

## Support SB 83 (Senators Winter and Simpson) Physician Assistant Collaboration Requirements

**SB 83 is not about expanding scope of practice.  
It is about providing healthcare.**

### **SB 83 updates how PAs practice medicine in physician practices and other health care facilities to reflect the needs of today's healthcare practice needs.**

SB 83 removes the statutory requirement that PAs must be supervised by a physician. This mandatory tether restricts a PA's ability to maintain the skills he is educated and trained to perform because a PAs scope of care is tied to her physician supervisor's scope of care. When the physician is replaced by another physician who doesn't share the same scope, the PA is prohibited from providing that former skillset. By eliminating supervision requirements, PAs can continue to practice the skills they have learned and excelled at over the course of their career, allowing patients to receive the care they need.

### **SB 83 maintains patient safety and quality of care**

PAs will be required to have an ongoing collaborative agreement with a physician or employer. The collaborative agreement will be determined by the physician or employer and will specify how new and established PAs will work with physicians and other providers on the health care team. PAs with less than 3000 hours will have more oversight. Some of the requirements include collaboration in person or via technology and a PA evaluation at six and 12 months. PAs will continue to be held to the same strict professional and ethical standards required of all professionals regulated by the state Medical Board.

### **SB 83 will increase access to care**

Currently only 13% of Colorado PAs practice in rural areas<sup>1</sup>, likely due to the existing restrictive laws and regulations. Eliminating the requirement for a PA to have a specific supervisory relationship with a physician will make it easier for PAs to practice in rural and medically underserved communities. It will also allow PAs to provide volunteer medical services and respond to disasters and emergencies more easily.

### **SB 83 will reduce health care 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 health care. A study on the cost-effectiveness of PAs found that when the cost (and time) of a PA's education and salary are considered alongside the medical tasks a PA may perform, PAs are "one of the most cost-effective health care clinicians to employ."<sup>2</sup> Another study found that by making even modest improvements to practice laws for PAs (and Advanced Practice Registered Nurses (APRNs)), the state of Alabama could see \$729 million in health care savings over ten years.<sup>3</sup>

### **SB 83 will eliminate existing administrative burdens on physicians and employers.**

Health care teams are stronger when administrative burdens are reduced. When a PA is not required to have a supervisory relationship with a physician, health systems and hospitals can be more flexible in creating health care teams, which allows them to more effectively meet patient needs and reduce provider burnout.

### **Physician Assistants**

- PAs have master's level degrees, with the typical PA program averaging 27 months and including at least 2,000 hours of clinical rotations.
- PA educational curriculum is modeled on medical school curriculum and PAs are trained as medical generalists.
- PAs diagnose illness, develop and manage treatment plans, prescribe medication, and often serve as patient's principal health care provider.
- PAs are nationally certified and state licensed.
- PAs are regulated by the Colorado medical board.

<sup>1</sup> American Academy of Physician Assistants (AAPA) 2019 Salary Survey

<sup>2</sup> Roderick S. Hooker, *The Economic Basis of Physician Assistant Practice*, 24 PHYSICIAN ASSISTANT 51 (2000).

<sup>3</sup> Roderick S. Hooker & Ashley N. Muchow, *Modifying State Laws for Nurse Practitioners and Physician Assistants Can Reduce Cost of Medical Services*, NURSING ECONOMIC\$ (2015), <http://www.nursingeconomics.net/necfiles/14ND/Hooker.pdf> (last visited Nov. 23, 2020).

## Frequently Asked Questions

### Why is this bill necessary?

If passed, the bill will: (1) simplify the practice requirements for PAs and the physicians and employers with whom they practice; (2) make it easier for the health care team to deliver care without burdensome paperwork restrictions; and (3) ultimately increase patient access to health care services in Colorado.

### What is this bill changing?

The bill will give the PA-physician team flexibility to determine the terms of collaboration for new PAs and PAs changing practice areas, while ensuring that protections like a collaborative agreement and performance evaluations are in place. As in current law, the Colorado Medical Board will retain the ability to investigate and discipline PAs who exceed their scope. SB 83 creates a “floor,” and not a “ceiling.” In other words, just like today, employers will be able to create additional collaboration requirements that go above and beyond the requirements in the law if they believe it is necessary to do so based on their staffing and patient population.

### Specifically, the bill will:

- Change references from “supervision” to a “collaborative agreement”
  - This brings PA practice language closer to language used by other professionals, including their counterparts, Advanced Practice Registered Nurses (APRNs).
  - 21 states and D.C. currently use “collaboration” or a similar term to describe the PA-physician relationship.

### Will this allow PAs to independently practice?

No. While SB 83 will allow PAs to practice without direct supervision with a physician, they will have an ongoing collaborative agreement that outlines how they practice within the medical team and will still be required to consult with or refer to other members of the health care team as appropriate. PAs have a strong commitment to team practice, and this legislation would not alter that commitment. Instead, the bill would allow PAs, physicians, and other health care providers to retain all the benefits of working as a team while eliminating the administrative burdens that a supervisory agreement entails. Under this legislation.

### How will PAs be regulated and patient safety maintained/protected?

SB 83 does not change PA scope of care practice. Current law states that PAs may perform acts constituting the “practice of medicine,” consistent with sound medical practice and to the extent determined by the Medical Board.<sup>4</sup> These acts are defined as diagnosing, treating, prescribing for, or preventing physical or mental health conditions or substance use disorder through the use of drugs, surgery, telemedicine, the interpretation of diagnostic tests, or other means.<sup>5</sup> The Medical Board will retain authority of PA practice and the ability to discipline a PA if warranted.

### Are other states doing this?

Yes. This bill is modeled after 20 states and DC.

**Supporters to Date**  
**Colorado Community Health Network (FQHCs)**  
**Colorado Consumer Health Initiative**  
**Healthier CO**  
**ZoomCare**  
**Hazel Health**  
**Docs who Care**

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<sup>4</sup> Colo. Rev. Stat. § 12-240-107(6)(a) (2020).

<sup>5</sup> Colo. Rev. Stat. § 12-240-107(1)(a)-(b) (2020).