

Full Practice Authority and Responsibility (FPAR)

How will FPAR increase patient access?

If FPAR were implemented, a number of patient access issues would be addressed, including:

- In some states, initial PA licensing can be delayed by weeks or even months in order to convince a physician to enter into a “Supervisory Agreement” with the PA, file the appropriate paperwork, and obtain license approval. This delay represents time that could be spent caring for patients.
- In rural areas in particular, but also in cases where PAs own a practice but pay a physician to serve as a “Supervising Physician”, when the physician who has signed the PA’s “Supervisory Agreement” becomes incapacitated, moves or dies can create significant periods when the PA is not legally able to practice and must deny service to patients.
- PAs are often unable to or significantly delayed in their efforts to provide volunteer medical services to people in need because they must have a physician who is willing to be designated as the supervising (or collaborating) physician and take responsibility for the care provided by the PA.
- Finally, the elimination of the requirement to have a designated supervising physician (or group of physicians) would allow physicians to spend more time seeing and treating additional patients, because they would not feel compelled to perform unnecessary review and oversight activities in order to meet supervisory expectations.