

## Optimal Team Practice Talking Points

Optimal Team Practice occurs when PAs, physicians, and other healthcare professionals work together to provide quality care without burdensome administrative constraints.

To support Optimal Team Practice, states should: eliminate the legal requirement for a specific relationship between a PA, physician, or any other healthcare provider in order for a PA to practice to the full extent of their education, training, and experience; create a separate majority-PA board to regulate PAs, or add PAs and physicians who work with PAs to medical or healing arts boards; and authorize PAs to be eligible for direct payment by all public and private insurers.

Like every clinical provider, PAs are responsible for the care they provide. Nothing in the law should require or imply that a physician is responsible or liable for care provided by a PA, unless the PA is acting on the specific instructions of the physician.

### **Eliminating the legal requirement for a PA to have a specific relationship with a physician will strengthen healthcare teams, expand access to care, and reduce healthcare costs.**

#### *Strengthen Healthcare Teams*

- When the PA profession was created more than 50 years ago, most PAs and physicians worked together in a solo or small private practice. Today, many physicians and PAs work in group practices or hospital settings where laws that require a specific relationship between PAs and physicians interfere with their ability to make practice-level decisions about patient care teams.
- When a PA isn't required to have a specific relationship with a physician, PA employers (health systems, hospitals, and group practices) can be more flexible in creating healthcare teams. This will allow them to more effectively meet patient needs.
- Ending the relationship requirement between a PA and physician removes physician liability for the care that PAs provide when physicians are not involved. It also reduces physician and employer risk of disciplinary action for administrative reasons.

#### *Expand Access to Care*

- Numerous [studies have shown](#) that PAs provide high-quality patient care and bring value to patients and PA employers.
- Eliminating the legal requirement for a specific relationship between a PA and physician will make it easier for PAs to practice in medically underserved communities where there are not enough physicians (and in some cases, no physicians) to care for patients.
- PAs would also be able to provide volunteer medical services and respond to disasters and emergencies — situations in which a physician might not be available or willing to enter into a legal arrangement with PAs but immediate care is needed.

#### *Reduce Healthcare Costs*

- Increasing practice flexibility will help ensure that patients are seen in the right setting, by the right provider, at the right time — which can reduce the overall cost of healthcare.

### **Eliminating disparities between PAs and other healthcare providers in professional regulation and payment arrangements will help modernize PA practice and better meet healthcare needs.**

### *Improve PA Regulation*

- Today, physicians are regulated by state medical boards composed of physicians. Nurses are regulated by boards made up of nurses.
- Only PAs are regulated by boards that often have no members actively working in their own profession.
- This means the boards that regulate PA practice may lack knowledge of current PA practice or how rules and regulations may affect PA practice.
- This dearth of insight can lead to unnecessary restrictions and administrative burdens for PAs, physicians, and employers.
- PAs deserve what physicians and nurses already have: regulatory boards with current knowledge about their profession.
- States can determine whether this is best accomplished by creating separate PA boards or by adding PAs and physicians who work with PAs to medical or healing arts boards.

### *Improve Healthcare Staffing*

- Unlike physicians and advance practice nurses (APRNs), which include NPs, PAs are not eligible for direct payment from Medicare and nearly all commercial insurance payers.
- Most payers require that payment be made to a PA's employer, which can unintentionally limit PA employment opportunities with staffing companies and in certain practice arrangements.
- As the healthcare system continues its rapid transformation toward more innovative care models, PAs must have the same reimbursement flexibility enjoyed by other healthcare professionals so they are not disadvantaged in the marketplace.