Oregon
Kate Brown, Governor

Medical Board
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HOUSE BILL 3036 RULES WORKGROUP

Meeting Agenda
February 8, 2022, 5:00PM
Videoconference

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

The public is invited to attend all portions of this meeting and participate by providing comment during the public comment period. Members of the public who wish to listen or provide public comment, please contact Gretchen Kingham at Gretchen.Kingham@omb.oregon.gov or (971) 673-2700 no later than Noon on Tuesday, February 8, 2022 to obtain meeting information.

Committee Members:
Erin Cramer, PA, Chair
Patti Louie, PhD
Mark Bonanno, JD, Oregon Medical Association
Leza Hayes, PA, Oregon Society of Physician Assistants
Dan Sengenberger, DO, Oregon Academy of Family Physicians
Amanda Miller, PA
Kathleen J. Thompson, PA
James Jackman, DO, Supervising Physician
Christopher Strear, MD, Supervising Physician
Paul Krull, MBA, SPO Representative

OMB Staff:
Nicole Krishnaswami, JD, Executive Director
Elizabeth Ross, JD, Legislative & Policy Analyst
Elizabeth.Ross@omb.oregon.gov
Gretchen Kingham, Executive Assistant
Gretchen.Kingham@omb.oregon.gov

Call this meeting to order and welcome workgroup members and members of the public.

- Introduction of workgroup members
- The public is invited to attend all portions of this meeting and participate by providing comment during the public comment period. Members of the public may also submit comments in writing, and Board staff will ensure those comments are shared with the Workgroup members.
- Ground rules for the meeting:
    - Open, honest, and respectful communication is expected at all times.
    - The format for the conversation is a public meeting, and all portions of the meeting will be held in public session.

January 27th meeting minutes have been provided for review.

ITEM	TOPIC	CONTENT	TIME
1	Rulemaking Review	Discuss rule text	90 minutes
2	Telemedicine Status	Telemedicine Active status license for PAs	5 minutes
3	Communicating HB 3036 Changes	Discuss Communicating HB 3036 Changes	5 minutes
4	Public Comment	Members of the public may provide oral comment	15 minutes
5	Closing Remarks	Discuss next steps	5 minutes

The final meeting of the workgroup will be held next week, on XXX, February XX.

ADJOURN

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Approved by the Board on XXX, 2022.

OREGON MEDICAL BOARD
Meeting of the HB 3036 Rules Workgroup • November 17, 2021

The Oregon Medical Board ("OMB" or "Board") held a special meeting of the HB 3036 Rules Workgroup on Wednesday, January 19, 2022 via videoconference.

Chair Erin Cramer called the meeting to order at 5:05PM.

A quorum was present, consisting of the following members:

Erin Cramer, PA, Chair
Patti Louie, PhD
Mark Bonanno, JD, OR Medical Association
Leza Hayes, PA, OR Society of Physician Assistants
James Jackman, DO, Supervising Physician
Paul Krull, MBA, SPO Representative
Amanda Miller, PA
Dan Sengenberger, DO, OR Academy of Family Physicians
Christopher Strear, MD, Supervising Physician

Absent:
Kathleen J. Thompson, PA, was absent.

Staff present:

Nicole Krishnaswami, JD, Executive Director
Elizabeth Ross, JD, Legislative & Policy Analyst
Gretchen Kingham, Executive Assistant

PUBLIC SESSION

Welcome and Review of Workgroup Charter Revision	**CRAMER**

Mr. Cramer welcomed Workgroup members and members of the public to the first meeting of the OMB's 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.

Additionally, the Chair briefly reviewed the workgroup Charter, role of the workgroup in rulemaking, what to expect as a workgroup member during the meeting, and what to expect as a member of the public during the meeting.

Rulemaking Process Overview	**STAFF**

Elizabeth Ross, Oregon Medical Board Legislative and Policy Analyst, reviewed the HB 3036 Rulemaking Timeline and the State of Oregon rulemaking process.

HB 3036 Sections 10 and 11A Overview	**STAFF**

Ms. Ross reviewed excerpts from HB 3036 sections 10, 11A, and 20.

Rulemaking Review	**STAFF**

847-050-0005 Preamble
There was no discussion regarding 847-050-0005.

847-050-0010 Definitions
The Workgroup discussed that the term "employer" is not included in the definition of "collaboration agreement," but also noted that it is not needed. Additionally, they discussed adding a definition for the term "Community Standard."

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
The Workgroup discussed possible billing concerns due to section (3).

Workgroup members noted that the term "supervising physician" was in the rules. Staff will double check all uses of the term throughout the document.

847-050-0035 Grounds for Discipline
Workgroup members questioned the word "task" in section (2)(d). Staff welcomed suggested language or using the language "based on the physician assistant's education, training, and experience." The Workgroup also questioned the use of "supervision" in the last sentence of section (2)(d) and suggested using "preformed medical services." Cumulative knowledge, no matter the collaborative agreement, was also discussed. Staff made a clarification regarding supervision/collaborative timelines language in section (2)(c).

847-050-0036 Supervising Physician Organization
Staff made a clarification regarding the removal of Supervising Physician Organizations in the future.

847-050-0037 Supervision
There was no discussion regarding 847-050-0037.

847-050-0038 Agents
There was no discussion regarding 847-050-0038.

Workgroup members questioned making the document gender neutral. Staff will review and revise with gender neutral pronouns.

847-050-0040 Method of Performance
Staff made a clarification regarding sections (10) and (11). Workgroup members verified that the header "Under a practice agreement or practice description" means the following rules only apply in the specific situation(s) outlined. Staff suggested changing the title of the section for clarity: "Method of Performance Under a Practice Agreement."

847-050-0041 Prescribing and Dispensing Privileges
Staff made a clarification regarding section (1)(b). Workgroup members questioned where the qualification comes from in section (2). Staff suggested inserting the language "based on the physician assistant's education, training, and experience." The Workgroup also discussed that section (2) should mirror other licensees' rules. Staff clarified that PAs are subject to the PDMP requirements and all OMB licensees must take required pain management CME. Workgroup members noted that the DEA provides the privileges noted in section (6)(a). Staff clarified that the phrase "except as provided in OAR 847-015-0050 for expedited partner therapy for sexually transmitted disease" in section (5) will only appear in this rule if OAR 847-015-0050 is adopted.

The Workgroup pointed out a formatting error, and staff will change "P.A." to "PA" throughout the document.

