program was created to address the health professional shortage and support and promote health professional diversity on the Eastern Shore. Our mission is to recruit and retain local health local students, as over 50% of our student population is from the local area.

Therefore, it is paramount that our state support and remove barriers from practice in an effort to retain newly graduated physician assistants. The current state laws do not foster recruitment of or retaining new graduates, but serve as an administrative barrier that delays and deters physician assistants from being hired and utilized to their fullest potential, in comparison to our neighboring states of Delaware and Virginia. The PA community is not looking to change their scope of practice or their relationship and collaborative partnership with the physician community.

Last week, I have heard testimony with regards to the extent of physician assistant training and as a physician assistant educator, I can assure you that medical training that PA students receives is robust and highly regulated. The PA profession has one of the most vigorous accrediting body which is the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The University System of Maryland, and Maryland PA Programs can attest to this, as it takes years for PA Programs to be developed and accredited and it also takes highly qualified PA leaders to do so.

With regards to compliance and oversite of the curriculum and training, the ARC-PA requires that a Board Certified Physician participates in the design and development of the curriculum and training to ensure that we are staying in compliance within the standard of practice and within our scope. We have over 9 credits dedicated to Clinical Pharmacology which equates to over 126 hours contact hours; which is taught by Clinical Pharmacist, local health professionals

to include physicians and physicians assistants. Our students also have over 100 ours of didactic and clinical education with regards to mental/behavioral health education and practice. Maryland Physician Assistant Programs produce students are academically and clinical compent to perform the task required of them once they graduate. All new graduate health professionals will start as novice learners once they arrive to their practice site for the first time. However, like all health care professionals, they will grow and advance in their practice and desired health care discipline and will earn the right and privilege to practice at the full scope of the clinical and legal capacity.

In closing, the PA community seeks supportive legislation that will support the health care community to work with all members of the health care team and allow physician assistants to work to their fullest capacity. Allowing physician assistants to work at the top of their license will help to close gaps on access and health care equity.

Tiffany Maxwell
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2023-03-13 13-00 1.pdf
Uploaded by: Timothy Sparta
Position: FAV

Committee: Finance
Bill: SB 673/674 Physician Assistant Modernization Act / Physician Assistant Parity Act
Position: SUPPORT (FAVORABLE)
3/13/23
Timothy Sparta MS, PA-C

Members of the Senate,

My name is Timothy Sparta and I have been a practicing PA in the state of Maryland for the past 13 years. Since my graduation from the Rutgers' Physician Assistant Program located in Piscataway, NJ in 2010, I have provided primary care and emergency care to patients in rural healthcare settings throughout the Eastern Shore of Maryland. I work along Physicians, Nurse Practitioners, other Physician Assistants and many other healthcare professionals to provide patients with a team-based model of healthcare. Patients living in rural regions of Maryland deserve the same healthcare as patients living in suburban and urban regions.

I have also been involved in the development of the University of Maryland Eastern Shore Physician Assistant Program, one of only 6 HBCU PA Programs throughout the country. I currently practice adult internal medicine and assist with the clinical education of the UMES PA students. We recently graduated our first cohort of 16 students and at least 6 of them have obtained employment on the eastern shore. These students will not only help alleviate the healthcare professional shortage throughout the state, but they are also trained to provide primary care to our most underserved patient populations in Maryland.

This past year, I was elected as the President of the Maryland Academy of Physician Assistants. Serving as the President of MdAPA, I have had the chance to attend several statewide meetings discussing the impact of healthcare professional shortages on patients. It is clear that something needs to be done now to ensure that all Marylanders have access to healthcare for decades to come. As lawmakers and healthcare providers, we need to work together to provide answers to the current healthcare professional shortage. Physician Assistants are fully capable to assist with this dilemma and help alleviate the demand being placed on the healthcare system at this point of time.

SB 673/674 provides solutions at the practice level which will allow PAs in Maryland to practice medicine commensurate with our level of education and experience. As PAs, we truly respect our relationship with our physician colleagues and understand the importance of collaborating with a variety of healthcare professionals from all specialties to ensure patients receive the best care. Many of the surrounding states have already adopted regulations similar to those proposed in SB 673/674. Let us do what is right for our patients and make progress to eliminate the healthcare gaps we are currently experiencing. In closing, I would like to thank the members of the Senate for this opportunity to highlight our profession and would strongly encourage your support of SB 673/674.

SB 673- PA Modernization Act- FAV testimony_TDoran
Uploaded by: Todd Doran
Position: FAV

Hearing Date: March 14, 2023

Committee: Finance

Bill: SB673 – Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 673- PA Modernization Act**.

I recently accepted the position as Department Chair and Program Director of the Frostburg State University Physician Assistant (PA) Program. I started in December 2023, and I live and work in Hagerstown. I have been licensed to practice starting in 2000 in the states of Hawaii, Tennessee, Oklahoma, and my application is in process for Maryland. I am in current negotiations to work part time in Urology for Frederick Health System. They are short two urologists and they were attracted to my application because of my extensive training and procedural skills obtained while I was active duty Navy for 8 ½ years followed by clinical practice as a School of Medicine Senior Associate in Urologic Surgery at Vanderbilt University for 11 years. I have performed multiple procedures including cystoscopy, circumcision, prostate biopsy, vasectomy, urodynamics, ultrasound, and first-assisted in the operating room. I have had privileges in multiple facilities and states during my 25 year career and I have never had to complete an additional process at the state like I have to today in the state of Maryland. My clinical practice has always been governed at the local level. They verify my credentials and my education and training to conduct procedural care, similar to the process conducted for a physician. That is not the case in Maryland. The state of Maryland inserts itself in the middle unlike other states.

