



February 3, 2025

Jonathan Eddinger, MD
President, New Hampshire Board of Medicine
Office of Professional Licensure and Certification
7 Eagle Square
Concord, NH 03301

Dear Dr. Eddinger,

The New Hampshire Society of Physician Associates (NHSPA) supports final adoption of the Med 600 rules adopted on an interim basis late last year, but with important updates. In addition to making changes the Board of Medicine (the Board) intended to include in interim rules, there are updates to the permanent rules needed based on questions and concerns from PAs and employers raised since the passage of HB 1222 and the adoption of the interim rules.

You may recall the Board had housekeeping changes to Med 600 included in the interim rules which were not allowed by JLCAR in interim rules. However, these changes are acceptable for permanent rules.

- 1) Med 601.02 should be changed thusly:
“Approved program” means a program for the education and training of physician assistants that is accredited by the ~~American Medical Association's Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs~~ or by Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its successor.
- 2) The title of Med 602 should be changes from “Supervision of Physician Assistant” to “Physician Assistant Responsibilities; Collaboration Agreements.”

NHSPA has learned that although the language of HB 1222 and the interim rules are clear to us and members of the Board, they are not clear to PAs and some employers. This stems from the “legalese” in the bill and in the interim rules, as well as an incorrect email communication – followed by a correction – to all PAs from OPLC. As you know, PAs do not need a collaboration agreement to be licensed to practice medicine in New Hampshire, with two exceptions. Both exceptions deal with PAs employed by entities without a New Hampshire licensed physician on staff. The first exception is for PAs with less than 8000 post-graduate clinical hours *practicing while employed by an entity **without a physician on staff***. The second exception is for PAs with more than 8000 post-graduate clinical practice hours looking to practice while employed by an entity without a physician on staff. Those PAs can apply for a waiver of the collaboration agreement from the Board to practice medicine. As of January 1, 2027, the waiver process for these PAs with 8000 post-graduate clinical hours sunsets and those PAs may practice without a collaboration agreement from that point forward.

NHSPA has learned from its members that some employers with physicians on staff, such as Catholic Medical Center, are insisting their PAs still need a collaboration agreement for



licensure. NHSPA has also learned from its members that some PAs, citing guidance from their employer and/or the initial, erroneous, OPLC email, have applied for a waiver from the Board even though they are employed by a health system or the like, and simply do not need a waiver. NHSPA has also heard of some health insurance companies and malpractice insurance companies requesting collaboration agreements from PAs who do not need one. Moreover, NHSPA has learned from eligible PAs looking to practice while employed by an entity without a physician on staff that malpractice insurance companies will not provide coverage until a waiver is obtained.

NHSPA suggests the following changes be made to the proposed permanent Med 600 rules to address the above issues.

- 1) Add a new line 602.2 (and renumbering subsequent) stating “Physician Assistants employed by an entity with a licensed New Hampshire physician on staff do not need a collaboration agreement to obtain a license to practice medicine in New Hampshire.”
- 2) Allow the Board to know the applying PA’s employer so they may know if the request is unnecessary adding the following after the current 602.3 (c)(3) a 602.3 (c)(4) to read “name of business and employer. If self employed, please respond ‘self employed.’”
- 3) Allow the Board to deny a waiver request, based largely on the answer to the proposed question above, because PA does not need a waiver based on their employer being an entity with a physician on staff by adding the following:
 - a. To the current 602.3 (f) “(1) (renumber subsequent) The applicant requires the waiver based on their current or proposed employer.”
 - b. To the current 602.3 “(i) (re-letter subsequent) The Board may reject a waiver request if the applicant does not need a collaboration agreement for licensure to practice medicine
- 4) Allow the Board to grant conditional waivers provided the applicant provide the Board proof of valid malpractice insurance by adding the following new line in the current 602.3 “(l) (re-letter subsequent) The Board may grant a waiver conditioned upon the applicant providing the Board proof of valid malpractice insurance as soon as the policy is in effect.”

We are happy to meet with you or OPLC staff prior to your March meeting to discuss the above further. And we look forward to discussing the final Med 600 rules with the Board at the March meeting. Thank you for your consideration.

Sincerely,

Malcolm Hauthaway, President