



State of New Hampshire

GENERAL COURT

CONCORD

MEMORANDUM

DATE: November 1, 2024

TO: Honorable Sherman Packard, Speaker of the House
Honorable Jeb Bradley, President of the Senate
Honorable Paul C. Smith, House Clerk
Honorable Tammy L. Wright, Senate Clerk
Honorable Chris Sununu, Governor Michael York, State Librarian

FROM: Representative Sherry Gould, Chairman

SUBJECT: Final Report of the Committee to Research Physician Assistant Scope of Practice
HB 1222, Chapter 264, Laws of 2024



Pursuant to HB 1222, Chapter 264, Laws of 2024, enclosed please find the Final Report of the Committee to Research Physician Assistant Scope of Practice.

If you have any questions or comments regarding this report, please do not hesitate to contact me.

I would like to thank those members of the committee who were instrumental in this study. I would also like to acknowledge all those who testified before the committee and assisted the committee in our study.

Enclosures

cc: Members of the Committee

FINAL REPORT

Committee to Research Physician Assistant Scope of Practice

HB 1222, Chapter 264, Laws of 2024

November 1, 2024

Rep. Sherry Gould, Chair
Rep. Karen Calabro, Clerk
Rep. Peter Schmidt

Rep. Erica Layon
Sen. Suzanne Prentiss

Committee Charge and Study Purpose:

The study committee shall:

I. Research revisions to statutes and regulations governing the scope of practice of physician assistants to identify differences between advanced practice provider scopes of practice, especially collaboration agreements with physicians, that should be changed to bring



physician assistants more in line with advanced practice nurse practitioners and increase access to care.

II. Research other state laws that govern physician assistant scope of practice, educational requirements, and the level of supervision and collaboration with physicians, with the intent to make New Hampshire's practice environment attractive to physician assistants. In doing the research described in this paragraph, the committee shall compare these areas between the 2 advanced practice provider professions.

III. Research patient safety in states where collaboration agreements between physicians and physician assistants have been relaxed or eliminated.

IV. Research billing by advanced practice providers and reimbursement by health insurance companies for provided services. Special attention shall be paid to the barriers faced by physician assistants seeking reimbursement by health insurance companies as primary care providers.

V. Identify and correct, for the benefit of the public and legislators, misconceptions of a physician assistant's role in the health care system, including misconceptions regarding physician assistant education, training, experience, qualifications for advanced practice provider positions in all health care settings, and how physician assistants practice medicine within health care teams.

Process and Procedures:

The committee organized on September 18th 2024 and elected Representative Sherry Gould as Chair. The Chair appointed Representative Karen Calabro clerk. The committee met three times throughout the study period.

Findings:

Physician associates (PAs) are rigorously educated, trained, and licensed healthcare clinicians who practice medicine in every specialty and setting. They have completed a robust and unique educational training program. As healthcare providers they play a critical role in New Hampshire's healthcare system. PAs provide high quality, cost-effective, and safe care in all



healthcare settings across the state. PAs and Nurse Practitioners (NPs) are equivalently qualified for advanced practice positions across the healthcare system. With HB 1222 becoming law, PA licensing, scope of practice laws and regulations will soon put them on par with those of NPs; to work in collaboration with all the other members of the team, including physicians. However, until PAs are able to be reimbursed as primary care providers (PCPs) and permitted to have their own panel of patients, they will not be fully utilized in the healthcare system. This will hinder patient access to care, especially primary care. The committee recognizes the importance of the insurance providers working with the PA's to ensure this vital step is accomplished.

The committee finds that common misconceptions about how PAs function in modern healthcare teams and misconceptions regarding PA education, training and qualifications further hinder them from fully practicing to their capabilities. A big step in correcting this misperception is changing the word “assistant” in their profession’s name to “associate”. The local and national PA associations, the New Hampshire Society of Physician Associates, and the American Academy of Physician Associates, respectively, have formally and legally changed their names, which will go a long way to addressing misconceptions about the PA profession.

The committee was informed that the two schools offering PA master programs in New Hampshire – one at Franklin Pierce University (FPU) in Lebanon, and the other at Mass College of Pharmacy and Health Sciences (MCPHS) in Manchester - have both stated that with the language changed in state law, they will rename the degree at their institutions to match the evolving field of study. It was noted that as the field is evolving it is expected that curriculum and training will evolve and input from physicians will be helpful to ensure a seamless provision of care across the healthcare system.

Summary of Committee Considerations

The committee heard oral and/or written comments from, and asked questions of, the following stakeholders, legislators, and members of the public:

- New Hampshire Society of Physician Associates
- New Hampshire Board of Medicine
- New Hampshire Board of Nursing
- New Hampshire Nurse Practitioners Association
- New Hampshire Medical Society
- New Hampshire Department of Insurance
- America’s Health Insurance Plans
- Representative Jess Edwards



- Representative David Nagel, MD
- Dr. Todd Morrell MD, Dartmouth Health

The committee learned that PAs have always been at a disadvantage when competing for employment or advancement opportunities compared to their NP colleagues because PAs need a signed collaboration agreement with a physician to practice medicine, and NPs do not. SB 228 in 2022 attempted to address this disparity, but the employment challenges faced by PAs only got worse. The committee learned that last year, PAs began losing their jobs or were no longer being hired by major healthcare employers because of the need for these written collaboration agreements. PAs across the state, especially in rural areas, who own their own primary care practice or find themselves without their collaborating physician are forced to pay a physician over \$12,000 a year to sign a collaboration agreement or else they lose their practice, and hundreds of patients lose their primary care provider.

