



February 23, 2022

Representative Susan Lontine
Chair, House Health & Insurance Committee
Colorado General Assembly
200 E. Colfax Avenue, HCR 0112
Denver, Colorado 80203

RE: Support for HB22-1095, Physician Assistant Collaboration Requirements

Dear Chairwoman Lontine and Committee Members:

On behalf of the more than 4,000 PAs (physician assistants) that treat patients in Colorado and the approximately 150,000 PAs represented by the American Academy of PAs (AAPA), I would like to express our **strong support for H.B. 1095**. This legislation would modernize several provisions of law related to PA practice in Colorado, and ultimately, improve patient access to healthcare at a time when it has never been needed more.

Background on PAs

PAs are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice.

PAs obtain a master's degree, with a growing number of PAs also earning doctoral degrees. The typical PA student has completed a bachelor's degree, prerequisite coursework in basic and behavioral sciences, and upwards of 3,000 hours of direct patient contact before entering a PA educational program. Once enrolled, PA students receive advanced education and training in anatomy, physiology, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This is followed by at least 2,000 hours of clinical practice rotations in medical and surgical disciplines including family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry.

H.B. 1095

H.B. 1095 would move the PA-physician relationship from “supervision” to “collaboration.” It would also allow experienced PAs – those with more than 5,000 hours of practice experience – to practice without a specific agreement with a physician. Experienced PAs who change specialties would be required to practice in collaboration with a physician in the new specialty for 3,000 additional hours. It is important to be clear, this bill is **not independent practice. PAs are still required to “consult with and refer to appropriate members of the physician assistant’s healthcare team based on a patient’s condition; the physician assistant’s education, experience, and competencies; and the standard of care” (see bill page 8, lines 15-19).**

H.B. 1095 would remove outdated administrative burdens for both PAs and physicians and increase access to healthcare services in Colorado’s rural and frontier areas. H.B. 1095 would also give employers the flexibility to structure their healthcare teams in the manner best suited to care for patients. Now, more than

ever, patients need access to qualified healthcare providers. PAs stand ready to support Colorado patients, and this important bill would allow them to do just that.

The Committee will likely hear several arguments against H.B. 1095. First, opponents will argue that H.B. 1095 is “independent practice” for PAs. While the bill would eliminate the legal requirement for experienced PAs to enter into an agreement with a physician, as noted above, it would also require PAs to consult and refer to appropriate members of the PA’s healthcare team. The bill also states the requirements for such consultation and referral “shall be determined at the practice level and may include decisions made by the employer, group, hospital or facility and relevant credentialing and privileging requirements” (see bill page 9, lines 12-16). Moreover, the bill explicitly states, “an employer may require further collaboration” (see bill page 9, line 18). As a result, efforts to construe this legislation as “independent practice” are unfounded.

The Committee may also hear that H.B. 1095 is an unprecedented expansion of PA scope of practice. This assertion is also untrue. **The bill does not stipulate what PAs can do in practice; PA scope of practice would still be determined at the practice level.** H.B. 1095 is similar to legislation recently enacted in North Dakota, Utah, and Wyoming, and executive orders put in place in Maine, Michigan, New Jersey, New York, Louisiana, South Dakota, Tennessee, and Virginia during the COVID-19 pandemic. Several other states, including Maine, Minnesota, New Mexico, Rhode Island, West Virginia, and Wisconsin have also recently enacted legislation removing the requirement that a PA have a formal agreement with a physician in most cases. Additionally, twenty states have changed their legal description of the PA-physician relationship from “supervision” to “collaboration” or a similar term. Rather than being unprecedented, H.B. 1095 is consistent with the evolution of state PA practice laws across the country. This bill would eliminate the outdated administrative requirements from Colorado law and allow clinicians to decide how they should work together based on their combined experience and expertise.

Finally, the Committee will likely hear that H.B. 1095 risks patient safety. Yet, decades of research demonstrate PAs provide safe, quality care to patients. Moreover, under this bill, PAs would still be required to practice within the bounds of their own education, training and experience. PAs failing to do so would be subject to discipline by the Colorado Medical Board and, potentially, malpractice liability – just as they are today.

