



## Oregon Medical Board

### HB 3036: Physician Assistant Modernization Bill

# Frequently Asked Questions

Updated April 27, 2022

In 2021, the Oregon Legislature passed [House Bill 3036](#) to modernize physician assistant (PA) practice in Oregon and remove administrative barriers. HB 3036 removes parts of state regulation and allows broader discretion at the PA practice level for employers and/or physicians to structure PA practice through a collaboration agreement. The Oregon Medical Board (OMB) still regulates the individual physicians and PAs as provided in the Medical Practice Act ([ORS 677](#)) to ensure patient safety.

Questions are organized in the following groups:

- Collaborative Practice Model
- Collaboration Agreements
- Phasing Out Practice Agreements
- Phasing Out Supervising Physician Organizations
- Telemedicine
- General Information
- Process for Changes and Rulemaking

Responses below are based [House Bill 3036](#) and OMB [draft rules](#), the draft rules are subject to possible changes until finalized in July 2022.

*As the OMB works to implement these changes, we know there are many questions about the process and how PAs will function under a collaborative model. Additional questions may be submitted to [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov).*

## **Collaborative Practice Model** (starting July 15, 2022)

### 1. What is collaborative practice?

Collaborative practice is how a PA provides care and practices in Oregon by engaging in collaboration. HB 3036 defines “collaboration” as indicated by the patient’s condition, community standards of care and a physician assistant’s education, training and experience; and includes consultation between the PA and a physician or referral by the PA to a physician, see [ORS 677.495](#) (after July 15, 2022).

HB 3036 states that a PA must engage in collaboration with the appropriate health care provider as indicated by the condition of the patient, the community standards of care, and the PA’s education, experience, and competence. The degree of collaboration must be determined at the PA’s primary location of practice. The determination may include decisions made by: a physician or employer with whom the PA has entered into a collaboration agreement, or the group or hospital service and the credentialing and privileging systems of the PA’s primary location of practice.

### 2. Who determines the degree of autonomous judgment a PA may exercise?

The degree of autonomous judgment is determined at the PA’s primary location of practice by the community standards of care and the PA’s education, training, and experience.



### **3. What are community standards of care?**

The degree of care, skill, and diligence that is used by ordinarily careful licensees in the same or similar circumstances in the licensee's community or a similar community.

### **4. How is the PA's scope of practice determined?**

Under the proposed rule, a PA's scope of practice is based on the PA's education, training, and experience.

### **5. What if a PA changes their specialty or emphasis of practice?**

The proposed rules place the responsibility on the PA for obtaining applicable education, training, or experience required to meet the community standards of care prior to providing care. The Board will hold PAs accountable for fulfilling this responsibility.

## **Collaboration Agreements (starting July 15, 2022)**

### **6. What is a collaboration agreement?**

A collaboration agreement is a written agreement that describes the manner in which the PA collaborates with physicians. The agreement does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a physician for the care provided by the PA. The agreement must be signed by the PA and a physician or PA's employer. A PA may not provide care unless the PA enters into a collaboration agreement, but a PA may practice under an existing practice agreement or description through 2023.

### **7. When do collaboration agreements start?**

A PA may first enter a collaboration agreement starting July 15, 2022. However, the law does not require a collaboration agreement until the end of 2023. A PA may practice under an existing practice agreement or practice description during the transition period.

### **8. Who can enter a collaboration agreement with a PA?**

A PA's collaboration agreement must be signed by a MD/DO/DPM physician or employer, see FAQ #9 for definition of employer.

### **9. Are there requirements for an employer to enter a collaboration agreement?**

HB 3036 defines "employer" as 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; a group medical practice that is part of a health system; or a physician or podiatric physician who employs a physician assistant.

### **10. Does the physician or employer entering the collaboration agreement need to be approved by the OMB?**

No. The OMB will not approve physicians or employers to enter collaboration agreements. HB 3036 defines "physician" and "employer" for the purpose of entering a collaboration agreement.



## 11. Is there a required form for collaboration agreements?

No specific form is required. You may develop your own collaboration agreement based on the requirements in statute and rule. The OMB drafted a [sample template](#) that may be used.

