



Maine Medical
Association



Spectrum
Healthcare Partners

To: Board of Licensure in Medicine
Board of Osteopathic Licensure

From: Maine Medical Association
Maine Osteopathic Association
Spectrum Healthcare Partners

Date: August 7, 2020

Subject: CHAPTER 2- Joint Rule Regarding Physician Assistants

We appreciate the opportunity to submit the following comments on the proposed amendments to the proposed joint rule pertaining to the licensure and practice of physician assistants in response to Public Law 2019, Chapter 627.

Maine needs physician assistants. They are a vital part of our physician-led health care teams. However, it is critical for the public to understand that physician assistants and physicians are *NOT* essentially interchangeable, and that the two professions *DO NOT* have a body of knowledge and clinical skills that are equivalent. Each member of a physician-led health care team has an important role to play, working together to provide the best outcomes for patients while also driving improvements in patient care. While there is no question about the level of service and professionalism physician assistants bring to a health care team, they are not physicians. Any other characterization underestimates the clinical complexity that often accompanies a medical determination and plan of care.

Nevertheless, the terms of Chapter 627 allow a physician assistant to essentially provide medical services independent of meaningful physician oversight if they wish to open a solo practice after 4,000 hours of clinical experience. While we continue to have strong reservations about aspects of the legislation, we support the provision outlining that, for all physician assistants, in every clinical setting, "a physician must be accessible to the physician assistant at all times for consultation," and that upon request of the Board, "a physician assistant shall identify the physician who is currently available or was available for consultation with the physician assistant." We also support the requirement that, "a physician assistant is legally liable for any medical service rendered by the physician assistant."

One of our principal criticisms of the legislation was its delegation of overly broad authority to the licensing boards and its failure to specifically enumerate standards for determination of scope of practice and other important parameters for medical services provided by physician assistants. We believe that detailed and meaningful collaborative agreements and practice agreements with clearly defined protocols and elements are essential to promote high quality care and patient safety in most clinical situations, while also taking into consideration the different practice and clinical settings in which physician assistants function.

Chapter 627, and these and subsequent regulations, could have far-reaching implications for patient care. Therefore, under any construct of collaborative or practice agreements, we propose the following amendments to the joint rule:

Amend Section 6 (Uniform Scope of Practice for Physician Assistants), in subsection 1 (General) , by establishing a joint subcommittee of physician and physician assistants by the Boards of Licensure in Medicine and Osteopathic Licensure to lead the development of standard agreements and appropriate regulatory oversight. Because physician assistant services until enactment of Chapter 627 were technically medical services under the delegation and supervision of a person licensed to practice medicine, the boards should also develop standard forms and review the appropriateness of certain collaborative and practice agreements in various clinical settings. Such an approach would create a more formal structure and process and promote better communication, coordination, and expectations between the physician and physician assistant communities, and between the two licensing boards. In addition to potentially reviewing individual agreements prior to forwarding them for board review, joint committee members could first establish the proposal of basic standards and criteria that would be applicable to a given type of physician assistant practice setting.

- A requirement that each physician assistant and physician shall jointly review the authorization for collaborative or practice agreements annually,
- Each authorization for collaborative or practice agreements shall include a cover page containing the date of the annual review by the physician assistant and physician and an acknowledgement and signature of the same,
- Each authorization for collaborative or practice agreement shall be maintained in either hard copy or electronic format at the physician's and physician assistants' principal place of practice, and
- Medical services performed by a physician assistant under a collaborative or practice agreement must be appropriate to the skills and practice area of the physician as well as the physician assistant's level of competence, as determined by the physician, to ensure that accepted standards of medical practice are followed.

We also respectfully request amending Section 10 of the joint rule under Identification Requirements to include:

- Physician assistants licensed under these rules shall keep their license available for inspection at the location where they render medical services and shall, when rendering medical services, wear a name tag identifying themselves as a physician assistant. Physician assistants shall also verbally identify themselves as a physician assistant to each new patient.

Despite the enactment of Public Law 2019, Chapter 627, state law still clearly defines physicians as engaging in the “practice of medicine or surgery”, while describing physician assistants as rendering “medical services.” Studies have increasingly shown patients are confused about the qualifications of different health care professionals. Many non-physicians earn advanced degrees, and some degree programs now confer the title “doctor.” As a result, patients often mistakenly believe they are meeting with physicians (medical doctors or doctors of osteopathic medicine) when they are not. As non-physicians increasingly seek to expand their scope of practice, there should come the added responsibility

of visually, and verbally, disclosing their education, qualifications, and training. The latter also is necessary for the visually impaired.

Maine can leverage the knowledge and skills of physician assistants, and the increased availability of convenient settings for care delivery, to meaningfully expand access to services, while maintaining a clear focus on patient safety and quality in care coordination and integration. Developing clear parameters and uniform expectations for allowing physician assistants to practice at the highest level of their knowledge and clinical training, while recognizing the important role physicians play in a physician-led care team, is the right path to take.

Thank you for considering these comments in your deliberations on these proposed amendments to Joint Rule Chapter 2.

Any questions, comments, or requests for clarification can be answered by one, or all, of the following:

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