

**Hearing Date:** March 14, 2023

**Committee:** Finance

**Bill:** [SB674 – Parity With Other Health Care Practitioners \(Physician Assistant Parity Act of 2023\)](#)

**Position:** SUPPORT (Favorable)

This is a letter in **Support of SB 674- PA Modernization Act.**

**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,

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