

PROPONENT TESTIMONY

SB 110 APRN delegation to Medical Assistants

And possible amendment of

SB 55 (Revise Law Governing Practice of Physician Assistants) to SB 110

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Chairwoman Jones, Ranking Member Tavares, and members of the Senate Health and Human Services Committee, thank you for the opportunity to provide proponent testimony on Senate Bill 110.

My name is Josanne Pagel and I am the Director of Governmental Affairs for the Ohio Association of Physician Assistants (“PAs”). I am also the Executive Director of PA Services at Cleveland Clinic, Associate Professor of Medicine at the School of Medicine at Case Western Reserve and Clinical Director of Professional Development at Case Western Reserves’ Inaugural PA Program.

By the end of this year, Cleveland Clinic will employ almost 500 PAs within their Health System. We are the largest employer of PAs within Ohio and one of the largest in the U.S. I also represent PAs nationally as Secretary/Treasurer on the Board of Directors for the American Academy of PAs, and am presently a candidate for President of the AAPA in this years’ election.

Senate Bill 110 enables an Advanced Practice Registered Nurse (“APRN”) to delegate to medical assistants (non-licensed personnel). This action is greatly needed in the settings identified within this bill. With the implementation of the ACA and the possibility of over 275,000 new patients in Ohio alone, healthcare providers are re-assessing and identifying the “perfect team” that will provide the most cost-effective care and still provide the highest quality of care to our patients. This team includes APRNs, PAs, RNs, LPNs and medical assistants (“MAs”). Without the ability to delegate to medical assistants, APRNs will not be utilized in certain teams, limiting the physician’s ability to expand access to his/her patients. This bill allows for open access to care, and maintains and sustains the quality of care.

PAs and APRNs work side by side on the front lines providing quality healthcare. Even though the two professions arrive at their practice on different paths, the practice of these two professions is the same. Both professions assess, diagnose, treat, prescribe and educate patients.

With that in mind, I respectfully request that the committee amend SB 55 (PA Practice Governing) into SB 110. SB 55 largely mirrors language this committee saw last year as HB 412. That bill had multiple hearings in this committee and a great deal of information was distributed to Senate and House members. Numerous interested party meetings were held and letters of support were delivered to the Senate from our physician partners' organizations: Ohio State Medical Association ("OSMA"), Ohio Association of Family Physicians ("OAFP"), and Ohio Osteopathic Association ("OOA. The Ohio Association of Advanced Practice Nurses ("OAAPN") and the Ohio State Medical Board ("OSMB") also have contributed to SB 55's language.

In the past few weeks, we have held additional meetings with our APRN colleagues in the hope of having both bills pass through the Senate and House. Since we practice together on the front lines, it makes absolute practical sense that we should go together through the legislature.

I would like to summarize for the committee what impact SB 55 will have on patient care and PA practice.

Senate Bill 55 greatly enhances the ability of the supervising physician to hire and onboard a PA in a timely manner, allows the PA to fully work within the scope of practice of the physician, creates one licensure process instead of the present three, and still maintains quality and safeguards under current law.

This legislation will continue to allow Ohio to be competitive in attracting highly qualified PAs to work here and will positively impact the quality of patient care across the state by continuing to increase patient access to medical professionals in both rural and urban health care settings.

Background

PAs are health care providers, licensed by the State Medical Board, who practice medicine in a team-based model with physicians. In Ohio, in order for a physician to work with a PA, he or

she must have an approved supervision agreement that outlines what the PA may do (by law) and any controls the supervising physician may place on the PAs practice.

PAs work in diverse setting across Ohio to include but not limited to: hospitals, emergency and critical care departments, surgical specialty practices, cancer centers, family medicine and osteopathic practices, rural clinics and large integrated health systems. Presently, Ohio has 10 accredited PA programs, all accredited by one body, the ARC-PA. In Ohio, by law, all PA programs must be Master Degree levels. By 2017 there may be three additional accredited PA programs in Ohio, Case Western Reserve, (opening in 2016), Ohio University (opening in May, 2015), and Mount St. Joseph's University (opening 2017) bringing our total to 13 programs.

