

**S.128, An Act Relating to Physician Assistant Licensure**  
**Testimony of Sarah Bushweller, PA, on behalf of the Physician Assistant Academy of Vermont**  
**Senate Health and Welfare Committee, January 9, 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. Today I want to share my experience working as a PA and how I collaborate with physicians and others to provide patient care. I also want to explain how this bill will reduce the administrative burden on PAs obtaining or renewing their licenses.

**Collaboration in Primary Care:**

I have been working in Primary Care for most of my 20 years as a PA. Currently I provide medical care for adults at an Internal Medicine practice 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 practice.

In my office, there are 7 physicians, most of whom are part-time, and 3 PAs. We provide care for close to 7,000 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. 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 really becomes important with complicated patients. For example, those just out of the ICU (intensive care unit) who just had a transplant or major surgery. I recently saw a patient who had a complicated surgery in another state. She was having complications so I called her surgeon and we got her the right care. Her PCP was out of the office but the patient was taken care of. I will talk to her PCP this week 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 talk with the patient's primary care physician. Typically, a PA will already have a treatment plan in mind but we collaborate with our physician colleagues to ensure nothing 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 provide medical care to patients and work collaboratively in the process.

**Administrative Burden:**

Another role I fill as a PA is the Lead Advanced Practice Provider for Primary Care at the University of Vermont Medical Center. I have been told by a physician that it is much easier to hire a nurse practitioner (NP) and much less cumbersome than hiring a PA. Hiring a PA comes with additional documentation requirements and administrative burden that takes time away from providing patient care for the PA and their physician colleagues as well as their employer. NPs are being hired preferentially in some locations due to this.

In this role, I can clearly see the difference in the administrative requirements for an APRN to renew their license and a PA. PAs are currently going through the licensing renewal process and it's arduous. The PAs in primary care have spent hours collecting the documents, tracking down all the physicians they work with for signatures, completing all of the paper forms needed, online components, NCCPA verification, and submitted in one packet with original documents and signatures to the Board.

Just as a comparison, before I moved to Vermont, I worked in New York. To renew your PA license there, you needed to have a physician you were working with confirm you didn't owe child support and pay your fee to the state. There were no practice agreements. There was no additional paperwork to submit to the medical board.

One additional note is that the Board requires only original signatures on anything that is submitted requiring a signature. In medicine, you must write with black ink. In a past licensing renewal I had an application rejected because I had accidentally submitted a photocopy instead of the original primary physician form. I clearly meant to send the original but since the copy looked almost identical, it was mailed instead. The current administrative rules do not allow electronic or faxed copies of documentation to be submitted. This bill would streamline the renewal process and paperwork for a PA providing care to patients in Vermont.

PAAV is proposing an amendment to S.128 to require all PAs to have practice agreements in all clinical settings as a compromise. It is important that the legislation state that practice agreements do not need to be filed with the board and that the Board does not need to "approve" practice agreements. Practice agreements will be kept on site where the PA practices and be available to the board when requested.

**Summary:**

The Vermont Rural Health Task Force report that was recently released lists workforce recommendations. One of the recommendations is "Remove statutory barriers to physician assistant employment." We believe S.128 achieves this goal while ensuring patient protection.

This bill isn't looking to change the way PAs provide medical care to Vermonters. It's trying to bring the statutes in line with how medical care is provided – in collaborative teams. The bill is also trying to reduce the administrative burden on PAs, physicians and the employers who hire PAs.

PAAV urges the committee to support S.128. Thank you for considering this information. I'd be happy to answer any questions.