



Physician Assistant Academy of Vermont
Dedicated to CME Excellence

Physician Assistant Academy of Vermont (PAAV) Proposal to Reform Vermont's Physician Assistant Law

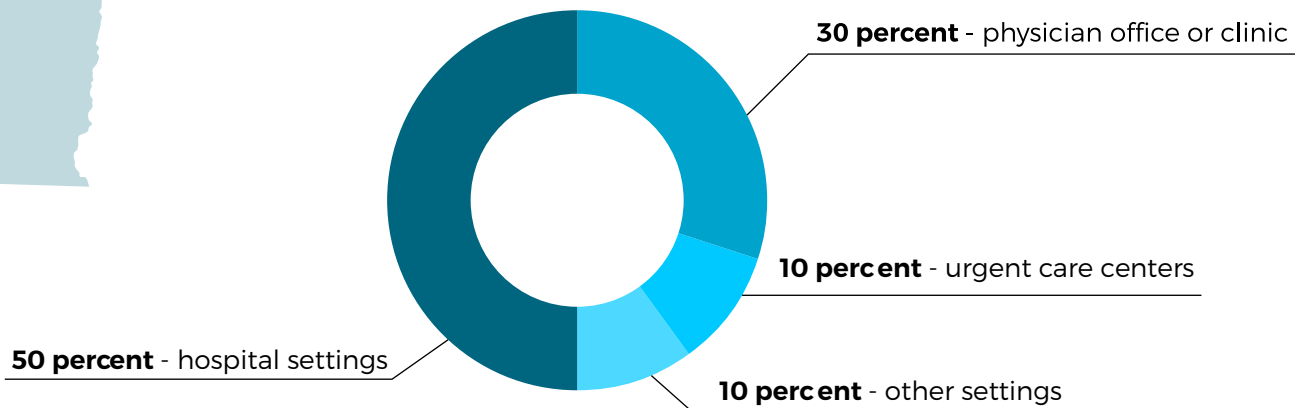
WHAT IS A PA? Physician Assistants (PAs) are state-licensed, nationally certified professionals who practice medicine in teams with physicians and other providers. PAs in Vermont conduct physical exams, diagnose and treat illnesses, order and interpret tests, write prescriptions, and perform medical procedures in nearly every practice setting and medical specialty. There are 123,000 PAs in the United States.

HOW MANY PA'S PRACTICE IN VERMONT?



- » **65 percent** of PAs serve in rural areas
- » **15 percent** of PAs specialize in primary care
- » A typical PA completes **100 patient visits** per week

WHERE DO THEY WORK?



PA's ENSURE THAT VERMONTERS HAVE TIMELY ACCESS TO PRIMARY CARE, SPECIALTY CARE, AND MENTAL HEALTH AND ADDICTION TREATMENT

- » A 2016 AHEC report concluded there is a shortage of adult primary care services in Vermont due to a decreasing supply of physicians and many existing practices not taking new adult patients.
- » There are also significant access issues in specialty care in Vermont with wait times exceeding 3 to 6 months.
- » PAs expand access to mental health and addiction treatment. A growing number of PAs are now certified by the DEA to provide medication assisted treatment (MAT) for opioid use disorder, strengthening Vermont's "hub and spoke" treatment model.

- » A recent National Rural Health Association brief concluded that modernizing laws that unnecessarily restrict PA practice will increase PA value to employers and enable PAs to more efficiently contribute to ending the shortage of health care professionals in rural areas
- » With a shift to a population health delivery model, PAs will be even more valuable, ensuring that patients have their chronic and acute care needs met and freeing physicians to focus on more complex patients.

WHAT ARE THE CURRENT CHALLENGES WITH VERMONT'S PA LAWS?

A trend over the past decade in Vermont is for physicians to leave private or small group practice and become employees of hospitals and other larger facilities. This trend is making it more burdensome to employ PAs in Vermont for the following reasons:

- » Vermont law makes a “supervising physician” legally liable for all PA activities. Some physicians are concerned about assuming legal liability for PAs because, in contrast, they are not liable for the nurse practitioners they collaborate with.
- » Vermont law and rules impose a significant administrative burden by requiring an original “delegation agreement” between the physician and PA with original signatures be submitted to the Board of Medical Practice.
- » The problem is acute for larger hospitals that employ a large number of physicians and PAs resulting in hundreds of original delegation agreements, primary supervising agreements and secondary supervising agreements being submitted for a single larger facility.

OTHER OBSTACLES TO PA PRACTICE

- » PAs cannot be named a primary care physician of record, resulting in decreased access to primary care and higher co-pays for some consumers.
- » PAs are the only providers that are not authorized to receive direct reimbursement for their services.

PAAV's PROPOSAL ADDRESSES THESE CHALLENGES BY:

- » Removing physician liability for PA practice making each member of the physician-PA team responsible for their own clinical decision making.
- » Reducing administrative burden and streamlining the licensure process by replacing a “delegation agreement” between a PA and a physician with a “practice agreement.” The PA and one representative of the practice sign the practice agreement and do not need to file it with the Board of Medical Practice. The board may request a copy. A key component of the practice agreement is that it considers the PA's education, training and experience and it requires periodic joint review of the PA's performance.
- » PAs employed by Vermont hospitals or FQHCs that grant privileges would practice in accordance with the privileges granted by the hospital or FQHC and not need a practice agreement.
- » Allowing PAs to be named PCP of record.
- » Allowing PAs to get direct reimbursement for their services under Medicaid and private health insurance plans.