# Proposal Summary/ Overview

**To be completed by proposal sponsor. (500 Word Count Limit for this page)**

**Name: \_\_\_\_\_Leslie Clayton PA-C – Legislative Chair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization: \_\_\_\_\_MN Academy of PA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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*Is this proposal regarding:*

* *New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.*
* *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
* *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

**Physician Assistant**

2) Briefly describe the proposed change.

**This bill does not change PA scope of practice.**

**The PA Practice Harmonization Bill is being introduced to clarify existing health care regulations in Minnesota statutes that are inconsistent with the Minnesota Physician Assistant (PA) Practice Law passed in 2020. The 2020 bill changed PA’s practice by removing supervision and delegated scope of practice from PA regulations. This bill addresses language that is now outdated or in conflict with the 2020 law.**

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

### Legislative sponsors are:

### Senator Rich Draheim will be carrying the bill in the Senate. We are finalizing who the House author will be.

### Questionnaire B: Change in scope of practice or reduced regulation of a health-related profession (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

### This questionnaire is intended to assist the House Health Finance and Policy Committee in deciding which legislative proposals for change in scope of practice or reduced regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

### This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee’s public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor responds in writing to any concerns raised before a hearing will be scheduled.

### A response is not required for questions that do not pertain to the profession/occupation (indicate “not applicable”). Please be concise. Refer to supporting evidence and provide a citation to the source of the information where appropriate.

### While it is often impossible to reach a complete agreement with all interested parties, sponsors are advised to try to understand and address the concerns of any opponents before submitting the form.

1. **Who does the proposal impact?**
2. Define the occupations, practices, or practitioners who are the subject of this proposal.

* **PAs are nationally certified medical providers who diagnose illness, develop, and manage treatment plans, prescribe medications, and often serve as a patient’s primary healthcare provider.**
* **PAs are recognized as qualified primary care providers by: CMS, The ACA, and MDH’s Health Healthcare Home Certification program.**

1. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

* **The MN Academy of PAs (MAPA) represents the over 3,300 licensed PAs in MN. The membership of MAPA is approximately 20% of all licensed PAs.**

1. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

* **PAs can practice autonomously, seeing patients without oversight, but always as part of team-based care delivery.**
* **PAs are licensed to practice in every state and in every medical setting and specialty**
* **12.3% of Minnesota PAs practice in rural areas**
* **In MN, PAs provide care to over 10 million patients annually**

1. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

* **PAs are nationally certified medical providers who diagnose illness, develop, and manage treatment plans, prescribe medications, and often serve as a patient’s primary healthcare provider.**
* **PAs are proven to provide safe high-quality care, expand access to care in all settings and decreased the cost of care delivery as well as improve quality outcomes.**
* **PAs have a similar scope to that of Advance Practice Registered Nurse. Our training is different as PAs are trained in the medical model similar to physicians, whereas APRNs are trained in the nursing model.**

1. Discuss the fiscal impact.

* **No – this is simply harmonizing statute language with the updated language in the 2020 PA practice act.**

1. **Specialized training, education, or experience (“preparation”) required to engage in the occupation**
   1. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

* **PAs are trained at the graduate level, and complete more than 2,000 hours of supervised clinical education prior to graduation, which is second only to physicians among all healthcare professions.**
* **PA education is modeled after medical school curriculum and is overseen by physician academic medical directors. Comprehensive master’s degree programs averaging 28 months, provide PAs with a broad, generalist medical education, with a unique clinical focus that allows them to be adaptable to any practice setting.**
* **There is currently 5 PA program in MN, including; Augsburg University, St Catherine University, Bethel University, St Scholastica College and Mayo Clinic College of Medicine. These 5 programs graduating approx. 150 new PAs annually.**
* **PAs must pass a national certification exam and maintain that certification in order to practice in MN**
  + **Maintenance of this certification requires 100 hours of Continuing Medical Education every 2 years, which is similar to physicians.**
  1. Would the proposed scope change or reduction in regulation change the way practitioners become prepared?
* **NO – there is no proposed change to education or licensure**

Are current practitioners required to provide evidence of preparation or pass an examination? How, if at all, would this change under the proposal?

