

## The Future of PA Full Practice Authority

AAPA's Joint Task Force on the Future of PA Practice Authority believes the profession should support "Full Practice Authority and Responsibility" for PAs. This would mean that laws and regulations that require a PA to have and/or designate a physician as a supervisor or collaborator would be eliminated.

Why the change? The Task Force believes that healthcare system changes demand it and the track record of the profession supports it. Removing the requirement to have or designate a supervising or collaborating physician eliminates time-consuming administrative work. Full practice authority and responsibility would NOT mean that PAs would abandon their commitment to team-based medicine. Only the formal link to a physician would be eliminated.

The result: more time for patients and greater access to care. In addition, PAs are facing increasingly competitive healthcare market forces. Among other advantages, PAs would:

- Be eligible for a wider variety and greater number of jobs
- Have more flexibility in those positions
- Be less burdened by paperwork
- Be more available to care for their patients

Per the Task Force's request for feedback, PAs would:

- Practice as a member of health care teams that include other PAs, physicians, NPs, nurses, pharmacists, physical therapists, social workers and others
- Practice to the top of their individual education, training, experience and competency
- Recognize the limits of their knowledge and skills, and know when a patient's condition requires consultation with -- and/or referral to -- other qualified healthcare providers
- Accept liability for the care they provide

The Task Force also recommends:

- Establishing autonomous state boards, comprised of a majority of PAs, that would license, regulate, and discipline PAs.
- Ensuring that PAs are eligible to be reimbursed directly by public and private insurance

PAs would continue to make autonomous clinical decisions as they do every day. They would also remain committed to team-based care. No longer requiring a legal tie to a physician isn't the same as saying that PAs must or should practice alone. Full practice authority and responsibility would not negate the high value PAs place on teamwork and the strong relationships they have with physicians, nurses and other health care professionals.

The Task Force is seeking views via email and in Huddle, and PAs will receive a survey from AAPA in January. The survey results and other feedback will be discussed at the Leadership and Advocacy Summit March 4 and 5. After considering all feedback, the Task Force plans to draft a resolution to be considered by the 2017 House of Delegates.