

**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.



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