Summary

Over the course of the last two years, the pandemic has demonstrated the need to have an efficient set of laws and regulations that allow qualified healthcare providers to respond to patient needs. AAPA urges your support of H.B. 1095, which will reduce barriers to high-quality care in Colorado. Thank you for the opportunity to comment on this important legislation.

Sincerely,



Jennifer M. Orozco, MMS, PA-C, DFAAPA
President, American Academy of PAs

Colorado Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



February 23, 2022

To: Members of the House Health & Insurance Committee

RE: **Testimony on HB 22-1095, Physician Assistant Collaboration Requirements**

My name is Megan Stinar, and I am a pediatrician practicing both outpatient and inpatient pediatrics in Grand Junction and for the Western Slope. Please accept this written testimony on behalf of the American Academy of Pediatrics, Colorado Chapter on House Bill HB22-1095. AAP-CO is respectfully opposed to the bill.

In my career I have worked with all levels of providers and advanced practitioners on many different teams. I currently work with physician assistants both in my office and at the local regional hospital. Every medical provider in healthcare is important and needed. And it is my belief that a medical team with diverse training backgrounds is essential to offering the best medical care possible. However, the members of the medical team are not equal in depth of knowledge, and they are not interchangeable.

I would like to take a moment to explain my medical training as a physician. Every physician has attended a four-year medical school, which was undoubtedly competitive and difficult to be accepted to. Due to the rigorous requirements of medical school, not every student graduates. Once a medical student graduates, they have officially earned a medical degree and the title "doctor." However, despite the title, doctors apply to and attend residency programs where they will get an additional 3 to 6 or more years of medical training in their chosen specialty as resident physicians. During these years of residency training, most resident physicians spend an average of 80 hours a week working in the hospital for hands-on training. For me, to become a pediatrician after medical school I attended a pediatric residency program where I gained over 11,000 hours of training. If a physician wishes to switch specialties, they must apply for and go to a residency program in that specialty, again getting 3 to 6 or more years of training before working in that new specialty independently.

With this background, you can understand why allowing physician assistants to practice independently and without formal physician supervision after a few years of experience causes me justified hesitation to support this bill. Additionally, being able to switch specialties with as little as 960 hours of supervision is unreasonable and unsafe. Furthermore, physicians are trained to read, appraise, and act on academic medical studies. After a year of COVID and COVID related studies being shared on the nightly news, I would imagine you can understand the complexities that come with continuing medical education and staying up to date on the best medical care. For these reasons, physicians and physician assistants should not be considered equals in their knowledge or training. This bill concerns me as we do not have the same training background or knowledge depth.

My other concern is that this bill has been brought to the house as a solution for access to healthcare in the rural parts of Colorado. While I agree there are some areas of Colorado that do not have adequate healthcare access, offering physician assistants without physician support would be ill-informed and unsafe. As a pediatrician in Grand Junction, I provide care for many children that come to me from the small towns of the Western I-70 corridor, around the Uncompahgre plateau area, and into the far northwest corner of the state.

Colorado Chapter

American Academy of Pediatrics



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I understand these families may have hours to drive before they can reach reliable 24-hour access medical care. However, I also know that these remote clinics can have anything from seasonal allergies to a life-threatening injury that will need critical care for several hours while waiting for safe transport. And while I do not mean to catastrophize the healthcare needs of rural towns, I want to be clear that expecting a physician assistant without physician-level 24-7 support to be able to manage a rural clinic, urgent care or emergency room is troublesome and unsettling. I believe Colorado can support physician assistants working more in the rural regions of the state, but only with at least phone access to physician support. I also am worried that this bill offers no guarantee that physician assistants would work in rural areas if this bill were passed. While I am committed to increasing healthcare access to rural Colorado, this bill does not accomplish that goal.

Thank you for the consideration of the AAP-CO's input on this bill. We urge you to vote no on HB22-1095. Please do not hesitate to reach out to me by phone or email if you have any questions.

With Respect,

Megan Stinar MD FAAP

719-351-8713

mstinarmd@gmail.com

Grand Junction Colorado, Mesa County

Hello Madam Chair and Committee,

Thank you for taking the time to hear my testimony today. I wish I was there in person to speak to you but I hope my message will still make it clear why HB22-1095 will be beneficial to all in Colorado.

