



Approved by the Board on April 7, 2022.

OREGON MEDICAL BOARD
Meeting of the HB 3036 Workgroup • February 15, 2022 • Held via Video Conference

PUBLIC SESSION

Welcome and Review of Workgroup Minutes

CRAMER

Mr. Erin Cramer, PA-C, called the meeting to order at 5:05^{PM}.

A quorum was present, consisting of the following members:

Erin Cramer, PA-C, Stayton, Chair

Paul Krull, MBA, SPO Representative

Patti Louie, PhD, Public Member, Portland

Amanda Miller, PA

Mark Bonanno, JD, OR Medical Association

Kathleen J. Thompson, PA

Leza Hayes, PA, OR Society of Physician Assistants

Dan Sengenberger, DO, OR Academy of Family Physicians

James Jackman, DO, Supervising Physician

Christopher Strear, MD, Supervising Physician

Staff present:

Nicole Krishnaswami, JD, Executive Director

Gretchen Kingham, Executive Assistant

Elizabeth Ross, JD, Legislative & Policy Analyst

Chair Cramer welcomed Workgroup members and members of the public to the final meeting of the HB 3036 Rules Workgroup. He discussed ground rules for the meeting, provided an overview of the agenda, and invited members of the public to participate by providing comment during the public comment period.

There was no discussion regarding the February 8, 2022, meeting minutes.

Rulemaking Review

STAFF

Staff noted that the following assumptions were made in the development of these rules, which are intended to cover all circumstances under which a physician assistant provides care to patients located in Oregon:

- Organizational model: employee, partnership, self-employed, solo practice, etc.
- Geographic location: rural and urban
- Settings: hospital, office, facility, clinic, medical spa, etc.
- Specialties: primary care, surgery, dermatology, etc.

847-050-0005 Preamble

There was no discussion regarding 847-050-0005.

847-050-0010 Definitions

There was no discussion regarding 847-050-0010.

847-050-0023 Limited License, Pending Examination

There was no discussion regarding 847-050-0023.

847-050-0027 Approval of Supervising Physician

There was no discussion regarding 847-050-0027.

847-050-0029 Locum Tenens Assignments

There was no discussion regarding 847-050-0029.

847-050-0035 Grounds for Discipline

There was no discussion regarding 847-050-0035.

847-050-0036 Supervising Physician Organization

There was no discussion regarding 847-050-0036.

847-050-0037 Supervision

There was no discussion regarding 847-050-0037.

847-050-0038 Agents

There was no discussion regarding 847-050-0038.

847-050-0040 Method of Performance under a Practice Agreement or Practice Description

There was no discussion regarding 847-050-0040.

847-050-0041 Prescribing and Dispensing Privileges

There was no discussion regarding 847-050-0041.

847-050-0042 Registration

There was no discussion regarding 847-050-0042.

847-050-0043 Inactive Registration and Re-Entry to Practice

Ms. Hayes asked for a definition of "mentor." Staff clarified that re-entry to practice agreements are specifically customized to the individual applicant; the applicant proposes their own mentor, and the Board determines whether that proposed mentor is suitable to the unique needs of the applicant. This rule language parallels the re-entry to practice rule for physicians. After discussion, the Workgroup did not request a definition to be included in the rule.

847-050-0046 Emeritus Status

There was no discussion regarding 847-050-0046.

847-050-0050 Termination of Supervision

There was no discussion regarding 847-050-0050.

847-050-0055 Professional Corporation or Partnership

There was no discussion regarding 847-050-0055.

847-050-0080 Collaborative Practice Model

Ms. Hayes requested changing “and” to “or” in section (5). Mr. Krull suggested adding interprofessional relationships to this rule, as used in Oregon Administrative Rules 851-055-0010 regarding the scope of practice for Advance Practice Registered Nurses (APRNs). Staff noted that section (3) specifies that a PA may collaborate with any appropriate health care provider as indicated by the condition of the patient.

847-050-0082 Collaboration Agreements

Workgroup members discussed a minimum number of monthly collaboration hours with a specified physician for when a physician assistant who has fewer than 2,000 hours of post-graduate clinical experience. Workgroup members recommended that, rather than specify a number of hours, the rule could require consistent, regular, quality collaboration between the PA and specified physician. Workgroup members discussed whether a timeframe for completing the 2,000 hours after graduation would be appropriate, but also noted potential equity concerns for PAs who have social or economic barriers to practicing immediately following graduation.

