

# HOUSE BILL REPORT

## HB 1737

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to supervision of physician assistants.

**Brief Description:** Concerning supervision of physician assistants.

**Sponsors:** Representatives Morrell, Manweller, Clibborn and Moeller.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/21/13, 2/22/13 [DPS].

**Brief Summary of Substitute Bill**

- Requires osteopathic physician assistants to receive approval from the Board of Osteopathic Medicine and Surgery (BOMS) and physician assistants to receive approval from the Medical Quality Assurance Commission (MQAC) before being utilized in a remote site.
- Allows osteopathic physicians and physicians to enter into delegation agreements with five physician assistants, with the ability to petition for a waiver of the limit.
- Requires the MQAC and the BOMS to work in collaboration with a statewide organization representing the interests of physician assistants to adopt rules to modernize current rules regulating physician assistants and report to the Legislature by December 31, 2014.
- Changes references to the "practice arrangement plan" to "delegation agreement."

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Angel, Clibborn, Green, Manweller, Moeller, Morrell, Riccelli, Rodne, Ross, Short, Tharinger and Van De Wege.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

**Staff:** Cherlyn Walden (786-7296).

**Background:**

The Board of Osteopathic Medicine and Surgery (BOMS) regulates the practice of osteopathic medicine by osteopathic physicians and physician assistants. An osteopathic physician assistant (OPA) is a person who has satisfactorily completed a BOMS-approved training program designed to prepare him or her to practice osteopathic medicine to a limited extent. An OPA may not practice osteopathic medicine until a practice arrangement plan is approved. A practice arrangement plan delineates the manner and extent to which the OPA will practice and be supervised, and must jointly be submitted by the osteopathic physician or physician group and the OPA. An OPA also may not be employed or supervised by an osteopathic physician without approval of the BOMS. An OPA is permitted to practice medicine only to the extent permitted by the BOMS in a manner consistent with the approved practice arrangement plan.

The Medical Quality Assurance Commission (MQAC) regulates the quality of healthcare provided by physicians and physician assistants. A physician assistant (PA) is a person who is licensed by the MQAC to practice medicine to a limited extent and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative, and health maintenance services. A PA practices medicine under the supervision of a physician, but a PA cannot be employed or supervised by a physician or physician group without the approval of the MQAC. Prior to practicing, a PA has to apply to the MQAC for permission to be employed or supervised by a physician or physician group. A practice arrangement plan must be jointly submitted by the physician or physician group and the PA. A PA is permitted to practice medicine only to the extent permitted by the MQAC in a manner consistent with the approved practice arrangement plan.

The administrative rules provide that an osteopathic physician may supervise three OPAs, and the BOMS may consider requests to supervise more than three OPAs, based on the individual's qualification and experience among other factors. Similarly, a physician may not serve as primary supervisor or sponsor for more than three PAs without authorization by the MQAC. The administrative rules also provide that OPAs and PAs may be used at remote practice sites if approved by the relevant governing authority based upon need; adequate means for immediate communication between the osteopathic physician or physician and the OPA or PA; supervision; and the names of the supervising osteopathic physician or physician and OPA or PA being prominently displayed at the entrance of the site or reception area.

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**Summary of Substitute Bill:**

Osteopathic physician assistants (OPA) and physician assistants (PA) cannot be used at a remote site without the approval of their respective regulating bodies. A "remote site" is defined as a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than 25 percent of the practice time of the OPA or the PA. Approval may be granted for the use of an OPA or a PA at a remote site if there is a demonstrated need; adequate ability to timely

communicate between the physician and the OPA or the PA; the responsible sponsoring or supervising physician spends at least 10 percent of the practice time of the OPA or the PA in the remote site, unless the sponsoring physician can demonstrate that adequate supervision is being maintained by an alternate method; and the names of the sponsoring or supervising physician and the OPA or the PA is prominently displayed at the entrance to the remote site. No OPA or PA with an interim permit may be utilized at a remote site.

An osteopathic physician or a physician may enter into a delegation agreement with up to five PAs, but may petition their respective regulating bodies for a waiver of the limit. An osteopathic physician or physician may not supervise more physician assistants than he or she can adequately supervise.

The Medical Quality Assurance Commission and the Board of Osteopathic Medicine and Surgery are required to work in collaboration with a statewide organization that represents the interests of physician assistants to modernize the current rules regulating physician assistants and report to the Legislature by December 31, 2014.

The practice arrangement plan required for approval before a physician assistant can practice is changed to be referred to as a delegation agreement.

#### **Substitute Bill Compared to Original Bill:**

The substitute bill:

- removes the intent section;
- requires the Medical Quality Assurance Commission and the Board of Osteopathic Medicine and Surgery to work in collaboration with a statewide organization representing the interests of physician assistants to adopt rules to modernize current rules regulating physician assistants and report to the Legislature by December 31, 2014; and
- replaces mistaken references to practice arrangement plans with delegation agreements.

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**Appropriation:** None.

**Fiscal Note:** Available. New fiscal note requested on February 25, 2013.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

#### **Staff Summary of Public Testimony:**

(In support) The laws regarding the practice of physician assistants (PA) need to be modernized to allow physicians and PAs to work more efficiently together, particularly in light of the increase in patient encounters anticipated with the implementation of the Patient Protection and Affordable Care Act. Addressing the issue by statute would ensure that it happens promptly. With the strides that have been made in telecommunication, PAs can

effectively and more economically communicate with a physician using telecommunication rather than requiring the physician to travel onsite. The Medical Quality Assurance Commission (MQAC) and the Board of Osteopathic Medicine and Surgery are still required to review delegation agreements, which ensures that proper supervision and means of communication are present.

Increasing the number of PAs a physician can supervise does not mean that the physician will choose to do so. The number of PAs a physician can adequately supervise should be determined at the clinical level. The majority of states have increased the ratio without negative effects, and nine states have no restrictions on the number of PAs a physician can supervise. The governing bodies would still need to approve the delegation agreements that would allow a physician to supervise more PAs, and the law would prohibit a physician from supervising more PAs than he or she could adequately supervise.

(With concerns) The concerns regarding the supervision of PAs and the modernization of PA practice are better addressed by rule. The MQAC attempted to update the rules three years ago, but the moratorium on rulemaking prevented it from moving forward. A single physician cannot supervise five or more PAs adequately. This increase could affect patient safety. The intent section of the bill should be removed as it is unnecessary and disingenuous. The bill should instead provide rulemaking authority to address the revision and updating of the PA practice, as it will allow for more stakeholder input.

(Opposed) None.

**Persons Testifying:** (In support) Representative Morrell, prime sponsor; Carl Nelson, Washington State Medical Association; and Linda Dale and Kaye Kvam, Washington Academy of Physician Assistants.

(With concerns) Richard Brantner and Michael Farrell, Medical Quality Assurance Commission; and Dave Knutson, Washington Osteopathic Medical Association.

**Persons Signed In To Testify But Not Testifying:** None.