2024 C. Jewell SB 167 Senate Side.docx.pdf
Uploaded by: Cathy Jewell
Position: FAV

[SB0167] and [HB806]– Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Support Testimony of Cathy Jewell, Concerned Citizen
Legislative district 9A
Jewell1958@gmail.com

Good afternoon, members of the House and Senate and subcommittees,

My name is Cathy Jewell, and I am writing in support of SB 0167 and HB 0806 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants (MdAPA). As a concerned citizen, I can personally attest to the invaluable role Physician Assistants (PAs) play as an integral part of the healthcare system. From my experience, what sets PA's apart from other licensed healthcare providers are 3 things:

1. The degree to which they provide greater accessibility to healthcare.
2. Their ability to actively listen efficiently and effectively.
3. Their collaborative approach to patient care and education.

My first experience with a PA was over 20 years ago when I was not able to get an appointment with my regular Primary Care Physician. Initially, I had no intention of routinely seeing the PA over the physician, but because of all the reasons stated above, I would chose to stay with the PA and am still seeing her today. Her recommendations and referrals have been spot on which led me to my next PA experience. Although her referral was to a top-notch gynecologist, who I initially saw and loved, it was difficult to get regular appointments with her. In short order I switched to the GYN PA and am still with her today. She too demonstrates those 3 key assets in providing quality and accessible care. Both PA's have enabled me to better navigate the healthcare system and to take greater ownership and authority over my own healthcare. Recently I have added 2 more PA's to my healthcare team–in ENT and a Dermatology.

There is no question in my mind that the option of having a PA has given me timely access to quality healthcare. I am truly grateful for this but sadly this is not the case for others. I hear from family and friends the difficulty of finding a healthcare provider and/or getting an appointment in a timely manner. It is my understanding that there exist administrative barriers when hiring PAs in Maryland causing undue costs and burdens for hospitals and other healthcare facilities. The proposed legislation focuses on removal of these administrative barriers, which delay the employment and utilization of well-trained, compassionate PAs, who can provide greater access to quality healthcare and help to alleviate the significant shortage in healthcare providers.

I ask that you support and enact this legislation on behalf of all citizens and communities in the State of Maryland.

Thank you for your time and commitment to Maryland,

Cathy Jewell

MD Addiction Directors Council - 2024 SB 167 FAV -
Uploaded by: Craig Lippens
Position: FAV

Maryland Addiction Directors Council

Senate Finance Committee

February 20, 2024

Senate Bill 167 - Physician Assistants – Revisions

Physician Assistant Modernization Act of 2024

Support

Maryland Addictions Directors Council (MADC) represents outpatient and residential substance use disorder and dual recovery treatment across the state of Maryland. Our members provide over 2,000 residential treatment beds across the state.

MADC employs physician assistants, licensed and certified drug and alcohol counselors, and social workers. There is a dire shortage of candidates across the state of for all levels of direct patient care. MADC supports a compact for social workers to allow for more eligible, and appropriately licensed social workers to work in the state of Maryland.

Thank you for the opportunity to offer written testimony and we urge a favorable report on Senate Bill 167.

Sincerely,

Craig Lippens

Craig Lippens, President
MADC

2024 D. Najera SB 167 Senate Side.pdf
Uploaded by: Deanna Bridge Najera
Position: FAV

Senator Pam Beidle
Senate Finance Committee
11 Bladen Street
Annapolis, MD 21401

RE: SB 167 - Physician Assistants - Revisions (Physician Assistant Modernization Act of 2024

Position: Favorable (Support)

Dear Chair Beidle:

I am writing to advocate for your support of SB 167, the PA Modernization Act. As a Physician Assistant (PA) since 2006, I have worked in several clinical settings. In 2019, I joined a local health department part-time and, with the onset of COVID-19, leveraged my training and experience to significantly expand my role in response to the pandemic. My diverse background complemented the existing medical team, illustrating the value PAs add by bringing specialized skills to healthcare settings. This approach—employing PAs with specific expertise to enhance care—is common in primary care and beyond, enabling practices to offer more comprehensive services.

Current regulations, however, unnecessarily restrict this model of care. Maryland's unique requirement for a separate application for PAs to perform advanced duties imposes undue administrative burdens and limits patient care. The decision of a PA's qualifications for advanced tasks is best made by the physician-PA team at the practice level, based on the PA's education, training, and experience, rather than through cumbersome regulatory processes. Removing advanced duties from only hospital settings fails to address the needs of underserved communities and will do little to impact extending emergency department wait times and boarding of patients.

Concerns that removing the advanced duties application will compromise patient safety are unfounded. A recent study comparing medical malpractice claims over a decade in states with varying PA practice laws found no significant difference in malpractice rates[1], underscoring the safety of allowing PAs to practice to the full extent of their capabilities. This evidence supports the daily practical experience that PAs, as integral team members, enhance the delivery of safe, high-quality care.

Therefore, I urge support of the PA Modernization Act, removing unnecessary barriers and enabling PAs to contribute to healthcare delivery more effectively across the state.

I sincerely appreciate your time and consideration and hope that you **support the passage of the SB 167-PA Modernization Act**.

Best,

Deanna Bridge Najera, MPAS, PA-C, DFAAPA
Deanna.Bridge@gmail.com
301-639-2070 (cell)

1- Sondra M. DePalma, Michael DePalma, Sean Kolhoff, Noël E. Smith; Medical Malpractice Payment Reports of Physician Assistants/Associates Related to State Practice Laws and Regulations. *Journal of Medical Regulation* 12 December 2023; 109 (4): 27–37. Available at https://meridian.allenpress.com/jmr/article/109/4/27/498933/Medical-Malpractice-Payment-Reports-of-Physician

2024 D. Strobel SB 167 Senate Side.docx.pdf
Uploaded by: Dr. David Strobel
Position: FAV

DAVID STROBEL M.D.

DERMATOLOGY

716 MAIDEN CHOICE LANE • SUITE 305
CATONSVILLE • MARYLAND • 21228
(410) 747-9422 • FAX: (410) 747-4871

SB167 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Written Testimony of David Strobel, M.D.
Support SB 167

Good afternoon, members of the House Committee.

I am a Maryland board certified dermatologist (ABPS) and licensed physician, working in my own private practice Strobel Dermatology in Maryland. I employ two licensed dermatology PAs. I support the bill, SB 167 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants.

As you know, Maryland is facing significant healthcare provider shortages. These shortages are placing undue pressure on the practicing providers and limiting patients access to care, particularly within primary care, women's health, behavioral health, dermatology and underserved and rural communities. On the national level there are fewer slots for physician dermatology resident programs, whereas, with a practice agreement trained licensed physician assistants would be able to provide these services to Maryland residents. Physician assistants are trained on an accelerated medical model and a team-based approach, which includes collaboration with Physicians and other health professionals. The administrative barriers that exist when hiring PAs in Maryland, increase both the administrative and cost burden on hospitals, private clinics and all healthcare facilities. The proposed legislation focuses on removal of these administrative barriers, which delay the employment and utilization of well-trained, compassionate PAs, who can assist in reducing the gap in access to care, as well as the unprecedented healthcare shortage.

Due to retirement and the shortage of dermatology physicians, there is an excessively long wait time for appointments. As we have been seeing, skin cancers are on the rise and continue to proliferate if there is no intervention, putting patients at risk of metastases. Removing these barriers would allow Maryland's dermatology PAs to serve properly as full members of their dermatology practice team without layers of outdated regulatory burdens. In the region of my private practice, unexpectedly, two extremely busy private dermatology practices closed within two months of each other. We have received an overwhelming influx of new patients, specifically a high volume of seniors with a multitude of complex cases. Within my practice the two PAs I work with have filled the void by providing the community access to dermatology healthcare. Without them it would be devastating. Unfortunately, there are not many communities that experience the benefits of having seasoned dermatology PAs. Having a collaborative agreement would put the responsibility of the PA's abilities at the practice level, allowing providers to tailor services to the needs of their patients and community.

I ask that you support and enact SB 167 on behalf of our patients, communities, and state.

Thank you for your time and commitment to Maryland,

David Strobel, M.D.

2024 M. Denzine SB 167 Senate Side.pdf
Uploaded by: Dr. Mark Denzine
Position: FAV

HB 806/SB0167– Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Support Testimony of **Mark Denzine DO**

Orthopedic Surgeon
Luminis Health Care
2000 Medical Parkway
Annapolis, MD 21410
mdenzine@luminishealth.org

Good afternoon, members of the House and Senate Committee.

My name is Mark Denzine DO a Maryland licensed physician, working for Luminis Health in Annapolis, Maryland. I support the bill, HB 806/SB0167 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants (MDAPA).

As you know, Maryland is facing significant healthcare provider shortages. These shortages are placing undue pressure on the practicing providers and limiting patient's access to care, particularly within primary care, women's health, behavioral health, and underserved and rural communities. Physician assistants are trained on an accelerated medical model and a team-based approach, which includes collaboration with Physicians and other health professionals. The administrative barriers that exist when hiring PAs in Maryland, increase both the administrative and cost burden on hospitals, private clinics and all healthcare facilities. The proposed legislation focuses on the removal of these administrative barriers, which delay the employment and utilization of well-trained, compassionate PAs, who can assist in reducing the gap in access to care, as well as the unprecedented healthcare shortage.

Before medical school, I was a PA or 5 years. I know firsthand about the barriers faced by mid-level practitioners and the constant battle to level the playing field for these crucial providers. PA's fill a vital role in the medical community and serve to bridge the growing gap of medical access that our rural and urban communities experience on a daily basis. Please support this piece of legislation in support of improved patient care and access in Maryland.

I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Thank you for your time and commitment to Maryland,

Mark Denzine DO

2024 S. Hall SB 167 Senate Side.pdf
Uploaded by: Dr. Sara Hall
Position: FAV

SB 0167– Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Support Testimony of Sarah Hall, PA-C

Spine Surgery Physician Assistant

Luminis Health 2000 Medical Parkway, Suite 101, Annapolis, MD 21401

Sarahehall35@gmail.com

Good afternoon, members of the Senate Committee,

My name is Sarah Hall, a Maryland licensed physician assistant specializing in spine surgery, working for Luminis Health Orthopedics in Annapolis, Maryland. I am writing to express my strong support for the bill, SB 0167 - Physician Assistant Modernization Act of 2024, legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

As a spine surgery physician assistant, I have witnessed firsthand the critical role that physician assistants play in addressing healthcare provider shortages and improving access to care for patients across our state. Maryland, like many other states, is facing significant healthcare provider shortages, particularly in primary care, women's health, behavioral health, and underserved rural communities. These shortages place undue pressure on practicing providers and limit patients' access to essential healthcare services.

Physician assistants are trained on an accelerated medical model and a team-based approach, which includes collaboration with physicians and other healthcare professionals. By working collaboratively with physicians and other members of the healthcare team, physician assistants like myself are able to extend the reach of our healthcare system and ensure that patients receive the comprehensive care they need.

The proposed revisions outlined in this bill are crucial for modernizing the practice of physician assistants in Maryland. By removing unnecessary administrative barriers, such as outdated licensing requirements and delegation agreements, this legislation will streamline the hiring process for PAs and enable us to more efficiently provide care to our patients. Additionally, by emphasizing the team-based approach to healthcare that physician assistants are trained in, this bill recognizes the valuable contributions that PAs make to multidisciplinary care teams and the overall functioning of our healthcare system.

In my role as a spine surgery physician assistant, I exemplify the diverse capabilities and contributions that physician assistants make across all specialties of healthcare. Much like my counterparts in primary care, women's health, and behavioral health, I undertake a wide range of responsibilities. These tasks not only allow our practice to evaluate and treat more patients, but also contribute to the overall effectiveness and success of our practice.

As a resident of Maryland and someone who has experienced the healthcare system firsthand, I can attest to the significant challenges that patients face in accessing care due to healthcare provider shortages. My own struggles in finding a provider for myself reflect the experiences of countless others in our state. Patients often encounter lengthy wait times to see a primary care physician, with some being forced to wait months for an appointment. This legislation is vital for addressing these challenges and improving access to care for all Maryland residents.

The credentialing and onboarding process physician assistants experience can be excessively lengthy and burdensome. These regulatory hurdles and administrative burdens not only deter potential PAs from practicing in Maryland but also exacerbate the existing healthcare provider shortages in our state. Streamlining this process through the proposed legislation will facilitate the recruitment and retention of physician assistants, ultimately improving access to care for patients in Maryland.

I urge you to support and enact this legislation for the benefit of our patients, communities, and the healthcare system as a whole. By modernizing the practice of physician assistants in Maryland, we can ensure that all patients have access to high-quality, comprehensive care, regardless of where they live or their socioeconomic status.

Thank you for your time and dedication to improving healthcare in Maryland.

Sincerely,

Sarah Hall

2024 T. Muns SB 167 Senate Side.pdf
Uploaded by: Dr. Teresa Muns
Position: FAV

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,

Teresa Muns, DO, FACEP

Teresa K. Muns, DO, FACEP
Chair, Emergency Department
tmunsweisman@gmail.com
410-925-7301

2024 Y. Wang SB 167 Senate Side.pdf
Uploaded by: Dr. Yongtao Wang
Position: FAV

HB 806/SB0167– Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Support Testimony of **Yongtao Wang, PAC**

University of Maryland Capital Region Medical Center, 901 Harry S Truman Dr, Largo, MD 20774
Johns Hopkins Howard County Medical Center, 5755 Cedar Ln, Columbia, MD 21044
Yongtao.wang@umm.edu

Good afternoon, members of the Senate and House Committee.