My current obstacle to starting a clinical practice is centered around the barriers due to the current practice act in Maryland. The language around "delegation agreement" and "core privileges" are presenting a barrier to getting hired and starting clinical practice. I'm certain that what I'm experiencing is exactly the challenges our graduates at Frostburg State University encounter. My understanding is the original justification for the program here in Hagerstown was the State of Maryland wanted a PA Program in Western Maryland to address the prominent healthcare disparities that plague the western counties in the state. The program is about to graduate the 3rd class of 25 students in May. Graduates are very sensitive to the ability to practice unencumbered, especially by antiquated statues. Our graduates have the ability to practice in Virginia, Pennsylvania, and West Virginia, by driving no more than 20 minutes from campus. This generation is very savvy at evaluating state laws related to PA practice and it is part of the curriculum as well.

In essence, this bill modernizes PA practice to be in alignment with adjacent states. Removing this antiquated barrier will be beneficial to the Western Maryland residents that our graduates care for as evidenced by a letter of support for this bill by Frostburg State University.

The Frostburg State University PA Program appreciates the fiscal support provided to the program, students, and graduates, and I, as a private citizen ask the Senate modernize the PA Act and pass this bill out of committee for a vote on the floor as a sign of support for Western Maryland residents, PA graduates who practice here, and as a show of good faith to encourage our future graduates to stay and practice in the state.

As an aside, as a veteran I get thanked for my service every time I use my veteran discount at Lowes or Home Depot. I appreciate the 10% discount, but as a disabled veteran of a foreign war serving the Marine Corps, you can thank me personally by removing unnecessary barriers to practicing as a PA to the full extent of my training.

Sincerely,

Todd

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SB 673 - PAs - Revisions - PA Modernization Act of

Uploaded by: Vanessa Purnell

Position: FAV

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Vanessa Purnell
Assistant Vice President, Government Affairs

SB 673 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2023)

Position: ***Support***
March 14, 2023
Senate Finance Committee

Bill Summary

SB 673 updates the Physician Assistant (PA) statute to reflect current practice, allow better access to care, and reduce the administrative burden on healthcare practices. The bill does not recommend independent practice, but rather seeks to allow PAs the following:

- A scope of practice based on a PA's education, training, experience, and competencies;
- A "supervision" working relationship with physicians rather than a "collaboration registration" with a physician;
- A "collaboration registration" with interdisciplinary healthcare teams, instead of a delegation agreement;
- Eliminates the concept that a PA's scope of practice should be based upon the physician's scope by allowing PAs to practice within their education and training providing better access to treatment services; and
- Eliminates the concept and distinction between "advanced" and "core" duties, consistent with the national standards and surrounding states.

Rationale

MedStar Health is the largest healthcare provider in Maryland and Washington, D.C. region. MedStar Health's more than 300 care locations include 10 hospitals, 33 urgent care clinics, ambulatory care centers, and primary and specialty care providers. We are also home to the MedStar Health Research Institute and a comprehensive scope of health-related organizations all recognized regionally and nationally for excellence. MedStar Health has one of the largest graduate medical education programs in the country, training 1,150 medical residents annually, and is the medical education and clinical partner of Georgetown University. MedStar Health's team of more than 32,000 includes physicians, nurses, and many other clinical and non-clinical associates who together support MedStar Health's patient-first philosophy that combines care, compassion, and clinical excellence with an emphasis on customer service.

MedStar believes that physician assistants should be permitted to practice medicine at the top of their training, education, and experience. MedStar appreciates the contributions made by licensed physician assistants and has a great deal of confidence in the quality of health care they provide to our members. Our MedStar Medical Group MMG – the largest multispecialty medical group – employs over 2500 physicians and licensed medical providers, including over 533 physician

Assistant. Within the MedStar Health system, physician assistants collaborate with physicians and other medical professionals to provide high-quality patient care in a variety of specialties and settings, including Family Medicine, Internal Medicine, Pediatrics, Dermatology, Orthopedics, Cardiology, Oncology, Obstetrics & Gynecology, Emergency medicine, Nephrology, Occupational Medicine, Vascular, General and Cardiothoracic Surgery, Infectious Disease, Radiology, Urology and Otolaryngology (ears, nose, and throat).

MedStar Health supports SB 673 because it removes barriers to practice for physician assistants and ensures greater access to health care for Maryland residents where the need is greatest. Since 2016, the number of physician assistants has increased. Despite this increase, physician assistants remain underutilized because of Maryland's restrictive practice laws which prevent physician assistants from practicing at the top of their training and education.

The occupation is projected to grow 28 percent, much faster than the average for all occupations, according to the Bureau of Labor Statistics[1]. As the demand for health care services increases, physician assistants will be needed to provide care to patients to fill the gap left by the physician shortage.

For the reasons stated above, we ask that you give SB 673 a ***favorable*** report.

[1] https://www.bls.gov/ooh/healthcare/physician-assistants.htm

8 - X - SB 673 - FIN - BOP - LOSWA.docx.pdf
Uploaded by: State of Maryland (MD)
Position: FWA

Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Damean W.E. Freas, D.O., Chair

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2023 SESSION
POSITION PAPER

BILL NO.:	**HB 727 – Physician Assistants – Revisions**
COMMITTEE:	**Health and Government Operations**
POSITION:	**Letter of Support with Amendments**

TITLE: **Physician Assistants – Revisions (Physician Assistant Modernization Act)**

POSITION & RATIONALE:

The Maryland Board of Physicians (the Board) is respectfully submitting this letter of support with amendments for House Bill (HB) 727 – Physician Assistants – Revisions (Physician Assistant Modernization Act). HB 727 would expand the scope of practice for physician assistants and remove the supervisory relationship between a physician and a physician assistant, replacing it with a collaboration registration.

