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**S.128 An Act Relating to Physician Assistant Licensure
Testimony of Sarah Bushweller, PA-C on behalf of the Physician Assistant Academy of Vermont
House Committee on Health Care
May 12, 2020**

Introduction:

Thank you for the opportunity to speak with you about the Physician Assistant Academy of Vermont support for S.128. The goal of this bill is to remove barriers to PA employment and practice in Vermont and to help Vermonters access care in both primary care and specialties. I want to share my experience working as a PA and how I collaborate with physicians and others to provide patient care.

Collaboration in Primary Care:

I have been working in Primary Care for most of my 20 years as a PA. Currently I practice medicine with adult patients at an Internal Medicine office at the University of Vermont Medical Center and have for the past 10 years. The change in language in this bill from supervisory to collaborative practice is more reflective of how PAs actually practice.

In my office, there are 7 physicians, most of whom are part-time, and 3 PAs and we provide care for close to 7000 patients. The PA role has been to serve as the acute provider for same day visits and shared routine visits as well as physicals, preoperative visits and I perform Department of Transportation medical evaluations as well as asynchronous electronic visits. I also have my own panel of patients that transferred from a physician after he left the State. Most of the physicians have so many patients, they can't see them because there is not enough time in the day. Many patients will alternate between seeing their physician and in 3-6 months see me for a follow up visit. This collaboration works well for the patients as then they get to know two providers in the office and we can provide a type of team-based collaborative care.

Collaboration becomes important with really complicated patients. These are the patients who have just left the ICU (Intensive care unit), who just had an organ transplant or received major surgery. As an example, I saw a patient who had a complicated surgery in another state. She was having post-operative complications so I called her surgeon and she got the right care. Her PCP was out of the office but the patient was taken care of. I spoke with her PCP when she returned to let her know what transpired but the situation was managed by consulting with the patient's specialist outside of our office.

Some things in primary care are straightforward and a plan of treatment is clear. Some situations are quite nuanced. In those situations where a patient's set of symptoms don't match what we'd expect or they don't respond to treatment as expected, we consult with our physician colleagues. Typically, a PA will already have a treatment plan in mind but we collaborate with our colleagues to ensure nothing



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else needs to be added or amended. Sometimes it's clear from the outset that the patient needs to see a specialist. The treatment plan is variable depending on how long it will take to see that specialist. When we get consult notes back from the specialists, we enter notes, reminders, or orders into the chart as needed to ensure the loop is closed and that the patient will get the right care when they return to our office. Ultimately, where I practice, the PAs and physicians collaborate to provide medical care to our patients.

Summary:

S.128 provides needed updates in the legislation to reflect how PAs currently practice in Vermont. The Vermont Rural Health Task Force report was released in December and one of the recommendations was to, "Remove statutory barriers to physician assistant employment." We believe S.128 does that.

PAAV urges this committee to support S.128.

Thank you. I'd be happy to answer any questions.