

HB 1028 Summary

An Act to revise certain the Physician Assistant Practice Act

Sponsored by the SD Board of Medical & Osteopathic Examiners

What changes are proposed in the legislation?

- Replace the statutory, out-dated list of tasks that PAs may perform with a description of functions that may be delegated to a PA.
 - Requires specific details regarding delegated tasks and supervision to be outlined in the practice agreement between the supervising physician and the physician assistant and approved by the Board of Medical & Osteopathic Examiners prior to beginning practice.
- Permit the Board of Medical & Osteopathic Examiners to establish PA supervision requirements in rule consistent with Nurse Practitioners.
 - Removes current statute language mandating ½ day weekly onsite supervision and gives the Medical Board authority to develop supervision requirements that reflect physician/PA practice environments, consistent with good medical practice and similarly licensed professionals.
- Streamline the licensing process and the approval of practice agreements.
 - Requires a signed practice agreement as a condition to practice, but not to be licensed.
 - Removes unnecessary locum tenens license language.
- Modernize PA education, credentialing and placement statutes to reflect current medical practice.
 - Removes outdated references to primary care and specialist PAs.
 - Incorporates national certification standards and continuing education requirements into PA licensing process.
 - Removes outdated references to Board's role in placement of PA.
 - Removes outdated references to Board's approval of PA education programs and incorporates graduation from a program accredited by ARC-PA.
- Permit PAs to function in emergency and disaster situations when access to their supervising physician is compromised or not possible.

Why are the changes necessary?

- Current statutes haven't been updated in any significant way since 1973. They refer to titles, education and credentialing practices that are no longer applicable.
- The current list of tasks in statute has not kept pace with the constant changes and improvements in medical techniques and procedures, leaving conscientious supervising physicians and their physician assistants with questions about what tasks may be delegated.
- The current "one-size fits all" on-site supervision requirement places an undue burden on healthcare practitioners, especially in rural and remote sites. It does not take into account different types of practices, requiring the supervising physician to allocate limited supervision resources without regard to nature of the practice and the training and experience of the PA. It also does not address supervision in cases where temporary coverage is required.
- The current license requirement that a PA have a signed employment agreement prior to issuance of a license delays the licensing process.
- In rare emergency and disaster circumstances, no physician supervision may be available. A growing number of states are adopting laws that authorize: a PA to provide care in these unique circumstances; authorize physicians who may be available to supervise PAs without a practice agreement; and, provide Good Samaritan immunity to the physician and the PA.

Who benefits from the changes?

- **Patients & Communities.** Physician assistants have long been utilized to extend the physician's ability to care for patients in South Dakota, especially in rural and frontier counties where health care systems are fragile and providers are in short supply. Modernizing and improving the regulation of physician assistants will help to assure that patients have access to high quality medical care provided by physician-PA teams. In rare emergency or disaster circumstances, the proposed changes will reduce barriers to physician/PA teams in the provision of emergency medical care.
- **Supervising Physicians.** Common practice agreement requirements and supervision among similarly licensed professionals will ease the administrative burden on supervising physicians and reduce confusion over what tasks may be delegated. Proposed changes will make it easier for physicians to recruit PAs and to provide coverage for needed clinical services on either a permanent or temporary basis. More flexibility in how the supervision of PAs is permitted may increase the number of physicians willing to supervise PAs, which is critical to the availability of medical services in many rural and remote areas of the state.
- **Physician Assistants.** The proposed changes will reduce confusion that currently exists among PAs and physicians regarding scope of practice. Licensing changes will make it easier for PAs to enter into practice agreements with a supervising physician.
- **State Board of Medical and Osteopathic Examiners.** The proposed changes would streamline the administrative process for PA licensing and make it consistent with other similarly licensed professionals. Licensure requests could be expedited, as well as approval of routine practice agreements.

Quick Facts about PAs in South Dakota

- Physician Assistant Practice Act (SDCL 36-4A) first enacted in 1973
- Approximately 350 licensed Physician Assistants in South Dakota
- PAs work in a variety of primary care and specialty practices throughout the state (e.g. family practice, internal medicine, OB/GYN, pediatrics, general and orthopedic surgery).
- 67 South Dakota communities had only 1 PA in 2005
- Over 1.1 million patient visits by PAs in South Dakota during 2005