I have worked in family medicine to care for Northern Coloradoans of all ages for the past 8 years, 5 of which were in an underserved area. Being a part of a team to optimize health outcomes for our patients is one of the main reasons I chose to be a PA. Patients receive the best care when my physician and advance practice provider colleagues in primary care and specialty, pharmacy, radiology, laboratory, mental health, nursing, physical therapy and more all work together. We are always learning from one another which is one of the cores of medicine.

In our first 3000 hours of clinical practice, PAs learn what red flags to watch out for and seek guidance when there is any concern. This bill will ensure new PA graduates and PAs who change specialties will have the close collaboration needed to ask lots of questions and get frequent feedback.

This bill will allow each employer, collaborating physicians, and experienced PAs to decide what works best for their group while avoiding unnecessary administrative work. For these reasons, the bill will expand job opportunities to include PAs, rather than only nurse practitioners, and this is very important to me as my family is considering relocating to another underserved area of Colorado.

Currently, Colorado law also requires PAs to have one supervising physician which is typically selected by the employer. This limits us to only provide care that is within that supervising physician's scope of practice. Even if I have done a procedure hundreds of times and it's also done by another physician in my clinic, I am not able to give that patient the care I am trained and experienced to provide. Patients may then have to return to clinic another day, travel further from home, or pay higher costs with a specialist. This is especially important in our rural areas and to so many Coloradoans with socioeconomic barriers to care.

Please allow Colorado PAs to practice to our full potential as we continue to provide safe and proficient health care as an invaluable member of the medical team.

Thank you for your time.

Sincerely,

Alexi



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PLASTIC SURGEONS®



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Executive Office

444 East Algonquin Road • Arlington Heights, IL 60005-4664
847-228-9900 • Fax: 847-228-9131 • www.plasticsurgery.org

February 14, 2022

The Honorable Susan Lontine, *Chair*
The Honorable David Ortiz, *Vice Chair*
House Health and Insurance Committee
200 E. Colfax Ave.
Denver, CO 80203

RE: Oppose House Bill 1095

Dear Chair Lontine and Vice Chair Ortiz:

On behalf of the American Society of Plastic Surgeons (ASPS), we are writing in opposition to House Bill 1095, which would allow for autonomous physician assistants (PAs). ASPS is the largest association of plastic surgeons in the world, representing more than 8,000 members and 93 percent of all board-certified plastic surgeons in the United States – including 164 board-certified plastic surgeons in Colorado. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

Authorizing PAs to independently practice represents a dangerous expansion of their role in patient care. There has been *no* demonstration that PAs can safely practice independently. This effort to significantly expand their scope of practice is, quite frankly, irresponsible. PAs do not receive sufficient medical training to provide them with the clinical expertise to practice outside of a collaborative agreement. Their training is in no way equivalent to that of physicians, who offer essential diagnostic and medical expertise to patients. Requiring a PA to have 3,000 hours of clinical experience prior to practicing independently is an arbitrary benchmark. Nothing can replace the foundational medical knowledge and decision-making skill possessed by physicians because of their residency training.

Most PAs receive their bachelor's degree in science, followed by a three-year master's degree program. While the master's degree and advanced clinical experience provide PAs with an advanced education in comparison to other mid-level practitioners, this education will never replace the education gained through medical school. In contrast, all primary care and specialty physicians receive a bachelor's degree, followed by a four-year degree from an accredited medical school. Medical students spend nearly 9,000 hours in lectures, clinical study, lab, and direct patient care.

Comprehensive physician training continues through post-graduate medical education, where all physicians are trained in accredited residency programs and receive at least three additional years of training before becoming licensed and board certified. Ultimately, physicians will train for eight to sixteen years, as much as four-times-as-long as a PA. Only this depth and duration of training prepares a provider to safely execute all the responsibilities the bill seeks to grant to PAs.