847-050-0042 Registration
There was no discussion regarding 847-050-0042.

847-050-0043 Inactive Registration and Re-Entry to Practice
Staff clarified that section (4)(d) applies to requirements for re-entry to practice, noting that all licensees become inactive after not practicing for 6 months and may require a re-entry plan.

The Workgroup pointed to an inconsistency with the use of Physicians/Podiatric Physicians. Staff will review the document for consistency.

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.

Workgroup members questioned the implementation of these rules and communication to licensees and other interested parties. Staff noted the HB 3036 webpage on the OMB website, newsletter, FAQs, close relationships with other healthcare regulatory agencies, the call for additional public comment after the rules are prepared for public review, and a possible direct licensee email. Additionally, the Workgroup discussed educating the public on the new roles of a PA.

847-050-0055 Responsibility for Patient Care
The Workgroup discussed situations where a PA is not an employee, and staff noted that they are working with the Department of Justice on this issue. Workgroup members noted that a PA is responsible for the care they provide in all situations but that does not negate some level of responsibility for patient care from all parties involved.

847-050-0080 Collaboration

The Workgroup questioned the language “primary location of practice” as noted in section (2) and whether “present location” might be more useful than “primary location.” Additionally, workgroup members expressed concern for larger healthcare institutions that have multiple locations.

Staff provided clarification regarding the act of “collaboration” versus “collaboration agreements” and suggested the possibility of creating separate rules for collaboration and collaboration agreement.

Regarding section (5), the Workgroup questioned the need for certain requirements to be included in the collaboration agreement if they are included in an employment agreement. It was discussed that not all PAs have an employment agreement so the need does exist for certain requirements to be included in the collaboration agreement.

In section (5)(c), staff clarified that actual collaboration must happen with a physician or podiatric physician, and the employer would only ensure that the required collaboration is happening.

The Workgroup also questioned whether an employer may have one collaboration agreement with multiple PAs. They discussed that an agreement could encompass each of the potential roles, similar to privileging at a hospital. Workgroup members noted that the rule could allow for this type of collaboration agreement.

Staff clarified that the 2,000 hours of post-graduate clinical experience, specified in section (5)(f) does not refer to collaborative hours, but to the number of hours a licensee has actively practiced as a PA, in a clinical setting. Additionally, staff clarified that in section (5)(f)(A), the physician assistant, or physician, podiatric physician, or employer is responsible for tracking the hours, drawing specific attention to the use of the word “or.”

The Workgroup discussed section (5)(f) language “a plan for the minimum number of hours per month during which the physician assistant will collaborate” noting that “a plan” is quite broad. Several Workgroup members noted this to be of concern and may require more specificity.

Workgroup members questioned how an employer would absolutely know if a new hire PA had met the 2,000 hour requirement in (5)(f). The Workgroup discussed that the burden of proof would fall to the PA. Staff referenced the definition of “post-graduate clinical experience,” as indicated in section (5)(f)(B).

Staff asked the Workgroup if the phrase “will collaborate” should be better defined. The Workgroup discussed that both synchronous and asynchronous collaboration fits the need. Workgroup members also discussed that the collaboration occurring through the requirements of (5)(f) should be the same type of collaboration in (5)(c), which is required to be described in the collaboration agreement.

Additionally, Workgroup members questioned the 2,000 hours not being specialty-specific, noting that as written, a PA could switch specialties with no proven competence, whereas a physician, oftentimes, cannot switch specialties without completing a new residency program.

The Workgroup discussed section (5)(f) language “a specified” and agreed that “a” should be removed.

Workgroup members questioned the need for section (10) and whether it referenced collaboration agreements or the act of collaborating.

Public Comment	STAFF

Michelle Reina, MD, Emergency Medicine, ED Assistant Director at Asante, noted her appreciation for the work going into the rules and expressed her concerns on how a large hospital system would proceed with implementation. Additionally, Dr. Reina discussed posting signage on the roles of a PA, and other healthcare providers, in healthcare facilities.

Jessica Wright, PA, thanked the Workgroup and commented on 847-050-0035(2)(d), noting that all PAs need to receive a copy of their collaboration agreements. She also asked for clarification on 847-050-0080(4)(a), questioning if it is specifically referring to the collaboration agreement or collaboration in general.

Heather Tonga, PA, noted that implementation will require education to non-provider groups, like pharmacists, especially in rural areas and in small practices. Ms. Tonga also questioned the criteria for collaborative agreements and who will decide what is appropriate. She suggested that the workgroup could develop broad criteria that will keep everyone safe. She also asked for clarity regarding what experience will count toward the 2,000 hours.

James Knight III, MD, asked for clarification on the community standard of practice and asked whether PAs will be held to the standards of other PAs or if the community standard applied to a specialty, which may include physicians.

Ben Johnson, PA, thanked the Workgroup and noted he helped to initiate HB 3036. Mr. Johnson noted that the basic intent of the bill was to increase access to healthcare.

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

- Jacob Hauptman, PA
- Katie Harris, Oregon Association of Hospitals and Health Systems
- Curtis Hawkinson, PA, Site Medical Director, Skyline Village
- David Walls, Director of Osteopathic Physicians and Surgeons of Oregon
- Ruth Miles, Government Relations, Salem Health, Hospitals & Clinics
- Taylor Sarman, Mahonia Public Affairs
- Nick Haskins, Mahonia Public Affairs
- Michelle Reina, MD, Emergency Medicine, ED Assistant Director at Asante
- Brian Mills, PA, President of OSPA
- Elizabeth Edwards, Kaiser Permanente
- Juliana Bernstein, PA

Planning for Future Discussion Topics and Next Meeting Date	CRAMER

Staff will send a survey to Workgroup members to schedule the next meeting.

Meeting adjourned at 7:00$_{PM}$

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 050 – OREGON MEDICAL BOARD

HB 3036 Workgroup Review – February 2022

Note: For reference purposes only, section references note language from HB 3036. Changes highlighted in yellow are substantive changes added since first workgroup meeting on January 19, 2022, further discussion is welcomed.

The following assumptions were made in the development of these rules which should 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.
- Specialities: primary care, surgery, dermatology, etc.

