Bill No.: HB-6942
Title: AN ACT CONCERNING A COLLABORATIVE RELATIONSHIP BETWEEN PHYSICIAN ASSISTANTS AND PHYSICIANS.
Vote Date: 3/8/2019
Vote Action: Joint Favorable Substitute
PH Date: 2/4/2019
File No.: 

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SPONSORS OF BILL:
Public Health Committee

REASONS FOR BILL:
To revise the scope of practice for physician assistants. Currently, physician assistants have a dependent relationship with physicians since they can only provide patient care under the direct supervision of a physician. HB 6942 would change the relationship between physicians and physician assistants from supervisory and dependent to collaborative.

RESPONSE FROM ADMINISTRATION/AGENCY:
Connecticut Department of Public Health (DPH):
The Department of Public Health (DPH) was asked by the Connecticut Academy of Physician Assistants (ConnAPA) to convene a scope of practice review committee to consider changing the current supervisory relationship between physicians and physician assistants (PA). The committee included representation from physician associations, Advanced Practice Registered Nurse (APRN) associations, related specialty associations and ConnAPA. The committee found that the majority of organizations do not support revising the PA role from dependent to collaborative. Additionally, Connecticut is one of only eight states that already allows PAs all six elements that the American Academy of Physician Assistants (AAPA) deems to be part of a modern PA practice act. The six elements include licensure, full prescriptive authority, variability in the number of PAs a physician may supervise, chart cosignatory requirements, and adaptable supervision and collaboration requirements.
Representative Kim Rose, 118 Assembly District, Connecticut General Assembly:

Rep. Rose appreciates that the Public Health Committee (PHC) realizes the important role of physician assistants in delivering healthcare to patients. Rep. Rose has heard that some medical practices prefer to hire APRNs because they are able to practice independently. Other states are moving to redefine the role of the PA from one of working under the supervision of a physician, to one of a collaborative relationship with the physician. She believes that our current statutes need to be reviewed to determine if PAs are being unduly restricted in their ability to deliver care.

Representative Linda Orange, 48 Assembly District, Connecticut General Assembly:

Rep. Orange is thankful PHC has raised this legislation. She has been informed of many instances where PAs have been disadvantaged in hiring practices because they are not able to perform independently. She hopes PHC can reach a compromise that would update the PA practice act.

NATURE AND SOURCES OF SUPPORT:

Jason Prevelige, Chair, Legislative Affairs Committee, Connecticut Academy of Physician Assistants:

ConnAPA strongly supports the bill. In December 2018, DPH convened a scope of practice review committee for physician assistants. The committee consisted of organizations that expressed concerns with ConnAPA’s requests to change the PA role from dependent to collaborative. ConnAPA made repeated attempts to meet with these organizations to discuss their concerns but none have responded to the offers.

Mr. Prevelige expresses that while their scope allows PAs only a dependent role in a medical facility, in reality it is a collaborative one. As a PA, he is trusted to evaluate, diagnose and treat patients. Although he sees his supervising physician several times a week, he only meets to discuss cases every couple of months. Mr. Prevelige is an integral part of the treatment of patients in collaboration with other physicians, and is available to assist when needed. He does not believe that his supervising physician should have to sign off on, or be responsible for outcomes that only he has executed even when other physicians may have assisted him.

The term “dependent” hinders employment opportunities for PAs in addition to being a misrepresentation of the reality in a medical setting. Even though PAs are capable of performing the same duties, APRNs are often preferred because they do not need supervision nor add burden to a physician or medical office. The consequences of not granting PAs collaborative authority results in delayed services as well as a potential increase in cost to patients, as well as a medical office since supervising physicians will have to prolong their hours when needed by a PA.

Mr. Prevelige believes that the main concern of physicians and medical organizations is the term “collaborative” because it is being equated to “independent” and that is not the case.
ConnAPA reiterates that they are not seeking an independent role, only a collaborative one that will allow them to work side by side with other medical professionals. This will assist in closing primary physician shortages in Connecticut and will not risk the quality of care.

Shepard Stone, MPS, DMSc, PA, FAHA, DFAAPA:

Mr. Stone believes that there is an inequity between the professions of APRNs and PAs. He believes that while Connecticut statutes describe the relationship between physicians and PAs as dependent, in reality it is collaborative. Statutes need to be updated to reflect reality. An unintended result of APRNs being granted a pathway to independent practice was the hiring practices of medical offices. Medical offices prefer to hire APRNs because they do not require supervision or place burden on supervising physicians. Mr. Stone urges the committee to remedy the inequity between APRNs and PAs.

American Academy of Physician Assistants (AAPA):

AAPA strongly supports HB 6942. The Academy states that language in the statutes is outdated and no longer reflects the relationship between physicians and PAs. In current practice, PAs work collaboratively with physicians as part of a team rather than a medical professional who needs supervision.