Ultimately, we believe that giving PAs independent practice authority will undermine the physician-centered, team-based healthcare delivery model, an established norm resulting from the extensive

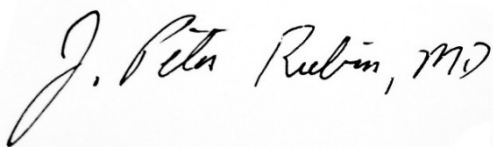
education of the lead physician. The lead physician plays a critical role in determining whether the patient is a candidate for medical services, identifying potential complications before they arise, and triaging complications that may occur. The erosion of physician-centered, team-based healthcare will, in turn, negatively impact patient quality outcomes. Instead, PAs should continue to practice in collaboration with a physician who specializes in the medical care offered. This allows for seamless consultation in case the PA needs advice regarding care, more effective identification when referring to a specialist, and faster admission to a hospital, if needed.

ASPS recognizes that the ultimate goal of this proposal is to expand access to primary care services, especially in areas that have difficulty attracting physicians. However, rigorous studies conducted by the American Medical Association¹ have consistently shown that expanding PA scope of practice does not increase access to care in underserved areas. In fact, PAs with expanded practice parameters tend to practice in the exact areas that are already served by established physician populations. Therefore, H.B. 1095 is founded on the flawed premise that it will increase access to primary care services for areas in need. Unfortunately, this is simply not true and will not address this warranted concern.

As surgeons, we encourage you to uphold the high level of patient care that has been established and permit licensed PAs to only practice under the supervision of physicians who meet appropriate education, training, and professional standards to practice medicine in Colorado. We urge you to oppose H.B. 1095.

Thank you for your consideration of ASPS's comments. Please do not hesitate to contact Patrick Hermes, ASPS Director of Advocacy and Government Relations, at phermes@plasticsurgery.org or (847) 228-3331 with any questions.

Sincerely,

A handwritten signature in black ink that reads "J. Peter Rubin, MD". The signature is written in a cursive style and is centered on the page.

J. Peter Rubin, MD, MBA, FACS
President, American Society of Plastic Surgeons

cc: Members, House Health and Insurance Committee

¹ The AMA Health Workforce Mapper, 1995-2020. <https://www.ama-assn.org/about/health-workforce-mapper>.

House Health & Insurance
 02/23/2022 01:30 PM
 HB22-1095 Physician Assistant Collaboration Requirements
 Typed Text of Testimony Submitted

| Name, Position, Representing | Typed Text of Testimony |
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| Tyler Clark For Self | <p>I would like to submit testimony in support of this bill. This bill will help Colorado move its PA practices forward. It will help to ensure patient access, especially in rural areas where it can be harder to find the necessary supervising physician for PAs. Especially in a time in our country where access to providers is strained this bill is important. In a time where our politics are so divided bills similar to this have come in front of legislators majority blue and red, most recently in neighboring states such as Wyoming, Utah, and North Dakota.</p> <p>Please consider supporting this bill for your constituents access to quality readily available healthcare and educated providers.</p> |
| Ryan O'Leary Against Self | <p>IT'S ABOUT INDEPENDENT PRACTICE Proponents argue the bill is collaboration, not independent practice, but that's misleading. HB1095 removes all authority and oversight of PAs by physicians, leaving any consultations or referrals to the sole discretion of the PA. That's the definition of independent.</p> <p>IT'S ABOUT PHYSICIAN-LED, TEAM-BASED CARE PAs are a critical part of the medical team. Physician-led, team-based care guarantees the right professional providing the right services to the right patient, with overall direction and coordination managed by physicians.</p> <p>IT'S ABOUT EDUCATION AND TRAINING PA educational programs aren't preparing PAs to practice without a physician. A typical PA program averages 27 months and includes 2,000 clinical hours. An average physician program is 120 months and includes 15,500 clinical hours.</p> <p>IT'S ABOUT COLORADO'S LEGITIMATE ACCESS ISSUES HB1095 has no requirement or incentive for PAs to serve rural or underserved areas, besides, those communities deserve the highest quality health care, which is care provided by a physician-led team.</p> <p>IT'S ABOUT PATIENT SAFETY The bill strikes PA supervision requirements instituted to keep patients safe. Misdiagnosis, adverse outcomes, unnecessary testing, and inappropriate prescriptions would all be unintended consequences of HB1095.</p> <p>IT'S ABOUT COST OF CARE PAs order more tests, write more prescriptions, and make more unnecessary referrals than physicians on average,</p> |