* **NO Change to Certification or licensure is proposed** 
  1. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?
* **This bill is similar to the harmonization bill the APRNs passed in 2020 and there are similar harmonization bills in other states – Michigan, Utah, Nevada, Maryland, North Dakota, West Virginia to name a few – all that occurred after changes to the regulation of PAs from supervised to more defined practice.**

1. **Supervision of practitioners**
2. How are practitioners of the occupation currently supervised, including any supervision within a regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

* **PA are regulated by the Board of Medical Practice – there are no proposed changes to this regulation.**
* **PA practice with a collaborative agreement with a physician for the first year (2080 hours) of practice and then under a practice agreement, which must be maintained at the practice level and signed annually by a MN licensed physician. There is no proposed change to this practice agreement.**

1. If regulatory entity currently has authority over the occupation, what is the scope of authority of the entity? (For example, does it have authority to develop rules, determine standards for education and training, assess practitioners’ competence levels?) How does the proposal change the duties or scope of authority of the regulatory entity? Has the proposal been discussed with the current regulatory authority? If so, please list participants and date.

* **PA practice is established in statute 147.A and regulated by the Board of Medical Practice. The Bord of Medical Practice has the authority to apply and oversee licensure, renewal of licensure, discipline, and removal of licensure under the rules of Statute 147.A. There is no proposed change to this regulation by the Board of Medical Practice**
* **The Board of Medical Practice is aware and has reviewed this proposed language in the Policy Committee and has offered no objections.**

1. Do provisions exist to ensure that practitioners maintain competency? Under the proposal, how would competency be ensured?

* **Yes. There is no change proposed to the competencies of the PA profession and the BMP will maintain all authority on this measure.**

1. **Level of regulation (See Mn Stat 214.001, subd. 2, declaring that “no regulations shall be imposed upon any occupation unless required for the safety and wellbeing of the citizens of the state.” The harm must be “recognizable, and not remote.” Ibid.)**
2. Describe how the safety and wellbeing of Minnesotans can be protected under the expanded scope or reduction in regulation.

* **No expanded scope of practice or change of regulation is proposed. The wellbeing of Minnesotans is protected by ensuring that current PA practice is not disrupted by aligning health statutes with the 2020 PA practice act changes.**

1. Can existing civil or criminal laws or procedures be used to prevent or remedy any harm to the public?

* **Yes – there is no proposed change to oversight or regulation of the PA profession in this bill.**

1. **Implications for Health Care Access, Cost, Quality, and Transformation**
   1. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

* **By harmonizing healthcare statutes with the improved PA practice regulation from the 2020 bill, PAs will be able to continue providing care without the disruption that might result from conflicting regulatory language, as well as potentially improve PAs ability to provide increased access to care. Clarifying the language in the included healthcare statutes to correlate with current PA practice will decrease administrative burdens and allows PA to be more efficiently employed, especially in an underserved and rural area.** 
  1. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.
* **Clarifying PA practice will reduce administrative burdens, decrease onboarding costs and reduce confusion regarding practice capacities. This will improve the potential that PAs educated in MN will remain in MN to practice.** 
  1. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?
* **This bill do not make any significant changes to service compensation or reimbursement for care provided by PAs.** 
  1. Describe any impact of the proposal on an evolving health care delivery and payment system (eg collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?
* **By clarifying healthcare statutes with current PA practice regulations PAs will be more agile to participate as flexible members of healthcare teams. PAs are proven to reduce care delivery costs, improve access to care and numerous studies demonstrate that PAs provide high-quality safe care. This bill will ensure PA practice is not disrupted by clarifying and updating healthcare statutes in accordance with current PA practice law.** 
  1. What is the expected regulatory cost or savings to state government? How are these amounts accounted for under the proposal? Is there an up-to-date fiscal note for the proposal?
* **There is no financial impact expected from these changes, if any it would be cost savings due to reducing regulatory confusion as statutes will align with current PA practice law.**

1. **Evaluation/Reports**

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

* **There is no evaluation plan as these changes are for clarification and harmonization of statutes**

1. **Support for and opposition to the proposal** 
   1. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

* **The MN Academy of PAs is sponsoring this bill** 
  1. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.
* **This proposal was reviewed by the Board of Medical Practice, The Board of Pharmacy, the APRN Coalition and the MMA. They all expressed that they have no opposition. The APRN Coalition would like the bill to proceed so it can be a vehicle for several technical changes they seek in current law changing “Certified Nurse Practitioner” to “Advanced Practice Registered Nurse”, their preferred term.** 
  1. List any organizations, including professional regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.
* **None identified** 
  1. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?
* **We are not aware of any disagreements by stakeholders to this proposal.**