

SENATE BILL REPORT

SB 5411

As of February 8, 2019

Title: An act relating to physician assistants.

Brief Description: Concerning physician assistants.

Sponsors: Senators Kuderer, Honeyford, Randall, King, Wagoner, Van De Wege, Darneille, Keiser and Saldaña.

Brief History:

Committee Activity: Health & Long Term Care: 2/08/19.

Brief Summary of Bill

- Consolidates the regulation of physician assistants and osteopathic physician assistants under the Medical Quality Assurance Commission.
- Allows physician assistants to enter into a practice agreement with one or more participating physicians.
- Allows physician assistants to practice pursuant to the practice agreement without supervision from a physician.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Greg Attanasio (786-7410)

Background: A physician assistant (PA) is defined as a person who is licensed by the Medical Quality Assurance Commission (Commission) or the Board of Osteopathic Medicine and Surgery (Board) to practice medicine to a limited extent only under the supervision of a physician. To be licensed as a PA by the Commission, an applicant must satisfactorily complete a Commission-approved training program and pass a Commission-approved examination within one year of completion. A PA may only practice under the supervision of a physician and may not practice until a delegation agreement between the PA and supervising physician is approved by the Commission. A delegation agreement delineates the manner and extent to which the PA will practice and be supervised, and must jointly be submitted by the physician and the PA. A PA may provide services in which they are competent to perform based on their education, training, and experience, and only to the

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extent permitted by the Commission in a manner consistent with the approved delegation agreement, as long as the services are not beyond the scope of the supervising physician's own expertise and practice.

To be licensed as an osteopathic physician assistant (OPA) by the Board, an individual must satisfactorily complete a Board-approved training program and pass a Board-approved examination within one year of completing the training program. An OPA may only practice under the supervision of an osteopathic physician and may not practice until a delegation agreement between the PA and supervising osteopathic physician is approved by the Board. An OPA may provide services in which they are competent to perform based on their education, training, and experience, and only to the extent permitted by the Board in a manner consistent with the approved delegation agreement, as long as the services are not beyond the scope of the supervising osteopathic physician's own expertise and practice.

Physicians and osteopathic physicians may enter into delegation agreements with up to five PAs or OPAs, and the Commission or Board may consider requests to supervise more than five. The physician or osteopathic physician and the PA or OPA retain professional and personal responsibility for any act constituting the practice of medicine performed by the PA or OPA. The required supervision by a physician or osteopathic physician does not necessarily require the personal presence of the supervising physician at the place where the PA renders services. However, the agreement should allow for the physician to adequately supervise and review the PA's practice. PAs and OPAs may be used at remote practice sites if approved by the relevant governing authority based upon need and require:

- adequate means for immediate communication between the osteopathic physician or physician and the OPA or PA; and
- the names of the supervising osteopathic physician or physician and OPA or PA prominently displayed at the entrance of the site or reception area.

Summary of Bill: A PA is a person who is licensed by the Commission to practice medicine in accordance with a practice agreement with one or more physicians or osteopathic physicians and who is academically and clinically prepared to provide health care services. A PA may provide services in which they are competent to perform based on their education, training, and experience in a manner consistent with their practice agreement. The practice agreement must include the duties and responsibilities of the participating physician or physicians and the PA. The PA may practice in any area of medicine as long as the practice is not beyond the scope or expertise of the participating physician. The practice agreement may include supervision requirements for specified procedures or areas of practice, but supervision is not required. The agreement must also include a process for communication, availability, and decision making between the participating physician or physicians and the PA. If there is only one participating physician, the agreement must include a protocol for an alternate physician to be available for consultation. The practice agreement does not require Commission approval. The PA has professional and personal responsibility for any act constituting the practice of medicine they perform.

The Commission must conduct education and outreach to license holders, health carriers, and the public about the provisions of the act. After the effective date of the act, the Board may not issue new OPA licenses, and the Commission must license currently licensed OPAs

before the act takes effect. The OPA RCW chapter and limitations on PA remote site practice are repealed.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: The current regulations for PAs are burdensome and out of step with current practice. The bill removes barriers to employment and will help expand access to care, particularly in primary care. PAs are highly trained and skilled and this bill will allow them to begin practicing sooner through a less onerous process and under a single regulatory system.

CON: The lack of required supervision is concerning because it takes away a dedicated source of consultation and assistance for the PA. This bill would allow PAs, who are trained in only fundamental skills, to practice in complex areas of medicine, such as anesthesia, without supervision. This is an issue of patient safety and supervision should remain a requirement.

OTHER: Section 5 of the bill allows for voluntary participation by physicians, which is important to allow them to decline to enter into a practice agreement with a PA who they do not believe is qualified. Anesthesiologists include PAs as an integral part of their team and should be allowed to continue to do so.

Persons Testifying: PRO: Senator Patty Kuderer, Prime Sponsor; Lyle Larson, Washington Academy of Physician Assistants; David Gillingham, Washington Osteopathic Medical Association; Eileen Ravella, citizen; David Brown, citizen; Jeff Smith, Community Health Care of Tacoma; Micah Matthews, Washington State Medical Commission; Kate White Tudor, Washington Academy of PAs and Washington Association Community Health.

CON: Susan Derry MD, Emergency Physician; Melissa Johnson, Washington Association of Nurse Anesthetists.

OTHER: Katie Kolan, Washington State Medical Association; Cliff Webster, Washington State Society of Anesthetologists.

Persons Signed In To Testify But Not Testifying: No one.