
Health Care & Wellness Committee

HB 1310

Brief Description: Authorizing physician assistant collaborative practice.

Sponsors: Representatives Riccelli, Simmons, Thai, Morgan, Bateman, Macri, Reed, Stonier, Leavitt and Ormsby.

<p style="text-align: center;">Brief Summary of Bill</p> <ul style="list-style-type: none">• Changes requirements relating to the regulation of physician assistants.• Establishes a collaboration relationship between physician assistants and the physicians with whom they work.
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Hearing Date: 1/20/23

Staff: Emily Poole (786-7106).

Background:

A physician assistant is a person who is licensed by the Washington Medical Commission (Commission) to practice medicine according to a practice agreement signed by one or more participating physicians, with at least one of the physicians working in a supervisory capacity. Physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their practice agreement.

Practice Agreements.

A physician assistant may practice medicine to the extent permitted by a practice agreement. Prior to entering into the agreement, the physician or their designee must verify the physician assistant's credentials. A physician assistant must file their practice agreements with the Commission, and the practice agreements must also be maintained by the physician assistant's employer or at their place of work.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

A practice agreement must also include:

- the duties of the physician assistant, the supervising physician, and alternative physicians—the agreement may only include acts, tasks, or functions that the physician assistant and supervising or alternate physician are qualified to perform by education, training, or experience and that are within the scope of expertise and clinical practice of both the physician assistant and the supervising or alternate physician;
- a process between the physician assistant and supervising physician or alternate physicians for communication when providing treatment to a patient or in the event of an acute health care crisis not previously covered by the practice agreement;
- if there is only one physician on the agreement, a protocol for designating an alternate physician when the physician is not available; and
- a termination provision.

Supervision.

The supervising physician and the physician assistant must determine which procedures may be performed and the supervision under which a procedure is performed. Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the supervising physician's own scope of expertise and clinical practice and the practice agreement.

The supervising physician and physician assistant each retain professional responsibility for any act performed by the physician assistant that constitutes the practice of medicine or the practice of osteopathic medicine and surgery. A physician assistant or physician may participate in more than one practice agreement if they are reasonably able to fulfill the duties and responsibilities in each agreement, but a physician may supervise no more than 10 physician assistants.

Miscellaneous.

The Commission must conduct an education and outreach campaign regarding the requirements relating to physician assistants. The Commission and the Board of Osteopathic Medicine and Surgery are authorized to adopt any rules necessary to implement the requirements.

Summary of Bill:

A physician assistant may practice medicine only under the terms of one or more collaboration agreements. "Collaboration" is defined to mean how physician assistants shall interact with, consult with, and/or refer to a physician or other appropriate members of the health care team as indicated by the patient's condition, the education, experience, and competencies of the physician assistant, and the standard of care. Physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their collaboration agreement.

Collaboration Agreements.

A collaboration agreement is a written agreement that describes the manner in which a physician

assistant collaborates with at least one physician, which must be signed by the physician assistant and one or more physicians or the physician assistant's employer. A collaboration agreement must be signed by a physician if the physician assistant's employer is a physician assistant.

Prior to entering into the agreement, the collaborating physician, employer, or their designee must verify the physician assistant's credentials.

The collaboration agreement must be available at the physician assistant's primary location of practice and made available to the Commission upon request. A physician assistant is not required to file their collaboration agreements with the Commission.

A collaboration agreement must also include:

- the duties of the physician assistant and the collaborating physician—the agreement may only include acts, tasks, or functions that the physician assistant is qualified to perform by education, training, or experience, and that are within the scope of expertise and clinical practice of either the collaborating physician or the group of physicians within the department or specialty areas in which the physician assistant is practicing.
- a process between the physician assistant and collaborating physician for communication when providing treatment to a patient or in the event of an acute health care crisis not previously covered by the collaboration agreement;
- if there is only one physician on the agreement, a protocol for designating another collaborating physician when the physician is not available;
- if the physician assistant has fewer than 4,000 hours of postgraduate clinical experience, a plan for the minimum number of hours per month during which the physician assistant will collaborate with a specified physician; and
- a termination provision.

A physician assistant, physician, or employer may participate in more than one collaboration agreement if they are reasonably able to fulfill the duties and responsibilities in each agreement. There is no specified limit on how many physician assistants may collaborate with a specific physician.

Collaboration.

The collaborating physician, or the physician assistant's employer, and the physician assistant shall determine which procedures may be performed and the degree of autonomy under which the procedure is performed. Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the scope of expertise and clinical practice of the collaborating physician or physicians or the group of physicians within the department of specialty areas in which the physician assistant practices.

The physician assistant retains sole professional responsibility for any act performed by the physician assistant that constitutes the practice of medicine or the practice of osteopathic medicine and surgery.

Third-Party Payers.

Third-party payers are authorized to reimburse employers of physician assistants for covered services rendered by licensed physician assistants. Payment for services within the physician assistant's scope of practice must be made when ordered or performed by a physician assistant if the same services would have been covered if ordered or performed by a physician. Physician assistants and their employers are authorized to bill for and receive direct payment for the services delivered by physician assistants.

Miscellaneous.

The Commission must conduct an education and outreach campaign regarding the requirements relating to physician assistants. The Commission and the Board of Osteopathic Medicine and Surgery are authorized to adopt any rules necessary to implement the requirements related to collaboration agreements.

Conforming amendments are made.

Appropriation: None.

Fiscal Note: Requested on January 12, 2023.

Effective Date: The bill contains multiple effective dates. Please see the bill.