My name is Yongtao Wang, a Maryland licensed physician, working for University of Maryland Capital Region Medical Center and Johns Hopkins Howard County Medical Center in Maryland. I support the bill, SB0167/HB 806 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

I had worked as an ICU physician assistant in the hospital setting for 8 years. My specialty was a critical care medicine. I had worked closely with ICU physicians. I and my PA team provide tremendous and good quality medical service for critical ill patient. I had worked in two different hospitals to cover critical care unit. I found out one common problem for both of hospitals was when patient downgraded from ICU level service and moved to regular floor, the quality of the patient care cannot be guaranteed due to large volume of patient number and understaffed midlevel providers, especially PA. Based on my personal experience, in this case scenario, PA as a midlevel provider, continue to follow patient for couple days that dramatically helped regular floor physician to manage the patient with good and reliable quality and avoid to re-admitted to ICU level care. Actually, in Johns Hopkins Howard County Medical Center, I already worked closely with regular floor physician to manage the patient to avoid clinical deterioration. Generally, the most of the hospitals, ICU level care can guarantee quality of care because ICU generally is fully staffed with physician, PA and nurse. But the regular floor, most of the hospital understaffed which lack of midlevel providers, especially PA. During walking in both of the hospitals, I have been called for extra service on the regular floor patient, for example, established IV access, central venous catheter or dialysis catheter insertion. I had talked to other PA in different hospitalist, seems like that is always the common problem due to lack of PA and large volume of the patient, healthcare quality cannot be guaranteed. If have more PA hired, it will dramatically help hospital with good and reliable healthcare. Above is just one of common problem existing in current hospital setting cross Maryland based on my personal experience. Actually, currently a hospital setting still has a lot of problems due to under-staffing of PA who will fill the gap of healthcare transition and improve healthcare quality overall. I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Thank you for your time and commitment to Maryland,

Yongtao Wang, PAC

Critical care medicine

University of Maryland Capital Region Medical Center

Johns Hopkins Howard County Medical Center

2024 MADPA SB 167 Senate Side.pdf
Uploaded by: Esther Cohen
Position: FAV

MARYLAND ASSOCIATION OF DERMATOLOGY PHYSICIAN ASSISTANTS

11620 Reisterstown Rd. #845, Reisterstown, Maryland 21136

mddermpas@gmail.com www.marylanddermpa.com

Hearing Date: February 20, 2024

Bill: SB 167 Physician Assistants-Revisions (Physician Assistant Modernization Act of 2024)

Committee: Senate Finance Committee

Position**:** SUPPORT (FAVORABLE) written testimony

Madam Chair, members of the Committee,

As a pioneer in the field of Physician Assistant (PA) with 50 years of clinical practice and a founding member and past president of both the Maryland Academy of Physician Assistants (MAPA) and the Maryland Association of Dermatology Physician Assistants (MADPA), I have witnessed the challenges and barriers to practice that PAs face in Maryland. The current legislation, the Maryland PA Practice Act of 1986, does not adequately address the evolving needs and the capabilities of PAs in our state.

Physician Assistants (PA's) are vigorously trained and highly educated clinicians in ALL clinical settings. They play a critical role in the delivery of healthcare and increase patient access to 6.1 million patients in every corner of Maryland. PAs have their own medical license, malpractice insurance, practice standards, NPI number and ethical obligations. PAs take the same Hippocratic Oath as physicians. An oath "To uphold professional ethical standards of medicine".

Maryland has steadily fallen behind all other states with respect to current PA statutory and regulatory restrictions. These restrictions affect how Maryland PAs function in the healthcare workforce and do not adequately reflect our licensing with respect to other healthcare providers in the state. No other U.S. state or territory embodies Maryland's antiquated distinction between "core" and "advanced duties" or the processes by which they must be approved. This only causes delays in PA hiring, restrictions in PA practice specialties, or incites medical practices in Maryland to abandon their efforts to hire PAs all together. Removing the barriers of the current law, the scope of practice would be determined by what is in the best interest of patient care at the practice level.

SB 167 Physician Assistant Modernization Act of 2024 is in line with the modernization efforts seen in other states' PA practice laws. By removing the barriers and restrictions in the current law, PAs would have greater flexibility to deliver healthcare under collaborative agreements. This would be particularly beneficial in underserved and rural communities where access to healthcare is limited.

I would like to highlight the unfair treatment of PAs in the specialty of Dermatology. Maryland imposes unnecessary supervision requirements on PAs in dermatology procedures, while other advanced providers, such as Nurse Practitioners, are not subjected to the same restrictions. This over-regulation hinders the patient's access to care and creates an unnecessary burden on the dermatology/PA team. Because of the stringent restriction and the lack of collaborative practice agreement PAs are less favorable in dermatology practices for employment than their counterparts. Unfortunately, due to the shortage of dermatology providers, there is an excessively long wait time for appointments. As we have been seeing skin cancers are on the rise and continue to proliferate if there is no intervention, putting patients at risk of metastases. Removing these barriers would allow Maryland's dermatology PAs to serve properly as full members of their dermatology practice team without layers of outdated regulatory burdens.

It is important for Maryland to keep pace with the neighboring states in terms of PA practice laws. Without positive practice changes, Maryland will struggle to recruit and retain highly educated and skilled PAs. As the healthcare workforce shortage continues to be a pressing issue, PAs can be part of the solution by working at the top of their license and helping to close the gap in access and healthcare equity.

Therefore, I respectfully urge your support and favorable report on Senate Bill 167, the Physician Assistant Modernization Act 2024. The legislation, put forth by the Maryland Academy of Physician Assistants and supported by the Maryland Association of Dermatology Physician Assistants, will remove the current legislative barriers to PA practice and create an improved and modernized healthcare environment for PAs.

Thank you for considering my testimony.

Respectfully submitted,

Esther Cohen, P.A-C
Immediate Past President, Maryland Association of Dermatology Physician Assistants
mddermpas@gmail.com
410-967-5179

2024 H. Straker SB 167 Senate Side.pdf
Uploaded by: Howard Straker
Position: FAV

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

Department of Physician Assistant Studies

Hearing Date: February 20, 2024

Bill: SB 167

Position: SUPPORT

This is a letter in **Support of HB 806/SB 167.**

I am a licensed Maryland physician assistant (PA), a faculty member of the PA Program of George Washington University School of Medicine & Health Sciences, and a recent (2020) past president of the PA Education Association (which represents all 306 PA programs within the United States). I am writing in support of updating the Maryland rules for the practicing PAs. As health care has recognized the quality, training, and capabilities of PAs, many states have removed unnecessary barriers. These barriers placed undue hardships on patients, physicians, and PAs. This bill will remove barriers, update and streamline how PAs practice in the state to provide more productive patient care.

I will provide a small overview of PA education. PAs are clinicians who have received rigorous academic and clinical training that prepares them to provide quality health care services in collaboration with other health care team members. PA training programs are accredited by the Accreditation Review Commission on the Education for the Physician Assistant (ARC-PA), which provides and maintains standards of quality for PA education. PA education has two phases, the didactic (classroom/lab) phase and the clinical phase. PA program didactic curriculum includes basic medical, behavioral, and social sciences. Specific topic areas include anatomy, physiology, pathophysiology, genetics, immunology, microbiology, and pharmacology. Our didactic clinical preparation has over 300 hours of clinical medicine, 130 hours of clinical decision-making, 60 hours of behavioral medicine, 100 hours of pharmacology, and 90 hours of technical skills and procedures training. In the clinical education phase students complete more than 2000 hours of clinical rotations in family medicine, internal medicine, psychiatry, surgery, obstetrics and gynecology, emergency medicine and other subspecialities. In this phase PA students get hands-on learning in clinical locations like hospitals, clinics, and private practices. PAs are trained by physicians and PAs. This prepares them to deliver health care services in collaboration with other clinicians and health care team members. They graduate equipped to care for patients of all ages by gathering patient histories and symptoms, performing physical examinations, ordering and interpreting laboratory/imaging tests, formulating diagnoses, developing and implementing treatment plans including prescribing medications. They are highly competent to provide quality collaborative care.

The current regulations are hurting the Maryland health care workforce. The current barriers for PAs within the state makes Maryland a less desirable place to work. PA students at George Washington University have clinical rotations across the Maryland, District of Columbia, and Virginia area. They compare what it takes to practice in each jurisdiction and are disappointed by such things as Maryland PAs inability to sign certain forms which can delay tests or treatments for patients. They are surprised by the idiosyncrasy of Maryland regulations requiring PAs to ask to be granted advanced privileges to perform procedures that they have learned in their basic training in PA school. Approximately one third of our students come from Maryland but many choose to

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practice in DC or Virginia because they perceive regulations for PAs in those jurisdictions as more in synch with modern practice of medicine. Last year one of my graduating students from Maryland, a recipient of the National Health Service Corps Scholarship with an obligation to work in primary care, wanted to work for a Maryland federally qualified health center (FQHC). Unfortunately, the burden of the delegation agreement and advance privilege process either restrict or cause many practices to not utilize PAs. She was unable to find a community health center that hired PAs, even though we have a shortage of primary care providers. In other states PAs are employed in community health centers and in mental health settings. Today she works for an FQHC in Washington, DC.

HB 806/SB 167 - PA Modernization Act will allow Maryland to optimize the talents of its health care workforce through the effective use of PAs. It will enhance more efficient patient care, promote productive team care, and attract additional PAs to work and remain in the state. For these reasons, I support this bill.

Sincerely,

Howard Straker, EdD, MPH, PA-C
Director, Joint Degree PA/MPH Program
Associate Professor
Past President (2020), PA Education Association
hstraker@gwu.edu
202-994-7727

SB 167- Physician Assistants - Revisions (Physicia

Uploaded by: Jake Whitaker

Position: FAV

Maryland
Hospital Association

January 20, 2024

To: The Honorable Pamela Beidle, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 167- Physician Assistants - Revisions (Physician Assistant Modernization Act of 2024)

Dear Chair Beidle:

On behalf of the Maryland Hospital Association's (MHA) 62 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 167.

Maryland hospitals continue to face staffing shortages, including among physicians. To fill these gaps, hospitals rely on physician assistants to act as physician extenders and increase access to care, especially primary care in underserved areas of the state. MHA's 2022 State of Maryland's Health Care Workforce report outlines a roadmap to ensure Maryland has the health care workforce it needs now and into the future.

SB 167 would help modernize the practice and licensure of physician assistants in Maryland. Under the bill, physician assistants would practice under a "collaboration agreement" rather than a "delegation agreement" as required by current law. Under a "collaboration agreement" a physician assistant would not be required to practice in the constant physical presence of a collaborating physician on-site in the practice setting. These practice flexibilities would help physician assistants practice at the top of their scope, which is essential given projected workforce shortages and an aging population.

This bill represents a step forward in modernizing the physician assistant profession and interaction with physicians. Maryland hospitals support the goals of this bill to ensure physician assistants can practice at the top of their scope to help meet the health care needs of all Marylanders.

For these reasons, we request a favorable report on SB 167.

For more information, please contact:
Jake Whitaker, Director, Government Affairs
Jwhitaker@mhaonline.org

2024 J. Barnett SB 167 Senate Side.pdf
Uploaded by: Jennifer Barnett
Position: FAV

SB0167 Physician Assistants – Revisions
(Physician Assistant Modernization Act of 2024)

Support Testimony of **Jennifer Barnett**

Population Health Physician Assistant
Work at a Federally Qualified Health Center
with locations in Harford and Cecil County
jbarnettpa@gmail.com

Good afternoon, members of the Senate Committee,

I am Jennifer Barnett, MPAS, PA-C, a Maryland licensed physician assistant working for a Federally Qualified Health Center in Harford and Cecil County, Maryland. I support the bill, SB 167 - Physician Assistant Modernization Act of 2024, legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

As you are aware, Maryland is currently grappling with significant shortages in healthcare providers. These shortages place immense pressure on existing practitioners and severely limit patients' access to essential care services, particularly in crucial areas such as primary care, women's health, behavioral health, and underserved rural communities. Physician Assistants (PAs) offer a valuable solution to this challenge. Trained on an accelerated medical model and emphasizing a collaborative, team-based approach, PAs work closely with physicians and other healthcare professionals to deliver comprehensive care. However, the administrative hurdles in hiring PAs in Maryland only exacerbate the strain on healthcare facilities, increasing administrative costs and delays in employing these highly trained professionals.

I am a physician assistant with over 20 years of experience who transitioned to family practice at a FQHC. Our practice has hit many administrative barriers with the layer of approvals for duties through the board of physicians. Procedures that are common in family practice, such as female contraceptive placement and removal, injections of joints, and superficial skin biopsy, I am trained and skilled, but I must submit pages of additional documents to be able to perform. In addition, my supervising physician is not on-site to directly supervise me, which makes the burden of 10-25 directly supervised procedures nearly impossible. If these procedures are needed, the patient must schedule another visit with another provider, causing additional copay, transportation, and delay. Because of these administrative burdens, I am one of the few Physician Assistants our FQHC has hired. There are a large number of PAs who would love to work for FQHCs and provide primary care, but our current laws cause significant barriers.

The proposed legislation focuses on removing these administrative barriers, which delay the employment and utilization of well-trained, compassionate PAs, who can assist in reducing the gap in access to care and the unprecedented healthcare shortage.

Thank you for your time and commitment to Maryland,

Jennifer Barnett, MPAS, PA-C
Population Health Physician Assistant
Federally Qualified Health Center in Harford and Cecil Counties

SB 167 Testimony FAV Barnett 2024.pdf
Uploaded by: Jennifer Barnett
Position: FAV

SB0167 Physician Assistants – Revisions
(Physician Assistant Modernization Act of 2024)

Support Testimony of **Jennifer Barnett (FAV)**

Population Health Physician Assistant
Work at a Federally Qualified Health Center
with locations in Harford and Cecil County
jbarnettpa@gmail.com

Good afternoon, members of the Senate Committee,

I am Jennifer Barnett, MPAS, PA-C, a Maryland licensed physician assistant working for a Federally Qualified Health Center in Harford and Cecil County, Maryland. I support the bill, SB 167 - Physician Assistant Modernization Act of 2024, legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

As you are aware, Maryland is currently grappling with significant shortages in healthcare providers. These shortages place immense pressure on existing practitioners and severely limit patients' access to essential care services, particularly in crucial areas such as primary care, women's health, behavioral health, and underserved rural communities. Physician Assistants (PAs) offer a valuable solution to this challenge. Trained on an accelerated medical model and emphasizing a collaborative, team-based approach, PAs work closely with physicians and other healthcare professionals to deliver comprehensive care. However, the administrative hurdles in hiring PAs in Maryland only exacerbate the strain on healthcare facilities, increasing administrative costs and delays in employing these highly trained professionals.

