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Testimony of Delegate Kenneth Kerr

In Support of

HB 722 – Physician Assistants – Parity with Other Health Care Practitioners

(Physician Assistant Parity Act of 2023)

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

Physician Assistant's (PAs) are licensed clinicians who practice medicine in all medical specialties and settings. They are trusted, rigorously educated, and trained healthcare professionals dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice.

Established in 1967 due to a shortage of primary care physicians, the PA profession currently has more than 168,000 practitioners in the U.S., engaging in more than 500 million patient interactions each year.

Maryland is the proud home of four fully accredited PA programs, the first of which opened in 1972, two more are opening in the next year. Today more than 4,600 PAs practice in Maryland. Maryland universities with PA programs can be found in Baltimore, Frostburg, Towson, Southern Maryland, and University of Maryland Eastern Shore.

Comprehensive, Graduate Level educational programs prepare PAs for a career in medicine and a team-based approach to providing high quality, patient-centered medical care. The broad, generalist medical education that PAs receive makes the profession uniquely flexible and able to adapt to the evolving needs of the U.S. healthcare system. Additionally, PA schools understand the need for specific training in clinical and surgical areas and include procedures and subspecialty training in their education. The intensive PA curriculum is

modeled on that used in medical schools and PA students have the same clinical rotations as medical students.

As we know, the U.S. healthcare delivery system is undergoing dramatic transformation, and team-based care is the new standard. In fact, growing interest in team-based care has led to the study of high-functioning teams and their positive impact on outcomes, costs, efficiencies, and provider burnout. As pressures mount to meet the “triple aim” of improving the experience of care, improving the health of populations, and reducing costs, support for team-based care is now the expected standard.

PAs collaborate daily in Maryland, like any other medical provider, they consult someone who has the specialty expertise required. However, Maryland’s PA practice laws are outdated because they encourage PAs to work with one supervising physician rather than directly utilize an entire skilled team to treat their patients.

House Bill 727, replaces a delegation model with a collaborative practice model.

Similar to how PAs utilize delegation agreements today, this proposal would allow increased flexibility to develop guidelines with at least one physician and medical staff in order to collaborate, consult and/or refer to the appropriate member(s) of the healthcare team. The team comprises medical personnel as indicated by the patient’s condition, the education, experience and competencies of the PA, and the applicable standard of care.

The degree of collaboration will be determined at the practice level since each area of medicine is unique and collaboration will look different in various settings.

To ensure patient safety and quality care, PAs with less than 18 months of clinical experience will have heightened collaboration requirements.

All of Maryland’s surrounding states have Collaborative Practice Laws. States and Jurisdictions with those laws include:

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

Under **HB 727**, PAs will have the legal responsibility for the care they provide.

These changes will Improve Patient Access to Healthcare and Healthcare Outcomes; and will allow community health centers, hospitals, health systems,

group and private practices the flexibility to assemble healthcare teams to best meet patient needs, as was authorized on a limited basis during the COVID-19 pandemic.

Additionally, **HB 727** will make it easier for PAs to serve in medically underserved and rural communities where there are few or no physicians.

Collaborative Practice **is not independence**. 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.

Collaborative Practice will still require PAs to have a collaboration registration with at least one physician or their employer that is submitted to the Maryland Board of Physicians. PA duties and responsibilities will be determined at the practice level consistent with the PA's education, training and experience pursuant to the collaboration registration.

Nothing in **HB 727** will prohibit employers from continuing to hire and manage PAs in whatever manner they deem necessary to ensure patient health and safety.

In sum **HB 727** will:

Move away from "supervision" to describe the nature of the PA working relationship with physicians and replace it with "collaboration."

Eliminate delegation agreements and replace them with collaboration registrations.

Eliminate the concept and distinction between "advanced" and "core" duties, consistent with national standards and surrounding states.

Clarify that a PAs scope of practice is based upon a PA's education, training, experience, and competencies.

Allow a PA to write Prescriptions using their own DEA and CDS number addressing the negative impact on patients and access to medication due to the inability of electronic medical records to accommodate this Maryland requirement.

Reflect current practice with interdisciplinary healthcare teams.

Make PAs responsible for the care they provide by eliminating the concept of agency or that physicians should be responsible for PA provided care, consistent with all other disciplines in Maryland.

Finally, **HB 722** will amend other provisions of law to include PAs among other enumerated healthcare providers who may take certain actions including, but not limited to, admitting individuals to mental health facilities and authenticating certificates of illness or disability for state employees thus improving access to care.