

SENATE BILL REPORT

EHB 2041

As Reported by Senate Committee On:
Health & Long Term Care, February 20, 2024

Title: An act relating to physician assistant collaborative practice.

Brief Description: Concerning physician assistant collaborative practice.

Sponsors: Representatives Riccelli, Schmick, Simmons, Reed, Schmidt, Macri and Lekanoff.

Brief History: Passed House: 2/9/24, 91-6.

Committee Activity: Health & Long Term Care: 2/16/24, 2/20/24 [DP].

Brief Summary of Bill

- Changes requirements relating to the regulation of physician assistants.
- Permits a collaboration relationship between physician assistants and the physicians with whom they work.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden, Randall and Van De Wege.

Staff: Julie Tran (786-7283)

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.

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

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 alternative physicians—the agreement may only include acts, 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 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 ten physician assistants without a waiver.

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

The term "collaboration" is defined as how physician assistants shall interact with, consult with, or refer to a physician or other appropriate member or 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 the physician assistant is supervised by or collaborates with at least one physician and that is 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 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;
- a plan for how the PA will be supervised if the PA is working under a participating physician's supervision and describe the supervision or collaboration requirements for specified procedures or areas of practice, depending on the number of postgraduate clinical practice hours completed;
- 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, physicians, or the group of physicians within the department or specialty areas in which the physician assistant practices. The participating physician, 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 4000 hours of postgraduate clinical practice must work under the supervision of a participating physician. A physician assistant with 4000 or more hours of postgraduate clinical practice may work in collaboration with a participating physician, if the physician assistant has completed 2000 or more supervised

hours in the physician assistant's chosen specialty.

A physician assistant who has at least ten 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 inconsistent with or more restrictive than state laws or regulations governing physician assistants.

Miscellaneous. A physician assistant under a practice agreement that was entered into before July 1, 2025, may continue to practice under the practice agreement until the physician assistant enters into a collaboration agreement. A physician assistant shall enter into a collaboration agreement no later than the date on which the physician assistant's license is due for renewal or July 1, 2025, whichever is later.

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.

Conforming changes are made.

Appropriation: None.

Fiscal Note: Available.

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

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony: PRO: The physician assistant profession has evolved. This bill expands access to care and addresses workforce shortage challenges by providing more flexibility for how physician assistants utilize their education and training. This bill does not establish independent practice. This bill does reduce administrative burdens for physician assistants, respond to concerns raised by physicians as to the reason why they are not working with physician assistants, and address the reasons why physician assistants are leaving the state. This bill is essential for maintaining access to care in rural Washington state. Providers want more flexibility and to be able to collaborate with physicians and other medical professionals. There is a stepped-up approach for the scope of supervision. This bill reflects the negotiations that occurred between stakeholders and now there is no current opposition to the bill.

OTHER: During the pandemic, physician assistants practiced with increased autonomy and without practice agreements. This bill represents a lasting compromise that balances appropriate patient safety guardrails while maximizing employment opportunities for physician assistants. By using a collaborative practice model instead of a supervision model, this will remove practice barriers for physician assistants.

Persons Testifying: PRO: Chelsea Hager, Washington Academy of Physician Assistants; Paul Surette, Washington Academy of Physician Assistants; Linda Dale, Washington Academy of Physician Assistants.

OTHER: Stephanie Mason, Washington Medical Commission; Alex Wehinger, WA State Medical Association (WSMA).

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