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| <p>Stephen Castle Against Self</p> | <p>Dear Health & Insurance Committee,</p> <p>I am opposed to changing the PA collaboration requirements in Colorado for several reasons, but most importantly because I do not believe it is in the best interest in patient care.</p> <p>I am a Dermatologist. For twenty years, I have been driving over an hour to an outreach clinic in a rural setting (Fort Morgan & Sterling). I do this because I know there is need in rural settings and I want to play my part in ensuring access for all. I currently supervise one physician extender, after a year of intense training in my field of dermatology. She now helps deliver care at our home office in Greeley, as well as rural areas out east.</p> <p>We have a very close working relationship and collaborate on cases several times per day. I have the utmost respect for her, and her abilities. However she is not a dermatologist, and would not be competent to practice independently.</p> <p>I have noticed that indeed, she does a lot more biopsies than a dermatologist would. She has no experience in some of the not commonly seen skin disorders, of which there are many. Sometimes her diagnosis is just wrong, because it is not something she would have learned. She does not always know when to involve me in the care - sometimes I get involved because I am ACTIVELY supervising her. It is impossible to cover everything in a year or two. That is why we have so many years of training in medical school, followed by years of residency & fellowship. I have to retake my Dermatology boards every 10 years - this involves a great deal of studying & relearningabout a years worth.</p> <p>Medical school and residency can not be duplicated by "on the job" experience. I have learned this first hand. I urge you to vote "No," on the PA collaboration bill.</p> <p>Thank you,</p> <p>Dr Stephen Castle</p> |
| <p>Ashley Kramer For Self</p> | <p>My name is Ashley Kramer and I am a PA in Thornton, Colorado. I am writing to urge you to support HB22-1095.</p> |

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| | <p>HB22-1095 would modernize PA practice laws and improve patient access to care. It would also strengthen the health care team by removing burdensome administrative constraints and allowing experienced PAs to practice in a more flexible manner. Under HB22-1095, a PA's employer could base a PA's practice on their education, training, and experience and the needs of their patients. I am nearing a decade as a PA, and like many, am very autonomous in my clinical setting. Thus the term "supervising" physician can be confusing and misleading for employers and patients. Rather, the more common approach for experienced PAs is collaboration with a physician and/or healthcare team. HB22-1095 would more accurately mirror the significant role PAs play in medicine and increase access to care by modifying the current misleading and unnecessary requirements.</p> <p>HB22-1095 is similar to laws recently enacted in North Dakota, Utah, and Wyoming. Please support this important legislation!</p> <p>Sincerely, Ashley Hyatt</p> |
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January 25, 2022

Colorado Academy of Physician Assistants
Denver, CO

RE: Physician Assistant Collaboration Requirements (HB22-1095)

It is with great support that I submit this letter regarding the pending legislation for Physician Assistant Collaboration and Reimbursement. As a Community Mental Health Center that provides behavioral health, primary care, and physical therapy to rural and frontier counties of southeastern Colorado we understand the difficulty in recruiting qualified health professionals in all areas of health care.

My experience with incorporating Physician Assistants into our behavioral health and primary care practices over the past decade has been a very positive one. PA's have regularly demonstrated through their master's level work trained in medical school type curriculum to be strong in diagnosing illness, managing treatment plans, prescribing medication, and collaborative in working alongside other professionals with different scopes of practice.

By removing some of the restraints that PA's face, Southeast Health Group would be able to expand its workforce and realize many system and patient benefits, to include:

- a) Increasing access points to more rural/frontier locations;
- b) Offering quicker appointment times;
- c) Increased access to appointments for prescription reviews and refills;
- d) Expand tele-health options; and
- e) Strengthen care teams.

Additionally, this bill would allow experienced PA's to practice medicine at the top of their license through a collaborative agreement, rather than through the restraints often placed upon them by formal supervision. The PA's education, experience, and competencies would allow them to provide many specialty services that are often missing in rural & frontier regions.

Thank you for your consideration in supporting HB22-1095.

Joseph Carrica III, Ed.D.
President & CEO
Southeast Health Group

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By Appointment
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