



March 19, 2020

Dear Joint Special Committee on Coronavirus Response,

The Oregon Society of Physician Assistants (OSPA) would like to applaud your tireless preparation, monitoring and proactive efforts to protect Oregonians. With those efforts in mind, we are writing today to encourage you to consider temporarily suspending current supervisory, chart review and onsite requirements for Oregon PAs licensed by, and in good standing with, the Oregon Medical Board.

Physician Assistants (PAs) are a large component of the Oregon medical provider force. PAs are trained in the “medical model” the same as physicians and practice autonomously while collaborating with physicians and other providers.

Prior to PA school, PAs complete the same pre-requisite courses as physicians plus incoming PA students bring with them an average of more than 3,000 hours of direct patient contact experience, having worked as paramedics, athletic trainers, medical assistants or other medical providers. PA programs are approximately 27 months (three academic years) and include classroom instruction and more than 2,000 hours of clinical rotations. This is very close to physicians and significantly exceeds the average didactics and clinical training for NPs.

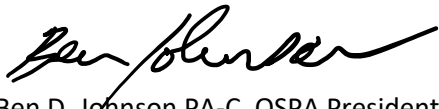
For over 20 years NPs have safely and effectively practiced in Oregon without physician supervision allowing flexibility that benefits Oregonians. Based on the proven NP model and considering the extensive training of PAs, physician supervision is arguably unnecessary. In the past, working with physician supervision was seamless and effective for PAs. Changes in the way medical care is provided over the past 10 years has resulted in regulatory oversight and supervision requirements impeding the ability of PAs to respond quickly and efficiently to patient needs. Historically, PAs and NPs are more prevalent in rural and underserved areas in Oregon and are the sole provider in many of these areas

A PA wanting to respond to a sudden provider need in a specific location or replace an ill, quarantined or otherwise unavailable provider would have a number of obstacles. They would have to find a physician willing to take the responsibility for their care; willing to study and test with the medical board on the physician’s responsibility for supervising a PA; willing to review a determined number of charts; and willing to spend hours on site where the PA is practicing. The physician must agree to this while also managing their own workload. For more than 20 years, NPs have been deployed as needed with no more requirements than a physician.

As I am sure you know, President Trump has supported waving similar procedures such as licensure for Medicare, Medicaid and CHIP programs for the duration of the COVID 19 emergency for states requesting the 1135 waiver.

As always, PAs will collaborate with physicians and other healthcare providers. Collaboration is the way PAs are trained and this is the standard of care. The American Academy of PAs (AAPA) and the Oregon Society of PAs feel state laws regarding supervision of PAs are unnecessary and at times obstructive to the provision of care. Allowing PAs to deploy effectively by temporarily suspending current supervisory, chart review and onsite requirements for practice by PAs already licensed by the Oregon Medical Board and in good standing will augment the ability of our PA provider workforce to respond quickly and effectively.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Ben D. Johnson", with a stylized, cursive script.

Ben D. Johnson PA-C, OSPA President, AAPA Fellow, Oregon Delegate to AAPA House of Delegates.

Note: Partial data from American Academy of PAs