

Kansas Academy of Physician Assistants

Remarks Concerning Senate Bill No. 174 Senate Committee on Public Health and Welfare February 18, 2021

Dear Chairman Hilderbrand and Members of the Senate Committee on Public Health and Welfare:

The Kansas Academy of Physician Assistants (KAPA) would like to share with you some important information as you deliberate on amendments to the Kansas Nurse Practice Act, allowing for medical treatment of patients by Advanced Practice Registered Nurses (APRNs) independently, without a collaborative agreement with a physician. KAPA is neutral on the Senate Bill No. 174 as drafted.

Over 1,300 Physician Assistants (PAs) licensed in Kansas have concern regarding unintended consequences should Senate Bill No. 174 become law. We believe there will be a loss of job opportunities for PAs and there may be a lack of clarity in professional roles resulting from an expanded scope of practice for APRNs.

PAs are medically trained professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and in many communities, serve as a patient's primary healthcare provider. PAs throughout Kansas practice in almost every medical and surgical setting and specialty helping to provide and improve healthcare access and quality patient care. PAs work in collaboration with physicians, nurses and other providers as a part of a physician-directed healthcare team. This collaborative relationship with physicians is the foundation to the PA profession and we haven't sought to change this connection.

The PA profession is projected to grow and expand, being ranked as number one in the best jobs in the 2021 US News and World Report. However, passage of Senate Bill No. 174 would threaten our profession in Kansas.

Traditionally, PAs were employed by a physician in a solo or small private practice to extend health care services provided by those physicians. However, in today's medical environment, a majority of both physicians and PAs are no longer employed by locally-owned practices, but by corporate run clinics, hospitals and other healthcare organizations. These large health systems and organizations focus on efficient practice patterns, improving patient access, increasing profits, and controlling costs while at the same time attempting to minimize burdensome regulations.

Currently PAs operate under a rather complex regulatory structure at the Board of Healing Arts, a standard that is consistent with physicians practicing medicine and surgery. Due to a PA's requirement for greater interaction and collaboration with physicians as a part of the patient care team, physician assistants are already regularly passed over for employment opportunities in favor of nurse practitioners with a similar scope of practice as PAs but require less regulatory oversight.

Passing Senate Bill No. 174 will only widen this discrepancy, putting PAs at an even greater competitive disadvantage with nurse practitioners, likely displacing physician assistants across Kansas from many care settings. Fewer PA employment opportunities, and therefore fewer PAs, will negatively affect Kansans' access to care.

This will also adversely affect those current and future PAs attending and graduating from Kansas PA programs at Wichita State University and soon at Kansas State University. Kansans interested in a PA career may be more likely to attend school in another state, may leave Kansas after graduation from a Kansas school, or may never return to Kansas due to an unbalanced hiring environment.

Kansas has long been a friendly place to for PAs to practice. Expanding the scope of practice for only one provider creates an uneven playing field and restricts competition in the marketplace, which that is not good for patients or providers. We urge caution as you consider Senate Bill No. 174 and suggest a more global conversation, including all providers, on the expanded utilization and regulation of advanced practice providers. For example, the Kansas PA Practice Act requires modernization so PAs and physicians can be relieved from unnecessary administrative hurdles and burdens which limit effective utilization of PAs across Kansas, especially in underserved areas.

Thank you for your consideration on this matter of importance to Physician Assistants in Kansas.

Sincerely

Doug Smith
Executive Director

KAPA's purpose is to enhance the quality of medical care of the citizens of Kansas by promoting the profession and providing medical education resources to PAs, other health professionals, policymaking bodies and to the public.

What is Physician Assistant?

A **Physician Assistant (PA)** is a licensed medical professional who holds an advanced degree and is able to provide direct patient care.

Physician assistants practice medicine and surgery on teams with physicians, surgeons, and other healthcare workers in hospitals, outpatient clinics, and other healthcare settings.

PAs are valuable contributors to the healthcare team and work with patients of all ages in all primary and specialty care areas; examining patients, diagnosing, managing and treating injuries or illnesses, and ensuring health maintenance.

What is Physician Assistant?

A PA's specific duties are flexible - depending in large part on their training, clinical experience, the medical specialty of their supervising physician(s), the type of medical practice where they work and state statute.

In rural and medically underserved areas, PAs can perform as primary care providers at clinics where a physician is not regularly present. In these locations, physician assistants collaborate with the physician as required by their written practice agreement and the PA Practice Act.

The scope of practice for a PA in Kansas is determined Physician/PA team at the practice level.

Physician Assistant Scope of Practice

A Physician Assistant practices medicine based on the Physician Assistant's education, training and clinical experience.

PAs perform medical duties and responsibilities within their supervising physician's customary practice, through delegated authority.

PAs can practice under "Direct", "Indirect" or "Off-site" supervision.

Direct supervision means: physician is physically present.

Indirect supervision means: physician can be physically present within 15 minutes.

Off-site supervision means: physician is available by electronic communication.