PA programs are full time programs with an average of 27 months of rigorous curriculum in length. They all provide advanced coursework in pharmacology equal to or greater than that which is offered in medical schools. And the students complete a full year of clinical site rotations including but not limited to: family medicine, internal medicine, emergency medicine, psychiatry, women's health, surgery and pediatrics.

Ohio law identifies PAs as team-based providers, who are supervised and controlled by the physician. This supervision may be direct, as in first assisting in the OR, indirect as in another room or area of the practice, or off-site.

Some of the controls in place currently create barriers to the ability of the physicians to fully utilize their PAs to the maximum of their license and hire and onboard them in a reasonable timeframe. At present time, there are no such barriers for the APRNs to practice. PAs are at a much greater disadvantage to practice as are the collaborating physicians who would want to hire a PAs. SB 55 seeks to remedy these issues in current law by implementing the following changes:

1. Revise Format and Scope of the Supervision Agreement

Currently, supervision agreements must be filed and approved by the State Medical Board before the PA may begin working with the physician. This can take months, prohibiting the physician from onboarding, orienting, and allowing the PA to begin practicing and causing unnecessary delays to his or her practice. SB 55 will remove the approval process by the OSMB and allow

the physician to sign, date and file the agreement with his or her PA and send a copy to the OSMB for their filing. After a 5 day waiting period, the PA may begin to work with the supervising physician. This greatly enhances the physician's ability to begin working with their PA in a timely manner. These agreements will still be renewed every two years as existing law dictates.

SB 55 will remove the current laundry list of services a PA may provide and will allow the Physician to direct and control the PA's practice within the physician's scope of practice. When PAs first started practicing in Ohio, this list was seen as a necessary way to define PA practice, but over time, as technologies and techniques develop rapidly, the list has stagnated. Even with the changes made in this bill, a supervising physician will always be able to limit the scope of practice of the PA he or she supervises. Hospital policies may also limit the PAs scope of practice which is another form of check and balance for a PA practice.

2. Better Define "Routinely Practices"

The meaning of "routinely practices" in code describing the nature of the physician's supervision of a PA, has been scrutinized many times by general counsel and given a number of interpretations: a barrier recently is the interpretation that "routinely" means bricks and mortar, or a regular number of visits to the site. In SB 55: we clarify this so that "routinely practices" will clearly mean where ever the physician has control, oversight and responsibility recognizing that the physician, by law, has control and responsibility over the PAs at all times.

3. Update from Certificate to Practice to License

Ohio's Law references three different terms to describe the professional regulatory process; certification, registration and licensure. Presently, the law states the OSMB will give a "certificate to practice" to PAs. This language is contrary to other states where PAs receive a "license to practice" right now. Ohio is one of only two states that do not "license" PAs. Insurance payors are becoming stricter in the terminology of licensing and soon may not recognize the word certificate as allowing the PA to practice medicine. Licensure is the proper terminology and SB 55 eliminates the confusing language in favor of a consistent requirement that the board grants a license to PAs who meet the qualifications described in the statute.

4. Streamline Application Process

Currently, the PA must fill out three separate applications in order to fully practice and prescribe: The first one for a “certificate to practice,” a second one for provisional certificate to prescribe and the third one for a permanent certificate to prescribe. All with fees attached. SB 55 will streamline this process to one application. As long as the PA meets all existing requirements in the law for practice and prescribing, he or she will receive one number that will signify both practice and prescribing. If the PA does not meet the requirements for prescribing, he or she will receive another number signifying this. No other licensed professional has to apply more than once to obtain their license to practice.

An increase in fees for this process and for the license renewals will offset the elimination of the cost of multiple application fees and renewals for the agreements.

5. Remove Restrictive 60-Minute Limitation

Existing law requires the Physician be within 60 minutes of the PAs practice. SB 55 removes this restriction and replaces it with a reasonable distance requirement. With the enhancement of technology, this requirement is obsolete. Telemedicine, video conferencing, face time, Skype, and all of the other modalities today for social media, allow the doctor to be in constant communication with the PA if or when needed and comply with HIPAA guidelines. Doing away with the 60 minutes and allowing the physician to decide what is a safe and reasonable distance allows the physician to continue to have his/her PA provide quality care to their patients without restrictions on his travel.

