

Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page) Please read the entire questionnaire before completing this page.

Name: _____ Leslie Clayton PA-C, DMSc _____

Organization: __ MN Academy of Physician Assistants _____

Phone: _____ 763-516-2414 _____

Email Address: _____ MAPA.Advocate@gmail.com _____

Is this proposal regarding:

•New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A. **NO**

•Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B. **NO The compact changes nothing regarding regulation - it just expedites the paperwork to allow clinicians to serve Minnesota patients and allow Minnesota clinicians to provide follow-up care to patients if they return to another state after discharge.**

•Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed. **No.**

1) State the profession/occupation that is the subject of the proposal.

Physician Assistants

2) Briefly describe the proposed change.

The PA Compact is an agreement between states who have also passed the compact bill to allow PAs with a license in a compact member state to more easily become authorized to practice in any other member state. A state opts to become a member of the compact by adopting the PA Compact through its legislative process. The PA Compact is completely optional for licensees.

The PA Compact is the result of a joint initiative that began in 2019 between the American Academy of Physician Associates (AAPA), the Federation of State Medical Boards (FSMB), and the National Commission on Certification of Physician Assistants (NCCPA). The Council of State Governments (CSG) has provided technical assistance in the development of the compact and its consideration by states.

3) If the scope of practice of the profession/occupation has previously been changed, when was the most recent change? Describe the change and provide the bill number if available.

MN PA practice was updated in 2020. This compact does not in any way change current PA practice in MN.

4) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

- Bill numbers are SF 2694 [HF2623](#) -- [Bahner](#)
- ; [Schomacker](#)
- ; [Elkins](#)
- ; [Kiel](#)
- ; [Acomb](#)
- ; [Backer](#)
- ; [Quam](#)
- ; [Perryman](#)
- ; [Nadeau](#)
- ; [Reyer](#)
- ; [Her](#)
- ; [Murphy](#)
- ; [Carroll](#)
- ; [Neu Brindley](#)
- ; [Hemmingsen-Jaeger](#)
- ; [Bierman](#)
- ; [Heintzeman](#)
- ; [Altendorf](#)
- ; [Knudsen](#)
- ; [Myers](#)

5) Given the press of business in the 2023 legislative session it is unlikely that health licensing and scope of practice bills will be taken up this year. If there is an urgent need for the bill to be heard this year, please explain the urgency.

We have critical access needs for care throughout the state and in multiple specialties. Passing this bill will increase the speed with which PAs can become authorized to provide care in MN, therefore increasing providers to meet the under met needs of patients in MN.

profession (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for change in scope of practice or reduced regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions that do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) Who does the proposal impact?

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

Licensed physician assistants (PAs).

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

PAs are currently regulated by the Minnesota Board of Medical Practice. This proposal is supported by the Minnesota Academy of Physician Assistants (MAPA), which represents the 3,703 PAs licensed in Minnesota.

- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Clinics and hospitals statewide.

- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

PAs provide primary and specialty care as do licensed physicians and APRNs.

- e. Discuss the fiscal impact.

None

2) Specialized training, education, or experience (“preparation”) required to engage in the occupation

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

PAs must graduate from an accredited PA program and pass national exams. They are licensed by the Board of Medical Practice. Minnesota currently has 5 PA programs at Mayo, Bethel, Augsburg, St. Kates and St. Scholastica.

- b. Would the proposed scope change or reduction in regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear the increase or benefit from reduction in cost of entry? Are current practitioners required to provide evidence of preparation or pass an examination? How, if at all, would this change under the proposal?

n/a

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

The PA compact was developed jointly by the Council of State Governments, the Federation of State Medical Boards, the American Academy of Physician Assistants and the National Commission on Certification of Physician Assistants. The compact was first introduced in state legislatures in 2023. Since then, three states – Wisconsin, Colorado and Delaware --have passed the compact authorization legislation. Colorado and Delaware passed their bills in 2023 and

Wisconsin earlier this year.

3) Supervision of practitioners

- a. How are practitioners of the occupation currently supervised, including any supervision within a regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

PAs practice under a delegation agreement with a licensed physician that details their scope of practice. That would not change under this compact.

- b. If regulatory entity currently has authority over the occupation, what is the scope of authority of the entity? (For example, does it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) How does the proposal change the duties or scope of authority of the regulatory entity? Has the proposal been discussed with the current regulatory authority? If so, please list participants and date.

The Board of Medical Practice issues licenses for PAs practicing in Minnesota. It does not set education standards, which are set by national accreditation bodies.

The Board voted unanimously to support the PA compact at its January 13th full Board meeting after presentations to the Policy Committee and the full Board..

- c. Do provisions exist to ensure that practitioners maintain competency? Under the proposal, how would competency be ensured?

PAs are required to obtain CME credits to maintain competency. That does not change in the PA compact.

4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that “no regulations shall be imposed upon any occupation unless required for the safety and wellbeing of the citizens of the state.” The harm must be “recognizable, and not remote.” Ibid.)

- a. Describe how the safety and wellbeing of Minnesotans can be protected under the expanded scope or reduction in regulation.

n/a

- b. Can existing civil or criminal laws or procedures be used to prevent or remedy any harm to

the public?

Yes.

5) Implications for Health Care Access, Cost, Quality, and Transformation

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

The compact is an interstate occupational licensure compact for PAs. Interstate compacts are authorized, legally binding, legislatively enacted contracts among participating states. States joining the compact agree to recognize a valid unencumbered license issued by another compact state via a compact privilege.

Minnesota has shortages of both primary and specialty care clinicians. Joining the compact will increase the number of PAs that could provide care to Minnesota patients.

PA charges are lower than physicians, so increased utilization of PAs would reduce overall health care costs.

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

As noted above, joining the PA compact would increase the number of PAs able to practice in Minnesota and expedite their serving Minnesota patients.

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

n/a

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (eg collaborative practice, innovations in technology, ensuring cultural competency, value based payments)?

n/a

- e. What is the expected regulatory cost or savings to state government? How are these

amounts accounted for under the proposal? Is there an up-to-date fiscal note for the proposal?

Since PAs bill at lower rates than physicians, the compact has the potential to save DHS money in the fee for service sector if more PAs see FFS patients.

There is no fiscal note on the bill.

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

n/a

7) Support for and opposition to the proposal

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

The Minnesota Academy of Physician Assistants has brought this bill forward. It represents Minnesota's 3,702 licensed PAs.

- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

The Board of Medical Practice voted unanimously at its January 13 Board meeting to support the PA compact bill.

- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

We are aware of no opposition to the PA compact.

- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

n/a