Ms. Hayes stated that the OSPA does not support the language in section (2)(d). Staff noted that 847-050-0082(2)(d) is required by language in HB 3036.

Workgroup members asked for a retention length in (7)(b) and questioned putting the burden of retention on the PA and not the employer. The workgroup discussed removing the phrase “in the physician assistant’s personnel file.” Staff made a clarification that 847-050-0082(7)(b) uses the language “should” and not “shall.”

Ms. Hayes stated that collaboration agreements should not hold the person signing it accountable for the collaboration and suggested changing “for collaboration” to “of collaboration” in section (9). Dr. Strear expressed concern that a collaboration agreement signed by an employer could conceivably delegate responsibility to a physician who did not consent to or sign the collaboration agreement. Staff clarified that “employer” has the meaning given in ORS 677.495, which states: (3)(a) an entity that is organized to deliver health care services in this state in accordance with ORS 58.375 or 58.376 and that employs a physician or podiatric physician; (b) A group medical practice that is part of a health system; or (c) A physician or podiatric physician who employs a physician assistant. Therefore, an Oregon-licensed physician(s) would be involved in the leadership of an employer under the definition. The Workgroup suggested adding the language from ORS 677.495 to the frequently asked questions documents. Dr. Strear questioned whether the collaboration agreement could direct a physician assistant to “refer to the emergency department” rather than outline a genuine plan for collaboration. Staff noted that the rule does require community standard of care, and staff will update the sample CA template to reflect this requirement.

The Workgroup reviewed the draft Collaboration Agreement Template Sample, which would be offered as a reference tool for licensees and employers. Workgroup members discussed:

- Concern that the language “who bears primary responsibility for collaboration,” under the additional requirements section, leaves too much room for interpretation. *Staff will revise this language on the sample agreement and in the rule.*
- Changing “for collaboration with physicians” to “appropriate health care provider” under the collaboration section. Staff noted that HB3036 requires the collaboration agreement to include collaboration with physicians; however, physician assistants may collaborate with any appropriate health care provider in their day-to-day practice.
- The agreement should establish a meaningful collaboration plan. *Staff will add language regarding the community standards of care under the collaboration section.*
- Merging the collaboration and additional requirements sections into one section, and creating language that ensures the collaboration information is tailored to the specific, individual physician assistant and not filled with only generic language. *Staff will simplify and condense these sections.*
- Concern that the sample template will set the standard for collaboration agreements. On balance, however, the Workgroup noted that OSPA, licensees, and employers would like guidance during this transition period.
- Ensuring their signing party on behalf of an employer is authorized to do so, and including a field for the designated person’s title. *Staff will add this information to the signature portion of the agreement.*

Tom Holt, The Holt Company, on behalf of ZoomCare, gave his appreciation to everyone for all the work that has been put into this Workgroup. Mr. Holt stated that the number of hours the PA will collaborate with a specified physician, when a PA has fewer than 2,000 hours of post-graduate clinical experience, should not be required but he supports language that emphasizes the manner in which collaboration happens. Mr. Holt also noted that “should retain practice agreement” in 847-050-0082(7)(b) is too open-ended and could create unintended consequences, and that section 847-050-0082(9) seems unnecessary.

The following members of the public were present, but did not make comment:

- Alisa Gifford, PA
- Ben Johnson, PA
- Brian Mills, PA, President of OSPA
- Curtis Hawkinson, PA
- Janette Remling, PA
- Juliana Bernstein, PA
- Nick Haskins, Mahonia Public Affairs
- Taylor Sarman, Mahonia Public Affairs

Planning for Future Discussion Topics and Next Meeting Date**CRAMER**

Chair Cramer thanked the Workgroup members for the immense amount of time and effort they dedicated to support the implementation of HB 3036 and he thanked the members of the public who participated in the process.

Workgroup recommendations will be presented to the March 9th Administrative Affairs Committee and to the full Board in April.

Meeting adjourned at 6:21^{PM}.