I am a physician assistant with over 20 years of experience who transitioned to family practice at a FQHC. Our practice has hit many administrative barriers with the layer of approvals for duties through the board of physicians. Procedures that are common in family practice, such as female contraceptive placement and removal, injections of joints, and superficial skin biopsy, I am trained and skilled, but I must submit pages of additional documents to be able to perform. In addition, my supervising physician is not on-site to directly supervise me, which makes the burden of 10-25 directly supervised procedures nearly impossible. If these procedures are needed, the patient must schedule another visit with another provider, causing additional copay, transportation, and delay. Because of these administrative burdens, I am one of the few Physician Assistants our FQHC has hired. There are a large number of PAs who would love to work for FQHCs and provide primary care, but our current laws cause significant barriers.

The proposed legislation focuses on removing these administrative barriers, which delay the employment and utilization of well-trained, compassionate PAs, who can assist in reducing the gap in access to care and the unprecedented healthcare shortage.

Thank you for your time and commitment to Maryland,

Jennifer Barnett, MPAS, PA-C
Population Health Physician Assistant
Federally Qualified Health Center in Harford and Cecil Counties

2024 MASBHC SB 167 Senate Side.pdf
Uploaded by: Joy Twesigye
Position: FAV

masbhc
MARYLAND ASSEMBLY ON
SCHOOL-BASED HEALTH CARE
education+health=success

Committee: **Senate Finance Committee**

Bill: **Senate Bill 167 – Physician Assistant Modernization Act**

Hearing Date: **February 20, 2024**

Position: **Support**

The Maryland Assembly on School-Based Health Centers (MASBHC) supports *Senate Bill 167 – Physician Assistant Modernization Act*. The bill removes regulatory barriers to PA practice.

Maryland urgently needs to expand school-based health centers across Maryland to meet the needs of students for primary, behavioral health, and oral health services. Maryland increased the investment in school-based health centers under the Blueprint, but progress has been hampered by a shortage of primary care providers. PAs could be part of the solution for health professional shortages, but the current law governing PA practice is challenging. School-based health centers are often small with limited administrative resources. Because there are so many regulatory steps for PAs to be able to practice, it is difficult for many school-based health centers to navigate that system.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2024 K. Pipkin SB 167 Senate Side.pdf
Uploaded by: Karen Pipkin
Position: FAV

HB 806/SB0167– Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Support Testimony of Karen Pipkin CRNP

Lead Advanced Practice Provider
Luminis Health
2000 Medical Parkway, Suite 101, Annapolis, MD 21401
kpipkin@luminishealth.org

Good afternoon, members of the Senate and House Committees.

My name is Karen Pipkin CRNP a Maryland licensed Nurse Practitioner, working for Luminis Health, Annapolis, Maryland. I support the bill, SB0167/HB 806 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

As you know, Maryland is facing significant healthcare provider shortages. These shortages are placing undue pressure on the practicing providers and limiting patients' access to care, particularly within primary care, women's health, behavioral health, and underserved and rural communities. Physician assistants are trained on an accelerated medical model and a team-based approach, which includes collaboration with Physicians and other health professionals. The administrative barriers that exist when hiring PAs in Maryland, increase both the administrative and cost burden on hospitals, private clinics, and all healthcare facilities. The proposed legislation focuses on the removal of these administrative barriers, which delay the employment and utilization of well-trained, compassionate PAs, who can assist in reducing the gap in access to care, as well as the unprecedented healthcare shortage.

As the Lead Advanced Practice Provider for Nurse Practitioners and Physician Assistants at Luminis Health for the last decade, I can attest to the outstanding care provided by our physician assistants. They are critical for increasing access to care for patients in the community. The modernization bill is long overdue and necessary to decrease administrative burdens in our health system. In addition, these current restrictions in practice have caused unnecessary barriers with delegation agreements that are often ambiguous and not relevant to the quality of care.

I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Thank you for your time and commitment to Maryland,

Karen Pipkin MS, ACNP-BC, FNP-BC

2024 K. Gossard SB 167 Senate Side.pdf
Uploaded by: Kathyrn Gossard
Position: FAV

HB 806/SB0167 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Support Testimony of Victoria Trott, MMS, PA-C, AQH

Director of Advocacy, Leadership and Organizational Development
PA Learning and Leadership Academy (PALLA)
University of Maryland, Baltimore
520 West Fayette Street
Suite 100
Baltimore, MD 21201
vtrott@umaryland.edu

Good afternoon, members of the Senate Committee.

My name is Victoria Trott, the Director of Advocacy, Leadership and Organizational Development, working for the PA Learning and Leadership Academy based within the University of Maryland, Baltimore. I support the bill, SB0167 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

PALLA was founded in 2019 with a mission to advance the PA profession through PA education, research, policy, and practice in Maryland. Our PA programs continue to grow in numbers, students, and graduates, who are well-trained and patient-centric PAs eager to practice in Maryland. As we work towards promoting and strengthening the PA workforce in Maryland, we are challenged with barriers surrounding practice laws and regulations, driving our new graduates, and practicing PAs to surrounding states.

Physician Assistants have been collaborating with physicians, nurses, and other health professionals, across medical specialties since the early 1970s, providing patients across Maryland with high-quality, compassionate care. As you know, healthcare in the state of Maryland is challenged with health outcome disparities and unprecedented shortages, particularly within primary care, women's health, behavioral health, underserved, and rural communities. PAs receive intensive didactic and clinical education, which follows the medical model and team-based approach. Upon graduation, PAs who are both residents of Maryland and qualified PAs, are prepared and eager to begin providing care to patients within the state. However, administrative barriers, which include central processing of delegation agreements, core, and advanced duty approval process, are prolonging and restricting PA practice and utilization within our healthcare systems. The proposed legislation focuses on the removal of these administrative barriers, which delay the employment of well-trained, patient-centric PAs, who can assist in improving patient access to care.

I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Thank you for your time and commitment to Maryland,

Victoria Trott, MMS, PA-C, AQH

2024 K. Schutz SB 167 Senate Side.pdf
Uploaded by: Kelly Schutz
Position: FAV

Hearing Date: February 20, 2024

Bill: HB 0806 and SB 0167 Physician Assistant Modernization Act

Position: SUPPORT (Favorable)

This is a letter in **Support of HB 0806 and SB 0167- PA Modernization Act of 2024**.

My name is Kelly Schutz and I've been a practicing Maryland physician assistant for 25 years and the Director of Advanced Practice for nine emergency departments in the region for the last 4 of those years. I consistently deal with issues related to our current PA legislation that are outdated and do not reflect the work our Maryland PAs are doing or are trained to do. Our restrictive legislation hinders our ability to provide broader and timely access to Maryland citizens.

Our emergency medicine PAs currently practice under a hospital collaboration agreement called a delineation of privileges. Delineating core vs advanced duties with the board is not in keeping with our trained skills or the ever-evolving practice of medicine. We train with physicians, nurse practitioners, and nurses for new skills every year, yet are the only profession required to file for procedures separately with the board. Additionally, many of the procedures considered "advanced" are part of the core curriculum taught in PA school. My PAs in DC do not have the same restrictions nor do nurse practitioners who are fulfilling the same role as PAs within the service lines. In fact, our physicians rely heavily on our PAs to perform many standardized, "advanced" procedures. This frees the physician to care for the most critical and dynamic patients in our department. Practices should be able to decide who is the most competent and capable provider to provide a service to their patients. I, along with senior leadership in the health system, have spent an extraordinary amount of time and frustration working with our credentialing office to carve out unique language for PAs due to our current restrictive legislation. This is precious time taken away from patient care and important initiatives that would truly impact patient quality of care. Please end the state filing of advanced duties to align with every other state in the country!

In the pandemic, PAs were redeployed to other service lines, telehealth, and COVID call centers. The ONLY reason we were able to make this happen is because of Maryland's State of Emergency. This need for this flexibility in our healthcare staff continues and is why it is so important to move from delegation agreements under a single supervising physician to collaborative agreements. When the state of emergency ended, we reverted to these restrictive delegation agreements. As a result, our PAs could not work in COVID vaccine clinics, sister hospitals, or other departments even though it was with our same employer. When a department chair leaves, the entire PA staff must file new delegation agreements, despite no change in the PAs' location or role. I personally have had 5 different delegation agreements for

practicing at the same location and job! Current delegation agreements are specific to the setting and based on the scope of our primary physician, yet during the pandemic we successfully crossed service lines and worked with different teams and physicians to provide the same quality care and skill based on our training and scope of practice. We should not need a state of emergency to practice collaboratively! Collaboration agreements will not change my scope, but will allow me to be utilized wherever my skills are needed to immediately to help our patients and they will ease burdensome administrative hurdles.

Access to care is so important and PAs increase that access. Although I am in healthcare, I feel the struggles most Marylanders have with getting appointments. It took MONTHS for me to get appointments for my college bound daughters to see a new "adult" primary care and first gynecologic appointment. Another family member had a medical problem and couldn't get in to see the specialist for 3 months. We were concerned that she had a time sensitive diagnosis. The specialist's office was able to schedule her quickly with their PA, who immediately was able to diagnose the problem and then quickly schedule her for a procedure with the physician.

I could go on with examples. As a PA, I want to focus my energy on providing the best care for my patients. I continue to study to provide up to date, evidenced-based medicine and train to learn new procedures yet face barriers to offer these skills to my patients. As an administrator, I want to utilize my team to the fullest of their ability, wherever we need them, to benefit our patients. The healthcare system critically needs support and collaborative teams are as important as ever and shown to improve access and patient quality of care. PA practice modernization in Maryland is a critical piece to the puzzle in providing improved access to care, greater utilization and flexibility of PA staff, and reduction of duplicative and unnecessary paperwork. I ask that you support the Physician Assistant Modernization Act of 2024.

Thank you for your consideration,

Kelly H Schutz, PA-C, CAQ-EM

Kelly Schutz, PA-C, CAQ-EM
Director of Advanced Practice, Emergency Medicine
Emergency Medicine Physician Assistant
System Advanced Practice Advisory Council

LBH Testimony SB167 Session 2024.pdf
Uploaded by: Kristy Fogle
Position: FAV

LIFEBRIDGE HEALTH®

Date: February 20, 2024

To: Chair Beidle, Vice Chair Klausmeier and The Finance Committee

Reference: Senate Bill 167 - Physician Assistants - Revisions (Physician Assistant Modernization Act of 2024)

Position: FAVORABLE

Dear Chair Beidle and Committee Members:
On behalf of LifeBridge Health, we appreciate the opportunity to comment on Senate Bill 167.
LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore; and Center for Hope a center of excellence focused on provided hope and services for trauma survivors in Baltimore City.

Physician Assistants (PAs) Provide Care Throughout LifeBridge Institutions. Physician Assistants (PAs) are licensed clinicians who practice medicine in all medical specialties and settings. PAs are post-baccalaureate prepared healthcare professionals dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. This team-based care approach is even more central to the goal of meeting the "triple aim" of improving the experience of care, improving the health of populations, and reducing costs. These changes allow community health centers, hospitals, health systems, group and private practices flexibility to assemble healthcare teams to best meet patient needs, facilitating the ability of PAs to serve in medically underserved and rural communities where there are few or no physicians.

Today more than 4,600 PAs practice medicine in Maryland, 400 of whom practice at LifeBridge institutions. LifeBridge PAs work in every specialty area from primary care to critical care and are indispensable to the functioning of many service lines, both inpatient and outpatient. 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. PAs are fully licensed by the Board of Physicians and Board certified with identical continuing medical education requirements to physicians. PAs are members of our hospitals' Medical Staffs and credentialed in the same manner as physicians and subject to the same review and disciplinary procedures as physicians. The PA scope of practice is determined by a delineation of duties jointly approved by the Chief of Service and ultimately the Board of Directors.

Collaborative Practice Improves Patient Access to Healthcare and Healthcare Outcomes. PAs at LBH work in a collaborative model already. Everyone works as part of interdisciplinary teams in caring for patients. Essentially no one, including physicians, cares for patients alone. The burden of identifying a single physician to be responsible for each PA is an outdated concept that rapidly being eliminated across the country. PAs are the only licensed providers who have to have another licensed provider assume responsibility for their actions even when not directly involved in that care. In many settings (e.g., Surgery) the PAs work as part of team of providers that could be very large. Requiring a matrix of supervising physicians to cover every scenario and discipline for which the PA might provide care is unnecessary paperwork and expense that does not improve care in any way.

How Does SB167 Provide Accountability for Care Provided by PAs and Protect Our Patients? Collaborative practice replaces the delegation model for PAs with a collaboration model where PAs can interact, consult and/or refer to the appropriate member of a healthcare team. While this bill explicitly prohibits independent practice, it still holds PAs accountable for the care they provide. PAs collaborate daily in Maryland – if they reach the limits of their expertise, like any other medical provider, they consult a peer with specialty expertise. 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. PAs will have sole legal responsibility for the care they provide and nothing in this bill will prohibit employers from continuing to hire and manage PAs in whatever manner they deem necessary to ensure patient health and safety.

SB167 – and its companion bill HB806 – Physician Assistants -Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2023) – modernize regulation of the profession and for all the above stated reasons, we request a **FAVORABLE** report for SB167.

For more information, please contact:

Kristy Fogle, MMS, PA-C
Clinical Manager, LifeBridge Health - Digital Care Center
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Jennifer Witten, M.B.A.
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2024 L. Dunn SB 167 Senate Side.pdf
Uploaded by: Laurarose Dunn
Position: FAV

Hearing Date: February 20, 2024

Committee: Finance/HGO

Bill: **SB0167/HB 806 – Physician Assistants – Revision (PA Modernization Act of 2024)**

Position: **SUPPORT (Favorable)**

I am writing in **SUPPORT** of **Houe Bill 806/Senate Bill 0167** to promote patient care access through the modernization of practice for qualified medical providers - physician assistants (PAs). I am a **PA**, **educator**, and **licensed mental health professional**.

As a clinician, I've worked in the behavioral health field for 15+ years, providing care to individuals, families, pediatric ages, adults, medically underserved populations, acute and chronic conditions. After practicing as a licensed counselor in Maryland for a number of years, I returned to school to evolve my career focus into medicine specifically because I was compelled to do more for these populations who are either under-resourced, fall in the gaps of qualifying for certain care, or who go through extraordinary measures just to access the care they do have. Despite my education, training, and expertise, it took an unreasonable amount of time (100+ hours), emails, phone calls, months of application processing time (including 2 levels of committee meetings, application review for approval/denial), acquiring letters of support and other documentation in excess to affirm my ability practice as I have been trained, certified, and licensed to do. I've also professionally had to assist with credentialing other PAs given the antiquated regulations that, unfortunately, have not been able to keep current with the present-day needs.

