



## **Oregon Physician Assistant (PA) Modernization Act: House Bill 3036**

***Chief Sponsors: Representatives Andrea Salinas and Raquel Moore-Green***

***Co-Sponsors: Representatives Teresa Alonso Leon, Gary Leif, Bobby Levy, Mark Meek, Lily Morgan, Ron Noble, Rachel Prusak, and Sheri Schouten and Senators Lee Beyer, Kate Lieber, Dennis Linthicum, and Deb Patterson***

### **Problem:**

Current statutory requirements and restrictions on Physician Assistants (PA) have resulted in unnecessary administrative burdens on employers who want to employ a PA to provide high quality health care to patients across Oregon. The impact of these statutory barriers results in communities across Oregon, particularly rural and underserved communities, having fewer qualified medical providers despite the comparable skills and medical training of PA's.

### **Guiding Principles:**

1. Provide greater health care provider access to all Oregonians, especially those in rural and other underserved communities.
2. Allow PAs to practice at the top of their *current* scope of practice.
3. Make it easier for hospitals, clinics, and other employers to hire PAs to serve patients.
4. Give more discretion to local hospitals/clinics/employers, while still allowing employers full autonomy to require a collaboration agreement and/or require supervision, especially of new PAs.
5. Create greater parity between PAs and Nurse Practitioners, who have equivalent training and experience.
6. Make permanent the model that has been successfully used during this pandemic/emergency.
7. Create a new definition of "clinically experienced physician assistant" to enter into collaboration agreements with less experienced PAs.
8. Reduce or eliminate the duplicative, unnecessary supervision requirements that limit access to health care, especially in rural and other underserved areas.

### **Proposed Solution:**

House Bill 3036 would modernize Oregon's Physician Assistant (PA) statute to better reflect the current medical practice model. This bill maintains the physician/PA team-based care that is a hallmark of the PA profession. The bill centers on ensuring that PAs are able to practice at the top of their license by allowing a PA's employer to determine hiring and management practices, rather than having those practices prescribed by state statute or rule. ***It is important to note that nothing in this bill will prohibit employers from continuing to hire and manage PAs in whatever manner they deem necessary to ensure patient health and safety.***

## **House Bill 3036 does the following:**

### **Licensure**

- Maintains PA licensure through the Oregon Medical Board (OMB) and all educational requirements for licensure eligibility.

### **Supervision**

- Maintains collaboration between a PA and other health care providers, including physicians. Requires that PAs collaborate with, consult with, and/or refer to the appropriate member(s) of the health care team as indicated by the patient's condition as well as the education, experience, and competencies of the PA.
- Removes requirements for minimum chart review and hours of on-site supervision, allowing a PA's employer to determine how best to manage and supervise their PA employees.

### **Clinically Experienced PA**

- Creates the term "Clinically Experienced Physician Assistant" as a PA with at least 10,000 hours of clinical experience in a speciality area, recognizing that often PAs collaborate with other PAs and that for many employers (especially rural and under-served clinics), it may be more practicable for a new PA to work directly with an experienced PA rather than a physician.

### **Scope of Practice**

- Allows PAs to practice at the top of their scope of practice. Removes the delegation of scope to a PA from the supervising physician and instead establishes that a PA's scope of practice is based on their education, training, and experience.

### **Collaboration Agreement**

- Creates a requirement to have a collaboration agreement, signed by a PA and either a physician or clinically experienced PA, outlining the manner in which the PA collaborates with other clinicians. Requires that the collaboration agreement be kept on file at a PA's primary place of employment and made available to the Oregon Medical Board upon request.

### **Liability**

- Removes the automatic and non-severable liability tie between a PA and a physician. Makes clear that a PA is legally responsible for the care provided by that PA.

### **PA Dispensing Authority**

- Removes the requirement that dispensing authority be delegated to a PA. Aligns PA dispensing requirements with that of physicians: "A physician assistant may prescribe, dispense and administer prescription drugs in accordance with rules established by the Board."



#### **CONTACT FOR MORE INFORMATION:**

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