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MEDICAL SOCIETY®

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June 25, 2021

To: Honorable Members, Pennsylvania Senate

From: Edward Balaban, DO
Chair, Board of Trustees

Subject: PAMED Position on Senate Bill 397-398

On multiple occasions over the past two years, PAMED met with representatives of the Pennsylvania Society of Physician Assistants (PSPA) to discuss, among other topics, the current physician/PA supervisory agreement requirements and the process by which physician assistants (PA) gain approval to practice in the Commonwealth. The meetings were both cordial and productive with both parties gaining a new perspective of the challenges each face daily in caring for patients.

Although an agreement on further amendments to Senate Bills 397-398 has not been reached, PAMED remains optimistic that PSPA will ultimately embrace what we consider to be important safeguards for patients, PAs, and physicians. As such, PAMED must oppose the current versions of these measures. Listed below are critical elements that we believe are necessary to assure your constituents that PAs are appropriately supervised and credentialed, and that physicians are immediately available if needed.

- Language needs to be added to delineate that supervision can be accomplished in-person, virtually, via phone, or by other means of direct communication and that the frequency of this communication is at the discretion of the supervising physician.
- In addition to the current language in Senate Bills 397-398, physicians should be required to review and countersign 100% of a PA's patient charts for 12 months when a PA changes specialties given differences in clinical complexities. After 12 months, review of PA patient charts will be at the discretion of the physician.
- Since physician/PA practice agreements will no longer require the approval of the state board of medicine or osteopathic medicine under these proposals, the boards—through the Bureau of Professional and Occupational Affairs—must be required to audit a minimum of 10% of these agreements per year to ensure appropriate clinical compliance.
- Language must be included to “protect” physicians from being forced or required, as a condition of employment or otherwise, to sign any PA agreement that they feel could compromise their ability to provide appropriate supervision.

Throughout this process, PAMED has negotiated in good faith and taken positions that strike an appropriate balance between patient care concerns, physician supervisory responsibility, and an obligation from the state to ensure licensee compliance. Listed below are changes to the current law being sought by PAs. As you will note, PAMED has agreed with each of the PA's concerns, asking only for minor changes.

1. Current Law—PA's do not have a permanent seat on the boards.
PAMED agrees with PA's having a permanent board seat.
2. Current Law—PA/Physician agreements require board approval which delays PAs being able to practice immediately.
PAMED agrees to change the current process paving the way for PAs to begin practicing immediately. However, oversight boards must be required to annually audit at least 10% of the physician/PA agreements and immediately notify physicians of any deficiencies.

3. Current Law—the definition of supervision states physicians have the primary responsibility for “directing and personally supervising” PAs. The PAs asked that “directing and personally” be removed in addition to the onsite requirement.
PAMED agrees to this change.
4. Current Law—physicians must visit satellite offices where a PA is providing care once every 10 days.
PAMED agrees to no longer require “on site” visits in lieu of other means of communications outlined in the bill.
5. Current law—requires each physician who will be supervising the PA to sign the PA agreement.
PAMED agrees to reduce that to only the primary supervising physician.
6. Current Law—For a period of 12 months, physicians are required to countersign 100% of PA charts for new PAs and for PAs changing specialties. A 100% chart review for 6 months is mandated for PAs changing practices. The SBOM currently requires 10% countersignatures on all other charts forever.
PAMED agrees to remove all chart review mandates, with the exception of new PAs and those changing specialties.
7. Current Law—Physicians cannot supervise more than 4 PAs.
PAMED agrees to increasing the current ratio to 6 but no further, provided safeguards are included to protect physicians who prefer not to sign additional agreements.

It was our hope that we would be able to reach an agreement on Senate Bills 397-398 prior to final consideration in the Senate. However, because our focus remains on ensuring patients receive the highest quality of care possible and that physicians meet their supervisory obligations, we cannot support the current versions of these measures at this time.