In areas where there is limited transportation, for instance, patients have taken several buses to attend follow-up appointments with me, and there were times when they struggled to even afford the cost of that public transit. The patient populations in Maryland and across the United States are desperate for care, many of whom suffer from complex medical conditions in addition to varying degrees of mental, emotional, and behavioral health needs. It is common for me to evaluate a patient during an appointment and recognize their need for care access or coordination with another provider, such as in primary care and women's health, and it take 5+ months to get an appointment scheduled. It's detrimental on a different level should they not then be able to attend that rare appointment. I've supported children and their families through trauma, homelessness, poverty, unemployment, school expulsion, and hard-fought preservation of their hope that change IS coming.

Access to care significantly hinges largely on the removal of barriers and supporting this bill advances both of those objectives for the betterment of our communities and populations. It does not change our duty as medical providers to serve equitably, ethically, compassionately, and responsibly.

As a PA, licensed mental health professional, educator, and advocate working directly with these populations of greatest need, I humbly request **favorable SUPPORT** of **Senate Bill 0167/Houe Bill 806**.

Thank you for your time, compassion, leadership, and commitment to service.

Laurarose Dunn-O'Farrell, MPAS, MS, PA-C, LCPC
Email: Lrosedunn@gmail.com
Cell: 443.392.6836
Maryland Congressional District 2, Legislative District 8

SUPPORTPA billSB1672024.pdf
Uploaded by: Lorraine Diana
Position: FAV

SUPPORT
SB 167 Senator Carozza Physician Assistants—Revisions (Physician Assistant Modernization Act of 2024)

February 20, 2024

My name is Lorraine Diana MS, CRNP, practicing as a nurse practitioner in Maryland for more than 43 years. I am also the Legislative Co Chair for the Maryland Academy of Advanced Practice Clinicians (MAAPC), a statewide organization that supports all advanced practice clinicians through continuing education and legislation.

Physician Assistants are highly educated, highly skilled health care providers rendering high quality, evidence- based care to Marylanders.

SB 167 will modernize Maryland law, streamlining the physician assistant's ability to provide care more easily in a multitude of settings and specialties. This bill will also allow an easy expansion of our health care work force in the event of a disaster by authorizing physician assistants who are Federal employees to practice without unnecessary paperwork and red tape.

I ask for a favorable report on SB 167.

Thank you.

Respectfully,

Lorraine Diana
3152 Eutaw Forest Dr
Waldorf, MD 20603
(310) 980-8004
LDianaart@aol.com

support marie SB167 2024.pdf

Uploaded by: Marie Tarleton

Position: FAV

SUPPORT
SB 167 Senator Carozza Physician Assistants—Revisions (Physician Assistant Modernization Act of 2024)

February 20, 2024

My name is Marie Tarleton, MS, CRNP, practicing as a nurse practitioner in Maryland for more than 22 years. I am also the President of the Maryland Academy of Advanced Practice Clinicians (MAAPC), a statewide organization that supports all advanced practice clinicians through continuing education and legislation.

I have worked side by side with physician assistants and have many PA colleagues. Physician Assistants are highly educated, highly skilled health care providers rendering high quality, evidence- based care to Marylanders.

SB 167 will modernize Maryland law, streamlining the physician assistant's ability to provide care more easily in a multitude of settings and specialties. This bill will also allow an easy expansion of our health care work force in the event of a disaster by authorizing physician assistants who are Federal employees to practice without unnecessary paperwork and red tape.

I ask for a favorable report on SB 167.

Thank you.

Respectfully,

Marie Tarleton
P.O.Box 8
St. Mary's City, MD 20686
TheMaapc@gmail.com

2024 M. Jackson SB 167 Senate Side.pdf
Uploaded by: Mary Jackson
Position: FAV

MOUNT ST. MARY'S UNIVERSITY

School of Health Professions
Physician Assistant Program
16300 Old Emmitsburg Road
Emmitsburg, Maryland 21727

301-447-5121 | PHONE
paprogram@msmary.edu
msmary.edu

Hearing Date: February 20, 2024
Committee: Finance/HGO
Bill: SB0167 – Physician Assistants – Revisions (PA Modernization Act of 2024) Cross-filed: HB0806
Position: SUPPORT (Favorable)

Good afternoon members of the Senate Finance and HGO Committees,

My name is **Mary Jackson**, and I am a physician assistant (PA), educator, and the **founding Program Director** of the PA Program in-development at **Mount St. Mary's University** located in **rural** Emmitsburg of **Frederick County, Maryland**. I am writing in support of SB0167 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

As a PA in Emergency Medicine caring for underserved patients for 15 years in Maryland, I can personally attest to the critical need for this act. First, without this act, we are creating unnecessary barriers to safe and effective patient care. Second, this bill supports the way that PAs and physicians already practice in collaborative teams. Third, PAs should be responsible for the care they deliver as with all other healthcare disciplines.

Our future graduates will be working alongside of physicians, nurses, and other health professionals, across medical specialties providing high quality, compassionate care to patients throughout Maryland. Despite completing an accelerated, rigorous curriculum focused on the medical model and team-based approach, graduates seeking employment in Maryland are encountering **delays** in their ability to practice **due to administrative barriers, such as central processing of delegation agreements.** These delays make it challenging for our graduates to compete with other advance practice providers (APPs) for vacant positions within the Maryland health systems. This hurts the profession.

PAs sometimes leave the state of Maryland due to these unnecessary administrative barriers. Maryland cannot afford to lose more providers. Patient access to care, particularly in primary care, women's health, behavioral health, underserved, and rural communities continue to suffer from unprecedented healthcare shortages in Maryland. The proposed legislation focuses on removal of these administrative barriers, which prolong the time for employment of well-trained, patient centric PAs, who can assist in improving patient access to care.

I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Thank you for your time and commitment to Maryland,

Mary Jackson, PA-C, CAQ-EM
Program Director, Physician Assistant Program
School of Health Professions, Mount St. Mary's University
mjackson@msmary.edu

2024 K. AAPA SB 167 Senate Side.pdf
Uploaded by: Megan Puedler
Position: FAV

American Academy of Physician Associates

February 20, 2024

Re: HB0806/SB0167: Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Dear Chairwoman Beidle members of the Senate Finance Committee,

On behalf of the American Academy of Physician Associates (AAPA), I write to express AAPA's support for HB0806/SB0167, which modernizes several important aspects of physician assistant practice in the state of Maryland. AAPA is the national professional organization for physician associates/physician assistants (PAs) representing more than 168,000 PAs practicing across all medical and surgical specialties. In addition, AAPA has an affiliate structure with 124 PA constituent organizations, which includes state chapters, federal service chapters, specialty organizations caucuses, and special interest groups.

As you know, Maryland is facing a healthcare provider shortage. It is critical that HB0806/SB0167 is enacted to enable highly trained and qualified PAs to deliver safe and affordable healthcare as efficiently as possible. HB0806/SB0167, if enacted, would do a number of things including:

- Update the PA statute to reflect current practice,
- Move away from "supervision" to describe the nature of the PA relationship with physicians and replace it with "collaboration,"
- Eliminate the concept that a PA's scope of practice should be based upon the physician's scope of practice, allowing PAs to practice to the full extent of their education, training, and experience,
- Make PAs responsible for the care they provide, consistent with all other licensed healthcare professions in Maryland.

PAs are licensed clinicians who practice medicine in every specialty and setting. PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. Often serving as the patient's main healthcare provider, PAs diagnose and treat illnesses, order and interpret lab tests, prescribe medications, perform medical procedures and examinations, and assist in surgery.

PAs are rigorously educated medical professions who earn a master's degree. Incoming PA students must have a bachelor's degree and have typically completed prerequisite coursework in basic and behavioral sciences and upwards of 3,000 hours of direct patient contact. PA education programs provide classroom training in anatomy, physiology, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This is followed by at least 2,000 hours of clinical practice rotations in medical and surgical disciplines such as family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry.

PAs play a critical role in the delivery of healthcare. This bill will ensure that many Marylanders have increased access to care, particularly in underserved and rural communities. It will also provide greater flexibility for employers (private practices, health systems, hospitals, and others) to determine what practice level is best for patients. The rigorous and comprehensive nature of PA education allows PAs to be extremely versatile providers. This versatility allows the PA profession to respond to provider

shortages and fill gaps where needed. However, major impediments to this versatility exist in current Maryland laws.

It is in the best interest of patients and the state to recognize that PA practice is collaborative and team based. The PA profession is a well-established, proven provider of high-quality and cost-effective care. “Collaboration” more accurately reflects PAs team-based approach to care, which is better for patients, better for PAs, and better for their physician colleagues.

Most importantly, these changes would improve access to care for patients. As one of the fastest growing medical professions, PAs are positioned to make a positive and lasting impact on patient care. AAPA’s public opinion research, conducted by The Harris Poll, found that patients overwhelmingly support PAs as part of the solution to address the shortage of healthcare providers (91%). They recognize that PAs increase access to care and make medical appointments easier to obtain (90%).[1]

Maryland would not be alone in making these changes. In recent years, 20 states and the District of Columbia have moved away from the term “supervision” to describe the relationship between physicians and PAs. This includes nearby states such as Virginia, West Virginia, and Delaware. Six states (Arizona, Iowa, Montana, North Dakota, Utah, and Wyoming) have gone so far as to eliminate the requirements for a PA to practice with a specific provider, while maintaining team-based collaborative practice where appropriate. Further, Maryland remains the only state that has a board-approved advanced duties requirement.

AAPA is committed to improving patient access to care. Removing barriers to PA practice and improving the regulatory environment in Maryland is an essential component of that. We appreciate the opportunity to provide input on this legislation and look forward to addressing access issues in Maryland. If you have any questions, please feel free to contact Meghan Pudeler, AAPA’s Director of State Advocacy & Outreach, at mpudeler@aapa.org

Thank you for your consideration.

Sincerely,

Folusho E. Ogunfiditimi, DM, MPH, PA-C, DFAAPA
President, American Academy of Physician Associates (AAPA)

[1] The Harris Poll (2023). The Patient Experience: Perspectives on Today’s Healthcare. https://www.aapa.org/download/113513/?tmstv=1684243672

2024 SDPA SB 167 Senate Side.pdf

Uploaded by: Mike Riddile

Position: FAV

February 14, 2024

Maryland Senate Finance Committee
Miller Senate Office Building, 3 East Wing
Annapolis, MD 21401

Dear Madam Chair and members of the Committee,

On behalf of over 3,750 physician assistants nationwide, we write to express the Society of Dermatology Physician Assistants' (SDPA) strong support of Maryland Senate Bill 167. This important legislation offers much needed improvements to the state's current regulations on the supervision and daily practice of physician assistants and would go far in modernizing these rules with best practices followed by other leading states. The bill's passage would immediately benefit patients' access to care by allowing physician assistants to serve properly as full members of their medical practice team without layers of outdated regulatory burdens.

Under current regulations, dermatology procedures being performed by a PA must first be performed under the direct supervision of a physician on at least ten occasions and additionally approved by the Board of Medicine for each procedure. PAs are highly trained and knowledgeable licensed medical professionals and yet face these additional burdensome requirements that are not placed on nurse practitioners or even registered nurses performing the same procedures. This not only represents a waste of the physician's time and attention, it illogically discourages the hiring of well-trained and talented physician assistants throughout the state.

Neighboring jurisdictions, including D.C. and Virginia, do not place these outdated requirements on PAs. Instead, as in most states across the country, a PA's practice is defined by the terms of a practice agreement made with a supervising or collaborating physician. SDPA has heard from multiple PA members in the region who have been licensed to practice in Maryland but choose not to accept employment agreements due to the state's unique regulatory burdens. This is an unnecessary loss of talent to the state that ultimately impacts the access to care available to patients.

SDPA is greatly encouraged by the introduction of Maryland's SB 167, which would establish the collaboration agreement model of practice in the state and greatly improve the professional environment for PAs currently practicing there or interested in doing so. We ask your committee to approve its passage today.

Society of Dermatology Physician Assistants (SDPA)
300 N Washington Street, Suite 407 • Alexandria VA 22314 • (844) DERM-PAS Office • (703) 848-7591 Fax

SDPA is a 501c6 non-profit professional organization composed of dermatology physician assistants and members of related medical professions. Founded in 1994, the SDPA currently has over 4,700 members and is the largest specialty constituent organization of the American Academy of Physician Assistants (AAPA).

Sincerely,

Laura Bush, DMSc, PA-C, DFAAPA
President, SDPA

Society of Dermatology Physician Assistants (SDPA)
300 N Washington Street, Suite 407 • Alexandria VA 22314 • (844) DERM-PAS Office • (703) 848-7591 Fax

SB167_RMC_SupportTestimony.pdf
Uploaded by: Molli Cole
Position: FAV

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Website: www.rural.maryland.go

***Susan O'Neill**, Chair*

***Charlotte Davis**, Executive Director*

Testimony in Support of
Senate Bill 167 - Physician Assistants - Revisions
(Physician Assistant Modernization Act of 2024)
Senate Finance Committee
February 20, 2024

The Rural Maryland Council supports Senate Bill 167 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024). This bill would broaden physician assistants' scope of practice and replace the supervisory relationship with a collaboration registration.

Rural communities throughout the state of Maryland are experiencing unprecedented shortages in healthcare, specifically in the availability of healthcare workers. Having access to healthcare is a foundation for a good quality of life. The Health Resources and Services Administration (HRSA) reports that more than 1.1 million Marylanders are in a primary care Health Professional Shortage Area (HPSA). That's over 1.1 million Marylanders that lack access to the primary health care they need. In the U.S, rural or partially rural areas make up over 68% of the designated primary care HPSAs.

