



## Oregon Medical Board HB 3036: PA Collaborative Practice Frequently Asked Questions updated March 19, 2024

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. In 2023, the Oregon Legislature passed [House Bill 2584](#) to fully implement PA collaborative.

**All PAs must have a written collaboration agreement. Collaboration agreements are not filed with the Oregon Medical Board but kept on file at the PA's primary location of practice and only made available to the OMB upon request.**

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 [HB 3036 \(2021\)](#), [HB 2584 \(2023\)](#), and [OMB rules](#).

Additional questions may be submitted to [elizabeth.ross@omb.oregon.gov](mailto:elizabeth.ross@omb.oregon.gov).

## Collaborative Practice Model

### 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](#).

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?**

A PA's scope of practice is based on the PA's education, training, and experience as provided in [ORS 677.151\(4\)](#) and [OAR 847-050-0080\(1\)\(a\)](#).

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

[OAR 847-050-0080\(5\)](#) places 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**

### **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 and practice medicine unless the PA enters into a collaboration agreement.

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

A PA could first enter a collaboration agreement starting July 15, 2022. A collaboration agreement was required for a PA to practice on or after January 1, 2024. During the transition period, a PA was allowed to practice under an existing practice agreement or practice description.

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

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



**8b. Which MD/DO/DPM physicians may enter a collaboration agreement with a PA?**

Most actively practicing physicians (MD/DO/DPM) are able to enter a collaboration agreement with a PA, see chart below and OMB website for [descriptions of statuses](#).

MD/DP/DPM License Status	May Enter Collaboration Agreement with PA
Active	Yes
Active - One Year, Postgraduate training program	Yes
Active - One Year w/ Distinguished Professor Limitation	Yes
Administrative Medicine Active	Yes
Emeritus	Yes
Locum Tenens	Yes <sup>1</sup>
Locum Tenens with Volunteer Camp Limitation	No <sup>2</sup>
Telemedicine Active	Yes <sup>3</sup>
Teleradiology Registration	Yes
Telemonitoring Registration	No
Volunteer Practice (HB 4096)	No
Inactive, Lapsed, Expired	No
Retired	No
Suspended, Surrendered, Revoked	No

1: A collaboration agreement entered by a Locum Tenens status physician is valid during the period the physician is actively practicing in Oregon as reported to the Board per [OAR 847-008-0020\(6\)](#).

2: Per [OAR 847-028-0020\(3\)\(c\)](#) a physician issued a license to volunteer medical services at a camp operated by a nonprofit organization shall not enter a collaboration agreement with an Oregon licensed Physician Assistant as defined in ORS 677.495.

3: Telemedicine Active status Oregon physicians may collaborate with a PA but may not employ a PA, see [ORS 677.141\(2\)\(d\)](#).

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

An employer may, but is not required to, enter into a collaboration agreement with an employed PA, if they meet the definition of “employer” in [ORS 677.495\(3\)](#) and outlined in [OAR 847-005-0010\(5\)](#):

(a) An entity that employs a physician or podiatric physician and is organized to deliver health care services in this state:

- (A) In accordance with [ORS 58.375 or 58.376](#),
- (B) In accordance with ORS chapter 63 as a limited liability company, or
- (C) In accordance with ORS chapter 67 as a limited liability partnership.

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

(c) A physician who employs a physician assistant.

*The OMB cannot provide legal advice. For questions about if an employer meets this definition, please seek legal guidance.*



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

No. The OMB will not approve physicians or employers to enter collaboration agreements. ORS 677.495 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, see [OAR 847-050-0082\(2\)](#):

- 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; and
- If the PA has fewer than 2,000 hours of post-graduate clinical experience, a Specified Collaboration Plan. See FAQ #14 for Plan details.

## **13. Does the collaboration agreement have to name specific physicians in the general description of the PA’s process for collaboration?**

No. In the collaboration agreement, the general description of the PA’s process for collaboration must be with a MD/DO/DPM physician or a group of physicians; however, the name of the individual physician(s) with whom the PA will collaborate in every circumstance is not required to be specified in the collaboration agreement. This allows for flexibility so that the PA may collaborate with the best physician for the particular patient/condition. *For new PAs requiring a Specified Collaboration Plan, see question below about collaboration with a specified physician.*

## **14. 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?**

Yes. 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.

## **15. 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.



**16. 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.

**17. 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. The physician or employer with whom the PA enters a collaboration agreement must provide a copy of the collaboration agreement to the PA.

**18. 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.

**19. 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. The OMB terminated all outstanding PA practice agreements and practice descriptions on December 31, 2023.

**20. 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.

**21. 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.

**22. 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.





### **23. 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.

### **24. 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**

*The OMB terminated all outstanding PA practice agreements and practice descriptions on December 31, 2023.*

### **25. Should I update my practice agreement based on the rule 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. A practice agreement may not be updated or amended after July 14, 2022.

### **26. 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.

### **27. Does the supervising physician still need to provide chart review under a practice agreement?**

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. While a PA is providing care under an existing practice agreement, before transitioning to a collaboration agreement, chart review as provided in ORS 677.495(5) and [OAR 847-050-0037\(6\)](#) is still required.

### **28. 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. 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 terminated all remaining practice agreements or practice descriptions on January 1, 2024.

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

No. 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	

### **30. 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.).

### **31. After July 15, 2022, can I make changes or update a practice agreement?**

No. 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.