## 12. What must the collaboration agreement include?

A collaboration agreement must include:

- The PA's name, license number, and primary location of practice;
- The name of the physician or employer with whom the PA is entering the collaboration agreement;
- A general description of the PA's process for collaboration with physicians and if applicable, include any differences in the process for collaboration based on practice location;
- The performance assessment and review process; and
- If the PA has fewer than 2,000 hours of post-graduate clinical experience, a Specified Collaboration Plan. See FAQ #13 for Plan details.

## 13. What is a Specified Collaboration Plan for New PAs?

New PAs with less than 2,000 hours of post-graduate clinical experience (equivalent to one year of full time experience) must have a Specified Collaboration Plan in their collaboration agreement. The plan ensures the PA has access to consistent and quality collaboration with a specified physician on a regular basis during their first year of post-graduate clinical practice.

- **Who determines if a Specified Collaboration Plan is required in a collaboration agreement?**  
The PA must provide evidence of at least 2,000 hours of post-graduate clinical experience to the physician or employer with whom the PA is entering the collaboration agreement. The physician or employer entering the collaboration agreement is responsible for determining the PA does not require a plan.
- **How are 2,000 hours of post-graduate clinical experience counted?**  
"Post-graduate clinical experience" means the professional practice as a PA applying principles and methods to provide assessment, diagnosis, and treatment of patients.
- **Are there requirements for how collaboration takes place under a plan?**  
Collaboration with a specified physician may occur in person and through synchronous and asynchronous technology.
- **Are there specific requirements for the plan?**  
The physician or employer has broad discretion to create a plan tailored to the new PA. There are no minimum requirements for supervision or chart review. The plan is meant to provide new PAs initial support through consistent and quality collaboration with a specified physician on a regular basis.
- **Who tracks when a PA reaches 2,000 hours and no longer needs a plan?**  
The PA and physician or employer decide who tracks the PA's 2,000 hours of post-graduate clinical experience to determine when the plan is no longer required.
- **Does a collaboration agreement have to be amended when a Specified Collaboration Plan is no longer required?**  
A collaboration agreement must be amended in writing to remove or modify the Specified Collaboration Plan. The plan's requirements are not automatically removed when the PA reaches 2,000 hours of post-graduate clinical experience. The physician and PA will need to



maintain the requirements of the plan until the collaboration agreement is amended in writing to remove or modify the plan.

- **May a Specified Collaboration Plan extend beyond 2,000 clinical practice hours?**

Yes, the physician, employer, or PA may require that the Specified Collaboration Plan continue beyond the initial 2,000 hours of post-graduate clinical experience for any reason. In keeping with the legislative changes, the physician, employer, or PA has broad discretion to determine the bounds of the PA's practice under the collaborative model. This is, in part, why the collaboration agreement must be amended in writing if the Specified Collaboration Plan is no longer required after the 2,000 post-graduate clinical hours have been achieved.

**14. Can a collaboration agreement include other requirements not listed in statute and rule?**

Yes. A collaboration agreement may include additional requirements specific to the PA's practice as required by the physician or employer entering the collaboration agreement, including additional levels of oversight, limitations on autonomous judgment, and designating a primary contact for collaboration.

**15. Is chart review required to be included in a collaboration agreement?**

No. Chart review and supervision are not required in a collaboration agreement. These items *may* be included at the discretion of the physician or employer entering the collaboration agreement.

**16. Does the collaboration agreement need to be filed with the OMB?**

No. The PA, physician, or employer do not need to notify the OMB upon entering a collaboration agreement. Collaboration agreements will not be filed with the OMB and the OMB will not maintain or track agreements. Collaboration agreements must be kept on file at the PA's primary location of practice and made available to the Oregon Medical Board upon request.

**17. Who receives copies of the collaboration agreement?**

The physician or employer with whom the PA enters a collaboration agreement must provide a copy of the collaboration agreement and any amendments to the PA.

**18. Once a collaboration agreement is entered, how is an existing practice agreement or practice description terminated?**

Starting July 15, 2022, once a collaboration agreement is entered, the prior supervising physician must notify the OMB when a practice agreement or practice description has been terminated. The supervising physician logs onto the [Applicant/Licensee Services \(ALS\)](#) and selects the option to modify or terminate a practice agreement. When the supervising physician submits the termination request, an automatic email goes to the PA asking them to log into their ALS account and also submit termination of the practice agreement.