AAPA states that the educational program for physician assistants prepares them well for a collaborative role with physicians. In the didactic phase, they take coursework in anatomy, physiology, pharmacology, physical diagnosis, behavioral sciences and medical ethics. In the clinical phase, they rotate in medical and surgical disciplines which include family medicine, internal medicine, general surgery, pediatrics, obstetrics, gynecology, emergency medicine and psychiatry.

AAPA suggests that the current language which states “under the supervision, control, responsibility and direction of said physician” should be replaced with “in collaboration with one or more physicians licensed pursuant to this chapter”. This will reflect the de facto reality of current practice, and reduce physician liability for PAs.

Ludwig Spinelli, CEO, Optimus Healthcare:

Mr. Spinelli states that current statutes regarding physicians and PAs are outdated because they do not reflect the reality of the practice relationship. As an employer of PAs for over three decades, he states that PAs autonomously provide high quality healthcare. Requiring a physician to supervise them is redundant and impractical. Mr. Spinelli concurs with ConnAPA’s requests and believes that PAs should be able to provide holistic health care.

Additional sources of support include:

Gabriella Smith, PA-C
Johanna D’Addario, MHS, PA-C
Maria Perez, PA-C MHS
Alan Armstrong, PA-C
Dan Mussen, PA
Lynette White, PA-C
NATURE AND SOURCES OF OPPOSITION:

Monte Wagner, Co-chair, Health Policy, Connecticut Advanced Practice Nurse Society (CTAPRNS):

The CTAPRNS oppose HB 6942 and refer to the PA scope of practice review report which was published in February, 2019. Organizations that were part of the committee performing the review did not concur with ConnAPA’s requests for a change of their professional relationship with physicians. Additionally, a 2017 report published by the national Physician Assistant Education Association (PAEA) stipulated the elimination of legal provisions that require PAs to have a supervisory, collaborative relationship with a physician. The report concluded that PA education does not prepare them for a collaborative level of practice.

Jim Martone, MD, CT Dermatology and Dermatologic Surgery Society, CT ENT Society, CT Society of Eye Physicians, CT Urology Society:

Mr. Martone states that in 2012, Connecticut allowed PAs to practice to the full extent of their training and education, and again it updated statutes in 2014 and 2015. These changes have made Connecticut one of the most progressive states with regard to scope of practice privileges granted to PAs. Education requirements for a PA are advertised by the AAPA as only lasting 27 months. In contrast, medical doctor degrees require four years of medical school, one year of supervised clinical training, and residencies which can last from three to five years. Granting PAs collaborative authority with physicians puts patient safety and wellbeing at risk and is not in the best interest of the people of Connecticut. Additionally, there is no health crisis that would warrant this statutory change. Health care teams should be led by physicians who possess the appropriate training and can provide patient care efficiently and safely.

Connecticut Hospital Association (CHA):

CHA does not object to the recognition of PAs as part of a collaborative care team, however, it does not recognize a need for the bill and expresses concerns with the language. Connecticut has updated PA statutes in 2008, 2012, 2014 and 2015 which make it one of the most progressive states in regards to PA practice privileges.

Lines 184-191 of the bill state: "Collaboration" means the continuous process by which (A) a physician assistant and one or more physicians licensed pursuant to this chapter jointly contribute, pursuant to a written agreement as described in section 20-12d, as amended by this act, to the provision of health care services to a patient, (B) the physician assistant engages in an appropriate level of consultation with such physician or physicians, and (C) the physician assistant provides care to a patient to the fullest extent of his or her education, experience and skill level.” CHA finds the definition conveys little detail for the intended scope
of practice for PAs. Lines 233-234 are also unclear and imprecise. The bill appears to model language from the APRN statutes, despite APRNs having entirely different training than PAs. Connecticut hospitals are opposed to any provisions that would interfere with the ability to set supervision standards for PAs.

**Mary Jane Williams, RN, PhD, Chair, Government Relations, Connecticut Nurses Association (CNA):**

The CNA does not support HB 6942. A PAs educational background can greatly vary which is why physician supervision is essential. Prior to entering a physician assistant program, educational experience may include bachelor degrees, associate degrees, military programs, academic health centers, certificates, and other variations. The degree of supervision for each individual PA varies on their experience and educational background. When ConnAPA requested a relationship change in the scope of practice review, one of their main reasons included the ease of burden on supervising physicians. The participating organizations of the review committee reiterated that it is not burdensome to supervise PAs. The organizations did however agree that there could be statute changes regarding the PA profession, although none that would alter their scope of practice.

**Additional sources of opposition include:**

Donna Sanchez, Legislative Chair, CT Association of Nurse Anesthetists  
Margaret Mills, Medical School Student  
Stacy Taylor, Chair, Legislative Committee, CT Academy of Family Physicians  
Mariam Hakim Zargar, President, CT Orthopedic Society  
Susan Schaffman, Executive Director, CT Orthopedic Society  
Michael Aronow, Vice President, CT Orthopedic Society  
Khuram Ghumman, MD, MPH, CPE, FAAFP  
Judy Chiu, Physician  
Spencer Erman, MD

**Reported by: Valentina Mehmeti**  
**Date: 03/12/19**