

MedChi

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TO: The Honorable Joan Carter Conway, Chairman
Members, Senate Education, Health & Environmental Affairs Committee

FROM: Joseph A. Schwartz, III
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J. Steven Wise

DATE: February 18, 2010

RE: **SUPPORT WITH AMENDMENT**– Senate Bill 308 – *Health Occupations –
Licensure of Physician Assistants*

The Maryland State Medical Society (MedChi), which represents over 7,300 Maryland physicians and their patients, supports Senate Bill 308 with amendments.

Senate Bill 308 makes numerous changes to the statute governing physician assistants (PA's). Most of these changes are positive and are supported by MedChi, in large measure because the legislation preserves the supervisory role of the physician and the requirement of a delegation agreement between the PA and the physician. However, there are three areas where MedChi believes the legislation may need to be amended.

First, under current law the Board of Physicians reviews the delegation agreement prior to the PA actually practicing to ensure that the supervising physician is qualified in the area in which the PA will work, and that the PA has qualifications and experience in that area as well. Senate Bill 308, on the other hand, would allow the PA to practice once an agreement is approved of by the supervising physician and filed. While MedChi believes this "file and use" procedure is appropriate for certain "core duties" (see COMAR 10.32.03.06(C)(5)(a)), if the supervising physician attests to the basic skills and qualifications of the PA, other duties requiring specialized education or training should require some level of prior Board review and approval. This policy would reflect the fact that PA's have certain core competencies and should be presumed competent to practice

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in those areas, particularly when a physician is willing to attest to this fact. However, specialized duties require some additional education, training and/or experience and the Board should have some ability to ensure that those are present before the PA can practice in a specialized area.

Second, Senate Bill 308 removes the requirement that a physician shall see the patient initially if he is being treated for a life-threatening, chronic, degenerative or disabling condition, and as often as the patient's condition requires, but no less than every 5 visits or every 180 days, whichever occurs first. *See* SB 308 at p. 16, line 23. MedChi acknowledges that these thresholds are difficult to administer, and that when a good working relationship exists between the PA and the physician, they simply discuss when the physician should see the patient. However, eliminating these markers may not provide the Board with the tools necessary to step in when a physician is abdicating his responsibilities and relying too much on PA's. Perhaps a "reasonableness" standard would provide an appropriate compromise on this point.

Finally, Senate Bill 308 repeals the limitation on how many PA's a physician may oversee. In nonhospital settings, the limit is currently two. Like the amount of times a physician must see the patient, this limit was established to ensure that physicians continued to see their patients directly and that unscrupulous physicians did not hire large numbers of PA's just to enhance revenue. Perhaps the case can be made that a physician can properly oversee more than two PA's, but to repeal the limit altogether would overlook the original reason this safeguard was put into place.

For these reasons, MedChi supports Senate Bill 308 with these amendments.

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