

## **Frequently Asked Questions**

### **AAPA's Updated Guidelines for State Regulation of PAs**

*New Policy Adopted by AAPA in May 2017*

The 2017 AAPA House of Delegates—made up of PAs representing states, specialty organizations, Federal Service Chapters, caucuses, and students – approved updates to AAPA Guidelines for State Regulation of PAs (Guidelines). Once incorporated into state law, these changes will enhance the ability of PAs to meet the needs of patients, and ensure the future of the profession in a changing healthcare marketplace.

#### **What changes have been made to the Guidelines?**

The new policy calls for laws and regulations that:

- Emphasize PAs' commitment to team practice with the degree of collaboration determined at the practice level.
- Eliminate legal requirements for PAs to have a specific relationship with a physician in order to practice.
- Create autonomous majority-PA boards to regulate PAs, or give that authority to healing arts or medical boards that have as members both PAs and physicians who practice with PAs.
- Authorize PAs to be directly reimbursed by all public and private insurers.

#### **Does this change the rules governing how PAs practice now?**

It does not. Each state PA chapter will decide how and when to advocate for adoption of the various components in the Guidelines through legislative and regulatory changes in their respective state.

#### **Why did PAs decide to pursue these changes?**

PAs are facing new obstacles in the changing healthcare marketplace and must adapt in order to meet the needs of patients and ensure the future of the PA profession. Twenty-two states and the District of Columbia allow nurse practitioners (NPs) to practice without a supervising or collaborating physician, which makes NPs easier to hire and manage. In addition, physicians are more likely to be employees rather than practice owners, and they no longer see a financial benefit from entering into a supervisory agreement with a PA. These conditions put PAs at a disadvantage relative to NPs, resulting in lost jobs and opportunities for advancement.

#### **Are PAs ready for this change?**

The PA profession is now in its 50<sup>th</sup> year. PA practice has been extensively studied and evaluated, and found to produce high quality patient outcomes. State laws and regulations have simply not kept pace.

#### **Are PAs pursuing independent practice?**

The term “independent practice” suggests that PAs would abandon team-based care and

would work without collaborating with physicians or other providers; that is not what this policy change supports. PAs value partnerships with physicians and have great respect for the depth of physician training. Under the updated Guidelines, PAs will continue to collaborate with, consult with, and refer to physicians and other qualified medical professionals in accordance with the standard of care, the patient's condition, and the PA's education and experience.

**How will this new policy benefit patients?**

Numerous studies have shown that PAs provide high-quality patient care and are cost-effective medical providers. When these new policies are incorporated in state laws, access to care will be expanded, especially in medically underserved and rural areas. We also expect PA licensing to be expedited, and that PAs will have increased latitude to provide volunteer medical services and respond to disasters. In addition, the elimination of the requirement to have a supervisory agreement with a physician will free up physicians' time to focus on meeting patient needs rather than filling out useless paperwork.

**What are the next steps?**

Each state PA chapter will decide whether or when to pursue these changes -- at their own pace and as the situation in each state legislature allows. AAPA will work with state chapters to provide resources, guidance and support as they work to have these policies adopted into law. At the same time, AAPA will lay the ground work and advocate for statutory changes to Medicare to authorize direct PA reimbursement and eliminate physician supervision language in the definition of PA services.

**How will this change PAs' association with physicians?**

It won't change the fundamental working relationships between PAs and physicians, but it will enable PAs and physicians to see more patients, spend more time with patients, and fill out less paperwork.

**How will physicians respond to the updated Guidelines?**

Some will be excited and grateful to be relieved of the paperwork burden. Others may be slow to accept change.

**What should PAs tell physicians they work with about the policy changes?**

PAs can tell physicians that these changes are good for physicians, good for patients and good for PAs. Physicians will be able to see more patients and spend more time with them rather than filling out burdensome paperwork and can enjoy the benefits of team practice without being responsible for PA-provided care.

**Is this new AAPA policy the same as the full practice authority pursued by NPs?**

It is similar, except for PAs' continued commitment to team-based practice. PAs are not seeking to practice independently.

**What is happening with this new policy at the Veterans Administration (VA) for PAs?**

In December 2016, the VA completed a rulemaking process and granted NPs full practice authority in the VA system. AAPA is actively working with senior VA officials to institute a similar policy for PAs. VA staffers have said that the VA is developing a proposal to provide similar treatment for PAs, which will expand access to care for patients.

**If implemented, do these changes allow PAs to open their own practices?**

PAs can own practices in many states today. In some cases, state laws that govern corporate practice ownership would have to be changed. In order to be fully eligible for direct reimbursement, Medicare policies will also have to be changed. Regardless of whether PAs own the practice, however, they would continue to collaborate with, consult, and refer patients to physicians.

**What can PAs do to help incorporate these changes into their state laws and regulations?**

PAs can get involved with their state PA chapters to determine what the appropriate next steps are given the legislative and regulatory environment they face. AAPA will work in close partnership with its state chapters to help incorporate this new policy in to state laws.

**Who can I contact for questions about the updated Guidelines?**

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