Currently in Maryland, physician assistants work as physician extenders, providing vital medical services under the supervision of a licensed physician. Physician assistants are required to operate within a delegation agreement, which includes a description of the medical acts being delegated to the physician assistant as well as supervision mechanisms that are reasonable and appropriate to the practice setting. The performance of advanced duties, defined as medical acts that require additional training beyond the core physician assistant education program, requires review by the Physician Assistant Advisory Committee (the PAAC), an advisory committee to the Board, and approval by the Board. Information regarding the delegation agreement, supervising physician and prescriptive authority are published on the physician assistant and supervising physician's practitioner profiles, where any member of the public may review them.

HB 727 would remove the delegation agreement process altogether and replace it with a collaboration registration, fundamentally altering a physician assistant from a physician extender to a provider who merely collaborates and consults with a physician as needed. HB 727 would also remove any distinction between core duties taught during a physician assistant's required education and advanced duties that are learned on the job and subject to approval by the Board. The collaboration registration proposed in HB 727 would require no approval of advanced duties by the Board or review by the PAAC and would not require that the physician assistant demonstrate that they possess the education, training or experience to perform these advanced duties.

While HB 727 limits medical acts performed by a physician assistant to those consistent with their education, training and experience, there is no verification of these vital criteria or delegation required. Under HB 727, a physician assistant would be permitted to perform <u>any</u> medical task that a physician could perform, without prior approval by the Board or their collaborating physician. HB 727 would also explicitly expand the scope of practice for all physician assistants to include the authority to prescribe and dispense controlled dangerous substances, prescription drugs and medical devices.

The Board understands the importance of updating its requirements to match current practice standards, and welcomes the opportunity to streamline its delegation agreement process and remove potentially burdensome requirements. However, the changes proposed in HB 727 would represent a radical departure from current practice, and would remove an important piece of patient protection and transparency in Maryland.

In addition to this core concern, the Board has also identified several other areas of HB 727 that are potentially problematic:

- By exempting physician assistants from the permitting requirements found under Health Occupations Article § 12-102, HB 727 would entirely remove the requirement that a physician assistant first obtains a dispensing permit before dispensing prescription drugs and devices. This would allow all physician assistants to directly dispense prescription drugs and devices without ever obtaining a dispensing permit from the Board, resulting in both broader authority and less oversight than physicians and other health occupations.
- The definition of a collaboration agreement found on page 6, lines 10 through 19, allows a collaboration agreement to be made between a physician assistant and a "health care facility or organization that employs, contracts with, or credentials physicians." The Board does not license or regulate facilities, and many qualifying organizations are not regulated by the State of Maryland at all. The Board is concerned that it would have no authority to enforce requirements with a facility or organization listed on a collaboration agreement.
- There is currently no requirement that the acts performed by a physician assistant under HB 727 must be within the scope of practice of any of the physicians on the collaboration registration. Currently a physician may only delegate duties within their scope of practice to a physician assistant.
- HB 727 removes the continuing education requirements previously set by the legislature for physician assistants who wish to perform x-ray procedures.
- On page 9, lines 21 through 24, HB 727 extends the reporting requirement for a terminated agreement from 10 days to 30 days. As physician assistants are only able to practice under their delegation agreement, it is vital that the Board is notified as soon as possible when such an agreement is terminated.
- On page 9, line 32, and page 11, lines 2 and 11, HB 727 makes significant changes to the hospital or employer reporting requirements for adverse actions. Currently, a hospital or related institution must report to the Board any action that might be grounds for reprimand under the Maryland Medical Practice Act within 10 days, and employers and facilities must report the termination of employment within 5 days of termination. These reports often involve extremely serious violations, such as performing medical acts while intoxicated, and it is absolutely necessary that the Board begin an investigation as quickly as possible. HB 727 would extend the reporting timeline for hospitals from 10 days to 30 days and extend the notification of termination from 5 days to 14 days. HB 727 would also change the standard for reported actions from "reason to know" to "actual knowledge," which represents a significantly higher legal barrier and would drastically reduce the reports received. These changes would put physician assistants out of line with every other profession regulated under the Maryland Medical Practice Act and would weaken an essential piece of public protection.
- On page 14, lines 25 through 32, HB 727 establishes a "mentoring" process for new physician assistants. However, this mentoring process is never defined, and a physician assistant would still have the full authority to perform any medical act during the period they are being mentored.
- On page 18, lines 24 through 31, HB 727 removes the ability for the Board to terminate an existing agreement. This would limit the Board to pursuing disciplinary action even in cases where the collaboration agreement was demonstrated to be inappropriate or insufficient. The physician assistant would be permitted to continue operating under the current agreement in such cases while an investigation was conducted and discipline was considered.
- On page 27, lines 18 through 20, HB 727 states that a collaboration registration must be available for inspection at the primary place of business of the licensee. However, there is currently no standard set for notifying the Board of changes to the collaboration registration or penalties for failure to notify the Board in a timely fashion. The Board currently is required to maintain active practitioner profiles for reasons of public transparency. These profiles are also used as primary sources for purposes of credentialing. In order to keep these profiles adequately updated, it is vital that any changes to agreements or registrations must be reported to the Board within 5 business days

of the change, with civil penalties for failure to report (as is done for failure to report changes to name or address).

- On page 29, lines 22 through 27, HB 727 grants immunity to liability for physician assistants performing services during a disaster. This immunity would be unique to physician assistants, and the Board is unclear with regard to its provenance.

