

**Hearing Date:** March 6, 2023

**Committee:** Health and Government Operations

**Bill:** [HB727- Physician Assistants – Revisions \(Physician Assistant Modernization Act of 2023\)](#)

**Position:** SUPPORT (Favorable)

This is a letter in **Support of HB 727- PA Modernization Act of 2023**. 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.

A handwritten signature in black ink that reads "David Hager". The signature is written in a cursive, flowing style.

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