~~**847-050-0005**~~
~~**Preamble**~~

~~(1) A physician assistant is a person qualified by education, training, experience, and personal character to provide medical services under the direction and supervision of a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, in active practice and in good standing with the Board. The purpose of the physician assistant program is to enable physicians licensed under ORS 677 to extend high quality medical care to more people throughout the state.~~

~~(2) The licensed physician or podiatric physician and surgeon is in all cases regarded as the supervisor of the physician assistant.~~

~~Statutory/Other Authority: ORS 677.265~~
~~Statutes/Other Implemented: ORS 677.495 - 677.535~~

847-050-0010
Definitions

As used in OAR 847-050-0005 to 847-050-0065:

(1) "Agent" means a physician designated in writing by the supervising physician who provides direction and regular review of the medical services of ~~the~~ a physician assistant, under a practice agreement or practice description, when the supervising physician is unavailable for short periods of time, such as but not limited to when the supervising physician is on vacation.

(2) "Board" means the Oregon Medical Board for the State of Oregon.

(3) “Collaboration” has the meaning given in ORS 677.495, as indicated by the patient’s condition, community standards of care and a physician assistant’s education, training and experience:

(a) Consultation between the physician assistant and a physician; or

(b) Referral by the physician assistant to a physician (section 10).

(4) “Collaboration agreement” has the meaning given in ORS 677.495, a written agreement that describes the manner in which the physician assistant collaborates with physicians, that does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a physician for the care provided by the physician assistant and that is signed by the physician assistant and the physician or physician assistant’s employer (section 10).

(5) “Community standard” means the standard of care, which is the standard of a reasonably prudent, careful, and skillful practitioner of that discipline in the community or a similar community under the same or similar circumstances consistent with the definition in ORS 677.095 and 677.265.

(6) “Employer” has the meaning given in ORS 677.495:

(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;

(b) A group medical practice that is part of a health system; or

(c) A physician who employs a physician assistant (section 10).

~~(3) "Grandfathered physician assistant" means the physician assistant registered prior to July 12, 1984, who does not possess the qualifications of OAR 847-050-0020. Grandfathered physician assistants may retain all practice privileges which have been granted prior to July 12, 1984.~~

(7) “Physician” means a physician licensed under ORS 677.100 to 677.228 and includes a podiatric physician licensed under ORS 677.805 to 677.840.

(~~4~~8) "Physician assistant" has the meaning given in ORS 677.495, ~~means~~ a person who is licensed as such in accordance with ORS 677.265 and 677.495 through 677.535(section 10).

(~~5~~9) "Practice agreement" means a written agreement between a physician assistant and a supervising physician or supervising physician organization that describes the manner in which the services of the physician assistant will be used, submitted to the Board prior to July 15, 2022.

(~~6~~10) "Practice description" means a written description of the duties and functions of the physician assistant in relation to the physician's practice, submitted by the supervising physician and the physician assistant to the Board and approved prior to January 1, 2012.

(~~7~~11) "Primary supervising physician" means a supervising physician within a supervising physician organization who is designated to provide the administrative direction for the supervising physician organization, under a practice agreement or practice description.

(~~8~~12) "Supervising physician organization" means a group of supervising physicians who collectively supervises a physician assistant, under a practice agreement or practice description.

(~~9~~13) "Supervising physician" means a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, actively registered and in good standing with the Board, and approved by the Board as a supervising physician, who provides direction and regular review of the medical services provided by the physician assistant, under a practice agreement or practice description.

(~~10~~14) "Supervision" means the routine review by the supervising physician or designated agent, as described in the practice agreement or Board-approved practice description of the medical services provided by the physician assistant, under a practice agreement or practice description. There are three categories of supervision:

(a) "General Supervision" means the supervising physician or designated agent is not on-site with the physician assistant, but must be available for direct communication, either in person, by telephone, or other synchronous electronic means.

(b) "Direct Supervision" means the supervising physician or designated agent must be in the facility when the physician assistant is practicing.

(c) "Personal Supervision" means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.495, 677.510, 677.511, 677.512, 677.515

847-050-0023
Limited License, Pending Examination

(1) An applicant for a Physician Assistant license who has successfully completed a physician assistant education program approved by the American Medical Association Council on Allied Health Education and Accreditation (CAHEA), or the Commission on Accreditation for Allied Health Education Programs (CAAHEP), or the Accreditation Review Commission on Education for the Physician Assistant (ARCPA) but has not yet passed the Physician Assistant National

Certifying Examination (PANCE) given by the National Commission for the Certification of Physician Assistants (NCCPA) may be issued a Limited License, Pending Examination, if the following are met:

(a) The application file is complete to the satisfaction of the Board with the exception of pending certification by the NCCPA;

(b) The applicant has not previously failed the NCCPA examination; and

(c) The applicant has submitted the appropriate form and fee prior to being issued a Limited License, Pending Examination.

(2) A practice agreement must be submitted to the Board within ten days after the physician assistant begins practice in accordance with OAR 847-050-0040.

(3) A Limited License, Pending Examination may include prescriptive privileges for Schedules III through V ~~if the supervising physician specifies these prescription privileges for the physician assistant in the practice agreement~~;

(4) A Limited License, Pending Examination may be granted for a period of six months.

(5) Upon receipt of verification that the applicant has passed the NCCPA examination, and if their application file is otherwise satisfactorily complete, the applicant will be considered for a permanent license.

(6) The Limited License, Pending Examination will automatically expire if the applicant fails the NCCPA examination.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.132 & 677.535

847-050-0027
Approval of Supervising Physician

Prior to July 15, 2022:

(1) Prior to using the services of a physician assistant under a practice agreement, a supervising physician, including the primary supervising physician and each supervising physician within a supervising physician organization, must be approved as a supervising physician by the Board.

(2) Physicians applying to be a supervising physician must:

(a) Submit a supervising physician application and application fee; and

(b) Take an online course and pass an open-book exam on the supervising physician requirements and responsibilities given by the Board. A passing score on the exam is 75%. If the supervising physician applicant fails the exam three times, the physician's application will be reviewed by the Board. A supervising physician applicant who has failed the exam three times must also attend an informal meeting with a Board member, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the exam, before being given a fourth and final attempt to pass the examination. If the applicant does not pass the exam on the fourth attempt, the physician's application may be denied.

(3) The Board will reduce the supervising physician application fee for physicians volunteering in free clinics or non-profit organizations.

(4) The physician may be subject to Board investigation prior to approval or may be limited or denied approval as a supervising physician for the following:

(a) There are restrictions upon or actions against the physician's license; or

(b) Fraud or misrepresentation in applying to use the services of a physician assistant.

