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!

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