Despite these concerns, the Board does agree with the overall intent of modernizing the current standards for physician assistants and establishing a regulatory process that is more in alignment with current standards. To that end, the Board proposes the following:

- **Remove the advanced duty approval process for physician assistants employed in hospitals, ambulatory surgical centers and other licensed facilities.**

  As hospitals and other facilities regulated by the state perform their own credentialing, the Board believes that the current requirement for approval of delegation agreements containing advanced duties is duplicative and unnecessary. Removing this step will streamline the process for physician assistants who are employed by these facilities while maintaining the current approval process for physician assistants working in private practice settings where there is less regulatory oversight and where they are not receiving independent credentialing.

- **Automatically approve delegation agreements containing advanced duties for physician assistants who have been previously approved for these duties.**

  Currently, a delegation agreement containing advanced duties must be reviewed by the PAAC and approved by the Board even if the physician assistant was previously approved to perform these duties. This creates obstacles for physician assistants who change jobs after they have already demonstrated that they possess the education, training and experience to perform these duties. While the Board has developed regulations to create temporary practice letters allowing such physician assistants to temporarily practice while waiting for their advanced duties to be approved, the Board believes physician assistants should be able to "carry" their advanced duties even when changing delegation agreements, provided any duties they perform are within the scope of practice of the delegating physician.

- **Expand the number of physician assistants a physician may supervise at any given time.**

  Currently, a physician may supervise no more than four physician assistants at a given time. Expanding this number would better reflect the collaborative team approach that HB 727 attempts to create. The Board believes that a physician could adequately supervise as many as eight physician assistants.

Thank you for your consideration. For more information, please contact Matthew Dudzic, Manager of Policy and Legislation, Maryland Board of Physicians, 410-764-5042.

Sincerely,

Damean W. E. Freas, D.O.
Chair, Maryland Board of Physicians

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

MSA Testimony - Oppose - Senate Bill 673 - Physici

Uploaded by: Daniel Shattuck

Position: UNF

MARYLAND SOCIETY OF ANESTHESIOLOGISTS

Date: March 14, 2023
Committee: The Honorable Melony Griffith, Chair
Senate Finance Committee
Bill: Senate Bill 673 – Physicians Assistants – Revisions (Physician Assistant Modernization Act of 2023)
Position: Oppose

The Maryland Society of Anesthesiologists (MSA) is a state component society of the American Society of Anesthesiologists (ASA). The MSA is a non-profit physician organization dedicated to promoting the safest and highest standards of the profession of anesthesiology in the State of Maryland. Our purpose is to advocate on behalf of our members for their patients through policy, education, and research. **We respectfully must oppose Senate Bill 673 due to patient safety concerns.**

As introduced Senate Bill 673 would "require that a physician assistant have a collaboration registration, rather than a delegation agreement, in order to practice as a physician assistant; alter the scope of practice of a physician assistant; alter the education required for licensure as a physician assistant; among other provisions." SB 673 would not only remove the delegation agreement process altogether and replace it with a collaboration registration, but a physician assistant would be permitted to perform any medical task that a physician could perform, without prior approval by the Board or their collaborating physician.

Senate Bill 673, would also remove any oversight or Board approval for a Physician Assistant to administer anesthesia. Specifically, House Bill 727 proposes to delete the following sections:
<u>Page 17, lines 35-38:</u>
"(3) Notwithstanding paragraph (1) of this subsection, a primary supervising physician shall obtain the Board's approval of a delegation agreement before the physician assistant may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia, including spinal and epidural techniques, under the agreement."
<u>Page 18, lines 1-19:</u>
"(d) For a delegation agreement containing advanced duties that require Board approval, the Committee shall review the delegation agreement and recommend to the Board that the delegation agreement be approved, rejected, or modified to ensure conformance with the requirements of this title.
(e) The Committee may conduct a personal interview of the primary supervising physician and the physician assistant.
(f) (1) On review of the Committee's recommendation regarding a primary supervising physician's request to delegate advanced duties as described in a delegation agreement, the Board:
(i) May approve the delegation agreement; or
(ii) 1. If the physician assistant does not meet the applicable education, training, and experience requirements to perform the specified delegated acts, may modify or disapprove the delegation agreement; and
2. If the Board takes an action under item 1 of this item:
A. Shall notify the primary supervising physician and the physician assistant in writing of the particular elements of the proposed delegation agreement that were the cause for the modification or disapproval; and
B. May not restrict the submission of an amendment to the delegation agreement."

MSA EXECUTIVE OFFICE * 200 DUKE OF GLOUCESTER STREET * ANNAPOLIS, MD 21401
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Historically, there have not been Physician Assistants in Maryland that provide anesthesia, and the one that does has specialized training as an anesthesiologist assistant (AA). Without the Board's review of a practitioner's qualifications and training to administer anesthesia, patient safety could be jeopardized. Our National Affiliate the *American Society of Anesthesiologists (ASA)* states the following with respect to the practice of Anesthesiology:

> *Anesthesiology is the practice of medicine including, but not limited to, patient care before, during, and after surgery and other diagnostic and therapeutic procedures, and the management of systems and personnel that support these activities. The practice of anesthesiology includes the evaluation and optimization of preexisting medical conditions, the perioperative management of coexisting disease, the delivery of anesthesia and sedation, the management of postanesthetic recovery, the prevention and management of periprocedural complications, the practice of acute and chronic pain medicine, and the practice of critical care medicine. This care is personally provided, directed, and/or supervised by the physician anesthesiologist.*
>
> *In the interests of patient safety and quality of care, the American Society of Anesthesiologists (ASA) believes that all patients deserve the involvement of a physician anesthesiologist in their perioperative care. In the U.S. today, most anesthesia care either is provided personally by a physician anesthesiologist or is provided by a non-physician anesthesia practitioner directed by a physician anesthesiologist within the Anesthesia Care Team (ACT) model. The practice of anesthesiology includes the delegation of monitoring and appropriate tasks by the physician to non-physicians. Such delegation is defined specifically by the physician anesthesiologist and must be consistent with state law, state regulations, and medical staff policy. Although selected tasks may be delegated to qualified members of the ACT, overall responsibility for the team's actions and patient safety ultimately rests with the physician anesthesiologist.*