(5) The Board may defer taking action upon a request for approval as a supervising physician pending the outcome of the investigation of the physician for violations of ORS 677.010–990.

(6) Failure to apply and be approved as a supervising physician by the Board prior to using the services of a physician assistant under a practice agreement is a violation of ORS 677.510 and is grounds for a $195 fine. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.205 & 677.510

847-050-0029
Locum Tenens Assignments

(1) Locum tenens means a temporary absence by the physician assistant ~~or supervising physician~~ which is filled by a substitute physician assistant ~~or supervising physician~~.

(2) For assignments starting prior to July 15, 2022, ~~T~~the following is required for a locum tenens assignment:

(~~1~~a) Within ten days of the start of the locum tenens assignment, the supervising physician of the practice which desires the substitute must submit a notification of locum tenens assignment to the Board.

(~~2~~b) The notification of locum tenens assignment must include the name of the substitute physician assistant or supervising physician who is filling the locum tenens assignment, duration

of the locum tenens assignment, a description of how supervision of the physician assistant will be maintained, and any changes in the practice agreement or Board-approved practice description for the practice during the locum tenens assignment.

(~~3~~c) The substitute physician assistant or supervising physician who is filling the locum tenens assignment must be currently licensed in Oregon, with ~~active, locums tenens, or emeritus~~practicing registration status, and be in good standing with the Board.

(~~4~~d) The physician assistant must be qualified to provide the same type of service as described in the current practice agreement or Board-approved practice description for the locum tenens.

(~~5~~e) The supervising physician who is filling the locum tenens assignment must be approved as a supervising physician by the Board in accordance with OAR 847-050-0027 (Approval of Supervising Physician).

(3) For assignments starting on or after July 15, 2022, the substitute physician assistant who is filling the locum tenens assignment must be currently licensed in Oregon with practicing registration status and enter into a collaboration agreement.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.265 & 677.510

847-050-0035
Grounds for Discipline

(1) The performance of unauthorized medical services by the physician assistant constitutes a violation of the Medical Practice Act. ~~The supervising physician and/or agent is responsible for the acts of the physician assistant and may be subject to disciplinary action for such violations by the physician assistant.~~ The physician assistant is ~~also~~ subject to disciplinary action for violations. Proceedings under these rules are conducted in the manner specified in ORS 677.200.

(2) In addition to any of the reasons cited in ORS 677.190, the Board may refuse to grant, or may suspend or revoke a license to practice as a physician assistant for any of the following reasons:

(a) The physician assistant has held ~~himself/herself~~themselves out, or permitted another to represent the physician assistant to be a licensed physician.

(b) Prior to July 15, 2022 or under a practice agreement or practice description as provided in Oregon Laws 2021, chapter 349, section 20, ~~T~~the physician assistant has in fact performed medical services without the direction or under the supervision of a Board-approved supervising physician or agent.

(c) On or after July 15, 2022, the physician assistant has in fact performed medical services without entering into a collaboration agreement, except as provided in Oregon Laws 2021, chapter 349, section 20.

(~~c~~d) The physician assistant has performed ~~a task or tasks~~medical services beyond the physician assistant's competence, education, training, experience, or outside the practice agreement as stated in OAR 847-050-0040 or collaboration agreement as stated in OAR 847-050-0080. This is not intended to limit the ability of a physician assistant to learn new procedures ~~under personal supervision~~.

Statutory/Other Authority: ORS 677.190, 677.205 & 677.265
Statutes/Other Implemented: ORS 677.190, 677.205, 677.265 & 677.505

847-050-0036
Supervising Physician Organization

A group of supervising physicians may collectively supervise a physician assistant under a practice agreement or practice description by forming a Supervising Physician Organization subject to the following conditions:

(1) A supervising physician organization must designate one physician within the supervising physician organization to also serve as the primary supervising physician of the supervising physician organization.

(2) Prior to January 15, 2022, ~~Each~~ each supervising physician in a supervising physician organization, including the primary supervising physician, must be approved by the Board as a supervising physician.

(3) Prior to July 15, 2022, ~~The~~ the supervising physician organization must provide the Board with a letter containing:

(a) The name of the supervising physician organization;

(b) The address and phone number for the supervising physician organization;

(c) The name of the primary supervising physician; and

(d) The names of the supervising physicians in the supervising physician organization.

(4) The supervising physician organization must notify the Board in writing within 10 days of any change in the name, address, phone number, or supervising physicians in the supervising physician organization.

(5) A supervising physician organization may include any number of supervising physicians.

(6) A supervising physician organization may supervise any number of physician assistants.

(7) A physician assistant who is supervised by a supervising physician organization may be supervised by any of the supervising physicians in the supervising physician organization.

(8) The Board may request a meeting with a supervising physician organization and a physician assistant to discuss a practice agreement.

(9) Supervising physician organizations, as defined in this rule and OAR 847-050-0010, may not enter into collaboration agreements.

Statutory/Other Authority: ORS 677.265 & 677.510
Statutes/Other Implemented: ORS 677.495, 677.510 & 677.515

847-050-0037
Supervision

Under a practice agreement or practice description:

(1) A physician may not use the services of a physician assistant without first obtaining Board approval as a supervising physician.

(2) The supervising physician, agent, or in the case of a supervising physician organization, the primary supervising physician and the supervising physician who is providing supervision for the physician assistant, are personally responsible for the direction, supervision and regular review of the medical services provided by the physician assistant, in keeping with the practice agreement or Board-approved practice description.

(3) The type of supervision and maintenance of supervision provided for each physician assistant must be described in the practice agreement or Board-approved practice description.

(4) The supervising physician, agent or, in the case of a supervising physician organization, the supervising physician who is providing supervision for the physician assistant must be available for direct communication with the physician assistant at all times in person, by telephone, or through other synchronous electronic means, whether the supervising physician and physician assistant practice in the same practice location or a practice location separate from each other.

(5)(a) Each setting and licensed facility in which the physician assistant will provide services must be listed in the practice agreement or Board-approved practice description.

(b) Additional, intermittent practice settings such as schools, sporting events, health fairs and long term care facilities, are not required to be listed in the practice agreement or Board-approved practice description if the duties are the same as those listed in the practice agreement

or Board-approved practice description. The medical records for the patients seen at these additional practice settings must be held either at the supervising physician's primary practice setting or the additional practice settings. The supervision of the physician assistant must be the same as that described in the practice agreement or Board-approved practice description.

