

## Questionnaire B – Scope of Practice

### 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.

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*Is this proposal regarding:*

- *New or increased regulation of an existing profession/occupation? If so, complete Questionnaire A.*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete this form, Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

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

**Physician Assistant/Associate (PA)**

2) Briefly describe the proposed change.

**Amend MN Stat. 147A.02(c) to acknowledge that a PA may fulfill the required 2,080 hours of collaborative practice outside of the state of Minnesota.**

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.

**The most recent change occurred in 2020 with SF13/HF2715 as part of the larger omnibus bill. The change transitioned PAs from requiring a single specific physician for licensing to an ongoing practice agreement that allows practice level establishment of the PA's scope of practice in alignment with the clinical setting. The 2020 change moved from a check list delegation of scope to the required practice agreement that must be overseen by an MN licensed physician. This change allowed for improved access for patients by allowing PAs to practice according to their education, training, and experience, as approved in the practice agreement. This removed significant administrative burden from working with PAs while maintaining the PA/Physician relationship but in a more collaborative format.**

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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.

**The bill numbers are SF1083/HF89. This is the first year the bills are introduced.**

## **Questionnaire B: Change in scope of practice or reduced regulation of a health-related 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.

### **What is a Physician Assistant (PA)?**

- **PAs are rigorously educated, nationally certified medical providers who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's primary healthcare provider.**
- **PAs are recognized as qualified primary care providers by: CMS, the ACA, and MDH's Health Healthcare Home Certification program.**
- **Multiple evidence-based studies have proven that the care provided by PAs:**
  - **Is high quality**
  - **Improves access to care**
  - **Is cost effective**
  - **Improves healthcare outcomes across multiple clinical specialties**

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

**The Minnesota Academy of PAs represents the 4,000+ PAs licensed to practice in Minnesota.**

- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.
- **PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.**
  - **In Minnesota**
    - **~4,000 PAs licensed and practicing in Minnesota (BMP stats)**
    - **28% specialize in family medicine**
    - **14% practice in rural settings**
    - **PAs provide over 8.5 million patient visits annually in MN**
    - **1.1 million patient visits in rural communities**
  - **Nationally**
    - **PA profession is growing:**
      - **~30% growth expected in U.S. over next decade**
- 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 are trained and licensed to diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's primary healthcare provider, similar to physicians and nurse practitioners.**
- e. Discuss the fiscal impact.

**There is no fiscal cost to this bill.**

## 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?
- **Education – PAs have comprehensive general medicine training, with graduates holding a Master's degree and having completed over 2000 hours of direct patient care during their program. PA program accreditation standards are rigorous and equivalent across the country, ensuring that PAs graduating from any accredited program are well-prepared to enter the healthcare provider workforce.**
  - **The number of PAs in Minnesota is increasing each year. There are approximately 150 new PAs each year who graduate from Minnesota's five accredited PA programs: Mayo, St. Kate's, Bethel, Augsburg and St. Scholastica.**

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- 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?

**No change to education or training is required.**

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

**Not applicable.**

### 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?

**The MN PA regulatory statute includes the establishment and maintenance of a practice agreement that is reviewed by an MN-licensed physician annually for the PA to practice, as well the collaborative practice requirement for the first 2,080 hours of new graduate practice. Both the practice agreement and the collaborative practice requirement would continue. The technical change to the language would allow the required 2,080 collaborative practice hours a PA must complete to have occurred with a physician licensed in MN or another state or US territory. Every state and/or territory in the US requires collaborative practice between PAs and physicians for at least the first 2,080 hours of practice, ensuring that PAs from other states have completed appropriate collaboration to be well-prepared for practice in MN.**

- 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 has the authority to regulate PAs practicing in Minnesota. This includes issuing a license to practice, revoking that license or limiting the license, as well as enforcing the 2,080 hour collaborative practice requirement. This bill does not modify existing BMP authority to regulate PA practice.**

**The full Board of Medical Practice voted unanimously at its January 11, 2025 Board meeting to support this legislation.**

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

**There is no change to licensure or PA scope and/or competencies. PAs are and will still be accountable to the standards of care, to all educational requirements and quality care standards that are the same as physicians and NPs.**

- 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.

**As stated above – PAs must have a practice agreement that is reviewed by an MN-licensed physician annually for the PA to practice, as well as a collaborative practice requirement for the first 2,080 hours of new graduate practice. Both the practice agreement and the collaborative practice requirement would continue.**

- 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 proposed technical change that would allow the required 2,080 collaborative practice hours a PA must complete to have occurred with a physician licensed in MN or another state or US territory will reduce administrative burden for the Board of Medical Practice and health systems seeking to employ PAs, therefore increasing access to care.**

- 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.

**According to the American Academy of PAs, there are more than 178,700 certified PAs in the US, US territories, and the armed forces. There are 4000+ of these PAs licensed to practice in Minnesota (MN Board of Medical Practice statistics). The profession is expected to grow up 30% over the next decade, with over 11,000 PAs earning board certification each year (Nat’l**

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**Commission on the Certification of PAs). By adopting the proposed technical amendment, PAs who have already practiced in another state/territory and are seeking licensure in MN would face less administrative burden, making the licensure process more streamlined, and therefore increasing the number of care providers available to MN 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?

**No – there is no change to compensation or billing for patients, health systems or insurers**

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

**PAs are trained to serve in team settings with physicians, APRNs and other licensed health care professionals. They do not have independent practice, like APRNs, and this bill does not change that.**

- 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?

**No fiscal note is needed as no state funds will be impacted.**

### 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.

### 7) Support for and opposition to the proposal

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

**This legislation is supported by the Minnesota Academy of PAs, who represents Minnesota's 4000+ PAs.**

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

**This bill is supported by the Board of Medical Practice.**

- 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.

**The proponents have discussed the bill with the MN Medical Association, the Rural Health Advisory**

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**Council, and the APRN Coalition. These groups are neutral on the proposed bill.**

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

**As noted above, the proponents have discussed the bill with pertinent stakeholders and have had no opposition at this time.**

**Working to keep patients access to care the collective goal to address.**

**Better understand the concerns of the stakeholders not addressed by the above goals.**