

Enough with Troubling Laws Governing PAs in Practice

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The American Academy of PAs (AAPA) has established a Joint Task Force, to address the issue of "Full Practice Authority and Responsibility" (FPAR) for PAs. This is sure to be a controversial issue, especially among my physician colleagues, who have continued to raise concern about the expansion of "scope of practice" among non-physicians. However, FPAR isn't about increasing PAs scope of practice. FPAR is about PAs being responsible for what they do each day; PAs regulating their own profession; and public and private insurance covering all services provided by PAs. All of this can and should occur within the construct of team practice.

The foundational tenets of the FPAR Joint Task Force are as follows:

- Emphasize our profession's continued commitment to team-based practice.
- Support the elimination of provisions in laws and regulations that require a PA to have (and/or register) a supervisory, collaborating or other specific relationship with a physician in order to practice.
- Advocate for the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs.
- Ensure that PAs are eligible to be reimbursed directly by public and private insurance.

Let me start by saying the actual practice conditions of most PAs have included extensive practice authority and autonomy, albeit as extended by the physicians with whom the PAs practice. My practice environment (as well as the practice environment of nearly all the PAs at my facility) is one of nearly complete autonomy in medical and surgical decision-making in the hospital as well as the outpatient department. The foundation of trust that my surgeon partner extends to me is borne out of my 35 years of clinical practice, as well as seven years together managing a very busy, complex and diverse plastic and reconstructive surgery practice. After thousands of cases and patients together, our experience is similar, and we think as one

mind. I know exactly how he would manage a case 99 percent of the time. He expects me to know it, and to act appropriately. He trusts our relationship and mutual experience.

The effectiveness of the team relies on mutual trust and respect. Laws and scope of practice need to reflect the efficiency of the team -- not meaningless administrative burden and misplaced liability, which is what usually passes for "supervision" in this day and age.

Frankly, the current laws governing PA practice, at least in the state of California, are ridiculous. They do nothing to ensure appropriate practice or patient safety. This comes from the relationship between a physician and a PA, and all decisions governing the effective function of the team should come from the most local, practice-based level possible. This is what happens in reality among the members of medical teams, and the administrative burden just gets in the way and creates frustration. The current environment of physician/PA team practice has evolved far beyond outdated state laws and regulations.

To that end, after nearly 50 years of experience and proof of utility within the U.S. healthcare system, the time has come for PA boards in all jurisdictions to be governed by PAs. It is the norm for medical professionals within the American healthcare system to govern the members of their own profession. PAs are no different than any other healthcare professional, and PAs deserve and should be afforded the ability to license, regulate, and discipline the members of our profession. The input and contribution of physicians and consumers will always be valued on regulatory boards, PA boards included. But a board that governs PAs should be governed by a majority of PAs. The final piece of the puzzle is reimbursement. There is really no reason for PAs to be reimbursed by public and private insurance any differently than our physician colleagues. This has been evolving dramatically in the last decade, and more insurance carriers recognize the importance and utility of PAs. This is a problem that has been solving itself to a certain extent. There are more PAs, like me, who incorporate and who bill directly for their services. I have

argued (successfully) that how a PA is reimbursed has nothing to do with how a PA is "supervised" or how he or she functions within a team environment. PAs should be able to bill independently, and be reimbursed directly, regardless of their relationship with their team or their facility of practice.

The PA profession has evolved dramatically in my 35 years of practice, and will continue to evolve into the foreseeable future with this one constant: the PA profession remain committed to safe, accessible and affordable health care in the United States.

Source: <http://www.physicianspractice.com/>