(6) The supervising physician, agent or the supervising physicians in the supervising physician organization must provide regular and routine oversight and chart review.

(7) Prior to January 15, 2022, the supervising physician may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the practice agreement or Board-approved practice description.

(8) On or after January 15, 2022, the degree of autonomous judgment that a physician assistant may exercise shall be determined at the physician assistant's primary location of practice by the community standards of care and the physician assistant's education, training and experience.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.495, 677.510 & 677.515

847-050-0038

Agents

Under a practice agreement or practice description:

(1) The supervising physician who is not a member of a supervising physician organization may designate an agent or agents to direct and supervise the physician assistant when the supervising physician is unavailable for short periods of time. The agents must meet the following requirements:

(a) Be a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, actively registered and in good standing with the Board;

(b) Practice in the same city or practice area as the supervising physician or physician assistant.

(c) Be qualified to supervise as designated in the practice agreement.

(2) The supervising physician is responsible for informing the agent of the duties of an agent. Prior to such time as the physician assistant is acting under the direction of an agent, the supervising physician must determine that the agent understands and accepts supervisory responsibility. The agent must sign an acknowledgement of all practice agreements between the supervising physician and the physician assistant(s) the agent will supervise, and a copy must be kept at the primary practice location. Supervision by the agent will continue for a certain, predetermined, limited period of time, after which supervisory duties revert to the supervising physician.

(3) In the absence of the supervising physician, the agent assumes the same responsibilities as the supervising physician.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.495 & ORS 677.510

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

Under a practice agreement or practice description:

(1) The physician assistant may perform at the direction of the supervising physician, agent or, in the case of a supervising physician organization, the primary supervising physician or the supervising physician who is providing supervision for the physician assistant only those medical services as included in the practice agreement or Board-approved practice description.

(2) A medical service may be performed by a physician assistant if:

(a) The services are provided under the methods of supervision described in and in compliance with the practice agreement or Board-approved practice description;

(b) The services are within the scope of practice and the competency of the physician assistant;

(c) The services are generally described in and in compliance with the practice agreement or Board-approved practice description; and

(d) The physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(3) The supervising physician shall ensure that the physician assistant is competent to perform all duties. The supervising physician or supervising physician organization and the physician assistant are responsible for ensuring the competent practice of the physician assistant.

(4) The physician assistant or student must be clearly identified as such when performing duties. The physician assistant must at all times when on duty wear a name tag with the designation of "physician assistant" or “PA” thereon and clearly identify ~~himself or herself~~ as a “physician assistant” or “PA” in oral communications with patients and other professionals.

(5) The supervising physician must furnish reports, as required by the Board, on the performance of the physician assistant or student.

(6) The practice agreement must be submitted to the Board within ten days after the physician assistant begins practice with the supervising physician or supervising physician organization.

(7) The supervising physician must notify the Board of any changes to the practice agreement within ten days of the effective date of the change.

(8) Supervising physicians must update the practice agreement biennially during the supervising physician's license renewal process.

(9) Effective July 15, 2022, ~~A~~a supervising physician and physician assistant who have a Board-approved practice description that was approved prior to January 1, 2012, and who wish to make changes to the practice description must enter into a ~~practice agreement~~collaboration agreement in accordance with ORS 677.510(~~6~~3)(a).

(10) Effective July 15, 2022, a supervising physician and physician assistant who wish to make changes to an existing practice agreement must enter into collaboration agreement in accordance with ORS 677.510(3)(a).

(11) If the physician assistant has met the requirements of OAR 847-050-0041(3), Schedule II controlled substances prescription privileges may be included in and are limited by the practice agreement or Board-approved practice description and may be restricted further by the supervising physician at any time.

(12) A supervising physician and/or agent is responsible for the acts of the physician assistant practicing under a practice agreement or practice description and may be subject to disciplinary action for such violations by the physician assistant.

(~~10~~13) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a $195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.205, 677.510 & 677.515

847-050-0041
Prescribing and Dispensing Privileges

(1) A physician assistant registered prior to July 12, 1984, who does not possess the qualifications in OAR 847-050-0020 may retain all practice privileges which have been granted prior to July 12, 1984. Under these conditions, a physician assistant may issue written, electronic or oral prescriptions for Schedule III-V medications, which the supervising physician has determined the physician assistant is qualified to prescribe commensurate with the practice agreement or Board-approved practice description, if the physician assistant has passed a specialty examination approved by the Board prior to July 12, 1984, and the following conditions are met:

(a) The physician assistant has passed the Physician Assistant National Certifying Examination (PANCE); and

(b) The physician assistant has documented adequate education or experience in pharmacology commensurate with the practice agreement or Board-approved practice description.

(2) A physician assistant may issue written, electronic or oral prescriptions for Schedule III-V medications, ~~for which the~~based on the physician assistant's education, training, experience, and ~~is qualified to prescribe~~ commensurate with the collaboration agreement, practice agreement, or Board-approved practice description, if the physician assistant has met the requirements of OAR 847-050-0020(1).

(3) A physician assistant may issue written or electronic prescriptions or emergency oral prescriptions followed by a written authorization for Schedule II medications if the requirements in section (1) or (2) of this rule are fulfilled and if ~~the following conditions are met:~~

~~(a) A statement regarding Schedule II controlled substances prescription privileges is included in the practice agreement or Board-approved practice description. The Schedule II controlled substances prescription privileges of a physician assistant are limited by the practice agreement or Board-approved practice description and may be restricted further by the supervising physician at any time.~~

~~(b) T~~the physician assistant is currently certified by the National Commission for the Certification of Physician Assistants (NCCPA) and must complete all required continuing medical education coursework.

(4) A physician assistant may prescribe and dispense buprenorphine for medication-assisted treatment for opioid dependency if the requirements in (1) or (2) are fulfilled and the following conditions are met:

(a) The physician assistant has obtained a buprenorphine waiver from the Drug Enforcement Administration;

(b) The physician assistant has been granted dispensing authority if the physician assistant will dispense buprenorphine;

(c) The physician assistant's scope of practice, education, training, and experience~~of the physician assistant~~ includes use of buprenorphine for medication-assisted treatment for opioid dependency;

~~(d) The physician assistant's practice agreement includes use of buprenorphine for medication-assisted treatment for opioid dependency as a delegated medical service; and~~

(~~e~~d) The physician assistant complies with all federal and state requirements for recordkeeping specific to buprenorphine treatment.

