

***aapa2022***

## **AAPA OTP Legislation Update**

AAPA Advocacy & Government Relations

State Team

# Learning Objectives

**After this presentation, participants will be able to:**

- **Describe AAPA state OTP elements**
- **Discuss PA practice landscape across the country**
- **Identify opportunities for participation**

# AAPA State Advocacy Priorities

## OTP

- Will continue to focus on OTP in states
- Carry over bills/continued efforts from last year
- New states pursuing in 2023

## Professional Title Change

- Gearing up for state legislative campaigns
- Awareness building and resources for COs
- Support if states want to pursue legislative action

## PA Interstate Compact

- Partner with FSMB and Council of State Governments (CSG) to introduce compact
- Introduce while challenges from COVID are still memorable



# OTP Update and Outlook

# Optimal Team Practice

**Remove**

Remove the legal requirement for PAs to have a specific relationship with a physician or any other healthcare provider



**Create**

Create a separate, majority-PA board to regulate PAs or add PAs and physicians who work with PAs to the medical or healing arts board



**Authorize**

Authorize PAs to be directly paid by public/private insurers

# OTP Tenet #1 – The Relationship

- **No more “tether” in the law – e.g., practice agreement, physician responsibility, supervision forms filed with regulatory agencies**
  - Note: This also means no statements in the law requiring a physician to be available for consultation/review

## **OTP Tenet #2 – PA Boards**

- **Physicians and nurses are self-regulated, but PAs in most states are not**
- **Ten states have separate PA boards (AZ, CA, IA, MA, MI, RI, TN, TX, UT, WI) – varying degrees of autonomy related to licensure, discipline, and rulemaking**
- **Three states have PA committees that do more than simply advise the medical board (FL, IN, NJ)**
- **27 medical/osteopathic medical boards have at least one designated PA seat**

## **OTP Tenet #3 – Direct Pay**

- **Unlike physicians/NPs, PAs can't always be paid directly for the services they provide**
- **This means they can't re-assign payments to a third party – a requirement of some employers**
- **\*Note: CMS fixed this issue for PAs effective 1/1/2022 – but state laws still need to change if they prohibit direct payment**



# OTP Successes - 2019

- **North Dakota: Removed relationship/agreement requirement for most PAs, direct pay**
- **West Virginia: Removed relationship/agreement requirement for hospital PAs**
- **Colorado: Added 2<sup>nd</sup> PA to the medical board**
- **Idaho: Added PA to the medical board**

## **OTP Successes - 2020**

- **Maine: Direct pay, added second PA seat to medical/osteopathic boards**
- **Oklahoma: Direct pay**
- **Florida: Majority-PA council**
- **Vermont: Direct pay**

# OTP Successes - 2021

- **Arkansas: Added one PA to the medical board**
- **Delaware: Added two PAs to the medical board**
- **Florida: Direct pay**
- **Illinois: Added two PAs to the medical board**
- **Pennsylvania: Added permanent PA seat to both medical boards**
- **Tennessee: Created a separate PA board**
- **Utah: Removed relationship/agreement requirement after 10,000 hours, direct pay**
- **Wisconsin: Created a separate PA board**
- **Wyoming: Removed relationship/agreement requirement for all PAs**
- **Federal: Direct pay under Medicare**

# OTP in North Central

- **Colorado – H.B. 1095**
  - Would have removed requirement for a legal relationship between PA/physician after 3,000 (5,000) hours. PAs changing specialties must collaborate for 2,000 (3,000) hours.
- **South Dakota – S.B. 134**
  - Would have removed requirement for a legal relationship between PA/physician after 1,040 hours.
- **Wisconsin – PA Affiliated Credentialing Board**
  - Act 23 passed in 2021; Board authority began 4/1/2022.
  - Gives PAs authority to license, discipline, and write regulations.

# OTP in the West Region

- **Arizona SB 1367**
  - Passed out of committee, but failed to make it to the floor
  - Struggles with the medical society after a year of negotiations killed the bill
  - The legislation proposed:
    - Removing the requirement for agreement with a specific physician,
    - Direct pay, and
    - PA responsibility for care

# OTP in the South Central Region

- **Louisiana SB 158**

- The legislation stands subject to call on the Senate floor, but has been determined dead by the sponsor
- The legislation proposes:
  - Update the MD/PA relationship from “supervision” to “collaboration” to accurately reflect the realities of day-to-day MD/PA team practice
  - Maintain flexibility in MD/PA teams by determining level of collaboration at the practice site
  - Strengthen requirements to practice as a PA by eliminating temporary work permits
  - Allow PAs to bill, and be reimbursed directly for services provided, consistent with changes in recent federal legislation
  - Clarify legal liability for care provided by PAs

# OTP in Northeast

- **Massachusetts – S.740**
  - Would remove the legal relationship between PA/Physician.
  - Remains active in committee.
- **New York – S9233**
  - PAs not included in proposed budget solution to healthcare workforce issues.
  - Legislation would remove supervision after 3,600 hours of practice.
- **New Hampshire – S.B. 228**
  - Would allow for direct payment, make PAs responsible for the care they provide, and shifts from supervision to collaboration.
  - Passed legislature, next stop is the Governor.

# OTP in the Southeast

- **North Carolina – S.B. 345**
  - Unanimous passage through Senate in 2021; carried over to 2022
  
  - Major provisions:
    1. Defines team-based settings;
    2. Eliminates legal requirement for experienced PAs to have a specific relationship with a physician in a team-based setting;
    3. Establishes a supervised career entry interval of 4,000 clinical hours upon entry into PA practice, & a training interval of 1,000 hours if a PA changes specialty &
    4. Requires PAs to collaborate appropriately based on patient need, PA education & experience & standard of care



# OTP in the Southeast

- **Tennessee – Board of PAs**

- 2021: Public Ch. 565 effective upon passage; other §§1/1/22
  - Interprets the laws, rules, & regulations to determine the appropriate standards of practice
  - Issues licenses to qualified candidates
  - Determines the appropriate standard of care, investigates alleged violations of law & rules, & disciplines licensees who are found guilty of such violations
- 2022: Legislation filed; sent to summer task force
  - Legislation would have:
    - Removed the tie btwn. a PA's license & physician's license as a condition of practice
    - Allowed scope to be determined by PA's training & experience
    - Allowed collaboration to be determined @ the practice level

# Questions