It is important that the shortages of healthcare workers be addressed now before further complications arise. The Bureau of Labor Statistics' Occupational Outlook Handbook reports that the need for physician assistants will increase by 31% between 2020 and 2030, and there will be about 12,200 openings annually. The need for health care services will increase due to the healthcare services needed to provide for an aging population and an increase in patients with chronic disease. Rural areas are already experiencing an aging population and less retention of younger workers to provide an appropriate workforce. In addition to having worse health conditions and access to medical care, this could lead the current issues being faced by rural communities to be exacerbated in the future.

Senate Bill 167 supports physician assistants by removing barriers that hinder their practice. The current state laws pose administrative obstacles that delay and deter physician assistants from being employed and used to their full potential, unlike our neighboring states of Delaware and Virginia which border our rural regions. By expanding the accessibility of physician assistants throughout the state, this can help start to combat the ongoing healthcare shortage crisis that is affecting the state.

The Rural Maryland Council respectfully asks for your favorable support of Senate Bill 167.

2024 PAEA SB 167 Senate Side.pdf
Uploaded by: Nicole Burwell
Position: FAV

PA EDUCATION ASSOCIATION
655 K Street NW, Ste. 700, Washington, DC 20001
PAEAonline.org • 703-548-5538

February 15, 2024

Senator Mary Beth Carozza
316 James Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Delegate Kenneth Kerr
209 Lowe House Office Building
6 Bladen Street
Annapolis, MD 21401

Dear Senator Carozza and Delegate Kerr:

On behalf of the PA Education Association (PAEA), the national organization representing all 306 accredited PA programs in the United States, we are writing to express the Association's strong support for SB0167 and HB0806. These bills would significantly improve patient access to care by modernizing outdated administrative barriers for PAs in Maryland while preserving interprofessional, team-based practice. As such, the Association urges the Maryland legislature to support their swift enactment.

Throughout the history of the profession, PA programs have prepared students to both practice at the top of their license and to value the unique skill sets and contributions of each member of the health care team. For this reason, PAEA endorsed the final Optimal Team Practice policy adopted by the American Academy of PAs in 2017 which included a commitment to collaboration **determined at the practice level** based upon the experiences, skills, and capabilities of specific PAs. State limitations on PA practice that arbitrarily impose administrative restrictions on PA practice without regard to clinical expertise only serve to impose delays in patient care at a time of growing health care workforce shortages.

As Maryland lawmakers consider practice modernization legislation, it is critical that state law reflect the extent and quality of education PA programs provide to students. For example, an issue raised as SB0167 and HB0806 have been drafted has been the capacity of PA graduates to order and interpret diagnostic studies. All PA programs are required by their accrediting body to include curricular content focused on interpreting diagnostic studies with a full 12% of items on the national certifying exam assessing this skill set per the most recent PANCE blueprint.[1] Based upon the comprehensive training that PA graduates receive, PAEA opposes any arbitrary distinctions and documentation requirements in state law that are not premised upon a PA's education, experience, and capacity, such as state-imposed differentiation between core and advanced duties for PA practice.

The policy changes proposed by SB0167 and HB0806 will allow PAs to be more easily employed at health care facilities throughout the state, reduce the possibility of patients losing access to care provided by PAs in the event of the unexpected departure of a supervising physician, and ultimately ensure better outcomes for all patients. For this reason, SB0167 and HB0806 have PAEA's strong support, and we look forward to opportunities to promote its enactment.

Thank you for the opportunity to provide the Association's position on SB0167 and HB0806. Should you have specific questions or if you would like additional information, please contact Senior Director of Government Relations Tyler Smith at 703-667-4356 or tsmith@PAEAonline.org.

Sincerely,

Nicole Burwell, PhD, MSHS, PA-C
President

Sara Fletcher, PhD
Chief Executive Officer

[1] National Commission on Certification of Physician Assistants. (2024). *PANCE Content Blueprint*. https://www.nccpa.net/become-certified/pance-blueprint/.

2024 N. Wooten SB 167 Senate Side.pdf
Uploaded by: Nicole Wooten
Position: FAV

HB/806 SB 0167 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Support Testimony of **SB 0167/HB 806**

Physician Assistant Program Director and Program Chair
University of Maryland Eastern Shore
11868 College Backbone Road
Princess Anne, MD 21853
nkwooten@umes.edu

Good afternoon, members of the Senate Committee.

My name is **Nicole Wooten**, the **Physician Assistant Program Director and Program Chair** working at the University of Maryland Eastern Shore in Princess Anne, Maryland. I support the bill, SB 0167/HB 806 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

As a Physician Assistant, I am fully capable of evaluating, diagnosing, and treating patients in all specialties. Unfortunately, with the current legislation in place my scope of practice is limited by the restrictions of the Maryland Board of Physicians. Despite my skill and education to perform advanced duties, I am unable to complete certain skills like lumbar punctures or joint aspirations without approval from the Board instead of at the practice level which can limit patient access to care in times of physician shortages. Furthermore, having a supervising physician and delineation agreements are preventing employers from hiring PAs. I was denied a job because I required a supervising physician and a Nurse Practitioner did not. As a Program Director for a PA program, this indirectly affects our clinical sites and puts our accreditation status at risk. Since jobs prefer NPs, there is a shortage of PAs; therefore, there are limited clinical sites with PAs as preceptors. We are struggling to obtain and maintain clinical sites, which is necessary for our PA program to support our clinical year students and stay in compliance with our accrediting body, ARC-PA. Our PA program is a vital component to the Eastern Shore community, as our mission is to produce competent PAs that will serve patients in underserved diverse communities.

Our graduates have been working alongside of physicians, nurses, and other health professionals, across medical specialties providing high quality, compassionate care to patients throughout Maryland. Despite completing an accelerated, rigorous curriculum focused on the medical model and team-based approach, graduates seeking employment in Maryland are encountering delays in their ability to practice due to administrative barriers, such as central processing of delegation agreements. These delays make it challenging for our graduates to compete with other advance practice providers (APPs) for vacant positions within the Maryland health systems. Furthermore, graduates who have made a commitment to improving patient access to care in Maryland are burdened with significant debt, which is compounded by these delays in employment. These graduates, who are Maryland residents and now trained PAs, have found less administrative barriers in surrounding states and are seeking employment there. Meanwhile, patient access to care, particularly in primary care, women's health, behavioral health, underserved, and

rural communities continue to suffer from unprecedented healthcare shortages in Maryland. The proposed legislation focuses on removal of these administrative barriers, which prolong the time for employment of well-trained, patient centric PAs, who can assist in improving patient access to care.

I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Thank you for your time and commitment to Maryland,

Nicole K Wooten PA-C

Nicole Wooten, PA-C, MHS

HB806 SB167 Physician Assistants - Revisions-Physi

Uploaded by: President Bruce Jarrell

Position: FAV

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February 20, 2024

TESTIMONY IN FAVOR OF

HB806 / SB167 Physician Assistants - Revisions (Physician Assistant Modernization Act of 2024)
Health and Government Operations Committee
Finance Committee

The University of Maryland, Baltimore is the state's health and law graduate campus, producing the majority of health professionals for the state. Since 2014 UMB has been actively engaged in educating PAs and I can speak personally to the quality of their education and clinical experience.

Our graduates have been working alongside of physicians, nurses, and other health professionals, across medical specialties providing high quality, compassionate care to patients throughout Maryland. Despite completing an accelerated, rigorous curriculum focused on the medical model and team-based approach, graduates seeking employment in Maryland are encountering delays in their ability to practice. These graduates, who are Maryland residents and now trained PAs, have found less administrative barriers in surrounding states and are seeking employment there. Meanwhile, patient access to care, particularly in primary care, women's health, behavioral health, underserved, and rural communities continue to suffer from unprecedented healthcare shortages in Maryland. The proposed legislation focuses on removal of these administrative barriers, which prolong the time for employment of well-trained, patient centric PAs, who can assist in improving patient access to care.

I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Bruce E. Jarrell, MD, FACS
President

2024 MdAPA SB 167 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

The Maryland Academy of Physician Assistants

mdapa

To: **Senate Finance Committee**

Bill: **Senate Bill 167 - Physician Assistants - Revisions (Physician Assistant Modernization Act of 2024)**

Date: **February 20, 2024**

Position: **Favorable**

The Maryland Academy of Physician Assistants strongly supports *Senate Bill 167- Physician Assistants – Revisions (Physician Assistant Modernization Act).* The bill streamlines the process for physician assistants to be able to enter into and remain in practice.

Maryland law requires a double-layer review process for physician assistant practice. No other state does.

Maryland's law requires the Board of Physicians to impose a double-layer review process in determining if a physician assistant (PA) may enter into practice. First, a physician assistant must be licensed and file a delegation agreement with the Board. Then, before performing any "advanced duties", a PA must wait for review and approval by the Board. This process can take 2 to 3 months.

No other state requires this process, and there is a reason. PAs are already legally obligated to practice within their education, training, and experience. West Virginia eliminated the double-layer review requirement for advanced duties 2019, leaving Maryland as the only outlier. Research has demonstrated that removing restrictive laws regarding PA practice does not lead to poor patient outcomes.[i]

The "advanced duties" process is onerous, lengthy, and uncertain. Senate Bill 167 proposes to eliminate this requirement and creates a clearer pathway for PAs to practice.

Maryland law makes it harder for PAs to practice in primary and community-based settings. Maryland needs PAs in these settings.

With the double-layer of review for PA practice, it is challenging for any health facility to employ PAs. The double-layer review for PAs means that health facilities and programs:

- Cannot hire PAs with any certainty of what duties they will be able to perform;
- Cannot hire PAs with any certainty of when they will be able to serve patients in their full capacity, as the advanced duties review process can take 2-3 months; and
- Cannot hire PAs with any certainty of when health insurers will reimburse for their services. To provide reimbursable services, a PA must often be recognized as provider (often as part of a "provider panel"). However, the requirement for a double-layer of review creates confusion and uncertainty about reimbursement for PA services.

For community health centers and small private practices, it is particularly challenging to hire and utilize PAs. They simply do not have the administrative bandwidth.

Maryland's statute creates a misaligned system for PA practice. It is easier for PAs to practice in large institutional settings, even though PAs have their roots in primary care. The first educational program for PAs, established at Duke University in 1967, was for the express purpose of expanding access to primary care.

Maryland needs more practitioners in primary care settings. According to the Health Resources and Services Administration, Maryland has a primary care shortage in 19 jurisdictions: Allegany, Anne Arundel, Baltimore City, Baltimore, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Montgomery, Prince George's, Somerset, St. Mary's, and Washington Counties.

SB 167 delivers a key solution in addressing the health professional shortage. The bill would streamline and update the regulatory process for PA practice.

Senate Bill 167 modernizes the regulatory framework for PA practice. It eliminates the double-layer review process for PAs to provide "advanced duty" services to their patients. The bill also provides for other key statutory updates: 1) updating the nomenclature to describe the physician-PA relationship as collaborative to reflect how the health care system is actually structured; 2) eliminating the requirement that physicians sign all PA prescriptions as this requirement creates significant barriers to patients obtaining care; and 3) providing more flexibility for PAs to remain in practice when the physicians in their clinical care team retire or move to a new job.

Please vote favorably for SB 167. The bill removes unnecessary barriers for PAs to serve patients in their communities.

We ask for a favorable vote. According to the final report of the Commission to Study the Health Care Workforce Crisis in Maryland, Maryland is further behind than other states in addressing health professional shortages. Maryland needs SB 167. If any additional information would be helpful, please contact Robyn Elliott at relliott@policypartners.net.

Maryland's Outdated Law on Physician Assistant Practice

Consequences for Physician Assistants, Patients, and the Health Care System in Maryland

The Maryland Academy of Physician Assistants has compiled these personal stories of physician assistants in Maryland. These stories represent only a small sample of the real-life impact of Maryland's outdated law on Maryland patients and the health care system.

1. I have students who live in and have had educational clinical rotations in Maryland. Many of these students find practicing in DC or Virginia is preferable because they have less administrative burden paperwork required for practice. They choose to seek jobs outside of the state.

2. I have worked as a primary care provider in St. Mary's County Maryland for the past 6 years. I did my training out of state where I was trained in trigger point injections (a minor in office procedure that provides immediate relief for muscle tension and spasm). Upon moving to Southern Maryland and starting practicing, I already had ample clinical experience which did not necessitate prolonged hands-on training with my supervising physician. As such, I immediately stepped into my busy role as a primary care provider. Patients often first seek care by seeing their PCP for things like muscle spasms. I discovered upon starting practice that administering trigger point injections is considered an advanced practice in Maryland and I was suddenly unable to perform this service and provide relief to patients who came into my office. The state requires that my supervising physician personally observe and sign off on a set number of procedures prior to my being able to submit a request for approval of that advanced duty regardless of my prior experience. Because of how busy we are and how few primary care providers we have in our area, my supervising physician and I are seldom in the same location at the same time, making it impossible for us to complete the required number of observations. I have performed hundreds of these in other states and would easily be able to demonstrate my proficiency in one observation. But because of the current requirements, it is impossible for us to meet this requirement. As such, I am forced to refer my patients to an orthopedic or pain management office which necessitates more office visits for the patient, more administrative burden with referrals, and higher cost to the patient due to higher specialist copays.

3. Even though I work as a primary care provider with a full independent patient panel, some insurances refuse to recognize me as my patients' PCP. This causes significant delays in being able to properly provide referrals to specialists resulting in confusion and frustration on the part of the patient along with delay in care.

4. I work in an FQHC in Baltimore City but am unable to provide needed services like IUDs/contraceptive care despite having training courses available to me on-site due to Advanced Duties restrictions. Creates an unnecessary referral which increases healthcare costs and decreases access to care, some patients are unable to get to specialist appointments.

5. I have personally been unable to work when my SP (supervising physician) left the practice. I was forced to look for another position and not provide medical care to patients for 6 months.

6. Many sites, FQHCs included, preferentially hire NPs because there are no waiting periods, fees, or other restrictions due to supervisory laws. This creates provider shortages in outpatient sites; especially in primary care, and prevents access to care for the rural and inner-city people who need it the most.

7. I can provide quality health care to the marginalized, including LGBTQ, non-English speaking and uninsured patients as well as provide resources. I am a lecturer for Medical/PA/NP programs on LGBTQIA Health disparities and am considered a subject matter expert in Transgender Care for the Child and the Adult.