**19. When should a collaboration agreement be reviewed?**

As part of the PA's performance assessment, a collaboration agreement must be reviewed and updated, if needed.



## **20. How are collaboration agreements updated?**

A collaboration agreement must be replaced or amended in writing to add, remove, or change requirements. The physician or employer with whom the PA enters a collaboration agreement must provide a copy of any amendments to the PA.

## **21. How will collaboration agreements work within a multiple physician practice?**

A PA may have one collaboration agreement to collaborate with multiple physicians within the same employer or practice. A PA may enter multiple collaboration agreements for each employer or practice.

## **22. Can a PA enter a collaboration agreement with a naturopathic physician?**

No. HB 3036 defines “physician” as a physician licensed under ORS 677.100 to 677.228 and “podiatric physician” as podiatric physician and surgeon licensed under ORS 677.805 to 677.840. For purposes of entering a collaboration agreement and other specific requirements, references to a “physician” in PA rules refer to MDs, DOs, or DPMs. This does not limit a PA from generally collaborating with other appropriate health care providers as indicated. See FAQ #8 for who may enter a collaboration agreement with a PA.

## **23. Can a PA enter a collaboration agreement with a PA with 10,000 hours of experience?**

No. A PA may not enter a collaboration agreement with another PA (see FAQ #8). This does not limit a PA from generally collaborating with other appropriate health care providers.

## **Phasing Out Practice Agreements**

### **24. Should I update my practice agreement based on the rules changes effective January 15, 2022?**

PAs may continue to practice under practice agreements, and supervising physicians may continue to update or amend practice agreements (e.g., on-site supervision, PA practicing within scope of supervising physician, etc.) through July 14, 2022.

### **25. Does the supervising physician still need to provide 8 hours of on-site supervision?**

No. The requirement for 8 hours of on-site supervision was removed on January 15, 2022.

### **26. Does the supervising physician still need to provide chart review?**

Yes. As provided in ORS 677.495(5) and [OAR 847-050-0037\(6\)](#), a supervising physician must provide regular and routine oversight and chart review, but no specific percent is required.

### **27. What is the timeline for phasing out practice agreements and practice descriptions?**

The law creates a transition period to allow a PA to practice under an existing practice agreement or practice description until the end of 2023. However, starting July 15, 2022, a PA may not enter a new practice agreement or make changes to an existing practice agreement or practice description. If changes are needed on or after July 15, 2022, the PA will need to transition to a collaboration agreement.

Starting July 15, 2022, once a collaboration agreement is entered, the prior supervising physician must notify the OMB when a practice agreement or practice description has been terminated. The supervising



physician logs onto the [Applicant/Licensee Services \(ALS\)](#) and selects the option to modify or terminate a practice agreement. When the supervising physician submits the termination request, an automatic email goes to the PA asking them to log into their ALS account and also submit termination of the practice agreement.

The OMB will terminate all remaining practice agreements or practice descriptions on January 1, 2024. Any PA practicing on January 1, 2024, without a collaboration agreement in place will be practicing in violation of the Medical Practice Act.

### **28. What if a PA's current practice agreement contains dispensing authority? Does a PA need to register for dispensing authority now?**

On January 15, 2022, all PAs with dispensing authority in a practice agreement were automatically registered for dispensing authority until their next renewal. (For most PAs, this is through December 31, 2023.) During the next renewal, a PA will need to indicate if they wish to maintain dispensing registration. Also, see the [Dispensing Authority](#) information sheet. Starting January 15, 2022, a PA's dispensing authority is noted on a PA's [License Verification Details](#):

Smith, John, PA

PA License: PA112244	
Originally Issued: 04/18/2001	Basis: NCCPA (PANCE) Current
Status: Active	Dispensing: Yes
Status Effective: 1/1/2022	
Expires: 12/31/2023	

### **29. I like my current practice agreement and structure; do I have to transition to a collaboration agreement?**

All PAs must transition to a collaboration agreement no later than December 31, 2023. However, a collaboration agreement may include identical requirements to the PA's current practice agreement (e.g., supervision, chart review, limits on scope of practice, etc.).