(5) All prescriptions given whether written, electronic, or oral must include the name, office address, and telephone number of the physician assistant. The prescription must also bear the name of the patient and the date on which the prescription was written, except as provided in OAR 847-015-0050 for expedited partner therapy for sexually transmitted disease. The physician assistant must sign the prescription and the signature must be followed by the letters "P~~.~~A~~.~~" Also, the physician assistant's Federal Drug Enforcement Administration number must be shown on prescriptions for controlled substances.

(6) A physician assistant may register with the Board ~~for a physician assistant~~ to dispense drugs commensurate with the collaboration agreement, practice agreement, or Board-approved practice description and the physician assistant's prescriptive authority.

~~(a) The physician assistant must have prescribing privileges and be in good standing with the Board and the NCCPA to qualify for dispensing authority. The physician assistant may dispense Schedule II medications only if the physician assistant's practice agreement or Board-approved practice description allows Schedule II prescription privileges.~~

(~~b~~a) If the facility where the physician assistant will dispense medications serves population groups federally designated as underserved, geographic areas federally designated as health professional shortage areas or medically underserved areas, or areas designated as medically disadvantaged and in need of primary health care providers as designated by the State, the application must include:

(A) Location of the practice site;

(B) Accessibility to the nearest pharmacy; and

(C) Medical necessity for dispensing.

(~~c~~b) If the facility where the physician assistant will be dispensing medications is not in one of the designated areas or populations described in subsection (6)(~~b~~a) of this rule the physician assistant may not dispense Schedule I through II controlled substances.

(7) A physician assistant with dispensing authority must:

(a) Dispense medications personally, except that nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the physician assistant;

(b) Maintain records of the receipt and distribution of prescription drugs and the records must be readily accessible for inspection by the Board upon request;

(c) Dispense only medications that are pre-packaged by a licensed pharmacist, manufacturing drug outlet or wholesale drug outlet authorized to do so under ORS 689;

(d) Label dispensed prescription drugs in compliance with the requirements of ORS 677.089(3);

(e) Dispense prescription drugs in containers complying with the federal Poison Prevention Packaging Act unless the patient requests a noncomplying container; and

(f) Register with the Drug Enforcement Administration and maintain a controlled substances log as required in OAR 847-015-0015.

(8) Distribution of samples, without charge, is not dispensing under this rule. Administering drugs in the facility is not dispensing under this rule. Distribution of samples and administration of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity distributed or administered, and the directions for use if applicable.

(9) Failure to comply with any subsection of this rule is a violation of the ORS Chapter 677 and is grounds for a $195 fine. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ~~21 U.S.C. 823 as amended by the Comprehensive Addiction and Recovery Act of 2016 &~~ ORS 677.265, ORS 677.511
Statutes/Other Implemented: 21 U.S.C. 823 as amended by the Comprehensive Addiction and Recovery Act of 2016, ORS 677.190, ORS 677.205, ORS 677.265, ORS 677.470, ORS 677.511, ORS 677.515 & ORS 677.545

~~**847-050-0042**~~
~~**Registration**~~

~~(1) The registration renewal form and fee must be received in the Board office during regular business hours and must be satisfactorily complete on or before December 31 of each odd-numbered year in order for the physician assistant's registration to be renewed for the next 24 months. This application must also include submission of an updated practice agreement or validation of an existing practice agreement or Board-approved practice description.~~

~~(2) Upon failure to comply with section (1) of this rule, the license will automatically lapse as per ORS 677.228.~~

~~(3) A one-time surcharge is required for each physician assistant renewing his or her license for the 2014-2015 biennial registration period or applying for an initial license during calendar years 2014 and 2015.~~

~~Statutory/Other Authority: ORS 677.265~~

~~Statutes/Other Implemented: ORS 677.510 & 677.512~~

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

(1) Any physician assistant licensed in this state who changes location to some other state or country, or who is not in a current supervisory or collaboration relationship with a licensed physician or employer for six months or more, will be listed by the Board as inactive.

(2) If the physician assistant wishes to resume active status to practice in Oregon, the physician assistant must submit the reactivation application and fee, satisfactorily complete the reactivation process and be approved by the Board before beginning active practice in Oregon.

(3) The Board may deny active registration if it judges the conduct of the physician assistant during the period of inactive registration to be such that the physician assistant would have been denied a license if applying for an initial license.

(4) If a physician assistant applicant has ceased practice for a period of 12 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to do one or more of the following:

(a) Obtain certification or re-certification by the National Commission on the Certification of Physician Assistants (N.C.C.P.A.);

(b) Provide documentation of current N.C.C.P.A. certification;

(c) Complete 30 hours of Category I continuing medical education acceptable to the Board for every year the applicant has ceased practice;

(d) ~~Agree to increased chart reviews upon re-entry to practice~~ Practice for a specified period of time under a mentor physician who will provide periodic reports to the Board.

(5) The physician assistant applicant who has ceased practice for a period of 24 or more consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement for Re-entry to Practice prior to the applicant beginning the re-entry plan. Depending on the amount of time out of practice, the re-entry plan may contain one or more of the requirements listed in section (4) of this rule and such additional requirements as determined appropriate by the Board.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.172, 677.175 & 677.512

847-050-0046
Emeritus Status~~Active Status for Temporary, Rotating Assignments~~

~~(1) A physician assistant, upon notification to the Board, may retire from active, permanent practice and change to Emeritus status which allows the physician assistant to practice temporary, volunteer assignments.~~ A physician assistant with Emeritus status pursuant 847-008-0030 ~~who wishes to volunteer at a medical facility~~ must have a collaboration agreement, practice agreement, or Board-approved practice description prior to starting any temporary or volunteer assignments. ~~practice at each assignment.~~

~~(2) A physician assistant, upon notification to the Board, may retire from active, permanent practice and maintain Active status by practicing at medical facilities for assignments on a rotating basis. A physician assistant who wishes to maintain active status and practice in rotating assignments at permanent locations must have a practice agreement or Board-approved practice description and must provide the Board with timely notification of the dates of each assignment prior to beginning each rotating assignment.~~

Statutory/Other Authority: ORS 677.265 & 677.545
Statutes/Other Implemented: ORS 677.265, 677.510 & 677.515

847-050-0050
Termination of Supervision

(1) Under a practice agreement or practice description, ~~U~~upon termination of a supervisory relationship both the supervising physician and the physician assistant must submit to the Board a written report concerning the reason(s) for termination of the relationship. Such report must be submitted to the Board within 15 days following termination of supervision.

