



Chair Salinas and Health Care Committee members,

My name is Saje Davis-Risen, immediate past President of the Oregon Society of Physician Assistants, Oregon Educated PA of 14 years, Associate Director of the School of Physician Assistant Studies and Associate Dean of IPE at Pacific University, and I am here to urge your support for HB 4081 as amended.

The physician assistant profession was created in the late 1960s in response to a critical health care shortage in rural and underserved areas to improve and expand health care to those in need. It was created under a medical model where physicians owned their own practices and PA operated as physician extenders, working initially in primary care and then eventually in specialty environments, in both urban and rural settings. During this time statutory requirements were put in place for the profession: requiring that a physician apply to the Medical Board in order to supervise a PA, that a PA enter into a very detailed practice agreement that must be updated every two years and filed with the Medical Board, that a Supervising Physician be liable for the care provided by a PA, and many more.

In the almost 60 years that the PA profession has been in existence, the medical field has shifted dramatically. Most clinics are owned by larger hospital and health systems, and most physicians are employees of those systems, rather than owners of a clinic. Because of this, many of the economic and personal benefits physicians saw in hiring PAs have disappeared. Now, the administrative regulations and requirements around the hiring and managing of PAs, including mandatory 8-hours on onsite supervision and 10% chart review, which are relics of an outdated system, have become even more onerous.

For many PAs, this administrative burden can look like the following:

- In rural Oregon, a PA who is the sole provider in a clinic, must close their clinic 1 day a month so that they can travel to their Supervising Physician's clinic to complete the onsite supervising requirements, reducing access to health care for their patients at least one full day every month.
- Being unable to provide a medical service they have years of experience performing because their Supervising Physician is not comfortable performing the same medical service. Example: Women's Health PA w/ 10 year's experience inserting IUD's unable to do so in their new practice because their SP is not comfortable.
- Having entire hospitals, hospital departments and clinics in both rural and urban areas forgo hiring PAs in favor of NPs because of the additional administrative work involved.



- Having all PAs contracts in rural and underserved communities go unrenewed due to the additional burdens of PA supervision vs NP
- Being unable to obtain a position practicing in critical practice shortage areas like planned parenthood because of the additional burdens of hiring a PA vs an NP
- PAs are losing jobs, and the most vulnerable Oregonians are losing access to high quality health care because those clinics least able to bear the burden of these outdated regulations are most impacted.

While HB 4081, as amended, does not address all of the administrative issues adversely impacting PAs, it takes an important first step in reducing the barriers to hiring PAs and increasing access to care for Oregonians.