

# Final Report of the Practice Ownership for PAs Task Force

## Report to the House of Delegates

May 2022

### Task Force Members:

*Kevin Bolan, PA-C*

*Matt Boutte, PA-C*

*Christine Gardella, MMS, PA-C*

*Kris Pyles-Sweet, DMSc, PA-C*

### Summary

Rather than write a policy paper, the Practice Ownership for PAs Task Force chose to pursue a change to AAPA policy, and then summarize the rationale behind the change. This suggested change was passed at the 2021 AAPA House of Delegates and is unanimously supported by all members of the task force.

During the 2021 AAPA House of Delegates, the following policy, HP-3500.3.7.1, was passed:

AAPA supports the right of PAs to be sole owners, form partnerships, or otherwise have an ownership interest in any corporation, practice, or organization authorized by state law to provide professional or healthcare services. Further, AAPA encourages state constituent organizations and the academy to advocate for the removal of arbitrary statutes, regulations, and policies that create barriers to full participation as officers and/or directors as well as direct reimbursement to PAs and practices regardless of the ownership of the business.

The AAPA Policy Manual, on p. 123, also contains the following information regarding PA Practice Ownership and Employment:

In the early days of the profession the PA was commonly the employee of the physician. In current systems, physicians and PAs may be employees of the same hospital, health system, or large practice. In some situations, the PA may be part or sole owner of a practice. PA practice owners may be the employers of physicians. To allow for flexibility and creativity in tailoring healthcare systems that meet the needs of specific patient populations, a variety of practice ownership and employer-employee relationships should be available to physicians and to PAs.

The PA-physician relationship is built on trust, respect, and appreciation of the unique role of each team member. No licensee should allow an employment arrangement to interfere with sound clinical judgment or to diminish or influence their ethical obligations to patients. State law provisions should authorize the regulatory authority to discipline a physician or a PA who

allows employment arrangements to exert undue influence on sound clinical judgment or on their professional role and patient obligations.

In addition to these existing policies, which this task force supports, the task force agrees on the following points:

As medicine changes, there is an increased recognition of the essential role PAs can play in delivering care to patients. No longer are PAs only in the clinic, as some take on management and administrative roles. This can lead to PAs engaging in non-traditional opportunities, such as being partners and practice owners. Currently the AAPA has no stand-alone policy on these issues, particularly ownership.

PAs have long seized the opportunity to provide care in rural communities and medical deserts, and among indigent populations where access to medical care is limited. Many PAs are solo practitioners but may not have the authority to control the clinical workflow, administrative and hiring process. This can lead to frustration, provider burnout, or a sense of powerlessness.

Some PAs are not satisfied being an employee. PAs may be looking for more of a challenge. Owning a medical practice can give a PA the chance to determine not only their destiny, but the freedom to schedule and treat patients. Ownership can alleviate barriers of securing employment, add additional services by specialty or practice, and enhance provider satisfaction.

**Submitted by the Practice Ownership for PAs Task Force**