Furthermore, the ASA defines qualified anesthesia personnel or practitioners as: Physician anesthesiologists, anesthesiology fellows, physician residents, anesthesiologist assistants, and nurse anesthetists. Medicare under its condition of participation for anesthesia services, **§ 482.52 Condition of participation,** requires the following:

> *If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.*
>
> ***(a) Standard: Organization and staffing.*** *The organization of anesthesia services must be appropriate to the scope of the services offered. Anesthesia must be administered only by -*
>
> > ***(1)*** *A qualified anesthesiologist;*
> >
> > ***(2)*** *A doctor of medicine or osteopathy (other than an anesthesiologist);*
> >
> > ***(3)*** *A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under State law;*
> >
> > ***(4)*** *A certified registered nurse anesthetist (CRNA), as defined in § 410.69(b) of this chapter, who, unless exempted in accordance with paragraph (c)of this section, is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed; or*
> >
> > ***(5)*** *An anesthesiologist's assistant, as defined in § 410.69(b) of this chapter, who is under the supervision of an anesthesiologist who is immediately available if needed.*

Physician Assistants are not contemplated or recognized as anesthesia providers at the State or Federal level. The safest form of anesthesia is delivered in the anesthesia care team model, which again is not inclusive of PAs as explained above. For these reasons we oppose Senate Bill 673 and would urge the retention of language in current law as it relates to anesthesia.

For additional information please contact Dan Shattuck, Executive Director at mdashq@gmail.com.

2023 SB673 Written Testimony.pdf
Uploaded by: Deborah Brocato
Position: UNF

Opposition Statement SB673
Physician Assistants - Revisions
(Physician Assistant Modernization Act of 2023)
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Strongly Oppose SB673

On behalf of our 200,000 followers across the state, we respectfully yet strongly object to **SB673**. While we respect the contributions of physician assistants to providing quality healthcare, Maryland Right to Life requests an amendment to exclude abortion purposes being used for this bill or unfavorable report.

As written, SB673 diminishes professional standards of patient care by expanding the scope of practice of physician assistants including "personally preparing and dispensing a prescription." Without specific language excluding the application of this bill to abortion, physician assistants would be authorized to prepare and dispense lethal chemical abortion drugs, putting more pregnant women and girls at risk for injury and death. This bill must be considered in the legislative context in which the Assembly continues to increase the number of healthcare roles to be given prescription authority and dispensing authority. The totality of bills moving through the assembly is expanding roles of healthcare professionals with "access" being the stated reason. Increased access does not equal increased quality, and in fact, the loosening of requirements and restrictions is lowering the standard of care, especially for women and girls as it relates to abortion. Licensed physicians require a minimum of 11 years of training and education that includes a minimum 3 year residency. Physicians may go on for fellowship programs. As a practicing physician, doctors are required to complete 200 hours of continuing education every 4 years. By contrast, an individual can become a physician assistant in as little as 6 years and there is no equivalent of a residency. While a PA may continue their education, the doctor is also doing this. A physician starts with a greater base level of training and education and continues her education during her career. Hence, the physician will always be the one with the most education and training.

The Abortion Care Access Act of 2022 removed the physician requirement for abortion services thereby removing a level of safety for women and girls. The physician has many more years of training and education than the physician assistant which affords him/her greater knowledge of the overall health status of the pregnant woman or girl. The physician has greater capability of determining possible complications of pregnancy such as ectopic pregnancy, molar pregnancy or other abnormal gestation. Use of the abortion pill has resulted in at least 20 deaths and over 2,000 adverse events. (see NIH article and Lifenews article) The statistics stated in the article were obtained when the woman or girl was still required to be in person at a physician's office for physical exam. Now, telehealth allows chemical abortion pills to be prescribed without a physical exam.

Opposition Statement SB673, page 2 of 2
Physician Assistants - Revisions
(Physician Assistant Modernization Act of 2023)
Deborah Brocato, Legislative Consultant
Maryland Right to Life

Put patients before profits. The abortion industry is asking the state to authorize them to put profits over patients. Maryland Right to Life opposes introduction or passage of any bill dealing with the "scope of practice" of any health care professional which doesn't include language excluding abortion. Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

We take this position because it has long been the strategy of the pro-abortion movement to use a broad definition of that "scope" as a means to increasing the number of lower healthcare professionals licensed to provide abortion services. Expanding the number of people who can provide abortion will increase the number of unborn children being killed and will put more women at risk of substandard medical care, injury and death.

The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 9 out of 10 OB/Gyn's refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being. The abortion industry's solution is two-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, and (2) authorize abortionists to remotely prescribe abortion pills across state lines.

D-I-Y Abortions: While the Supreme Court imposed legal abortion on the states in their 1973 decisions Roe v. Wade and Doe v. Bolton, the promise was that abortion would be safe, legal and rare. But in 2016, the Court's decision in *Whole Woman's Health v. Hellerstedt* prioritized "mere access" to abortion facilities and abortion industry profitability over women's health and safety.

The abortion industry itself has referred to the use of abortion pills as "Do-It-Yourself" abortions, claiming that the method is safe and easy. But chemical abortions are 4 times more dangerous than surgical abortions, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%. Now, with TELABORTION, pregnant women and girls are further exposed to the predatory practices of the abortion industry.

