

SUNRISE REPORT

**PROPOSED ESTABLISHMENT OF THE
OPTIMAL TEAM PRACTICE MODEL IN THE
PHYSICIAN ASSISTANT PRACTICE ACT AND ITS
IMPACT ON THE CURRENT USE OF FLUROSCOPY BY
PHYSICIAN ASSISTANTS**

Submitted by:



November 1, 2021



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The Honorable Karen Fann
The Honorable Rusty Bowers
Arizona Legislature
1700 West Washington
Phoenix, Arizona 85007

RE: Sunrise Application for Optimal Team Practice within the Physician Assistants Practice Act

Dear President Fann and Speaker Bowers:

Out of an abundance of caution, on behalf of the Arizona State Association of Physician Assistants, this Sunrise Application is being submitted in support of the proposed modernization of the Physician Assistants Practice Act through the proposed enactment of the Optimal Team Practice model.

Briefly, Optimal Team Practice occurs when physician assistants, physicians and other healthcare professionals work together to provide quality care without burdensome administrative constraints. While Optimal Team Practice does not eliminate oversight, the practice model allows physician assistants to maximize their education, training and experience within the limitation of the clinical setting in which they practice.

Under existing Arizona statutes, a physician assistant is required to secure a delegation agreement from a specific supervising physician to practice in Arizona. In contrast, under Optimal Team Practice, qualified physician assistants with a minimum of 4,000 hours of clinical practice experience may work within the constraints established by the clinical setting in which they practice, as opposed to being tethered to a specific supervising physician.

It is critical to appreciate that Optimal Team Practice does not eliminate the current oversight of a physician assistant, nor does the practice model allow for independent practice. Nevertheless, Optimal Team Practice replaces the current administrative burdens with a more efficient oversight mechanism that reflects the present relationship between healthcare professionals in a clinical setting.

Under the existing Practice Act, the scope of practice for a licensed physician assistant is determined by each physician assistant's education, training and experience and is limited by provisions contained in the delegation agreement established by the supervising physician. Physician assistants provide medical services within the scope of their delegation agreement, which requires an annual update.

Similarly, under the proposed Optimal Team Practice model, the limitations on what medical services a physician assistant can provide will be determined by their respective education, training and experience as well as the limitations established by the clinical setting in which they practice.

Accordingly, based on the above overview of Optimal Team Practice, the Arizona State Association of Physician Assistants respectfully asserts that there is no increase in the scope of practice that results from the proposed legislation, as physician assistants will continue to be subject to regulatory oversight and limitations on their scope of work in a manner consistent with their respective education, training and experiences and within the limitations established by the clinical setting in which they practice.

On a narrow focus, the proposed legislation does contain clarifying provisions relating to a qualified physician assistant's ability to perform fluoroscopy. Under existing statutes, physician assistants provide fluoroscopic guided procedures under the authority of the delegation agreement.

The proposed Optimal Team Practice legislation contains specific training requirements for physician assistants to provide fluoroscopy within the constraints of the clinical practice setting. We believe adding a specific training requirement enhances the current standard in which a qualified physician assistant provides fluoroscopic guided procedures to patients. In essence, the specific training requirements are intended to enhance public safety and do not suggest that this is an increase in the scope of practice.

A similar discussion about specific training requirements for physician assistants providing fluoroscopy occurred in 2016 between the Arizona Medical Association and the Arizona State Association of Physician Assistants. Ultimately, at the time, the Arizona Regulatory Board of Physician Assistants opted to maintain the current practice of requiring the delegation agreement, as opposed to specific training requirements.

From the perspective of the Arizona State Association of Physician Assistants, under the proposed Optimal Team Practice legislation there is no increase in the scope of practice of a physician assistant providing fluoroscopic guided procedures, as qualified physician assistants are presently providing such services under existing Arizona law. Nevertheless, as expressed above, the attached Sunrise Application is being submitted out of the abundance of caution in order to meet any procedural challenges during the legislative discussion on Optimal Team Practice.

Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "SBolander". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Sarah Bolander, PA-C
President, Arizona State Association of Physician Assistants

The Arizona State Association of Physician Assistants (ASAPA) is seeking a clarification in the statutes that regulate physician assistants regarding fluoroscopy to ensure there are no interruptions in patient care should Optimal Team Practice be enacted in Arizona. From the perspective of ASAPA, there is no increase in the scope of practice of a physician assistant from that clarification; however, we are submitting the attached Sunrise Application out of an abundance of caution and in order to proactively address any procedural challenges during the legislative discussion on Optimal Team Practice.

1. Why an increased scope of practice is beneficial, including the extent to which health care consumers need and will benefit from safe, quality care from practitioners with this scope of practice.

Physician assistants (PAs) practice in nearly all specialties of medicine, providing safe and efficient health care to patients across Arizona. Physician assistants practice has been well received by the public and is an established part of the health care team, with collaboration between supervising physicians and physician assistants expanding access to care.

As part of a health care team, physician assistants practice in major radiology departments, performing health care tasks delegated by supervising physicians, often radiologists. As part of these health care tasks, fluoroscopic guided procedures performed by physician assistants extend the care of both interventional and diagnostic radiologists. In addition to radiology, physician assistants also practice in other clinical settings that commonly employ radiology as a part of patient care, including but not limited to general surgery, subsurgical specialties, emergency medicine, and orthopedics.

Physician assistants have been performing diagnostic and interventional procedures that use ionizing radiation since the early days of the profession. Under existing law, fluoroscopy is currently within a physician assistant's scope of practice if they have the proper training, experience, and education and the procedure has been delegated to the physician assistant as part of their delegation agreement.

