

## Additional questions about proposed interstate licensing compacts

To be completed by proposal sponsor. (500 Word Count Limit for this page)

Name: \_\_\_\_\_ Leslie Clayton, DMSc, PA-C \_\_\_\_\_

Organization: \_\_\_\_\_ Minnesota Academy of PAs (MAPA) \_\_\_\_\_

Phone: \_\_\_\_\_ 763-516-2414 \_\_\_\_\_

Email Address: \_\_\_\_\_ mapa.advocate@gmail.com \_\_\_\_\_

*\*Please fill out this form in addition to the applicable Questionnaire A or B.*

**Bill Number: HF2623(Bahner) / SF2394(Kupec)**

**1. Who would be affected by the compact? Are any of these practitioners unionized? If so, which unions represent these practitioners?**

The PA Compact is an interstate occupational licensure compact for physician assistants (PAs). Interstate compacts are a constitutionally authorized, legally binding, legislatively enacted contract among participating states.

States joining the compact agree to recognize a valid, unencumbered license issued by another compact member state via a compact privilege. Licensed PAs utilizing the compact can obtain a privilege to practice in another compact member state where they want to practice. PAs using a compact privilege to practice in another state must adhere to laws and regulations of practice in that state and are under the jurisdiction of the state's regulatory board in which they are practicing.

Unionization of PAs is uncommon. MAPA is aware of the following unions that may have PA members:

- Park Nicollet/HealthPartners outpatient clinics only
- Planned Parenthood North Central States (PPNCS) providers, represented by SEIU MN & IA
- Allina Health Primary and Urgent Care providers, represented by Doctors Council SEIU
- Essentia East Market advanced practice providers have filed for election but have not yet voted, represented by MN Nurses Association

There is no implication or conflict to PAs being union members as state licensing is distinct from union contracts. Nothing in this bill restricts or requires a PA to apply for compact privileges, nor places any limitations based on employment situation.

**2. How will practitioners who are not represented by the advocates learn about the bill?**

MAPA has published our legislative intent on our website. MAPA also publicly presented this bill to the Board of Medical Practice, who voted to support the bill. Additionally, we have presented to the

Primary Care Legislative Roundtable as well as the Rural Health meetings with MDH. In addition, non-members are invited through open calls and emails to attend our Day on the Hill event annually, where they have full access to all legislative action advocacy information.

**3. Do standards for practice and/or licensing vary throughout the country? How?**

There are variations in PA practice regarding the required relationship with physicians (if any) and regulatory oversight from state to state. **This compact does not supersede any of those laws as it specifies that the PA must adhere to the regulations of the state in which they are providing care, regardless of the laws in the state of their original license. State specific PA practice law is preserved and enforceable.**

PAs are certified by the National Commission on the Certification of Physician Assistants (NCCPA). According to NCCPA standards, PAs must pass an initial certifying exam, recertify every 10 years, and complete 100 hours of continuing medical education every 2 years to maintain certification. NCCPA certification is required in all states and US territories for licensing to practice as a PA.

This bill specifies that regardless of the variance in state PA practice laws any PA who wish to apply for participation in the compact must be currently NCCPA certified. The PA Compact would still require the PA to adhere to the laws and regulations in the state in which they practice.

Regardless of their original state of licensure a PA is only eligible to apply for participation in the compact if they:

- Have graduated from a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc. or other programs authorized by the commission.
- Hold current NCCPA certification.
- Have no felony or misdemeanor convictions.
- Have never had a controlled substance license or permit suspended or revoked.
- Have a unique identifier as determined by the compact commission.
- Hold an unrestricted license issued by a participating compact state to provide medical services as a PA.
- Have no limitation or restriction on any state license or compact privilege in the previous two years.
- Notify the compact commission of their intent to seek the compact privilege in a remote state.
- Meet any jurisprudence requirements in the remote state and pay any fees.
- Report to the commission any adverse action taken by a non-member state within 30 days after the action is taken.

**4. Does the compact already exist? When did it become active? Which states are members of the compact? If not, when will it become active?**

The compact is not yet active. Legislation has been passed in Wisconsin, Delaware, Utah, and Washington. The compact will be enacted when it has 7 member states that have passed legislation. It is anticipated that it will take approximately 2 years after the initial 7 states enact legislation for the

compact to become active. The first 7 states to pass the law will have the ability to have a larger voice in the creation of the rules and procedures that will define the PA Compact administration.

**5. How many of the affected occupation are currently working in MN? How many are expected to work in Minnesota if the compact is approved?**

Minnesota has 4,000+ PAs licensed in the state. MN graduates approximately 150 new PAs annually from the in state PA programs as well as draw PAs from border states who desire to work in MN.

**6. Will Minnesota's regulatory authority be notified when an out-of-state practitioner begins practice in Minnesota? What process, if any, will be followed?**

Yes. PA will apply for compact privileges and must be accepted in order to begin utilizing the compact privilege. Once 7 states pass this bill, the compact legislation will establish a PA Licensure Compact Commission, a joint government agency and national administrative body, which will oversee the compact. The Commission will develop, maintain, operate, and utilize a coordinated data and reporting system containing licensure, adverse action, and reports of the existence of significant investigative information on all licensed PAs and any applicant denied a license in a participating state. Any state participating in the compact must participate in and contribute to this data system.

The following process will be followed when issuing compact privileges:

1. PAs licensed in a participating state
  - A PA with an active, unencumbered license in a compact state wants to practice in another participating state.
  - The PA notifies the compact commission that they want a compact privilege in another state (remote state).
2. Background check
  - The PA submits information for an FBI background check.
3. Application reviewed
  - The PA's license and eligibility are verified.
  - The PA completes jurisprudence requirements (if required).
4. Compact privilege issued
  - The commission issues the compact privilege on behalf of the remote state.
  - The practitioner now has legal authorization to practice in the remote state where they hold a compact privilege.

**7. How will out-of-state practitioners be regulated while in MN? Will Minnesota's regulatory agency accept and investigate complaints regarding out-of-state licensees? If not, what is the process for a patient to make a complaint?**

PAs granted compact privileges will be required to practice according to the laws and regulations of the state in which they will provide care. As such, the MN Board of Medical Practice will be the regulatory body for any PAs practicing in Minnesota and will accept and investigate any complaints against compact privilege holders for infraction committed in MN. In addition, the Compact requires that all participating Compact states notify the Compact commission (which subsequently notifies all member states) of any active investigations or sanctions against a PA who may have compact privileges or who applies for such.

**8. Does the regulator body have capacity/how will it increase capacity to handle additional complaints? Will out-of-state practitioners pay a fee to increase regulatory capacity?**

The Board of Medical Practice offered no concerns regarding their capacity to manage potential complaints and in fact, supports this bill. It is noteworthy and complaints regarding PAs are significantly less likely than those for physicians comparatively across the country. The MN BMP also administers the Physician compact and this PA Compact is more succinct for oversight and reporting.

A participating state may charge a fee for granting a compact privilege and that is within the individual states choice to establish.