6. Increase Supervisory Capacity for Physicians

Restrictions to how many PAs a physician may supervise at one time, is also a barrier to practice and access. SB 55 increases this number from the present two to three. Ohio’s current number of two is one of the strictest in the country, with the average among states being four and ten states allowing for an unlimited number of PAs to be supervised by a physician. Allowing a physician to supervise up to three PAs at one time, enables the physician to expand access to patients, decrease wait times for appointments and allow more patients to be seen rapidly. With Medicaid

expansion and an estimated 275,000 additional patients coming through our offices, this increase in number of supervised PAs is critical.

7. Allow Delegation to Non-Licensed Health Care Providers

Currently there is no mention of the authority for PAs to delegate to non-licensed individuals like medical assistants. With health care reform, the “perfect team” to provide increased access to quality care will be a physician, PA and MA or RN (APRN may be also utilized). Having the ability to delegate certain procedures to the MA is invaluable in the process of taking care of patients. SB 55 will allow the physician to direct the PA to delegate to a non-licensed individual and identifies sites where this will not be allowed: emergency departments, free standing emergency departments, inpatient hospitals and ambulatory surgical centers. The supervising physician will once again control and direct what procedures may be delegated by the PA to a non-licensed individual. Majority of the states allow this delegation to occur. This language is the same as SB 110 language.

SB 55 also adds Public Health Service Corps to the list of those practicing and needing an Ohio license (similar to veterans). This bill also waives the provisional period for out of state PAs for prescribing authority as long as they can attest to prescribing in that other jurisdiction for no less than 1,000 hrs. This bill also allows a PA who has been practicing in another jurisdiction, and prescribing for the last consecutive three years to come into Ohio and receive a license to practice and prescribe. This in no way changes our existing law for those PAs within Ohio who do not have a master’s degree to allow them to prescribe. Existing law detailing the requirement for a master’s degree to prescribe remains the same. This bill also does not remove the grandfathered PA who is presently practicing and prescribing without a master’s degree, nor will it create another grandfathering period. A technical amendment to this bill will clarify the continuation of prescribing authority of the grandfathered PA without a master’s degree.

Above all, SB 55 maintains the existing quality assurance that is presently in place in the law. Assurance of quality with PA practice is our priority.

SB 55 will also clear up language in other portions of the Revised Code:

- Clarify language that a registered nurse or licensed practical nurse (LPN) may practice at the direction of a PA.
- Allows a PA to prescribe or order respiratory care; this is understood in the PA code, yet PAs are not mentioned in the respiratory code. This issue stopped PA practice last August when it was brought to the hospitals' attention and the respiratory board stated PAs could not order RT. This impacts our patients greatly, especially the COPD, Emphysema and Asthmatic patients whose respiratory therapies may be the only thing enabling them to breathe.
- And enhances the OSMB's audit authority and allows them to ensure that PAs and physicians are operating within the scope of the supervising agreement. The amendment allows for a \$1,000 fine to be imposed for violations.

Conclusion

The Ohio Association of PAs has worked closely with physician organizations: OSMB, OSMA, OAFP, OOA and our nursing colleagues on SB 55 so that it will enhance the ability of the physician to fully utilize his/her PA, increase the ability of a PA to be hired quickly with a supervising physician, practice at the top of his or her license, and will attract the best and brightest candidates to the PA profession. This bill brings PA practice closer to parity with the APRN practice in the state of Ohio. This bill accomplishes these goals while still maintaining the quality and safeguards in the law.

SB 55 will allow reasonable and important enhancements to the delivery of health care in Ohio. The more highly trained, well supervised practitioners (PAs) we have in the state, the more efficiently and effectively we can provide quality health care to our patients.

Just as you have passed previous legislation (HB139, admitting) to enhance PA and APRN practice to meet the growing need of patient access, I would encourage this committee's favorable consideration of amending SB 55 into SB 110.

I am happy to answer any questions you may have.

Thank you

Existing Ohio PA programs:

Cuyahoga Community College/Cleveland State University

University of Toledo

University of Mount Union

Marietta College

Kettering Medical College

University of Findlay

Baldwin Wallace University

Ohio Dominican College

Lake Erie College

Dayton University

To be opened by May 2015:

Ohio University

To be opened by 2016:

Case Western Reserve

To be opened by 2017:

Mount St. Joseph's University