Support Physician Assistant Collaboration & Reimbursement
Pending Legislation
Sponsored by Reps. Lontine and Will & Sen. Winter

Contact: Diana Protopapa at diana@frontlinepublicaffairs.com or 303-810-3708.

Physician Assistants (PA) are nationally certified, state Medical Board licensed health care professionals that practice in a collaborative relationship with other members of a patient's health care team.

This legislation updates the term used to describe the PA-physician relationship from "supervision" to "collaboration." It also eliminates the legal requirement that an **experienced** PA be supervised by a physician after their first 3,000 hours of practicing as a PA, and after an additional 2,000 hours of supervised clinical practice when changing specialties. Employers will retain the ability to require additional supervision. PAs will continue to be held to the same strict professional and ethical standards required of all professionals regulated by the state Medical Board.

The bill will strengthen the health care team, expand access to care, and reduce health care costs by removing burdensome PA administrative constraints while ensuring access to safe, quality patient care.

Strengthened health care team – Health care teams are stronger when administrative burdens are reduced. When a PA is not required to have a specific relationship with a physician, health systems and hospitals can be more flexible in creating health care teams, which allows them to more effectively meet patient needs and reduce provider burnout. Experienced PAs practicing without an agreement with a physician will be required to consult with or refer to the appropriate member of the health care team as indicated by the condition of the patient, and the education, experience, and competence of the PA.

Access to care - Currently only 13% of Colorado PAs practice in rural areas[1], likely due to the existing restrictive laws and regulations. Eliminating the requirement for a PA to have a specific relationship with a physician will make it easier for PAs to practice in rural and medically underserved communities. It will also allow PAs to more easily provide volunteer medical services and respond to disasters and emergencies.

Reduced health care costs – Increasing practice flexibility will help ensure that patients are seen in the right setting, by the right provider, at the right time—which can reduce the overall cost of health care. A study on the cost-effectiveness of PAs found that when the cost (and time) of a PA's education and salary are considered alongside the medical tasks a PA may perform, PAs are "one of the most cost-effective health care clinicians to employ."[2] Another study found that by making even modest improvements to practice laws for PAs (and Advanced Practice Registered Nurses (APRNs), the state of Alabama could see $729 million in health care savings over ten years.[3]

Physician Assistants

- PAs have master's level degrees, with the typical PA program averaging 27 months and including at least 2,000 hours of clinical rotations.
- PA educational curriculum is modeled on medical school curriculum and PAs are trained as medical generalists.
- PAs diagnose illness, develop and manage treatment plans, prescribe medication, and often serve as patient's principal health care provider.
- PAs are nationally certified and state licensed.
- PAs are regulated by the state medical board which in Colorado includes two designated PA seats.

See reverse for a list of frequently asked questions. Contact Diana Protopapa at 303.810.3708; diana@frontlinepublicaffairs.com

---

[1] American Academy of Physician Assistants (AAPA) 2019 Salary Survey
[2] Roderick S. Hooker, *The Economic Basis of Physician Assistant Practice,* 24 PHYSICIAN ASSISTANT 51 (2000).
[3] Roderick S. Hooker & Ashley N. Muchow, *Modifying State Laws for Nurse Practitioners and Physician Assistants Can Reduce Cost of Medical Services,* NURSING ECONOMIC$ (2015), http://www.nursingeconomics.net/necfiles/14ND/Hooker.pdf (last visited Nov. 23, 2020).

Frequently Asked Questions (FAQs)

Why is this bill necessary?
If passed, the bill will: (1) simplify the practice requirements for PAs and the physicians with whom they practice; (2) make it easier for the health care team to deliver care without burdensome paperwork restrictions; and (3) ultimately increase patient access to health care services in Colorado.

What is this bill changing?
The bill will give the PA-physician team flexibility to determine the terms of collaboration for new PAs and PAs changing specialties, while ensuring that protections like a collaborative agreement and performance evaluations are in place. As in current law, the Colorado Medical Board will retain the ability to investigate and discipline PAs who exceed their scope. The bill creates a "floor," and not a "ceiling." In other words, just like today, employers will be able to create additional collaboration requirements that go above and beyond the requirements in the law if they believe it is necessary to do so based on their staffing and patient population. Rather than creating new barriers, this bill will increase staffing flexibility for many health care systems, facilities, and offices by removing burdensome paperwork requirements and allowing employers to hire and deploy PAs as they see fit.

<u>Specifically, the bill will:</u>

- Change references from "supervision" to "collaboration"
    - This brings PA practice language in line with the language used by other professionals, including Advanced Practice Registered Nurses (APRNs).
    - Nineteen states and D.C. currently use "collaboration" or a similar term to describe the PA-physician relationship.
- Authorize **experienced** PAs to practice without a written agreement with a physician
    - PAs with more than 3,000 hours of practice experience would instead be required to consult with and refer to appropriate members of the health care team as determined by the practice and necessitated: (1) by the patient's condition; (2) the PA's education, experience, and competencies; and (3) the applicable standard of care.
    - PAs changing specialties would be required to complete an additional 2,000 hours of practice in collaboration with a physician in the new specialty.
    - These provisions are similar to legislation that recently passed in North Dakota, Utah, and Wyoming.

Will this allow PAs to independently practice?
No. While this bill will allow experienced PAs to practice without an agreement with a physician, they will still be required to consult with or refer to other members of the health care team as appropriate. PAs have a strong commitment to team practice, and this legislation would not alter that commitment. Instead, the bill would allow PAs, physicians, and other health care providers to retain all the benefits of working as a team while eliminating the administrative burdens that a supervisory agreement entails. Under this legislation, PAs would continue to only be authorized to own up to 49% of a medical practice.

How will PAs be regulated and patient safety maintained/protected?
This legislation does not change PA scope of practice. Current law states that PAs may perform acts constituting the "practice of medicine," consistent with sound medical practice and to the extent determined by the Medical Board.[4] These acts are defined as diagnosing, treating, prescribing for, or preventing physical or mental health conditions or substance use disorder through the use of drugs, surgery, telemedicine, the interpretation of diagnostic tests, or other means.[5] The Medical Board will retain authority of PA practice and the ability to discipline a PA if warranted.

Are other states doing this?
Yes. Similar legislation to remove the requirement that a PA have a specific relationship with a physician has recently been enacted in North Dakota, Utah, and Wyoming.

---

[4] Colo. Rev. Stat. § 12-240-107(6)(a) (2020).
[5] Colo. Rev. Stat. § 12-240-107(1)(a)-(b) (2020).