## **Phasing Out Supervising Physician Organizations (SPOs)**

### **30. When do SPOs go away?**

The law provides a transition period to allow PAs to practice under an existing practice agreement, including agreements within a SPO, until the end of 2023. SPOs are removed from statute on July 15, 2022 and new SPOs may not be created after that date. If changes are needed to a practice agreement on or after July 15, 2022, the PA must transition to a collaboration agreement. See FAQ #27 for the timeline for phasing out and FAQ #31 for models similar to SPOs that will be available moving forward.

### **31. Can a SPO exist within a collaborative practice model?**

Starting July 15, 2022, HB 3036 removes parts of state regulation and allows broader discretion at the PA practice level for employers or physicians to structure PA practice. Employers will need to determine the PA's practice within the confines of HB 3036. A SPO-like structure may still be able to work within a collaborative practice model. The collaboration agreement is an agreement for how the PA practices and the employer and/or physician entering the agreement may decide to put more than what is required by



law in the collaboration agreement (e.g., a SPO-like practice structure, supervision, chart review, limits on scope of practice, etc.). Each PA will need their own collaboration agreement.

**32. We have a new physician starting in June 2022. Is the new physician still required to take the online supervising physician quiz, pay the \$100 fee, and become a supervising physician to be added to the existing SPO?**

Yes. The existing process to create a SPO or become a supervising physician will go through July 14, 2022. A physician who wants to be a supervising physician for a PA will need to complete the same requirements within the current process until that date. There is no grace or transition period for supervising physicians and practice agreements prior to July 15, 2022.

## **Telemedicine**

**33. Does a PA with an Active status license have to complete an OMB form to practice via telemedicine?**

No. An Oregon-licensed PA with an Active status (current, physical practice location in Oregon) may practice via telemedicine if the patient is located in Oregon and telemedicine meets the standard of care for the particular patient and condition being treated. No form is needed to practice via telemedicine for PAs with an Active status. (Note: An [application](#) is required to initially obtain an Oregon license at Active status.) If the PA is not maintaining an Oregon practice location, the PA must contact the Board's licensing department to discuss the appropriate license status. The Board advises Active status PAs practicing via telemedicine from outside of Oregon beyond a temporary period to contact the licensing department at [licensing@omb.oregon.gov](mailto:licensing@omb.oregon.gov) to ensure the PA holds the correct license status. See the OMB's [telemedicine webpage](#) for more information.

**34. May a PA practice via telemedicine on patients located outside of Oregon?**

The practice of medicine occurs where the patient is located. The provider must possess appropriate licensure in all jurisdictions where the patient is located and receives care. OMB licensees intending to practice via telemedicine on patients located outside of Oregon must check with the other state's licensing board. See the OMB's [telemedicine webpage](#) for more information.

**35. What is the new PA Telemedicine Active status license?**

The Telemedicine Active status license is for PAs who practice and render medical treatment to patients located in Oregon via electronic means but the PA is physically located outside of Oregon. A Telemedicine Active status PA may not physically practice in Oregon without a license status change. During the application process for a Telemedicine Active status license, a PA will describe how they intend to practice medicine across state lines. Please contact OMB Licensing with further questions about the Telemedicine Active status license at [licensing@omb.oregon.gov](mailto:licensing@omb.oregon.gov).

**36. If I apply for a PA Telemedicine Active status license between January 15 and July 15, 2022, what practice requirements do I have to meet?**

The statute and OMB rules for PAs in effect on January 15, 2022, will apply until July 15, 2022. During the six-month period before the remaining parts of HB 3036 become operational on July 15, 2022, a PA will need a supervising physician and practice agreement.



## **General Information**

### **37. How does a PA register for dispensing authority?**

On January 15, 2022, all PAs with dispensing authority in a practice agreement were automatically registered for dispensing authority until their next renewal. Going forward, during renewal a PA may indicate the desire to maintain dispensing authority. The [Dispensing Authority](#) information sheet contains details about registering for dispensing outside of an initial or renewal application.

### **38. Do PAs still need to complete a Dispensing Training?**

No. The Oregon-specific training requirement was removed from statute and rule on January 15, 2022, and is no longer required.