There are 2 "all-trimester" abortion facilities in Maryland, one in Bethesda and one in College Park. With the expansion of scope of practice for many healthcare occupations, those businesses will surely increase and be able to staff at a lower cost without the physician requirement for abortions.

The women and girls of Maryland deserve better than lowered medical standards of care. Maryland Right to Life strongly urges an amendment to exclude abortion purposes from this bill. Without it, we ask for an unfavorable report for **SB673**.

Lifenews Abortion Pill deaths.pdf
Uploaded by: Deborah Brocato
Position: UNF

The Abortion Pill Has Killed 26 Women That We Know Of, But They Keep Claiming It's "Safe"

https://www.lifenews.com/2022/02/21/the-abortion-pill-has-killed-26-women-that-we-know-of-but-they-keep-claiming-its-safe/

Opinion | Dave Andrusko | Feb 21, 2022 | 11:47AM | Washington, DC

The beauty, for lack of a better word, of the abortion industry's strategy is how studies supporting whatever it is they want promoted just happen to come out at the right time.

Take "Safety and effectiveness of self-managed medication abortion provided using online telemedicine in the United States: A population based study" which was published yesterday in The Lancet.

Here's the "Background":

As access to clinical abortion care becomes increasingly restricted in the United States, the need for self-managed abortions (i.e. abortions taking place outside of the formal healthcare setting) may increase. We examine the safety, effectiveness, and acceptability of self-managed medication abortion provided using online telemedicine.

Get it? As more protections are passed in more states, the need for "self-managed" abortions grows and grows. This study is intended to assure everyone that "Do It Yourself" abortions performed by the woman is safe, safe, safe.

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According to Politico Pulse, "The peer-reviewed study, led by University of Texas at Austin professor Abigail Aiken, comes on the heels of the FDA's decision to permanently loosen restrictions on abortion pills and allow people to obtain them via telemedicine and by mail and as a wave of GOP states advance bills to limit their access or ban them entirely."

So, naturally, of the 3,000 "self-managed" abortions in 2018 and 2019

96.4 percent reported successfully ending their pregnancy without follow-up surgery.

Of the 1 percent that reported treatment of a serious adverse event, 0.6 percent reported receiving a blood transfusion, while 0.5 percent reported receiving intravenous antibiotics.

No deaths were reported.

What to say? **For starters, we know of 26 death associated with the use of mifepristone and misoprostol. And things are much more dangerous now.**

These figures—the 26 deaths and the thousands of adverse events such as hemorrhage, infection, and ectopic pregnancy–were obtained under the old REMS [Risk Evaluation and Mitigation Strategy] regulations. Those required the woman to go to the office visit to pick up the pills.

What about "adverse events reports"? There are thousands of them.

I asked Dr. Randall K. O'Bannon, director of Education & Research, about the study which demonstrated that chemical abortions in general are dangerous, but that telemedical chemical abortions are even worse.

You only need to look at the last name on the author list to know that this is hardly some objective scientific study. Rebecca Gomperts is the queen of abortion pill publicity stunts, responsible for the abortion ship, the abortion train, the abortion bus, the abortion drone, multiple abortion hotlines, and the infamous "I need an abortion" website where women all over the world can order abortion pills online and from their smartphones.

This is only her latest stunt where Gomperts, in direct defiance to the U.S. Food and Drug Administration (FDA), has formed a group called "Aid Access" and has been shipping abortion pills to women in the United States. Though the sale and use of abortion pills are already legal in all fifty states, with a few minor safeguards, Gomperts decided in 2018 to bring her online sales operation to the U.S. because "access to abortion in the clinic setting is moving further out of reach due to restrictive state legislation."

If this were truly her driving concern, one would have expected Gomperts to concentrate her sales campaign on those states with the most or the strongest restrictions. But Gomperts is proud to note that Aid Access "offers self-managed abortion, operating outside the formal U.S. healthcare setting in all 50 states." That includes many states where telemedical abortion was already legally available.

Gomperts' concern for women's health is also questionable. Though she claims that she had "success" rates of over 96% with only 1% reporting treatment for a "serious adverse event," she obtains these rates only by ignoring the outcomes of the 30% of patients of whom her study lost track.

The high numbers lost to follow-up are of great concern not just because they potentially compromise the safety and efficacy numbers, making these 'self-managed' abortions seem safer or more "effective" than they actually are, but also because this is the fundamental worry about mail-box abortions. That is, that women will get these, have problems, and get lost in the medical system. They will suffer infections, hemorrhages, ruptured ectopic pregnancies, or worse, without anyone ever knowing that the abortion pill was responsible. (Groups like Aid Access have even gone so far as to advise women seeking help at the local emergency room that they do not need to tell the doctors they are having a chemical abortion, that it is indistinguishable from a miscarriage.)

Politics and publicity are at the heart of everything Gomperts does, not science, and certainly not women's health and safety. This study is just the latest stunt in Gomperts campaign to make abortion pills broadly available, no matter what the practical consequences might be for women and their unborn babies.

LifeNews.com Note: Dave Andrusko is the editor of National Right to Life News and an author and editor of several books on abortion topics. This post originally appeared in at National Right to Life News Today —- an online column on pro-life issues.

NIH Abortion Pill Adverse Events (1).pdf
Uploaded by: Deborah Brocato
Position: UNF

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National Library of Medicine, National Center for Biotechnology information

https://pubmed.ncbi.nlm.nih.gov/33939340/

2021 Spring;36(1):3-26.

Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019

Kathi Aultman 1, Christina A Cirucci, Donna J Harrison 2, Benjamin D Beran 3, Michael D Lockwood 4, Sigmund Seiler 5

Affiliations expand

PMID: 33939340

Abstract

Objectives: Primary: Analyze the Adverse Events (AEs) reported to the Food and Drug Administration (FDA) after use of mifepristone as an abortifacient. Secondary: Analyze maternal intent after ongoing pregnancy and investigate hemorrhage after mifepristone alone.

