



Establishing Collaborative Practice for PAs

- The U.S. healthcare system is undergoing dramatic transformation, and team-based care is the new norm. In Washington, PAs collaborate daily – if they reach the limits of their expertise, like any other medical provider, they consult someone who has the specialty expertise. However, Washington PA practice laws are outdated because they encourage PAs to work with one supervising physician or physicians rather than directly utilize an entire skilled team to treat their patients.
- Collaborative Practice replaces the supervision model for PAs with a collaboration model where PAs can interact, consult and/or refer to the appropriate member of a healthcare team.
- Similar to how PAs utilize practice agreements today, PAs would have collaborative practice agreements with at least one physician, but they would have the flexibility to collaborate with whichever team member is appropriate, and their scope of practice would mirror all the physicians they are collaborating with in their practice rather than just one.
- To ensure patient safety and quality care, PAs with less than 4,000 hours of post-graduate clinical experience will have heightened collaboration requirements.
- The degree of collaboration will be determined at the practice level since each area of medicine is unique and collaboration will look different in various settings.
- PAs will have sole legal responsibility for the care they provide.
- PAs can request direct reimbursement for their services and care, like comparable providers.

20 States and DC have passed versions of Collaborative Practice Laws.

What is a Physician Assistant (PA)?

- The Physician Assistant profession was created in 1967 during a physician shortage: there was increased specialization of doctors, less general practitioners, technology advances and returning veterans from Vietnam with significant battlefield medical training.
- The PA education model is modeled on World War II accelerated physician training programs.
- Washington State's first PA program opened in 1969. Today over 5,000 PAs practice medicine in Washington State.
- PAs are medical providers who practice medicine in every specialty and setting. They diagnose illness, develop and manage medical treatment plans, order and interpret tests and imaging, perform procedures, and prescribe medications.
- PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice.

Why Collaborative Practice Will Improve patient Access & Health Outcomes

- These changes would allow community health centers, hospitals, health systems, group and private practices flexibility to assemble healthcare teams to best meet patient needs, as was authorized during the COVID-19 pandemic. This will make it easier for PAs to serve in medically underserved and rural communities where there are few or no physicians.
- In this state, the University of Washington PA program has campuses in Seattle, Tacoma, and Spokane. This year's class is the most diverse ever, with many immigrants, people of color, nonbinary, and veteran students. PAs are a key part of making our healthcare workforce look like our community.



What Collaborative Practice is *Not*

- Collaborative Practice is not independence. While PAs already have the scope of practice of their supervising physician, Collaborative Practice still tasks employers with determining PA duties and responsibilities and the level of autonomy of a PA in each practice setting.
- Collaborative Practice will still require PAs to have a collaboration agreement with at least one physician or their employer.
- PA duties and responsibilities will still be determined at the practice level and documented in the collaboration agreement.
- Nothing in this bill will prohibit employers from continuing to hire and manage PAs in whatever manner they deem necessary to ensure patient health and safety.

States and Jurisdiction with Collaborative Practice Laws

Alaska, Delaware, District of Columbia, Idaho, Illinois, Indiana, Maine, Michigan (consultation with participating physicians), Minnesota, Missouri, New Hampshire, New Mexico (for those in primary care), North Dakota, Oregon, Rhode Island, Tennessee, Utah, Vermont, Virginia, West Virginia and Wisconsin.

PA Myths and Facts

Myth: PAs don't have sufficient training to act with autonomy.

Fact: PAs are required to have more clinical training and continuing education than NPs, who are independent practitioners in Washington State. PAs are required to pass recertification exams, while NPs are not. PAs provide quality, affordable care with consistently low complaints to the WMC.

Myth: PAs mostly do procedures or work in surgical specialties.

Fact: Only 25% of PAs work in surgical specialties – the other 75% work in every other medical specialty.

Myth: PAs need direct supervision.

Fact: Current law doesn't require direct supervision or personal presence of the supervising physician. RCW 18.71A.020. A PA needs to have access to a physician, but this can be by phone, email, video conferencing, etc. During the pandemic, PAs worked without practice agreement requirements.

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