In addition, ARS 30-672, which regulates ionizing radiation, states physician assistants, along with other occupations, are governed by their own licensing acts and the Arizona Department of Health Services cannot require them to obtain any other license to use a diagnostic x-ray machine.

This sunrise application seeks to ensure there is no disruption in patient care related to fluoroscopy should Optimal Team Practice be enacted in Arizona.

2. Whether those health professionals seeking an increased scope of practice currently have or will be required to have didactic and clinical education from accredited professional schools or training from recognized programs that prepare them to perform the proposed scope of practice, and details on what that education or training includes for that proposed scope of practice.

Under existing Arizona statutes, a physician assistant is required to secure a delegation agreement from a specific supervising physician to practice in Arizona. In contrast, under Optimal Team Practice, qualified physician assistants with a minimum of 4,000 hours of clinical practice experience may work within the constraints established by the clinical setting in which they practice, as opposed to being tethered to a specific supervising physician.

As part of the Optimal Team Practice legislation that ASAPA is pursuing, a Physician Assistant with over 4,000 hours of practice under a delegation agreement (renamed collaboration agreement) documented to the Arizona Regulatory Board of Physician Assistants, will be required to collaborate with, consult with or refer to the appropriate member of the health care team as indicated by the patient's condition and as indicated by the physician assistant's education, experience and competencies. The level of collaboration required will be determined by their practice setting, not the collaboration agreement.

To ensure adequate training, ASAPA is seeking to require that a physician assistant has at least 16 hours of documented training in radiation safety to operate a fluoroscopy machine.

3. Whether the subject matter of the proposed increased scope of practice is currently tested by nationally recognized and accepted examinations for applicants for professional licensure and the details of the examination relating to the increased scope of practice.

Physician assistants are educated at the master's degree level. There are more than 277 physician assistant programs in the country and admission is highly competitive, requiring a bachelor's degree and completion of courses in basic and behavioral sciences as prerequisites. Incoming physician assistant students bring with them an average of more than 3,000 hours of direct patient contact experience, having worked as paramedics, athletic trainers, or medical assistants, for example. Physician assistant programs are approximately 27 months (three academic years) and include classroom instruction and more than 2,000 hours of clinical rotations. Specifically:

Prerequisites:

- Bachelor's degree with courses in basic and behavioral sciences (typically 2 years of coursework in these areas)
 - Majority of programs have the following prerequisites: chemistry, physiology, anatomy, microbiology, biology
- Clinical experience (average is 3,000 hours of direct patient contact experience)
 - Common types of experience: medical assistant, EMT, paramedic, medic/medical corpsman, Peace Corps volunteer, lab assistant/phlebotomist, R.N., emergency room technician, surgical tech, CNA
- Standardized tests: varies, about half of programs require the GRE, few require the MCAT, few have no requirement, few are starting to adopt the PA-CAT

Program length: The typical length is 27 continuous months (equivalent to approximately 3 academic years), but ranges from 24-36 months

Curriculum:

Didactic phase: Basic medical sciences (anatomy, physiology, etc.), pharmacology, physical diagnosis, behavioral sciences, medical ethics, clinical medicine

On average, PA students take:

- 75 hrs pharmacology
- 175 hrs behavioral sciences
- 400 hrs basic sciences
- 580 hrs clinical medicine

Clinical phase: rotations in medical and surgical disciplines (family medicine, internal medicine, general surgery, pediatrics, OB/GYN, emergency medicine, psychiatry)

On average, by graduation PA students will have completed at least 2,000 hours of supervised clinical practice

Degree awarded: Master's degree (entry-level and terminal degree for profession)

Practice Requirements

- Pass the Physician Assistant National Certifying Examination (PANCE) developed by the National Commission on Certification of Physician Assistants
 - To maintain certification, physician assistants must log 100 hours of continuing education (50 hours must be category 1) every 2 years and pass the Physician Assistant National Recertification Exam (PANRE) every 10 years
- Obtain a license issued by the applicable state regulatory jurisdiction, in the case of Arizona, the Arizona Regulatory Board of Physician Assistants

4. The extent to which the proposed increased scope of practice will impact the practice of those who are currently licensed in this state or the entry into practice of those individuals who have relocated from other states with substantially equivalent requirements for registration, certification, or licensure as this state.

The proposal will not have a negative impact on those currently licensed as physician assistants. The goal of this change is to ensure that physician assistants who currently practice fluoroscopy will have the ability to continue doing so should the Optimal Team Practice model be enacted in Arizona.

For individuals that relocate to Arizona, it will be dependent on the scope of practice that they had in the jurisdiction they practiced in. If the individual has the education/experience and can document that to the Arizona Regulatory Board of Physician Assistants, they will still be able to practice fluoroscopy, assuming their delegation agreement (collaboration agreement) or practice setting allows for that. If they do not have the education/experience, they will be able to gain that education/experience in Arizona assuming their delegation agreement (collaboration agreement) or practice setting allows for fluoroscopy.

5. The extent to which implementing the proposed increased scope of practice may result in savings or a cost to this state and to the public.

There will not be a cost to the state or the public since physician assistants already perform fluoroscopy.

There will be a continued cost savings to the state by having a physician assistant available to perform fluoroscopy for AHCCCS members.

6. The relevant health profession licensure laws, if any, in this or other states.

Physician assistants are regulated in every state throughout the U.S. From an Arizona perspective, the current Physician Assistant Practice Act is contained in Title 32, Chapter 25

7. Recommendations, if any, from the applicable regulatory entity or entities, from the department of health services and from accredited educational or training programs.

None.