(2) All practice agreements and practice descriptions must be terminated no later than December 31, 2023.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.510

847-050-0055
~~Professional Corporation or Partnership~~ Responsibility for Patient Care

(1) Under a practice agreement or practice description, ~~W~~whenever the supervising physician is a member of a professional corporation or employee of a professional corporation or partnership, the primary supervising physician and any acting supervising physician are in all cases personally responsible for the direction and supervision of the physician assistant's work. Such responsibility for supervision cannot be transferred to the corporation or partnership even though such corporation or partnership may pay the supervising physician and the physician assistant's

salaries or enter into an employment agreement with such physician assistant or supervising physician.

(2) A physician assistant is responsible for the care provided by the physician assistant.

(3) A physician entering into a collaboration agreement with a physician assistant is responsible for appropriate collaboration.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 58.185, ORS 677.510

847-050-0080
Collaboration

On or after July 15, 2022, except as provided in Oregon Laws 2021, chapter 349, section 20:

(1) A physician assistant may provide medical services:

(a) Within the scope of practice of the physician assistant (section 2), based on the physician assistant's education, training, and experience; and

(b) For which the physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required (section 2).

(2) A physician assistant must engage in collaboration with the appropriate health care provider as indicated by the condition of the patient, the standard of care, and the physician assistant's education, experience, and competence. The degree of collaboration must be determined at the physician assistant's primary location of practice. The determination may include decisions made by (section 11A):

(a) A physician or employer with whom the physician assistant has entered into a collaboration agreement (section 11A), or

(b) The group or hospital service and the credentialing and privileging systems of the physician assistant's primary location of practice (section 11A).

(3) The degree of autonomous judgment that a physician assistant may exercise will be determined at the physician assistant's primary location of practice by the community standards of care and the physician assistant's education, training, and experience (section 2).

(4) The physician assistant or student must be clearly identified as such when performing duties. The physician assistant must at all times when on duty wear a name tag with the designation of "physician assistant" or "PA" thereon and clearly identify as a "physician assistant" or "PA" in oral communications with patients and other professionals.

(5) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a $195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

847-050-0082
Collaboration Agreements

On or after July 15, 2022, except as provided in Oregon Laws 2021, chapter 349, section 20:

(1) A physician assistant may not provide care unless the physician assistant has entered into a written collaboration agreement signed by a physician or employer (section 11A) as defined in OAR 847-050-0010(4) and described in this rule.

(2) The collaboration agreement must include, but is not limited to:

(a) The physician assistant's name, license number, and primary location of practice (section 11A);

(b) The name of the physician or employer with whom the physician assistant is entering the collaboration agreement;

(c) A general description of the physician assistant's process for collaboration with physicians (section 11A) and if applicable, include any differences in the process for collaboration based on practice location;

(d) The degree of autonomous judgment that a physician assistant may exercise (section 2);

(e) The performance assessment and review process to be established and completed by the physician or employer (section 11A); and

(f) If the physician assistant has fewer than 2,000 hours of post-graduate clinical experience, a plan for the minimum number of hours per month during which the physician assistant will collaborate, both in person and through technology, with a specified physician (section 11A).

(A) The physician assistant, or physician or employer with whom the physician assistant has entered into the collaboration agreement, is responsible for tracking the 2,000 hours (section 11A).

(B) "Post-graduate clinical experience" means the professional practice as a physician assistant applying principles and methods to provide assessment, diagnosis, and treatment of patients.

(C) The physician or employer with whom the physician assistant has entered into the collaboration agreement, is responsible for determining that a physician assistant has at least 2,000 hours of post-graduate clinical experience and does not require a plan described in this subsection.

(D) For the plan required in this subsection, collaboration with a specified physician may occur in person and through synchronous and asynchronous technology.

(E) If PA has more than 2,000 hours of post-graduate clinical experience but changes their area of practice, a plan as described this subsection may be included in a collaboration agreement.

(3) A collaboration agreement may include additional requirements specific to the physician assistant's practice as required by the physician or employer entering the collaboration agreement.

(4) A collaboration agreement may:

(a) Include collaboration with any number of physicians in the same practice or employer.

(b) Designate one physician to serve as the primary physician for the physician assistant to collaborate.

(5) A collaboration agreement must be amended in writing to remove or change requirements, including the requirements in subsection (2)(f) of this rule.

(6) A physician assistant may enter multiple collaboration agreements for each employer or practice.

(7) The collaboration agreement must be kept on file at the physician assistant's primary location of practice and made available to the Oregon Medical Board upon request (section 11A).

(8) The physician or employer with whom the physician assistant enters a collaboration agreement must provide a copy of the collaboration agreement to the physician assistant.

(9) As part of the performance assessment in subsection (2)(e) of this rule, a collaboration agreement must be reviewed and if applicable updated.

(10) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a $195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.205, 677.510, 677.515

HB 3036 Rulemaking Comments

Below are comments on the HB 3036 rulemaking received by the Oregon Medical Board.

Some comments were also made at the January 19, 2022, workgroup meeting and may already be addressed in the draft rules. Workgroup members, please review comments prior to the workgroup meeting and include during discussion of the draft rules at the workgroup meeting.

January 13, 2022

RE: HB 3036 Phase #4 Feedback

DRAFT Language	OSPA Feedback
847-0050-0035 - Grounds for Discipline (b) A physician collaborating with a physician assistant is responsible for appropriate collaboration and may be subject to disciplinary action.	We do not think this language is necessary for inclusion. This makes the physician responsible for the PA which conflicts with ORS which says the PA is responsible and the physician is not. There is no rule when a physician collaborates with another physician or an NP. Why would collaborating with a PA be any different?
847-050-0041 Prescribing and Dispensing Privileges (b) The ~~Oregon grandfathered~~ physician assistant has documented adequate education or experience in pharmacology commensurate with the collaboration agreement, practice agreement, or Board-approved practice description.	Language regarding "documented adequate education/experience" is not defined and not necessary to include in a Collaboration Agreement once a PA has PDP. Graduating from an accredited program, passing national boards, licensure in Oregon and credentialing should meet the education/experience.
847-050-0041 Prescribing and Dispensing Privileges (2) A physician assistant may issue written, electronic or oral prescriptions for Schedule III-V medications, ~~for~~ which ~~the supervising physician has determined~~ the physician assistant is qualified to prescribe commensurate with the collaboration agreement, practice agreement, or Board-approved practice description, if the physician assistant has met the requirements of OAR 847-050-0020(1).	Language regarding qualification is unnecessary. Graduating from an accredited program, passing national boards, licensure in Oregon and credentialing should meet the education/experience.
847-050-0041 Prescribing and Dispensing Privileges (a) A statement regarding Schedule II controlled	This language is currently required for supervision agreements and it is unnecessary to limit these