### **39. Starting July 15, 2022, may a PA start their own practice without a physician, such as a primary care or medical spa practice?**

While PAs will have significant autonomy under the new law effective July 15, 2022, PAs will be required to have a collaborative relationship with a physician or an employer (as defined by [ORS 677.495](#)). Collaborative practice allows a PA to provide care by entering a written collaboration agreement signed by a physician, podiatric physician, or employer. [Draft Rule, OAR 847-050-0082 \(pages 18-20\)](#) lays out the contents of the agreement, including a general description of the PA's process for collaboration with physicians. The PA and the physician or employer with whom the PA enters into the collaboration agreement is responsible for upholding the terms of the collaboration agreement and ensuring availability for collaboration.

*In addition, the OMB cannot provide legal advice. We suggest our licensees seek legal advice when starting/structuring a medical practice to ensure compliance with [ORS 58](#) and other applicable laws.*

### **40. What kind of malpractice insurance will PAs need?**

Please consult with your malpractice insurance carrier for information and guidance on malpractice coverage.

### **41. What if I am a PA with an OMB Order requiring specific oversight or practice requirements? Does HB 3036 change anything?**

The PA's practice must continue to meet the requirements of the OMB Order. For specific questions, please contact the OMB's investigation section.

### **42. What if I am a physician with an OMB Order restricting PA supervision?**

If an OMB Order currently restricts a physician from supervising a PA and entering a practice agreement, the physician will not be able to enter a collaboration agreement with a PA. For specific questions, please contact the OMB's investigation section.

### **43. Will PAs be considered Licensed Independent Providers (LIPs)?**

The OMB does not use the term Licensed Independent Providers. While PAs will have significant autonomy under the new law effective July 15, 2022, PAs will be required to have a collaborative relationship with a physician or an employer (as defined by [ORS 677.495](#)). Please seek legal advice to determine how these statutory changes may or may not impact facilities and providers.





## **Process for Changes and Rulemaking**

### **44. HB 3036 is effective as of June 23, 2021. When will I see these changes?**

The bill's effective date of June 23, 2021, has allowed the OMB to start working on its implementation. The actual changes to PA practice provided in HB 3036 are operational in phases on January 15, 2022, and July 15, 2022 (see [HB 3036](#) sections 9, 20, and 21).

### **45. What process will the Oregon Medical Board use to make these changes?**

The OMB is using a multi-phased rulemaking plan to implement the changes outlined below. OMB staff will also update webpages, forms, and other materials as needed to align with rule changes.

- Rulemaking #1: Amends sections of PA rules relating to PA dispensing, prescribing, and on-site supervision. Operational on January 15, 2022 (HB 3036 sections 1-2). See [Final Rule](#).
- Rulemaking #2: Amends telemedicine rules to add a PA telemedicine status license. Operational on January 15, 2022 (HB 3036 sections 3-6). See [Final Rule](#).
- Rulemaking #3: Amends licensure fee rules to add a PA telemedicine license status. Operational on January 15, 2022. See [Final Rule](#).
- Rulemaking #4: Amends sections of PA rules to shift PA practice from a supervision to collaboration model. Operational on July 15, 2022 (HB 3036 sections 10 & 11A). *The Board convened a workgroup to review and make recommendations in early 2022. [Draft Rules](#) are available for comment. Written comments are due by 5 p.m. on May 23, 2022, submit via email to [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov).*

### **46. How can I submit feedback about the draft rules?**

The Board will take public oral comments on the [proposed rules](#) at a public hearing on Monday, May 23, 2022 at 10 a.m. via videoconference. See the [HB 3036 webpage](#) for details on participating. Written comments will be accepted until 5 p.m. on May 23, 2022, via email to [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov).

### **47. Where can I find current information for the HB 3036 implementation process?**

Current information, including proposed rule drafts, are available on the Board's [HB 3036 webpage](#).

### **48. Is there an email list to receive updates about the HB 3036 implementation process?**

Yes, email [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov) to be added to this email list.

### **49. Why is the OMB making these changes to PA practice and removing physician supervision of PAs from rule?**

HB 3036 was passed by the Oregon Legislature in June 2021 to modify PA practice from a supervision to collaboration practice model. HB 3036 and ORS 677.265 grants the OMB authority to adopt rules implementing the changes provided in HB 3036.