Methods: Adverse Event Reports (AERs) for mifepristone used as an abortifacient, submitted to the FDA from September 2000 to February 2019, were analyzed using the National Cancer Institute's Common Terminology Criteria for Adverse Events (CTCAEv3).

Results: The FDA provided 6158 pages of AERs. Duplicates, non-US, or AERs previously published (Gary, 2006) were excluded. Of the remaining, there were 3197 unique, US-only AERs of which there were 537 (16.80%) with insufficient information to determine clinical severity, leaving 2660 (83.20%) Codable US AERs. (Figure 1). Of these, 20 were Deaths, 529 were Life-threatening, 1957 were Severe, 151 were Moderate, and 3 were Mild.

The deaths included: 9 (45.00%) sepsis, 4 (20.00%) drug toxicity/overdose, 1 (5.00%) ruptured ectopic pregnancy, 1 (5.00%) hemorrhage, 3 (15.00%) possible homicides, 1 (5.00%) suicide, 1 (5.00%) unknown. (Table 1).

Retained products of conception and hemorrhage caused most morbidity. There were 75 ectopic pregnancies, including 26 ruptured ectopics (includes one death).

There were 2243 surgeries including 2146 (95.68%) D&Cs of which only 853 (39.75%) were performed by abortion providers.

Of 452 patients with ongoing pregnancies, 102 (22.57%) chose to keep their baby, 148 (32.74%) had terminations, 1 (0.22%) miscarried, and 201 (44.47%) had unknown outcomes.

Hemorrhage occurred more often in those who took mifepristone and misoprostol (51.44%) than in those who took mifepristone alone (22.41%).

Conclusions: Significant morbidity and mortality have occurred following the use of mifepristone as an abortifacient. A pre-abortion ultrasound should be required to rule out ectopic pregnancy and confirm gestational age. The FDA AER system is inadequate and significantly underestimates the adverse events from mifepristone.

A mandatory registry of ongoing pregnancies is essential considering the number of ongoing pregnancies especially considering the known teratogenicity of misoprostol.

The decision to prevent the FDA from enforcing REMS during the COVID-19 pandemic needs to be reversed and REMS must be strengthened.

Keywords: Abortifacient; Abortion Pill; Adverse Event Reports; Adverse Events; DIY Abortion; Drug Safety; Emergency Medicine; FAERS; FDA; Medical Abortion; Medical Abortion Complications; Mifeprex; Mifepristone; Misoprostol; No touch abortion; Post-marketing Surveillance; REMS; RU-486; Risk Evaluation Mitigation Strategy; Self-Administered Abortion.

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Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act.

Cirucci CA, Aultman KA, Harrison DJ.Health Serv Res Manag Epidemiol. 2021 Dec 21;8:23333928211068919. doi: 10.1177/23333928211068919. eCollection 2021 Jan-Dec.PMID: 34993274 Free PMC article.

Analysis of severe adverse events related to the use of mifepristone as an abortifacient.

Gary MM, Harrison DJ.Ann Pharmacother. 2006 Feb;40(2):191-7. doi: 10.1345/aph.1G481. Epub 2005 Dec 27.PMID: 16380436

MPA Testimony 2023 - Oppose - Senate Bill 673 - Re

Uploaded by: Pat Savage

Position: UNF

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March 13, 2023

Senator Melony G. Griffith, Chair
Senator Katherine A. Klausmeier, Vice-Chair
Miller Senate Office Building, 3 East Wing
11 Bladen Street
Annapolis, MD 21401

Dear Chair Griffith, Vice Chair Klausmeier, and Members of the Committee:

RE: SB 673 Physician Assistants - Revisions (Physician Assistant Modernization Act of 2023)
Position: *OPPOSE*

Dear Chair, Vice-Chair and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the House Health and Government Operations Committee to **UNFAVORABLY report on SB 673.**

SB 673 makes a number of changes to the Physician Assistant scope of practice, including (see p. 9, lines 5-6) removing the prohibition to practice within the scope of psychology. **The MPA strongly opposes this bill, and this specific provision, in the stronger manner possible.**

MPA has strongly advocated for increased access to mental health services. **But allowing untrained practitioners to practice outside of the scope of their training and expertise is dangerous to the public.**

If physician assistants want to practice psychology then they need to comply with the existing licensing requirements for psychologists.

Thank you for considering our comments on SB 673. If we can be of any further assistance as the Senate Finance Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at mpalegislativecommittee@gmail.com.

Respectfully submitted,

Rebecca Resnick, Psy.D.	R. Patrick Savage, Jr., Ph.D.
Rebecca Resnick, Psy.D. President	R. Patrick Savage, Jr., Ph.D. Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

MRS SB 673.pdf
Uploaded by: Rachel Clark
Position: UNF

March 14, 2023

Submitted via email

Senator Melony Griffith, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401-1901

RE: Senate Bill 673 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2023)

Dear Chairwoman Griffith and Committee Members:

On behalf of the Maryland Radiological Society (MRS) and the American College of Radiology (ACR), we appreciate the opportunity to comment and oppose SB 673. The MRS is a professional organization whose mission is to advance the science of radiology, improve radiological services, and maintain high levels of medical and ethical standards in the practice of radiology, throughout the state of Maryland. ACR is a professional organization representing more than 41,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists. SB 673 would allow a physician assistant (PA) to perform "x-ray duties" without a license or supervision.

The MRS and ACR value the commitment of physician assistants to the team-based model of care and greatly respect the contributions physician assistants make to the health care team. However, we do not believe their education and training prepare them to independently oversee patient care. The MRS and ACR are deeply concerned that SB 673 eliminates physician-led teams.

