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Testimony of Arthur Towers
OTLA Political Director
In Regard to House Bill 3036
Before the House Health Care Committee
February 4, 2021

Chair Prusak and members of the committee, thank you for the opportunity to submit testimony regarding our concerns with HB 3036.

We value the role that Physician Assistants play in the delivery of health care, and appreciate the need to address access to care issues and triple aim issues as a whole.

Our members fight for the rights of Oregonians harmed due to medical negligence. Goal one is to see that fewer people are exposed to harm. And goal two is to gain a measure of justice and closure for victims and their families.

There are a number of provisions that cause concern. First of all our understanding is that 47 states establish the relationship between physicians (or physician organizations) and physician assistants as supervisory in nature. This is not a reason per se to jettison the bill, but it is a reason to proceed with caution.

This change from “supervisory” to “collaborative” will likely have the impact of removing the ultimate responsibility for the outcome from the physician or physicians organization to the physician assistant.

This is problematic since the physician assistant autonomy and standard of care (Sec 4(3), Page 6 lines 17-21) would be based on the physician assistant’s location of practice and the physician assistant’s education, training, and experience. This has the potential to be quite nebulous. As a patient, would my provider’s level of accountability be based on where she got her medical degree, and whether she is five years or twenty-five years into her career?

We’re concerned that this may have a very negative impact on care and on accountability in settings like prisons and jails. Jails often contract with for-profit vendors to supply health care. We expect these vendors to systematically opt for less expensive providers. Would the standard of care in a practice located in a jail different than in other settings?

We also seek clarity on how this would impact employee/employer relationships between health care facilities and physician assistants. To the extent PA's are currently employed by hospitals or other "supervising physician organizations," the employer assumes legal liability for their actions. Would employers substitute collaboration agreements for employment contracts, thus shielding themselves from accountability? Would that in turn require physician assistants to absorb the additional insurance expense as well as the other work-related expenses that independent contractors are saddled with? Would this in turn have the unintended consequence of increasing the use of physician assistants while simultaneously reducing their financial security?

Finally, we concur with the concerns raised by the Oregon Academy of Family Physicians regarding collaboration agreements between physician assistants, and their concern about the qualifications of P.A.s who switch specialty.

We oppose the current version of HB 3036 and look forward to engaging with stakeholders to improve this legislation. The tenor of the public hearing gave us hope that we can reach agreement.