

Hearing Date: February 20, 2024

Bill: [SB 167 Physician Assistant Modernization Act](#)

Position: SUPPORT (Favorable)

This is a letter in **Support of SB 167- PA Modernization Act.**

Being the chair of a busy emergency department, I manage and rely on a large team of physician assistants to help care for our community. Our PAs have been the backbone of the emergency department through many transitions. I am intimately aware of the excessive paperwork and restrictive regulations that go along with employing PAs, just for them to do the job they were licensed and trained to do. Maintaining lists of supervising physicians, acquiring new delegation agreements for our PAs to practice telehealth or help in-person for a sister hospital in the same service line, and submitting “advanced duties” for approval to the board are all examples of the outdated hiring and practice barriers for PAs.

Our PAs often serve as the “proceduralists” for our patients, which allows the attending physicians to focus on the sickest patients in the department. PA scope and skill, both “core” and “advanced” are already outlined in their service line delineation of privileges (in keeping with the proposed collaboration agreement). Many of these skills which are considered “advanced” are part of the core education and learning curriculum during physician assistant training. Our clinician and administrative team spend an enormous amount of time to submit additional advanced procedure paperwork to the board that has already been tracked and approved through the hospital. Maryland is the only state in the country that requires this!

Additionally, PAs should be allowed to write their own prescriptions without a tether to a physician. PAs can and should be solely responsible for the prescriptions they write. They have their own DEA and CDS license and maintain related continuing medical education. A physician should not be seen as liable for a prescription that someone else writes.

I support modernizing the practice legislation to allow PAs to practice according to the fullest extent of their training. Collaboration agreements most adequately captures the framework in which we practice medicine now. We need to be able to be flexible in using our physician assistants without restrictive paperwork. We need to be able to cut the red tape to shorten hiring timelines and fill clinician gaps more easily. Changing to collaboration agreements will not change the role or scope of our physician assistants in our emergency departments but will allow- us to focus more of our time on what really matters – caring for our patients.

Sincerely,

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