8. Physician Assistants are highly trained to provide high quality, evidence -based medical care to patients. There are severe barriers to access of care especially to the marginalized population. Patients now have to wait months for appointments for office visits, preventive care and emergency services. In general, other potential ways that PA Laws in Maryland create barriers to care, include restrictions for physician oversight, barriers to reimbursement from some insurance companies. Having the law changed to collaborating physician rather than supervising physician would allow PAs to provide care especially in underserved areas where physicians are scarce.

9. PA and Practice owner of a Home Care based primary Care Medicine at Home has stated she would love to hire PA but hiring nurse practitioners is less burdensome. She also stated that she lost her supervising physician and was not able to practice, although NPs on her team could.

10. I recently returned to the area where I grew up to work in a FQHC in Cecil and Harford County. I have over 20 years of clinical experience. I have been trained, and have a experience in a variety of office procedures, including placing contraception into the arm, and insert and remove Intrauterine devices. My supervising physician works clinical on alternating days, and alternating sites but is always available by phone. There are many excellent clinicians onsite who have training and experience, but since advanced duties must be witnessed by a physician. I cannot get board approval to perform these procedures. This causes increased healthcare costs, and patient burden to have to schedule another appointment with another provider who they are not likely to know, or a specialist that is farther away. My patients have difficulty getting transportation to my clinic, and are hesitant to travel farther for care they could otherwise get near to their home with the clinician they trust.

11. As (an educator), I need to report how extremely difficult it is for our graduates to obtain a license to practice in Maryland. Former Governor Hogan and current Governor Moore asked (my program) specifically to train more PAs and retain them in Maryland to help bolster the state's shortage of healthcare providers. They have provided additional funding to (our) PA program to hire more faculty and provide more classrooms and labs for our students. Prior to this funding, we took 40 students per cohort; with the Governors' generosity and focus toward the healthcare of the state's citizens, we now take 60 students per cohort. The BOP refuses to recognize our students' successful passage of their board examination (the PANCE) easily looked up by anyone on the NCCPA website (the board exam and PA certification organization). (Our program) is required to provide the BOP verification of graduation signed and sealed by (our) registrar, denoting the exact dates of attendance and the degree/credential awarded, which is the MS Health Science, PA Concentration. Rather than accepting and being satisfied by our exact submissions that follow their own requirement 100%, the BOP forces our graduates to prove they graduated as a PA by submitting a copy of their diploma, making them jump through unnecessary hoops. We have also provided official transcripts to the BOP, with the exact credential noted. Our graduates are extremely frustrated at these unfair and unfathomable extra steps, costing them months of extra wait time to be awarded their license, further delaying their opportunity to earn incomes with Maryland healthcare employers they secured prior to graduation. Many of our graduates have turned away from Maryland, opting to work in PA, DE, VA and the District of Columbia, where their respective Medical Boards treat our graduates fairly. The State of Maryland/BOP asks any PA applying for licensure

to be over the age of 18 and successfully pass the PANCE, which one is not eligible unless they graduated from a fully-accredited PA program, which UMB is and has been since 1996 (UMB took over the AACC PA program in 2022). With over 93% of our graduates desiring to remain and work in Maryland, what the BOP is doing to them is unacceptable.

12. As a PA, I am often recruited for positions in both distant and neighboring states. I am also interested in these opportunities that exist for the PA students I teach as a professor of PA medicine at Frostburg State. In Maryland, PA's are currently restricted in practice, reimbursement, and placement. I continue to practice in Maryland because I'm established, I have pride in my community, and I think we have reasonable people willing to help each other out. I would like the PA students I teach to be able to apply their skills here. I want them to treat my neighbors as we age and my children when they need quality care. We need laws that allow the next generation of PA's to provide that care. Otherwise, they'll be using their skills elsewhere.

13. I had a patient with a percutaneous abdominal drain placed by IR at the hospital come to the office desperate to have the drain removed secondary to unmanageable pain at the site. She would not have been able to get an appointment to have the drain removed by IR at the hospital for several days. Typically surgeons/surgical PAs in the community would not remove a drain placed by a radiologist. We routinely send them back to the hospital as an outpatient. The day in question was a Friday and I couldn't let her go through the weekend with the painful drain that had already been deemed appropriate to remove by imaging. After consulting with my collaborating surgeon, I removed the drain for her with immediate relief of the pain. She was extremely grateful that I did not turn her away and make her wait for an appointment at the hospital. Monitoring the competency of a PA to perform an "advanced duty" is an antiquated concept created many years ago when the PA profession in Maryland was emerging clearly with the intent to create guardrails for patient safety. It is extremely arbitrary to come up with a laundry list of duties deemed "advanced" and minimum numbers performed as marker of competency for all PAs across the board. The determination of competency should be made at the practice level between the PA and the proctor/mentor. This can and routinely does happen in both regulated and unregulated practice locations with no direct evidence of patient harm. The long regulatory process of applying for, providing proof, and waiting for approval just means more patients are waiting to access the care they need especially in the outpatient setting.

14. I am currently challenged with a PA going on maternity leave, and getting coverage for her. The hurdles we have to jump through to allow other PAs help with this practice are time consuming an unnecessary.

15. I currently have two delegation agreements for the same job and I almost never work with either of those physicians.

16. I am a primary care provider in a medically underserved area I do not practice at the same site as my supervising physician, making it virtually impossible to meet requirements for more basic advanced duties to be approved.

17. I have performed life saving intubation on hundreds of patients but per state law I can no longer perform that procedure because my collaborating physician doesn’t perform that skill.

18. You don't need to be in an underserved or rural community not to have access to healthcare particularity specialty care. The professional medical community is retiring at a fast rate which will result in fewer options for patients to access healthcare. PAs are part of the solution to fulfill Maryland's healthcare workforce shortage by removing legislative barriers."

19. In my current role, working in a hospital located in an underserved community, we are often encountering patients that are suffering from neurosurgical emergencies that may have been avoided had they had better access to primary health care/preventative healthcare in their community. I would like to think that the time I spend with each patient and their families/support network, discussing the importance of preventative management and arranging for case management and social work to assist those in need of financial support, home support, makes a difference in the community. In many cases, the patients are speaking another language and providers are unable to take the time to spend working with an interpreter to educate and communicate a long-term plan with the patients. As a PA, we focus on these areas, which are critical and important for the compliance and success and improved health outcomes in patients.

20. Previously working in an outpatient neurology office, I was tasked with becoming the primary provider to treat headache and chronic migraine conditions. There are a few procedures, such as Botox, trigger point injections, nerve block injections. Very quickly, I was able to learn the procedures with training from the physicians, conference workshops and also pharmaceutical training. I was treating several patients a day who required these procedures and became more skilled at the procedures than some of the physicians. Therefore, patients were requesting my services to the office. However, due to the advanced duty requirements, the physicians continued to have to observe me performing these procedures until approval. This not only put a burden on the physicians, but also delayed their patient appointments as well as mine because of the high number of procedures I was performing per day. Ultimately, this impacted patients because the physicians would have to block part of their schedule from seeing patients during those times so they were able to observe. Neurology is already limited in access in the area and have very long waitlists for patients to be seen. In many cases, the physicians would remark on the fact that I, the PA, had more experience doing these injections and should be observing them rather than the other way around.

21. Maryland commonly sees delays in patient care in highly densely populated areas such as Baltimore. This is due to high PA restriction supervision requirements, especially if a supervising physician is not readily available.

22. Cardiology PA and in role have helped to develop a structural program in western MD increasing access to care for interventions to a large area of communities we serve in the mountain MD and the surrounding Tristate area including WV and PA of UPMC Western MD. Currently have launched LAAO procedure for our patients and community and recently got CMS approval to start TAVR procedures which will allow for patients needing aortic valve replacement and are not surgical valve replacement candidates, to undergo procedure locally and avoiding the burden of traveling to tertiary care centers hours from home (which is currently the process in place). And we are very excited to be able to offer this service which will be provided by our interventional/structural hesrty team along with our well known, cardiac surgery colleague,& team. Advanced duties addendums are cumbersome and not all inclusive to my duties on a day to day basis to assist my supervising attending, interventional/structural cardiologist. Practicing within his scope and my hospital Delineation of privileges is of the Utmost importance but current state delegation agreements and advanced duty addendum requirements, inhibit practicing to the full extent of my PA license at times and which ultimately can delay patients' care

and overall patient access to our sub specialty service line, which is already very limited in our rural, underserved community!

23. DA and advanced duty addendums have become more archaic thing of the past in other states across the country for PA practice. For a state that tends to be progressive for most all things, these current PA state practice laws requirements need to be reevaluated to align with the AAPA and other majority of other policy laws and regulations to not act merely as a constraint to practicing as a PA in Maryland and mostly importantly limiting patients access to care in areas and communities like ours that need it the most.

24. I have been able to provide access to patient care for medically underserved populations in outpatient mental/behavioral health for ages 3 and older, with more than 340 patient appointments per month. Employers have been hesitant to hire despite qualifications and the patient need specifically related to the "hassle" of applying through the administrative process and wait time for the several steps required by the Board of Physicians. This has been confusing for employers especially when PAs have their own board examinations for certification, licenses to practice medicine and prescribe, and independent liability insurance. It took me well over 6 months and 100+ hours to assist an employer through navigating with the Board of Physicians due to this confusion, tiers of application review, antiquated electronic platform/interface, and lengthy processing.

[i] https://meridian.allenpress.com/jmr/article/109/4/27/498933/Medical-Malpractice-Payment-Reports-of-Physician

2024 MCHS SB 167 Senate Side.pdf
Uploaded by: Salliann Alborn
Position: FAV

Maryland Community Health System

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 167 – PA Modernization Act**

Hearing Date: **February 20, 2024**

Position: **Support**

The Maryland Community Health System (MCHS) supports *Senate Bill 167 – Physician Assistant Modernization Act.* The bill will streamline the regulatory process for physician assistant (PA).

The Maryland Community Health System is a network of federally qualified health centers located across Maryland. We provide somatic, behavioral, and oral health care to underserved communities. All of our health centers are in health professional shortage areas, and we are facing increasing difficulty in recruiting primary care providers. We need to streamline the regulatory process for providers whenever possible. For PAs, it is a particularly onerous process. Since the Board of Physicians is required to review and approve advanced duties, our health centers report that:

- It is challenging to hire PAs when it is unclear what duties they will be approved to perform; and
- The delay of entry into practice is problematic. It keeps health centers from being able to utilize PAs for the range of care appropriate for PAs to provide. It delays getting PAs credentialed as part of provider panels, thus creating an administrative burden when supervising physicians have to review and authorize every claim.

MCHS supports this bill because it will improve access to care for Marylanders. We request a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

SB 167 - Carozza Testimony_FINAL.pdf
Uploaded by: Senator Mary Beth Carozza
Position: FAV

MARY BETH CAROZZA
Legislative District 38
Somerset, Wicomico,
and Worcester Counties

Education, Energy, and
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Executive Nominations Committee

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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 20, 2024
The Senate Finance Committee
SB 167 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)
Statement of Support by Bill Sponsor Senator Mary Beth Carozza

Thank you Chair Beidle, Vice Chair Klausmeier, and members of the distinguished Senate Finance Committee for this opportunity to present Senate Bill 167, the Physician Assistant Modernization Act of 2024, and to respectfully ask for your support of this bill which would modernize the law regarding the working relationship between Physicians and Physician Assistants to better reflect current practice and to improve access to quality health care.

For the past three years, I have been working with physicians assistants and physicians from across the State on passage of legislation that would provide improved access to quality care to Marylanders, especially in the context of the existing healthcare shortage, and particularly in rural areas like my district which includes Worcester County from the Delaware line to the Virginia line, more than half of Wicomico County with the largest number of agriculture sales in the State, and all of Somerset County, including Smith Island, where you need a boat to serve the residents.

Physician workforce shortages challenge the long-term viability of a strong medical network and the ability to achieve the goals of improving the quality of care, improving health of populations, and reducing per capita health care costs. The United States is facing a projected workforce shortage of between 37,800 and 124,000 physicians. Overall, Maryland is 16 percent below the national average for number of physicians available for clinical practice, and that will become worse over time. Maryland hospitals are already struggling to maintain adequate coverage in the emergency room and to support many of the medical specialties, especially in Southern Maryland, Western Maryland, and on the Eastern Shore.

This workforce shortage is similar to the workforce shortage that created the Physician Assistant profession in the 1960s when the first class of PAs graduated from the Duke University Medical Center in 1967. It can take up to a decade to properly educate and train a physician, whereas most graduate-level Physician Assistant programs are completed within three years. We need to take action now to ensure our caregivers can meet our needs. Medicine is now a team sport, and

we need to build and train a strong supportive structure that better utilizes our Physician Assistants.

The Physician Assistant Modernization Act would enable Physician Assistants to work collaboratively with the medical team and make contributions that they are currently restricted from doing. SB 167 would change the “Delegation Agreement” to a “Collaborative Agreement,” which is consistent with the education and expanded role the PAs have taken on due to limited staffing and the COVID-19 pandemic. While scope of practice has been expanded, there are guardrails in place – education, requirements, licensing, collaboration, and identified out of scope practices.

In the course of working on this legislation for the past three years, the need for this legislation, for access to quality health care, has only increased, especially in our rural areas. When I talk to practicing physician assistants and future physician assistants in my District, they have trained and are training to be a crucial part of Maryland’s health care solution when it comes to increasing access. In some areas, many patients rely on PAs as their primary healthcare providers, and with Senate Bill 167, we can enhance the healthcare delivery system and ensure that patients receive the quality care they need across Maryland.

I thank you for your kind attention and consideration, and I respectfully request a favorable report on SB 167.

2024 T. Toth SB 167 Senate Side.pdf
Uploaded by: Tara Toth
Position: FAV

SB0167/HB 806– Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Support Testimony of **Tara Toth**

Physician Assistant
University of Maryland Medical Center
Tara.Toth@umm.edu

Good afternoon, members of the Senate and House Committees.