For example, a physician specializing in radiology must complete at least 13 years of training, including medical school, a four-year residency, and most often, an additional one- or two-year fellowship of very specialized training, such as radiation oncology, pediatric radiology, breast imaging, or interventional radiology. They are certified by the American Board of Radiology, and they have exacting requirements for continuing medical education throughout their practicing years. In comparison, the current physician assistant education model is two years in length with only 2,000 hours of clinical care—and no residency requirement. Our patients expect the most qualified person—physician experts with unmatched training, education, and experience—to lead and oversee their care. Yet, SB 673, removes physician supervision of physician assistants, thereby removing the most qualified person on the care team.

More specifically, the MRS and ACR are concerned with language in SB 673 that would allow a physician assistant, "*to perform x-ray duties*." As written, this measure potentially creates a blanket allowance for physician assistants to practice complex medical procedures, involving ionizing radiation, and the ability to interpret radiologic procedures. Also, the process of performing an x-ray is a highly specialized skill, that requires training and certification in proper exposure factors, quality control, and radiation safety, all of which are characteristics of Registered Radiologic Technologists (RRTs). Simply put, PAs don't have

the education and training to perform these procedures, without the supervision of a qualified physician.

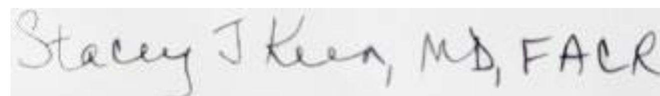
Physician assistants often work in interventional radiology suites using fluoroscopic equipment under the supervision of a physician. Modern fluoroscopic equipment is capable of delivering very high radiation doses during prolonged procedures. Potentially removing the safeguards of proper physician supervision in radiology suites may be detrimental to the overall radiation safety environment in a facility.

The role of a supervising physician in radiology suites is of utmost importance as it carries the responsibility of recognizing the risks and identifying pitfalls based on the complexity or invasiveness of the procedures. We believe that a blanket allowance for physician assistants to perform radiologic procedures raises serious concerns related to patient safety and quality and we strongly urge you to consider the possible negative consequences of SB 673.

As the provisions of health care in this country become more complex, a fully coordinated, quality-focused, and patient-centered health care team will be the optimal means by which patients will receive their health care. In the physician-led team approach, each member of the team plays a critical role in delivering safe, efficient, accurate, and cost-effective care to patients. The MRS and ACR are committed to helping all members of the health care team work together in a coordinated, efficient manner to achieve the triple aim in health care: ensure that our patients receive the highest quality of health care, at the lowest cost, resulting in the most optimal clinical outcomes.

Thank you for your consideration of this very important issue. Should you have any questions, please feel free to contact Eugenia Brandt, or Dillon Harp in ACR's Government Relations office at ebrandt@acr.org, or dharp@acr.org.

Sincerely,



Stacey J. Keen, MD FACR
President, Maryland Radiological Society

William T. Thorwarth, Jr. MD FACR
CEO, American College of Radiology

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March 13, 2023

TO: The Honorable Melony Griffith
Chair, Senate Finance Committee

FROM: Office of the Attorney General, Health Education and Advocacy Unit

RE: SB673 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2023: **Letter of Concern**

The Office of the Attorney General writes this Letter of Concern regarding the expanded immunity protections for physician assistants in Senate Bill 673. Among the provisions relating to scope of practice, education requirements, and authorized acts, tasks, and functions, the bill also grants immunity to physician assistants who are practicing during a state-declared disaster.

Current law provides that "[a] healthcare provider is immune from civil or criminal liability if the healthcare provider acts in good faith under a catastrophic health emergency proclamation." Md. Code Ann., Public Safety § 14-3A-06. This Office considers the immunity to be limited to health care providers who are required to act under an order of the Governor or the Secretary or are working to fulfill a requirement of the order. *See* 100 Md. Op. Atty. Gen. 160, December 28, 2015 ("A health care provider who acts in accordance with State-required [ventilator] allocation criteria will thus almost by definition be acting in good faith, regardless of the negative consequences arising from the withdrawal of a patient's ventilator"). Orders issued by the Secretary of Health throughout the COVID-19 pandemic, for example, stated: "MDH does not construe the immunity provisions in Pub. Safety Art.§14-3A-06 or Health Gen. Art. § 18-907 to apply to a healthcare provider or facility performing non-COVID-19 related procedures or appointments."

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Acts or omissions outside a narrow grant of broad immunity under extraordinary circumstances need not and should not be immune from liability. *See* https://ag.ny.gov/press-release/2021/attorney-general-james-releases-report-nursing-homes-response-covid-19 (report of the New York Attorney General that illustrates some of the problems that a misguided attempt to provide immunity can create, leading the New York Attorney General to urge repeal of immunity that could put vulnerable seniors at risk.)

The expanded immunity in this bill is especially troubling when read with the removal of the requirement that the physician assistant practice under the supervision of a physician. Such concurrent expansion of both scope of practice and immunity protection seems likely to make it more difficult for individuals to bring meritorious claims. Whether a decision which results in harm was related to a particular declared disaster/emergency/catastrophe, whether it was within the physician assistant's scope of practice, or whether it was reasonable under the circumstances, are questions of fact which should be determined in court and not denied investigation by a grant of immunity.

While it is reasonable to provide some protections for health care workers who might be making difficult health care decisions during an emergency, it would not be appropriate to broadly protect acts or omissions from liability. We urge the Committee to consider these concerns and strike this provision from SB673.

cc: Sen. Kathy Klausmeier
Sen. Mary Beth Carozza