

FINAL BILL REPORT

ESHB 2041

C 62 L 24
Synopsis as Enacted

Brief Description: Concerning physician assistant collaborative practice.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Riccelli, Schmick, Simmons, Reed, Schmidt, Macri and Lekanoff).

House Committee on Health Care & Wellness
Senate Committee on Health & Long Term Care

Background:

A physician assistant is a person who is licensed by the Washington Medical Commission (Commission) to practice medicine according to a practice agreement with one or more participating physicians, with at least one of the physicians working in a supervisory capacity. Physician assistants may provide services that they are competent to perform based on their education, training, and experience, and that are consistent with their practice agreement.

Practice Agreements.

A physician assistant may practice medicine to the extent permitted by a practice agreement. Prior to entering into the agreement, the physician or their designee must verify the physician assistant's credentials. A physician assistant must file each practice agreement with the Commission, and the practice agreements must also be maintained by the physician assistant's employer or at the physician assistant's place of work.

A practice agreement must also include:

- the duties of the physician assistant, the supervising physician, and alternate physicians—the agreement may only include tasks or functions that the physician assistant and supervising or alternate physician are qualified to perform by education, training, or experience, and that are within the scope of expertise and clinical practice of both the physician assistant and the supervising or alternate physician;
- a process between the physician assistant and the supervising or alternate physician

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- for communication, availability, and decision-making when providing treatment to a patient or in the event of an acute health care crisis not previously covered by the practice agreement;
- if there is only one physician party to the agreement, a protocol for designating an alternate physician when the physician is not available; and
 - a termination provision.

Supervision.

The supervising physician and the physician assistant must determine which procedures may be performed and the supervision under which a procedure is performed. Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the supervising physician's own scope of expertise and clinical practice and the practice agreement.

The supervising physician and physician assistant each retain professional responsibility for any act performed by the physician assistant that constitutes the practice of medicine or the practice of osteopathic medicine and surgery. A physician assistant or physician may participate in more than one practice agreement if they are reasonably able to fulfill the duties of each agreement, but a physician may not supervise more than 10 physician assistants without a waiver.

Summary:

A physician assistant may practice medicine only under the terms of one or more collaboration agreements.

"Collaboration" is defined to mean how physician assistants shall interact with, consult with, or refer to a physician or other appropriate members of the health care team as indicated by the patient's condition; the education, experience, and competencies of the physician assistant; and the standard of care.

Collaboration Agreements.

A collaboration agreement is a written agreement that describes the manner in which a physician assistant is supervised by or collaborates with at least one physician, which must be signed by the physician assistant and one or more physicians or the physician assistant's employer.

Prior to entering into the agreement, the participating physician or physicians, employer, or their designee must verify the physician assistant's credentials. The collaboration agreement must be available at the physician assistant's primary location of practice and made available to the Commission upon request. A physician assistant is not required to file collaboration agreements with the Commission.

A collaboration agreement must also include:

- the duties of the physician assistant and the participating physician or physicians—the agreement may only include tasks or functions that the physician assistant is qualified to perform by education, training, or experience, and that are within the scope of expertise and clinical practice of either the participating physician or physicians or the group of physicians within the department or specialty areas in which the physician assistant is practicing;
- a process between the physician assistant and participating physician for communication, availability, and decision-making when providing treatment to a patient or in the event of an acute health care crisis not previously covered by the collaboration agreement;
- if there is only one participating physician identified in the agreement, a protocol for designating another participating physician when the physician is not available;
- an attestation by the physician assistant of the number of postgraduate clinical practice hours completed; and
- a termination provision.

Supervision and Collaboration.

Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the scope of expertise and clinical practice of the participating physician or physicians or the group of physicians within the department or specialty areas in which the physician assistant practices. The participating physician or physicians or the physician assistant's employer, and the physician assistant must determine which procedures may be performed and the degree of autonomy under which the procedure is performed.

A physician assistant who has completed fewer than 4,000 hours of postgraduate clinical practice must work under the supervision of a participating physician. A physician assistant with 4,000 or more hours of postgraduate clinical practice may work in collaboration with a participating physician, if the physician assistant has completed 2,000 or more supervised hours in the physician assistant's chosen specialty.

A physician assistant who has at least 10 years or 20,000 hours of postgraduate clinical experience in a specialty may continue to provide those specialty services if the physician assistant is employed in a practice setting where those services are outside the specialty of the physician assistant's participating physician or physicians, if the practice is located in a rural or underserved area.

There is no specified limit on how many physician assistants may collaborate with or be supervised by a specific physician. The physician assistant retains responsibility for any act performed by the physician assistant that constitutes the practice of medicine or the practice of osteopathic medicine and surgery.

Health Carriers.

Health carriers are authorized to reimburse employers of physician assistants for covered services rendered by physician assistants. Payment for services within the physician

assistant's scope of practice must be made when ordered or performed by a physician assistant if the same services would have been covered if ordered or performed by a physician. Physician assistants or their employers, who are billing on behalf of the physician assistant, are authorized to bill for and receive direct payment for the services delivered by physician assistants. A health carrier may not impose a practice, education, or collaboration requirement that is inconsistent with or more restrictive than state laws or regulations governing physician assistants.

Miscellaneous.

The Commission and the Board of Osteopathic Medicine and Surgery are authorized to adopt any rules necessary to implement the requirements related to collaboration agreements.

Votes on Final Passage:

House	91	6
Senate	49	0

Effective: January 1, 2025
June 6, 2024 (Section 9)
Contingent (Sections 19 and 27)
July 1, 2026 (Section 29)