substances prescription privileges is included in the collaboration agreement, practice agreement, or Board-approved practice description. The Schedule II controlled substances prescription privileges of a physician assistant are limited by the collaboration agreement, practice agreement, or Board-approved practice description and under a practice agreement or practice description may be restricted further by the supervising physician at any time.	privileges in a collaboration agreement. This appears to be left over from just after PAs obtained the privilege of prescribing schedule II drugs. There is no requirement for a physician to submit in writing that they will be prescribing/dispensing schedule II drugs.
847-050-0041 Prescribing and Dispensing Privileges (a) The physician assistant must have prescribing privileges and be in good standing with the Board and the NCCPA to qualify for dispensing authority. The physician assistant may dispense Schedule II medications only if the physician assistant's collaboration agreement, ~~practice agreement, or Board-approved practice description allows has been delegated~~ Schedule II prescription privileges ~~by the supervising physician~~.	This PDP language is not necessary to include in collaboration agreements. It also established a NEW requirement to maintain NCCPA Certification which is not a current Oregon requirement except for initial certification and schedule II.
847-050-0080 Collaboration (b) The collaboration agreement may designate one physician to serve as the primary physician for the physician assistant to collaborate.	We want to be clear that this doesn't limit collaboration with only one physician since collaboration will occur with multiple providers. This could be a problem in cases where the agreement is with an employer but the word "may" makes it workable
847-050-0080 Collaboration (e) The physician assistant's scope of practice **(section 2);**	Not included as a requirement in the legislation. The PAs scope is determined by their education, training and experience.

847-050-0080 Collaboration (f) The performance assessment and review process to be established and completed by the physician, podiatric physician, or employer (section 11A); and	This is optional in HB 3036 and should remain optional via rulemaking.
847-050-0080 Collaboration (7) The physician, podiatric physician, or employer with whom the physician assistant has entered into a collaboration agreement must ensure that the physician assistant is competent to perform all duties.	Unclear what this requirement would entail on part of the physician. The physician is not the supervisor or responsible for the PA per ORS. The PA is responsible for themselves. This conflicts with ORS and with intent. OSPA believes that graduating from an accredited program, passing national boards, Oregon licensure and credentialing would be adequate.

Sent: Wednesday, January 19, 2022 7:17 PM

While its fresh on my mind, here are a few comments I have following the work group meeting this evening. Thank you so much for all your work to make sure we get this done right for PAs in Oregon.

- PAs, physicians, employers, and other parts of healthcare systems such as pharmacists are confused about the difference between what happened Jan 15 and what will happen July 15 and has to happen by future date - we need to get more information out to everyone involved.
- I am the PA liaison for the Oregon Rural Health Association, and am particularly worried about rural PAs and employers understanding what they need to do to be compliant with the new laws. I'd like to focus on getting some information out especially to rural and small healthcare practices.
- I'd like to see something which clarifies what is an acceptable or unacceptable collaborative agreement, and how it would be decided that its acceptable (or not).
- I'm not really worried about patient expectations. I think most patients already see PAs as part of the healthcare team, sometimes as PCPs, sometimes as assistants and sometimes just as one of the providers they see for whatever care they need at the time. I really dont' think patients or the public think that we are continuously supervised -
- However, there may need to be some education to insurance companies, state, private and national agencies about the new laws and how collaborative plans function
- At some point, our title will change from physician assistant to physician associate - and I do think that will help to better describe our role in the healthcare team.
- It would be nice for either the OMB in coordination with the OSPA and others to write "Model" collaborative agreements as examples for PAs and employers to use as a guide
- I think there needs to be more clarity about the 2000 hour rule - what counts as "clinical work"? I'm not sure that telemedicine or volunteer work should count, but that's just my opinion.

And this really is just a question about our current PA laws:
- What does "Inactive " mean? I have a friend who retired last year, and would like to be able to volunteer as a PA, but was told because she hadn't been working for the past year that she can't volunteer or work part time. Is that true if her license hasn't expired? How does that work?
- Also, I wanted to make sure I was correct that as of Jan 15, our supervising physicians' information doesn't need to be on our prescriptions?

Thanks again,
Heather Tonga, PA-C
PMG Molalla family practice

January 28, 2022

I write to the panel to suggest a thorough discussion of what the community standard will be for physician assistants, given that the Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for physician assistant licensees and not practicing physicians. There exists significant difference in the training of a physician compared to a physician assistant, yet there will be a similar scope of practice. I am not alone in that I find troubling the vast inconsistencies in expectation. Further, I agree that the concerns identified by others regarding the amount of physician collaboration time are well-placed, as eight hours of contact amounts to one day of the month, leaving physician assistants in essence to practice independently. A recent study by the Mississippi Medical Association reinforces the hazards of this approach which found increased emergency room visits, increased cost and worse quality measures of APPs compared to physicians.

"Unfortunately, after nearly 10 years of data collection on over 300 physicians and 150 APPs, with over 208,000 patient survey responses, along with cost data on over 33,000 unique Medicare beneficiaries, the results are consistent and clear: By allowing APPs to function with independent panels under physician supervision, we failed to meet our goals in the primary care setting of providing patients with an *equivalent value-based experience*." emphasis mine.

In addition to problems with outcomes, there also exists problems with patient education. During the open forum, an Emergency Room physician explained the general and prevalent lack of understanding of the difference between a physician and physician assistant. Many times, patients do not understand the significant breadth and depth of difference between a physician and a PA, and it creates uncomfortable conversations for me, as a doctor, when a patient realizes that another, or a former, care provider is not, in fact, a doctor, because most patients seek medical care with the expectation that they will be treated by someone who has only the training and expertise that an actual physician can provide. Patients deserve to know who is taking care of them; the current and indiscriminate application of the term "provider" allows lines to be blurred between physician, physician assistant, and nurse practitioner. We owe our patients transparency at a minimum.

Sincerely,

James C. Knight III MD

Reference

https://ejournal.msmaonline.com/display_article.php?id=4196853&view=735364