

Fact Sheet

About Optimal Team Practice

The 2017 [AAPA House of Delegates](#) (HOD) approved new policy, often referred to as Optimal Team Practice, as updates to [AAPA Guidelines for State Regulation of PAs](#) (Guidelines). When enacted into laws and regulations, Optimal Team Practice will expand access to care and align the PA profession with the current healthcare marketplace.

<i>Policy component</i>	<i>Anticipated Results</i>
Emphasize PAs' commitment to team practice.	Empowers teams to make decisions about team practice, which PAs are fiercely committed to, where the care is taking place rather than in state laws and regulations.
Authorize PAs to practice without an agreement with a specific physician—enabling practice-level decisions about collaboration	Expands access to care, reduces administrative burdens, and eliminates physician liability for care provided by the PA.
Create separate majority-PA boards to regulate PAs, or give that authority to healing arts or medical boards that have as members both PAs and physicians who practice with PAs.	Assures PAs will have meaningful and consistent input into the regulation of the profession just as physicians and nurses do.
Authorize PAs to be directly reimbursed by all public and private insurers.	PAs are the only health professionals who bill Medicare that are not entitled to direct reimbursement. This often leads to increased administrative arrangements and documentation burden for organizations hiring and utilizing PAs and to less flexible employment arrangements for PAs (e.g., difficulty in working with staffing companies or in certain group structures). Direct reimbursement levels the playing field so PAs can compete with other health professionals on the basis of their clinical competence and skill sets.

Optimal Team Practice is Not Independent Practice

Optimal Team Practice is about team practice not independent practice. Under the updated Guidelines, PAs will continue to collaborate with physicians in accordance with the standard of care, the patient's condition, and the PA's education and experience. The new policy simply seeks to eliminate the legal requirement that a PA enter into an agreement with a specific physician in order to practice. Two important points distinguish it from independent practice: Read more at www.aapa.org/supervisory-agreement.

Reasons for Pursuing Changes

Over the last five decades, PA practice has been extensively studied and evaluated, and found to produce [high quality patient outcomes](#). State laws and regulations have simply not kept pace. Also, the [healthcare marketplace](#) is changing. Physicians are more likely to be employees rather than practice owners. As more physicians and PAs are practicing in groups, the requirement for PAs to have an agreement with a specific physician in order to practice puts all providers involved at risk of disciplinary action for administrative infractions that are unrelated to patient care.

Next Steps

States will decide whether and when to pursue changes to laws and regulations while AAPA advocates for statutory and regulatory changes at the federal level.