My name is **Tara Toth**, a Maryland licensed physician assistant, working for **University of Maryland Medical Center**. I support the bill, SB0167/HB 806 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

As you know, Maryland is facing significant healthcare provider shortages. These shortages are placing undue pressure on the practicing providers and limiting patients access to care, particularly within primary care, women's health, behavioral health, underserved and rural communities. Physician assistants are trained on an accelerated medical model and a team-based approach, which includes collaboration with Physicians and other health professionals. The administrative barriers that exist when hiring PAs in Maryland, increase both the administrative and cost burden on hospitals, private clinics and all healthcare facilities. The proposed legislation focuses on removal of these administrative barriers, which delay the employment and utilization of well-trained, compassionate PAs, who can assist in reducing the gap in access to care, as well as the unprecedented healthcare shortage.

PAs add tremendous value to medical practice. It has been harder to onboard due to cumbersome licensing, delegation agreements, and administrative barriers). Maryland has strict insurance requirements they create unnecessary oversight and paperwork. PAs are going to other states because it is easier to get jobs and they have less requirements to practice. Working in Baltimore City, there is a large population of underserved patients that need good healthcare. We need PAs more than ever to help bridge the gap for these patients.

I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Thank you for your time and commitment to Maryland,

Tara Toth PA-C

2024 V. Trott SB 167 Senate Side.pdf
Uploaded by: Victoria Trott
Position: FAV

HB 806/SB0167 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Support Testimony of Victoria Trott, MMS, PA-C, AQH

Director of Advocacy, Leadership and Organizational Development
PA Learning and Leadership Academy (PALLA)
University of Maryland, Baltimore
520 West Fayette Street
Suite 100
Baltimore, MD 21201
vtrott@umaryland.edu

Good afternoon, members of the Senate Committee.

My name is Victoria Trott, the Director of Advocacy, Leadership and Organizational Development, working for the PA Learning and Leadership Academy based within the University of Maryland, Baltimore. I support the bill, SB0167 - Physician Assistant Modernization Act of 2024 legislation put forth by the Maryland Academy of Physician Assistants (MdAPA).

PALLA was founded in 2019 with a mission to advance the PA profession through PA education, research, policy, and practice in Maryland. Our PA programs continue to grow in numbers, students, and graduates, who are well-trained and patient-centric PAs eager to practice in Maryland. As we work towards promoting and strengthening the PA workforce in Maryland, we are challenged with barriers surrounding practice laws and regulations, driving our new graduates, and practicing PAs to surrounding states.

Physician Assistants have been collaborating with physicians, nurses, and other health professionals, across medical specialties since the early 1970s, providing patients across Maryland with high-quality, compassionate care. As you know, healthcare in the state of Maryland is challenged with health outcome disparities and unprecedented shortages, particularly within primary care, women's health, behavioral health, underserved, and rural communities. PAs receive intensive didactic and clinical education, which follows the medical model and team-based approach. Upon graduation, PAs who are both residents of Maryland and qualified PAs, are prepared and eager to begin providing care to patients within the state. However, administrative barriers, which include central processing of delegation agreements, core, and advanced duty approval process, are prolonging and restricting PA practice and utilization within our healthcare systems. The proposed legislation focuses on the removal of these administrative barriers, which delay the employment of well-trained, patient-centric PAs, who can assist in improving patient access to care.

I ask that you support and enact this legislation on behalf of our patients, communities, and state.

Thank you for your time and commitment to Maryland,

Victoria Trott, MMS, PA-C, AQH

MSA Testimony 2024 - Support with Amendment - Sena

Uploaded by: Daniel Shattuck

Position: FWA

MARYLAND SOCIETY OF ANESTHESIOLOGISTS

Date: February 20, 2024
Committee: The Honorable Pam Beidle, Chair
Senate Finance Committee
Bill: Senate Bill 167 – Physicians Assistants – Revisions (Physician Assistant Modernization Act of 2024)
Position: Support with Amendments

The Maryland Society of Anesthesiologists (MSA) is a state component society of the American Society of Anesthesiologists (ASA). The MSA is a non-profit physician organization dedicated to promoting the safest and highest standards of the profession of anesthesiology in the State of Maryland. Our purpose is to advocate on behalf of our members for their patients through policy, education, and research. **We respectfully request important patient safety amendments be included with respect to the administration of anesthesia.**

As introduced Senate Bill 167 would "require that a physician assistant have a collaboration registration, rather than a delegation agreement, in order to practice as a physician assistant; alter the scope of practice of a physician assistant; alter the education required for licensure as a physician assistant; among other provisions." HB 806 would not only remove the delegation agreement process altogether and replace it with a collaboration registration but would also remove any oversight or Board approval for a Physician Assistant to administer anesthesia, which is currently addressed and held to a higher standard as an advanced duty.

Historically, there have not been Physician Assistants in Maryland that provide general or neuroaxial anesthesia, and the one that did had specialized training as an anesthesiologist assistant (AA). Without the Board's review of a practitioner's qualifications and training to administer anesthesia, patient safety could be jeopardized. Our National Affiliate the *American Society of Anesthesiologists (ASA)* states the following with respect to the practice of Anesthesiology:

> *In the interests of patient safety and quality of care, the American Society of Anesthesiologists (ASA) believes that all patients deserve the involvement of a physician anesthesiologist in their perioperative care. In the U.S. today, most anesthesia care either is provided personally by a physician anesthesiologist or is provided by a non-physician anesthesia practitioner directed by a physician anesthesiologist within the Anesthesia Care Team (ACT) model. The practice of anesthesiology includes the delegation of monitoring and appropriate tasks by the physician to non-physicians. Such delegation is defined specifically by the physician anesthesiologist and must be consistent with state law, state regulations, and medical staff policy. Although selected tasks may be delegated to qualified members of the ACT, overall responsibility for the team's actions and patient safety ultimately rests with the physician anesthesiologist.*

Furthermore, the ASA defines qualified anesthesia personnel or practitioners as: Physician anesthesiologists, anesthesiology fellows, physician residents, anesthesiologist assistants, and nurse anesthetists. Medicare under its condition of participation for anesthesia services, **§ 482.52 Condition of participation,** requires the following:

> *If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.*
>
> ***(a) Standard: Organization and staffing.*** *The organization of anesthesia services must be appropriate to the scope of the services offered. Anesthesia must be administered only by -*
>
> ***(1)*** *A qualified anesthesiologist;*

(2) *A doctor of medicine or osteopathy (other than an anesthesiologist);*
(3) *A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under State law;*
(4) *A certified registered nurse anesthetist (CRNA), as defined in § 410.69(b) of this chapter, who, unless exempted in accordance with paragraph (c)of this section, is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed; or*
(5) *An anesthesiologist's assistant, as defined in § 410.69(b) of this chapter, who is under the supervision of an anesthesiologist who is immediately available if needed.*

Physician Assistants are not contemplated or recognized as anesthesia providers at the State or Federal level. The safest form of anesthesia is delivered in the anesthesia care team model, which again is not inclusive of PAs as explained above.

The MSA has raised these concerns with the proponents and offer the following patient safety amendments:

Amendment #1:

On page 8, after line 3 INSERT:

(2) "PRACTICE AS A PHYSICIAN ASSISTANT" DOES NOT INCLUDE THE MEDICAL ACTS OF ADMINISTERING, MONITORING, OR MAINTAINING GENERAL ANESTHESIA OR NEUROAXIAL ANESTHESIA, INCLUDING SPINAL, EPIDURAL, AND IMAGE GUIDED INTERVENTIONAL NERVE TECHNIQUES.

Amendment #2:
On Page 14, after line 1 INSERT:

(2) PATIENT SERVICES THAT SHALL NOT BE PROVIDED BY A PHYSICIAN ASSISTANT UNDER A COLLABORATION AGREEMENT INCLUDES ADMINISTERING, MONITORING, OR MAINTAINING GENERAL ANESTHESIA OR NEUROAXIAL ANESTHESIA, INCLUDING SPINAL, EPIDURAL AND IMAGE GUIDED INTERVENTIONAL NERVE TECHNIQUES.

Amendment #3:
On Page 17, line 24 STRIKE "(2)" and STRIKE lines 26-29 inclusive:

[(3)**]** ~~**(2)**~~ **[**Notwithstanding paragraph (1) of this subsection, a primary supervising physician shall obtain the Board's approval of a delegation agreement before**]** ~~**A PHYSICIAN ASSISTANT SHALL SUBMIT TO THE BOARD A COLLABORATION AGREEMENT THAT CONTAINS ANESTHESIA DUTIES BEFORE** the physician assistant may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia, including spinal and epidural techniques, under the agreement.~~

With these amendments we ask for a favorable report on Senate Bill 167.

For additional information please contact Dan Shattuck, Executive Director at mdashq@gmail.com.

SB 167 - FIN- BOP - LOSWA.pdf
Uploaded by: State of Maryland (MD)
Position: FWA

Maryland
DEPARTMENT OF HEALTH

Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

2024 SESSION
POSITION PAPER

BILL NO.:	**SB 167**
TITLE:	**Physician Assistants - Revisions (Physician Assistant Modernization Act of 2024)**
COMMITTEE:	**Finance**
POSITION:	**Letter of Support with Amendments**

TITLE: Physician Assistants - Revisions (Physician Assistant Modernization Act of 2024)

POSITION AND RATIONALE:
The Maryland Board of Physicians (the Board) is respectfully submitting this letter of support with amendments for Senate Bill (SB) 167 – Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024). The Board supports the bill's intent to modernize physician assistant (PA) practice by streamlining administrative processes and removing duplicative requirements. However, the board's primary objective remains patient safety through effective and proper oversight. The Board has concerns that some of the proposed changes are removing elements of regulatory oversight that will negatively impact patient safety. Nonetheless, the Board believes that this bill has great potential to balance the assurance of quality healthcare while reinforcing the weakened healthcare workforce.

Currently, PAs in Maryland function as physician extenders, delivering essential healthcare services under the supervision of a licensed primary supervising physician (PSP). PAs operate within a Delegation Agreement that outlines delegated medical acts and appropriate supervision mechanisms. SB 167 aims to expand the relationship between a PA and a patient care team physician (PSP under current law) by replacing the existing supervisory method of a Delegation Agreement with a Collaboration Agreement. Doing so would remove significant administrative requirements and processes that are burdensome and time-consuming for both the PA and the Board. Although the Board supports moving in this direction, a measured approach is necessary to maintain and allow the Board to fulfill its role as a proper regulatory and oversight body. The transition to a collaborative relationship between a patient care team physician and PA does not require abandoning the framework of delegation from physicians. However, as written in SB 167, this bill fundamentally redefines the role of PAs from physician extenders to collaborative providers with no delegation from the patient care team physician.

While SB 167 does require a PA to limit their practice to their education, training, and experience, the bill does not provide for any verification by the Board that their training requires delegation by the patient care team physician. Continuing the current framework

of delegation as a required means of oversight allows a collaborating physician to act as the proper lead in a patient care team setting. Under SB 167, without the proposed amendments, PAs could perform medical acts without the collaborating physician's approval.

In the current law, PAs are allowed to do all medical acts in the physician assistant curriculum (core duties) without any further training, education, or administrative requirements. In contrast, medical acts outside the conventional physician assistant curriculum are taught on the job to PAs (advanced duties). The current administrative approval process for advanced duties requires that the PA's additional education, training, and experience in learning the advanced duties be reviewed by the Physician Assistant Advisory Committee (PAAC) and approved by the Board. This process allows the Board to assure that PAs have received sufficient training prior to PAs performing these advanced procedures without direct oversight to protect Maryland patients. SB 167 proposes eliminating Board approval and PAAC review for these advanced medical acts. While the Board is open to some targeted exceptions for PAs in certain settings or with a certain amount of experience, removing this approval process entirely eliminates the Board's ability to effectively assure the public that a new PA is properly educated, trained, and experienced to perform these advanced medical acts.

The Board agrees with the overall intent of the bill and understands that there is a need to modernize the practice of PAs to align more accurately with current healthcare operations. The proposed amendments are a compromised means to balance the Board's mission of assuring quality healthcare with the needed reinforcement of the healthcare workforce. Therefore, the Board urges a favorable report on SB 167 with the amendments below.

Amendments:

- **Amendment 1: Clarify that Collaboration Agreements Are Not Required to be Submitted to the Board.**
  The Board supports simplifying and removing processes that may be repetitive and burdensome to the healthcare workforce. Submitting a Collaboration Agreement to the Board for approval is a duplicative administrative step - the delegated core duties in an initial Collaboration Agreement are already within the scope of practice of a PA and their education, training, and experience. The education and certification of a PA are already reviewed and verified during the licensure process and should not be required to be re-evaluated for licensed PAs.

  The Board recommends replacing this language with a notification requirement that would mandate practitioners to notify the Board of a Collaboration Agreement, including any changes. This would allow the Board to update the practitioner profile for purposes of patient transparency while reducing administrative burdens for both the PA and the Board.

- **Amendment 2: Establish That Physician Assistants May Perform Medical Acts Delegated in a Manner Consistent With the Collaboration Agreement.**
  In Maryland, PAs currently operate under Delegation Agreements, which outline delegated medical tasks and appropriate supervision. SB 167 proposes replacing this system with a Collaboration Agreement, a modernization that the Board

supports. However, the collaborative model SB 167 proposes would fundamentally change a PA's role from a physician extender to a collaborator who would consult with patient care team physicians as needed. Although SB 167 limits a PA's scope of practice to their education, training, and experience, it also removes delegation. Establishing that PAs may perform medical acts delegated in a manner consistent with the Collaboration Agreement would ensure the proper mechanics and relationship for a patient care team.

- **Amendment 3: Establish Civil Penalties, Disciplinary Grounds, and Board Oversight Regarding Delegated Duties Consistent with the Collaboration Agreement.**
  The Board is responsible for ensuring quality healthcare and protecting Maryland patients by assuring that healthcare providers have sufficient education, training, and experience. For the past decades, the Board has been involved in approving core duty Delegation Agreements and advanced duties. SB 167 modernizes the process by replacing Delegation Agreements with Collaboration Agreements and eases administrative burdens by allowing the agreements to be kept at the practice level. The Board believes this will enhance healthcare access by streamlining administrative procedures for PAs entering the workforce.

  To properly enforce the Maryland Medical Practice Act, protect patients, and ensure patient quality of care, the Board will need to modify the disciplinary grounds. Currently, the Board is forced to impose the same disciplinary penalties for failures related to failing to file appropriate paperwork as more serious patient safety concerns. Establishing civil penalties for failure to comply with the Collaboration Agreement requirements would allow a penalty more commensurate with the violations. Modifications of disciplinary grounds are necessary to reflect the updated relationships created by the proposed bill, such as adding a disciplinary ground for PAs who perform duties beyond their education, training, and experience. Further, codifying the Board's authority to audit the Collaboration Agreements kept at the practice level is necessary if the agreements are no longer going to be submitted to the Board.