Physician Assistants Licensure

Physician assistants are granted licenses to practice medicine under the direction of a physician licensed in Kansas by the Board of Healing Arts.

For their initial license in Kansas, PAs must graduate from an accredited PA training program. This typically includes 12 months of intense in classroom didactic learning followed by 14 months of clinical rotations, equivalent to 93 credit hours of postgraduate level education. After graduation, they must pass a national certification examination - Physician Assistant National Certifying Exam (PANCE). PAs must also carry professional liability insurance coverage, participate in the healthcare stabilization fund, and practice under the direction of a physician licensed and practicing in the state of Kansas.

On an ongoing basis, PAs must complete 100 hours of continuing education every 2 years and pass the Physician Assistant National Recertification Exam (PANRE) every 10 years as part of their licensing/certification requirements.

Where do PAs train?

Kansas has one education program in operation at Wichita State University. A new PA program at Kansas State University is currently going through the accreditation process. (260 PA education programs across the country)

The WSU Department of Physician Assistant opened in 1972 (one of the oldest PA programs in the nation) and since 2004 has offered a graduate course of study that leads to a Master of Physician Assistant degree. K-State is proposing a similar program.

The WSU Masters program educates 48 students in each class and requires completion of 93 credit hours over 26 month period. KSU is planning a 44 student, 27 month program with 108 credit hours.

How do PAs train?

The PA school curriculum is modeled on the medical school curriculum that involves both didactic and clinical education training.

PA students spend their first year in the lecture-learner environment learning clinical medicine, how to perform a medical history and physical examination, and beginning their research project. Graduate coursework included in the didactic phase includes general clinical medicine (otolaryngology, ophthalmology, cardiology, pulmonology, gastroenterology, nephrology, urology, obstetrics and gynecology, orthopedics, dermatology, neurology, endocrinology, psychology, etc.), clinical laboratory, radiology, pharmacotherapy, anatomy and physiology, pathophysiology, clinical skills, preventive medicine, research, evidence-based medicine, and health care professional issues.

Students complete 8 clinical rotations [2,000 hours] during their second year. Focus areas include: family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine, and psychiatry.

PAs & NPs:

Similarities & Differences

Both **PAs** and nurse practitioners (NPs) play an increasingly vital role as front-line healthcare providers. Although there are some significant differences in training and maintenance of certification requirements, the similarities between PAs and NPs far outweigh the differences. What is important for patients to know is that, regardless of whether they see a PA or an NP, they are being treated by a highly educated, well-trained healthcare provider who places the patient at the center of their care. The following highlights some of the key differences between PAs and NPs.

PAs	WHAT IS A PA/NP?		NPs
	<p>PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medication, and often serve as a patient's principal healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.</p>	<p>NPs are nurse clinicians who provide a wide range of healthcare services including the diagnosis and management of acute, chronic, and complex health problems; health promotion; disease prevention; health education; and counseling to individuals, families, groups, and communities. NPs practice in every state. The majority of NPs are certified in an area of primary care.</p>	
HOW ARE PAs/NPs EDUCATED?			
	<ul style="list-style-type: none"> • Earn a master's degree and may obtain advanced degrees. • Curriculum is modeled on the medical school curriculum. • Students complete 2,000 hours of clinical rotations in family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry. • Trained as medical generalists, which provides them diagnostic and treatment skills in all areas of medicine and for all patients, regardless of age or gender. 	<ul style="list-style-type: none"> • Must complete a master's or doctoral degree program. • Trained in the advanced practice of nursing. • Students must complete 1,000 hours of supervised clinical practice. • Trained in a chosen health population focus area: Family, Adult/Gerontology, Neonatal, Pediatrics, Women's Health, or Psychiatric/Mental Health. 	
HOW ARE PAs/NPs REGULATED?			
	<p>Primarily regulated by state medical boards, but by separate PA boards in several states.</p>	<p>Primarily regulated by state nursing boards, but in several states the medical board has some role in NP regulation.</p>	
HOW DO PAs/NPs PRACTICE?			
	<p>PAs have been pursuing Optimal Team Practice (OTP) since 2017. OTP is in effect in one state. OTP occurs when PAs, physicians and other healthcare professionals work together to provide quality care without burdensome administrative constraints.</p>	<p>NPs have been pursuing full practice authority (FPA) since the early 1980s. FPA is in effect in 22 states and DC. FPA occurs when state practice and licensure laws permit all NPs to evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing.</p>	
HOW DO PAs/NPs MAINTAIN CERTIFICATION?			
	<ul style="list-style-type: none"> • 100 hours of continuing medical education (CME) every two years. • Recertify every 10 years through an exam that evaluates general medical knowledge. • PAs have one certifying body. 	<ul style="list-style-type: none"> • 100 hours of continuing education (CE) and 1,000 clinical hours every five years. • No recertifying test required; may take an exam as an alternative to 1,000 hours of clinical practice every five years. • NPs have six certifying bodies from which to choose. 	