PA Practice Reform
Preserving Partnership—Reducing Paperwork

The problem: PAs laws are old and need to be updated

- PA practice laws impose unique burdens on PAs that originated fifty years ago when the profession was created.
- A PA cannot work until the Medical Commission has reviewed and approved a delegation agreement with one specific physician who must take on responsibility and liability for the PA's work. If an employer reassigns a PA to another physician, they must get a new delegation agreement approved by the Medical Commission.
- The law limits employers' ability to hire PAs, because each physician is limited to a maximum of five PAs regardless of the work they do, and current law also limits where PAs can work.
- PAs cannot volunteer or provide disaster relief unless their specific physician goes too.

PAs face barriers in the healthcare workforce

- Many physicians don't want the burden of supervising PAs or liability for their work.
- Employers find it easier to hire and manage nurse practitioners because they can work without delegation agreements, mandated supervision or site restrictions.

PAs are well trained

- PA programs provide over 3000 hours of graduate-level didactic and clinical training.
- Once licensed, PAs complete the same CME as physicians—50 hours/year.

PA restrictions are not needed to assure quality care

- PAs provide the same quality of care as physicians and other health care practitioners.
- Most PAs already practice in a highly autonomous way, just like physicians and other health care practitioners.

Other states have led the way: Michigan, Illinois, New Mexico, West Virginia

The solution: Reduce administrative burdens on PA employment to promote safe, quality care

- Modernize PA practice laws to improve access to quality care.
- Reduce delays by eliminating Medical Commission review before PAs can get to work.
- Assure medical standard of care by preserving Medical Commission regulation of PAs.
- Allow multiple physicians on PA practice agreement which is kept by employer.
- Eliminate physician delegation and supervision requirements, allowing PAs to work under their own licenses and accept liability for their own care (they all currently have medmal insurance).
- Eliminate duplicate regulatory structures for PAs working with MDs and DOs.
- Alleviate burden of remote site and ratio restrictions.

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PA experiences with barriers to employment

- In July 2017, WAPA received a letter from the Medical Staff Services Director of Sunnyside Hospital and Clinics, stating "Our administration prefers to hire nurse practitioners over physician assistants. This is not due to any clinical performance advantages we may see. It is strictly due to the regulatory burden we face when hiring a Physician Assistant, since we must establish a physician supervisor with the appropriate scope of practice to get an approved delegation agreement in place before they can start to see patients for us. If this regulatory burden was removed, I am certain we would hire more PAs."

- In 2018 a newly graduated PA seeking employment in psychiatry reported her application was declined by a medical recruiting company. The recruiter stated "95% of my groups prefer the PMHNP [nurse practitioner] certification due to the scope of work they can do. Their training is 100% Psychiatry and they can act as a Psychiatrist without supervision. A PA cannot and most groups are hiring a Psych mid-level because they are not able to get a physician. So they need them to work independent."

- In 2016 a PA reported a 9-month delay in getting re-credentialed with insurers she had contracted with for 20+ years, because her supervising physician retired and she began working under a DO (not a job change)—requiring her to obtain a new license from the Board of Osteopathic Medicine and Surgery. The new credential did not link to any of her previous credentialing information associated with her license issued by the medical commission.

- Comment from WAPA survey: I am a primary care PA-C currently working in an underserved area. The organization I work for continue to expand, with 12 clinics and counting; all in underserved areas. However, because of the requirement for a PA-C to work "under" a physician, and the added requirement of the delegation agreement; the organization can no longer hire PA's. There are only a handful of MD's and DO's, and the ones willing sign the delegation agreement are already at the limit for MD/PA ratio.

- Comment from WAPA survey: PA regulations prevent PAs from providing healthcare in times of emergency or natural disaster without first establishing a supervisory relationship with a physician who is concurrently providing healthcare services in response to the disaster. This requirement greatly impedes participation of PAs in volunteering to provide needed healthcare in times of greatest need for our communities.

- Comment from WAPA survey: Our community health center recently started a clinic at our local community college. It was too much of a burden for our clinic to get a delegation agreement for a few days a week, so only NPs were invited to participate in the rotation.

- Comment from WAPA survey: I am an experienced hospitalist and have experienced great difficulty finding a job as a hospitalist, as the jobs advertise for NPs. I applied to these jobs and was declined opportunities to interview, notably with the [Big Hospital] system. I also applied for and interviewed for a job in internal medicine that included hospitalist work, clinic work and performing stress tests. The position was offered to the NP candidate, not because of experience, but because physicians did not want increased responsibilities of supervising and completing more paperwork that accompanies a PA.