



What is a PA (Physician Assistant)?

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. We practice in every state and in every medical setting and specialty, improving healthcare access and quality.

PAs are recognized as qualified primary care providers by CMMS, the ACA, and MDH's Health Healthcare Home Certification program. **PA-provided care is proven to be high quality, safe, and cost effective.**

What Impact do PAs have on Healthcare in MN?

There are over 3,000 PAs licensed in Minnesota and four schools, with a fifth in development at Mayo. That's about 150 practice-ready PAs being trained annually in Minnesota, ready to meet the care needs of our state. **Minnesota PAs provide care to over 10 million patients annually**, and 12.3% of Minnesota PAs practice in rural areas.

How are PAs trained?

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 masters degree programs provide PAs with a broad, generalist medical education, with a unique clinical focus that allows them to be adaptable to any practice settings.

What are the Concerns that Warrant Legislative Action?

1. **Limitations to access to care.** Numerous evidence-based, large-scale studies validate the safety, positive care outcomes, and cost-effective impact PAs have in healthcare. Yet despite the facts, misunderstanding regarding the supervisory requirements of PA practice limits PAs' abilities to practice the full extent of our education, training, and experience, resulting in decreased access to care for patients. Burdensome paperwork causes unnecessary delays in PAs entering practice which further reduces access to care for patients.
2. **Limitations for rural and underserved care access.** PAs are trained with a focus on primary care. Current PA practice restrictions that require a single physician to supervise a PA limits the ability of PAs to meet the care needs in underserved and rural areas. Physicians are increasingly reluctant to take on the liability of another profession required by the supervisory relationship, which prohibits PAs' ability to seek out rural practice.
3. **Significant disparity in employment opportunities.** Over the last three years, there has been a considerable change in healthcare hiring regarding NPs and PAs, as a result of the NPs achieving independent practice. Despite PAs and NPs fulfilling similar roles in the healthcare environment, the disparity of practice restrictions limits PAs in the eyes of hiring authorities. Removing the supervisory language from the PA practice statute would allow PAs to be on par with our NP colleagues – which will translate to better access to care for the patients of Minnesota.

Modernization of Minnesota PA practice laws will improve access to team-based care.

Support for Improved PA Practice

“States should consider eliminating requirements for rigid collaborative practice and supervision agreements between physicians and ... their care extenders (e.g., physician assistants...) that are not justified by legitimate health and safety concerns.”

Reforming America's Healthcare Through Choose and Competition

U.S. Department of Health and Human Services, U.S. Department of the Treasury, U.S. Department of Labor

“Removing unnecessary restrictions on PA practice, such as eliminating the requirement for PAs to have an agreement with a specific physician in order to practice, would help alleviate healthcare shortages and improve efficiency with no adverse effects on patient outcomes.”

E. Kathleen Adams, Ph.D. and Sara Markowitz, Ph.D.

*Improving Efficiency in the Healthcare System*¹

The Hamilton Project

“...Patients would likely benefit if physician assistants (PAs) in Iowa can practice with as few restrictions as possible, consistent with their education, training, skills, and experience. PAs can provide more choice among health care providers, leading to more accessible, affordable, safe, and effective health care.”

*FTC Staff Comments to the Iowa Board of Physician Assistants on Proposed New Rules*²

The Federal Trade Commission

“Team practice — with the ability to make referrals or collaborate and consult with physicians — is central to PA practice. However, state laws that require a PA to have a specific association with a designated physician or group of physicians limits both PAs and physicians, which are constraints rural communities cannot afford.”

Physician Assistants: Modernize Laws to Improve Rural Access

National Rural Health Association

“[An] analysis of 23,704 patient visits during a 5-year period compared the care delivery of NPs, PAs and Primary Care MDs in a community health center. Study comparisons suggest that NP and PA care were largely comparable to Primary Care MD care.”

Kurtzman, E. and Barnow, B.

*Comparison of Quality Care for NPs, PAs and Primary Care Physicians*³

¹ Improving efficiency in the healthcare system: removing anti-competitive barriers for advanced practice registered nurses and physician assistants. The Hamilton Project. Policy brief 2018-08. June 2018. http://www.hamiltonproject.org/assets/files/AM_PB_0608.pdf. Accessed August 22, 2018.

² FTC Staff Comments to the Iowa Board of Physician Assistants on Proposed New Rules: 645—327.8: Definition of Physician Supervision of a Physician Assistant (2016). https://www.ftc.gov/system/files/documents/advocacy_documents/ftc-staff-comment-professional-licensure-division-iowa-department-public-health-regarding-proposed/v170002_ftc_staff_comment_to_iowa_dept_of_public_health_12-21-16.pdf. Accessed August 22, 2018 (regarding physician assistants).

³ Kurtzman, E. & Barnow, B. (2017) A Comparison of Nurse Practitioners, Physician Assistants, and Primary Care Physicians' Patterns of Practice and Quality of Care in Health Centers, *Med Care* 2017; 00; 000