- **Amendment 4: Prescriptive and Dispensing Authority Modifications.**
  The Board recognizes that removing delegation will require altering current language regarding prescriptive authority and will mean that PAs will no longer be eligible to dispense under a supervising physician's dispensing permit. However, the Board is concerned with the removal of pharmacological continuing education requirements for PAs with prescriptive authority. Furthermore, the Board does not believe that Title 15, which governs physician assistants, is the correct title of law to codify the proposed change to dispensing permits. Currently, dispensing permits are established under Health Occupations Article § 12-102, Maryland Annotated Code. If PAs are to become dispensing practitioners, they would need to be incorporated into this section of law.

- **Amendments 5 - 7: Reinstate the Advanced Duty Approval Process, with Exemptions.**
  While the Board recognizes that the current advanced duty approval process creates administrative burdens and delays, the Board does believe that some oversight is necessary to verify that PAs are appropriately trained to perform certain advanced

duties. The Board has identified a number of areas where PAs have demonstrated their qualifications either through an external credentialing process, prior Board approval, or via significant clinical experience. Therefore, the Board proposes creating exemptions to the advanced duty approval process for PAs who meet any of these criteria.

In practice, this would remove the majority of advanced duty approval requests. PAs would only need to request approval from the Board for the performance of an advanced duty if they are working in an unregulated practice setting without credentialing, have never previously been approved to perform the advanced duty, and have under 10,000 hours of clinical experience. Based on current data, the Board believes that this will cover more than two-thirds of all PAs in Maryland. Nevertheless, it is crucial for these newly trained PAs who are not working in the highly supervised hospital setting and who are learning an advanced duty for the first time to continue to obtain approval by the Board.

- **Amendment 5: Exempt Physician Assistants Employed in Hospitals, Ambulatory Surgical Centers, and Practice Settings Listed on a Delineation of Privileges Document.**
  As hospitals and other facilities regulated by the state perform their own credentialing, the Board believes the current requirement for approval of Delegation Agreements containing advanced duties is duplicative and unnecessary. Removing this step will streamline the process for PAs employed by these facilities while maintaining the current approval process for PAs with less than 10,000 hours of clinical experience working in private practice settings where there is less regulatory oversight and where they are not receiving independent credentialing.

- **Amendment 6: Exempt Physician Assistants Who Have Previously Been Approved for Those Duties.**
  Currently, a Delegation Agreement containing advanced duties must be reviewed by the PAAC and approved by the Board, even if the PA was previously approved to perform these duties. This creates obstacles for PAs who have a change in employment after they have already demonstrated that they possess the education, training, and experience to perform these duties. While the Board has developed regulations to create temporary practice letters allowing such PAs to temporarily practice while waiting for their advanced duties to be approved, the Board believes PAs should be able to "carry" their advanced duties even when changing Collaboration Agreements, provided any duties they perform are within the scope of practice of a patient care team physician listed on the Collaboration Agreement.

- **Amendment 7: Exempt Physician Assistants With at Least 10,000 Hours of Clinical Experience.**
  The board's opposition to removing the approval of advanced duties altogether derives from the lack of education, training, and experience that a PA may be exposed to during their standard educational curriculum. SB 167 eliminates the distinction between core duties taught in physician assistant programs and advanced duties learned on the job. Currently, PAs can

perform advanced duties without Board approval if done in a training capacity and under the direct onsite supervision of a delegating PSP, ensuring that PAs are sufficiently trained and experienced before their approved practice without the presence of a PSP. To maintain the patient standard of care while streamlining administrative processes, the board suggests removing the advanced duty approval process for PAs with over 10,000 hours (5 years) of clinical experience, allowing PAs adequate time on the job to gain the proper knowledge, skills, and exposure to perform these advanced medical acts and to have time for new PAs to better develop their own understanding of their abilities. States such as Alabama, Arizona, Maine, Oregon, and Utah have enacted similar requirements for a collaborative relationship between a physician and a PA.

Thank you for your consideration. For more information, please contact:

Matthew Dudzic
Manager, Policy and Legislation
Maryland Board of Physicians
(410) 764-5042

Michael Tran
Health Policy Analyst
Maryland Board of Physicians
(410) 764-3786

Sincerely,

Harbhajan Ajrawat, M.D.
Chair, Maryland Board of Physicians

The opinion of the Boards expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

SB 167 - Oppose - MPS WPS.pdf
Uploaded by: Thomas Tompsett
Position: UNF

February 19, 2024

The Honorable Pamela Beidle
Senate Finance Committee
Miller Senate Office Building – 3 East
Annapolis, MD 21401

RE: Oppose – Senate Billl 167: Physician Assistant Modernization Act of 2024

Dear Chairman Beidle and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS oppose Senate Bill 167: Physician Assistant Modernization Act of 2024 (SB 167). Psychiatrists undergo extensive medical training, including medical school and residency specifically focused on psychiatry. They have in-depth knowledge of mental health conditions, pharmacology, psychotherapy techniques, and the management of psychiatric disorders. Physician assistants (PAs), while also trained in medical evaluation and treatment, have a different educational path that typically involves a master's degree from an accredited PA program. While PAs receive general medical training, it may not be as specialized in psychiatry or mental health as that of psychiatrists. In the mental health space, educational nuance matters. The chart below illustrates the gap in education between psychiatrists and PAs.

	Psychiatrist	**Physician Assistant**
Length of Graduate-Level Education	4 years	2 years – 2.5 years
Years of Residency/Fellowship Training	4 years – 6 years	None
Total Patient Care Hours Required through Training	12,000 hours – 16,000 hours	2,000 hours

Patient safety is paramount in healthcare. Allowing PAs to have the same authority as psychiatrists could raise concerns about whether they have the necessary expertise to diagnose and treat complex psychiatric conditions safely. Psychiatrists undergo rigorous training to develop the skills needed to assess and manage such conditions, and it's essential to ensure that patients receive appropriate care from qualified providers. This training does not simply apply to prescription medications. Training in therapy is equally as important in mental health treatment, and the educational path for PAs simply lacks that requisite training as well.

While PAs should not have the same authority as psychiatrists, they can still play a valuable role in mental healthcare as part of a collaborative team, and we are happy to see that approach in this bill. Collaborative care models involve multiple healthcare professionals working together to provide comprehensive care to patients. In these models, PAs can work alongside psychiatrists and other mental health professionals to deliver high-quality care, utilizing their skills and knowledge within their scope of practice. The concern with SB 167 is that the delegation agreement outlined in the bill does not guarantee that the physician party to the delegation agreement would be of the same specialty that they are seeking to delegate. Thus, in an extreme example, a dermatologist could delegate mental healthcare to a PA.

Therefore, for all the reasons above, MPS/WPS ask the committee for an unfavorable report on SB 167. If you have any questions regarding this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

2024 SB167 Opposition or Amend.pdf
Uploaded by: Deborah Brocato
Position: INFO

Opposition Statement SB167
Physician Assistants - Revisions
(Physician Assistant Modernization Act of 2024)
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Strongly Oppose SB167

On behalf of our 200,000 followers across the state, we respectfully yet strongly object to SB167. Maryland Right to Life appreciates the contributions physician assistants make for quality healthcare delivery. While we oppose abortion, Maryland Right to Life asserts that women and girls deserve the attention of a physician for surgical and medical abortions which carry risks up to and including death. Therefore, we request an amendment to exclude abortion purposes from this bill or an unfavorable report.

As written, SB167 diminishes professional standards of patient care expanding the scope of practice of physician assistants including "personally preparing and dispensing a prescription." Without specific language excluding the application of this bill to abortion, physician assistants would be authorized to prepare and dispense lethal chemical abortion drugs, putting more pregnant women and girls at risk for injury and death. This bill must be considered in the legislative context in which the Assembly continues to increase the number of healthcare roles to be given prescription authority and dispensing authority. The totality of bills moving through the assembly is expanding roles of healthcare professionals and further removing the physician from contact with patients with "access" being the stated reason. Increased access does not equal increased quality, and in fact, the loosening of requirements and restrictions is lowering the standard of care, especially for women and girls as it relates to abortion.

The Abortion Care Access Act of 2022 removed the physician requirement for abortion services thereby removing a level of safety for women and girls. The physician has many more years of training and education than the nurse midwife which affords him/her greater knowledge of the overall health status of the pregnant woman or girl. The physician has greater capability of determining possible complications of pregnancy such as ectopic pregnancy, molar pregnancy or other abnormal gestation. Use of the abortion pill has resulted in at least 20 deaths and over 2,000 adverse events. (see NIH article and Lifenews article)

Put patients before profits. The abortion industry is asking the state to authorize them to put profits over patients. Maryland Right to Life opposes introduction or passage of any bill dealing with the "scope of practice" of any health care professional which doesn't include language excluding abortion. Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

Opposition Statement SB167, page 2 of 2
Physician Assistants - Revisions
(Physician Assistant Modernization Act of 2024)
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We take this position because it has long been the strategy of the pro-abortion movement to use a broad definition of that "scope" as a means to increasing the number of lower healthcare professionals licensed to provide abortion services. Expanding the number of people who can provide abortion will increase the number of unborn children being killed and will put more women at risk of substandard medical care, injury and death.

The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 9 out of 10 OB/Gyn's refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being. The abortion indusstry's solution is three-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, and (2) authorize abortionists to remotely prescribe abortion pills across state lines.

D-I-Y Abortions: While the Supreme Court imposed legal abortion on the states in their 1973 decisions Roe v. Wade and Doe v. Bolton, the promise was that abortion would be safe, legal and rare. But in 2016, the Court's decision in *Whole Woman's Health v. Hellerstedt* prioritized "mere access" to abortion facilities and abortion industry profitability over women's health and safety.

The abortion industry itself has referred to the use of abortion pills as "Do-It-Yourself" abortions, claiming that the method is safe and easy. But chemical abortions are 4 times more dangerous than surgical abortions, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%. Now, with TELABORTION, pregnant women and girls are further exposed to the predatory practices of the abortion industry.

The women and girls of Maryland deserve better than lowered medical standards of care. Maryland Right to Life urges an amendment to exclude abortion purposes from this bill. Without it, we ask for an unfavorable report for SB167**.**

NIH Abortion Pill Adverse Events.pdf
Uploaded by: Deborah Brocato
Position: INFO

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National Library of Medicine, National Center for Biotechnology information

https://pubmed.ncbi.nlm.nih.gov/33939340/

2021 Spring;36(1):3-26.

Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019

Kathi Aultman 1, Christina A Cirucci, Donna J Harrison 2, Benjamin D Beran 3, Michael D Lockwood 4, Sigmund Seiler 5

Affiliations expand

PMID: 33939340

Abstract

Objectives: Primary: Analyze the Adverse Events (AEs) reported to the Food and Drug Administration (FDA) after use of mifepristone as an abortifacient. Secondary: Analyze maternal intent after ongoing pregnancy and investigate hemorrhage after mifepristone alone.

Methods: Adverse Event Reports (AERs) for mifepristone used as an abortifacient, submitted to the FDA from September 2000 to February 2019, were analyzed using the National Cancer Institute's Common Terminology Criteria for Adverse Events (CTCAEv3).

Results: The FDA provided 6158 pages of AERs. Duplicates, non-US, or AERs previously published (Gary, 2006) were excluded. Of the remaining, there were 3197 unique, US-only AERs of which there were 537 (16.80%) with insufficient information to determine clinical severity, leaving 2660 (83.20%) Codable US AERs. (Figure 1). Of these, 20 were Deaths, 529 were Life-threatening, 1957 were Severe, 151 were Moderate, and 3 were Mild.

The deaths included: 9 (45.00%) sepsis, 4 (20.00%) drug toxicity/overdose, 1 (5.00%) ruptured ectopic pregnancy, 1 (5.00%) hemorrhage, 3 (15.00%) possible homicides, 1 (5.00%) suicide, 1 (5.00%) unknown. (Table 1).

Retained products of conception and hemorrhage caused most morbidity. There were 75 ectopic pregnancies, including 26 ruptured ectopics (includes one death).

There were 2243 surgeries including 2146 (95.68%) D&Cs of which only 853 (39.75%) were performed by abortion providers.

Of 452 patients with ongoing pregnancies, 102 (22.57%) chose to keep their baby, 148 (32.74%) had terminations, 1 (0.22%) miscarried, and 201 (44.47%) had unknown outcomes.

Hemorrhage occurred more often in those who took mifepristone and misoprostol (51.44%) than in those who took mifepristone alone (22.41%).

Conclusions: Significant morbidity and mortality have occurred following the use of mifepristone as an abortifacient. A pre-abortion ultrasound should be required to rule out ectopic pregnancy and confirm gestational age. The FDA AER system is inadequate and significantly underestimates the adverse events from mifepristone.

A mandatory registry of ongoing pregnancies is essential considering the number of ongoing pregnancies especially considering the known teratogenicity of misoprostol.

The decision to prevent the FDA from enforcing REMS during the COVID-19 pandemic needs to be reversed and REMS must be strengthened.

Keywords: Abortifacient; Abortion Pill; Adverse Event Reports; Adverse Events; DIY Abortion; Drug Safety; Emergency Medicine; FAERS; FDA; Medical Abortion; Medical Abortion Complications; Mifeprex; Mifepristone; Misoprostol; No touch abortion; Post-marketing Surveillance; REMS; RU-486; Risk Evaluation Mitigation Strategy; Self-Administered Abortion.

Similar articles

Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act.

Cirucci CA, Aultman KA, Harrison DJ.Health Serv Res Manag Epidemiol. 2021 Dec 21;8:23333928211068919. doi: 10.1177/23333928211068919. eCollection 2021 Jan-Dec.PMID: 34993274 Free PMC article.

Analysis of severe adverse events related to the use of mifepristone as an abortifacient.

Gary MM, Harrison DJ.Ann Pharmacother. 2006 Feb;40(2):191-7. doi: 10.1345/aph.1G481. Epub 2005 Dec 27.PMID: 16380436