## Phasing Out Supervising Physician Organizations (SPOs)

*The OMB terminated all outstanding PA practice agreements and practice descriptions on December 31, 2023.*

### **32. 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 #28 for the timeline for phasing out and FAQ #33 for models similar to SPOs that will be available moving forward.

### **33. 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.

## Telemedicine

### **34. 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 additional form is needed for PAs with an Active status to also practice via telemedicine. (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.

*All PAs, regardless of license status, must have a collaboration agreement prior to providing care to a patient located in Oregon, but the collaboration agreement is not submitted to OMB see FAQ #17.*



### **35. 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.

### **36. What is the 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).

Telemedicine Active status PAs must enter a collaboration agreement prior to providing care to patients located in in Oregon. See FAQs on collaboration agreements starting on page 2.

### **37. 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**

### **38. Can a PA practice without a collaboration agreement or practice agreement/practice description?**

No. During the transition period through December 31, 2023, a PA must have an active collaboration agreement or an existing practice agreement/practice description. At all times, a PA must have one of these types of agreements/descriptions to practice and provide care in Oregon. Any PA practicing on January 1, 2024, without a collaboration agreement in place will be practicing in violation of the Medical Practice Act.

### **39. Must the collaboration agreement include the PA's authority to prescribe, administer, or dispense controlled substances?**

No. Oregon licensed PAs are authorized to write prescriptions, including prescriptions for controlled substances listed in Schedules II through V, see [ORS 677.511\(1\)](#). The collaboration



agreement does not need to specifically include the authority to prescribe, administer, or dispense controlled substances; however, a collaboration agreement may limit or restrict these authorities. The [sample collaboration agreement template](#) has a note stating that prescribing does not have to be specifically included in the process for collaboration.

In Oregon, PAs have prescribing authority (including administering) as outlined in [OAR 847-050-0041\(2\)-\(3\)](#).

- OAR 847-050-0041(2): Schedule III-V based on PA's education, training, experience, and commensurate with the collaboration agreement, if the PA successfully completed a PA education program as described in rule.
- OAR 847-050-0041(3): PA may issue prescriptions or emergency oral prescriptions followed by a written authorization for Schedule II medications if they meet the requirements in (2) and are currently certified by the NCCPA and complete all required CME coursework as described in rule.

For dispensing authority, PAs must register with the OMB, see FAQ #40a for details.

For questions about the DEA registration process, please contact the DEA directly at [DEAREGISTRATIONOREGON@DEA.GOV](mailto:DEAREGISTRATIONOREGON@DEA.GOV).

#### 40a. How does a PA register for dispensing authority?

During license 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. A PA's dispensing authority is noted on a PA's [License Verification Details](#):

Smith, John, PA

PA License: PA112244	Basis: NCCPA (PANACE) Current
Originally Issued: 04/18/2001	Dispensing: Yes
Status: Active	
Status Effective: 1/1/2024	
Expires: 12/31/2025	

#### 40b. 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.



#### **41. 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 collaborative practice, PAs will be required to have a collaborative relationship with a physician or an employer (as defined by [ORS 677.495](#) and [OAR 847-005-0010\(5\)](#)). Collaborative practice allows a PA to provide care and practice medicine by entering a written collaboration agreement signed by a physician, podiatric physician, or employer. [OAR 847-050-0082](#) 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.*

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

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

#### **43. 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.

#### **44. 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.

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

The OMB does not use the term Licensed Independent Providers. While PAs have significant autonomy under collaborative practice, PAs will be required to have a collaborative relationship with a physician or an employer (as defined by [ORS 677.495](#) and [OAR 847-005-0010\(5\)](#)). Please seek legal advice to determine how these statutory changes may or may not impact facilities and providers.



## Process for Changes and Rulemaking

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

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

### **47. What process did the Oregon Medical Board use to make these changes?**

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

- Rulemaking #1: Amended sections of PA rules relating to PA dispensing, prescribing, and on-site supervision, operational on January 15, 2022 (HB 3036 sections 1-2). See [OAR 847-050](#).
- Rulemaking #2: Amended telemedicine rules to add a PA telemedicine status license, operational on January 15, 2022 (HB 3036 sections 3-6), see [OAR 847-025](#).
- Rulemaking #3: Amended licensure fee rules to add a PA telemedicine license status operational on January 15, 2022. See [OAR 847-005-0005](#).
- Rulemaking #4: Amended sections of PA rules to shift PA practice from a supervision to a collaboration model and requiring collaboration agreements, operational on July 15, 2022. (HB 3036 sections 10, 11A & 20). For development of these rules, the OMB gathered input from a workgroup of PAs, physicians, a representative from a supervising physician organization (SPO), and representatives of professional associations (information about the workgroup is on the [HB 3036 website](#)). See [OAR 847-050](#).
- Rulemaking #5: The Oregon Legislator passed [HB 2584 \(2023\)](#) to fully implement PA collaborative practice created in HB 3036 (2021). The bill clarifies that PAs practice medicine; outlines a PA's duty of care; defines a PA's scope of practice is based on their education, training, and experience; updates the employer definition for collaboration agreements; and removes the requirement that a PA's collaboration agreement include the PA's performance assessment, See [OAR 847-050](#).

### **48. Why did the OMB make these changes to PA practice and remove 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. In 2023, the Oregon Legislature passed [HB 2584](#) to fully implement PA collaborative practice. HB 3036 (2021), HB 2584 (2023), and ORS 677.265 granted the OMB authority to adopt rules implementing the changes.