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S.128, An Act Relating to Physician Assistant Licensure
Senate Health & Welfare Committee
January 8, 2020

Current law	Changes Proposed by S.128 & PAAV Proposed Amendments dated 1-3-20
Relationship between physician and PA	
Supervising physician is legally liable for all PA activity.	Physician liability eliminated. Each member of team responsible for their own clinical decision making
Relationship between physician and PA is supervisory .	Relationship between physician and PA is collaborative .
Practice-level licensure paperwork	
Delegation Agreement provides a detailed narrative description of individual PA’s practice parameters.	Delegation Agreement is replaced by a Practice Agreement (for all PAs). The Practice Agreement defines the degree and type of collaboration required by the PA and states that the scope of practice shall not exceed the PA’s education, training, and experience.
<ul style="list-style-type: none"> • Separate agreement required for each employer, specialty, practice location 	<ul style="list-style-type: none"> • One Practice Agreement per employer and specialty
Primary and Secondary Supervising Physician Agreements required for each employer, specialty, practice location	Eliminated. One Participating Physician who represents the practice shall sign the Practice Agreement.
All paperwork must be filed with the Board of Medical Practice.	Practice Agreement must be kept by the PA and available to Board upon request.
Continuity of patient care	
In the event of unavailability of Primary Supervising Physician due to departure, illness, or death, the PA must notify the Board immediately and cease practice until a new signed Primary Supervising Physician Agreement is received by the Board.	If the Participating Physician is a solo practitioner and becomes unavailable due to serious illness or death, a PA may continue to practice for 14 days* without entering into a new Practice Agreement in order to ensure continuity of patient care.

Emergency/Disaster Care by PAs in Vermont	
No provision allowing Vermont PAs to provide medical services without a delegation agreement in the case of a Vermont emergency/disaster.	Provision allowing Vermont PAs to provide emergency/disaster services without the need to enter into a Practice Agreement.
PAs as Primary Care Providers	
PAs not currently included in the definition of primary care providers (PCP) in Vermont law.	PAs shall be considered a PCP when practicing in one of the specialties for which a physician would be considered a PCP
Payment for Medical Services	
PAs are the only healthcare professional not eligible for direct payment for services rendered.	Health insurers and Medicaid shall reimburse a participating PA for any medical services that would be covered were they rendered by a physician.
What doesn't change with S.128	
This legislation reflects how PAs and physicians currently practice.	
PAs do not become independent providers.	
PAs continue to provide primary and specialty care services, including psychiatric care and medication-assisted therapy for substance use disorders.	
PA scope of practice is not expanded.	
PAs continue to have a relationship with an identified physician.	
PA continues to complete a comprehensive online application at the time of initial licensure and license renewal.	
PAs continue to work with physicians and other healthcare professionals and consult, collaborate, and refer as needed.	
PAs are still required to notify the Board of legal actions taken against them (malpractice, convictions, etc...).	
PAs must continue to pass the PA National Certifying Exam administered by the National Commission on Certification of PAs prior to practicing as a PA.	