SENATE BILL REPORT

SHB 1253

AS REPORTED BY COMMITTEE ON HEALTH & HUMAN SERVICES, MARCH 29, 1993

Brief Description: Modifying provisions regarding physician assistants.

SPONSORS: House Committee on Health Care (originally sponsored by Representatives Dellwo, Morris, Dyer and Wood; by request of Department of Health)

HOUSE COMMITTEE ON HEALTH CARE

SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Majority Report: Do pass.

Signed by Senators Talmadge, Chairman; Wojahn, Vice Chairman; Deccio, Erwin, Franklin, Fraser, Hargrove, McAuliffe, McDonald, Moyer, Quigley, Sheldon, L. Smith, and Winsley.

Staff: Scott Plack (786-7409)

Hearing Dates: March 23, 1993; March 29, 1993

BACKGROUND:

Physician assistants are licensed to practice medicine or osteopathic medicine under the supervision and control of physicians or osteopathic physicians. A physician assistant must obtain a separate license for every physician who employs or supervises the practice and many physician assistants must obtain a number of licenses.

The Boards of Medical Examiners and Osteopathic Medicine must approve the employment and supervision of each physician assistant associated with a physician or osteopathic physician. The joint application is submitted by the physician assistant and the supervising physician detailing the manner and extent to which the physician assistant will practice and be supervised.

The license of a physician assistant must be renewed annually by the Secretary of the Department of Health. There is no penalty fee authorized for a late renewal.

The practice acts governing physician assistants and osteopathic physician assistants are dated and the language, though similar, is not always consistent.

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SUMMARY:

A physician assistant will be issued one license to practice and is no longer required to obtain multiple licenses for each association with a physician or physician group.

The boards must approve practice arrangement plans that are submitted by the physician assistant and physician or physician group for each association between the physician assistant and physician.

Education, experience and examination requirements for licensure are specified.

License renewal can be made on a periodic basis, not just annually, as determined by the Secretary of Health, who is also authorized to levy a penalty fee for late renewal. The secretary may also assess a fee for reviewing practice arrangement plans.

A number of changes of a housekeeping nature are made. They include clarifying the responsibilities of applicants, the department and the boards, and making the language of the two practice acts more consistent.

Appropriation: none

Revenue: none

Fiscal Note: available

TESTIMONY FOR:

Requiring the single license for physician assistants will help increase the availability of these health care professionals. It will also reduce the administrative expenses associated with issuing licenses. These changes will also permit the Medical Disciplinary Board to more effectively take action against a physician assistant for violations of the Uniform Disciplinary Act. Currently, it is possible for a physician assistant to continue to practice under one license even though disciplinary action may have been taken against them under another license.

TESTIMONY AGAINST: None

TESTIFIED: Patti Rathbun, Department of Health (pro); Jeff Larsen, Washington Academy of Physician Assistants, Washington Osteopathic Medical Association (pro); Carl Nelson, Washington State Medical Association (pro)

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