HB 1222 removed the written collaboration agreement requirement for PAs employed in a setting with a physician on staff. For PAs with less than 8,000 post-graduate clinical practice hours who are practicing in a setting without a physician on staff, the new law requires they have a written collaboration agreement with a physician. PAs with more than 8,000 post-graduate clinical practice hours, who will be practicing in a setting without a physician on staff, will need a waiver from the collaboration agreement requirement from the Board of Medicine through 2026. After 2026, these PAs with more than 8,000 post-graduate clinical practice hours will no longer need a collaboration agreement to practice medicine. The committee notes that the Board of Medicine is currently adopting rules for the waiver process. The committee also notes that this action puts them on par with other advanced care providers, NPs, who never need a collaboration agreement to practice medicine, regardless of post-graduate clinical practice experience. It is important to note that nothing in law or regulation prohibits a healthcare employer from requiring internal collaborative or mentoring relationships between physicians and PAs as part of their internal credentialing and privileging processes.

The New Hampshire Medical Society and two physicians expressed opposition to PAs practicing without a collaboration agreement in any setting, citing patient safety concerns. However, the committee did not receive any information indicating an increase in adverse outcomes for patients receiving care from PAs practicing without collaboration agreements. In fact, the committee received a 2023 study that shows there have been no upticks in malpractice cases against PAs in states where collaboration agreements are relaxed or eliminated. Moreover, there are no indications that patient safety has been compromised in the three-plus decades that NPs have been practicing without collaboration agreements in New Hampshire.



More specifically we heard concerns over PAs opening their own specialty care practices and engaging in specialty care. Our findings are that these concerns are unfounded. Such a path would be outside of a PAs scope of practice and contrary to their training. PAs attempting specialty care practices are unable to be reimbursed for services by health insurers, let alone carry malpractice insurance as required by law. Under current NH law PAs can only practice specialty care under a qualified physician and nothing in HB 1222 changes that. This differs from NPs who have their own different credentialing capabilities. PA's simply can not open their own specialty care practice.

The Board of Medicine is charged with keeping the public safe by regulating physicians and physician assistants/associates. The Board took no position on HB 1222, but noted the employment challenges collaboration agreements caused for PAs. The Board has not indicated any concerns with HB 1222 now that it has become law and is working quickly to implement rules associated with the new law. Board of Medicine member Daniel Frazee, PA-C, told the committee that PAs do not practice independently even if a PA practices in a setting without a physician on staff. He noted that training, laws, and regulations require PAs to collaborate with physicians and all other appropriate members of the healthcare team and prohibits PAs from practicing without the ability to consult with a member of the healthcare team.

Josh Dion, APRN, spoke on behalf of the Board of Nursing, which regulates nurses and NPs in the state. Mr. Dion emphasized that the Board sees no need for any changes to law or regulations. He further noted that PAs and NPs are not trained in their unique style of practice, and both are equivalently qualified for advanced practice positions throughout our healthcare system. Kim Mohan, APRN and President of the New Hampshire Nurse Practitioners Association, echoed Mr. Dion's comments. She expressed her concern with the education, training, licensure, and scope of practice comparisons between PAs and NPs, as they can lack appropriate context. The issue of PAs being reimbursed as a primary care providers, and being allowed to carry their own patient panels received a significant amount of attention during committee proceedings.

With HB 1222 now law, the issue of PAs being reimbursed as PCPs is currently the most significant barrier to PAs being able to practice medicine to the fullest extent of their education, training, and experience. This barrier is why the majority of PAs work on physician-led specialty care teams. This barrier led to many of the adverse PA employment actions discussed before the committee. The state Department of Insurance informed the committee that there are no state laws or regulations preventing PAs from being credentialed by health insurance carriers as PCPs carrying their own patient panels. A representative for



the health insurance association noted there are many factors that go into credentialing decisions. The removal of the collaboration agreement requirement for most PAs will help advance the process of PAs being credentialed as primary care providers. NPs are able to be reimbursed as PCPs with their own panels. The committee is pleased to know that discussions on this issue between PA associations and carriers at the national and state level have begun. It remains to be seen if that process will take several months or even a year or more, for PAs to begin to be able to practice as PCPs with their own panels, and be reimbursed accordingly. The committee's hope is that this process proceeds as quickly as prudently possible, as this will greatly address the issue of a lack of PCPs. This lack of PCPs directly leads to a delay in accessing primary care statewide, and a lack of access to care in many areas, especially in rural locations.

The committee was tasked with identifying and correcting misconceptions about PAs and their education, training, and qualifications. The PA profession started when PAs functioned more as assistants to physicians. Over the succeeding decades, the profession has evolved so that PAs are highly skilled, highly trained, highly qualified healthcare providers practicing in every medical setting. Despite this, PAs are still known as Physician Assistants. As a result, many still do not realize that PAs are skilled providers. According to the American Academy of Physician Associates (AAPA), lack of understanding of the education and training of PAs, and their roles on healthcare teams are a factor in PAs not yet being credentialed as PCPs. As noted previously in this report, the AAPA and NHSPA have changed their names to replace the term "assistant(s)" with "associate(s)". To help address misconceptions about the PA profession, the committee believes legislation should be introduced and passed in 2025 to change the name of the profession everywhere in state law and regulations to "Physician Associate(s)." The committee understands that once such a bill becomes law, the state's two PA schools will change their names accordingly.

Recommendations:

The committee is pleased to submit this report to guide legislators and other stakeholders when considering legislation related to PA practice during the next legislature and into the future.

Specifically, the committee finds the following:

- 1) There is no need for legislation changing PA licensing or scope of practice laws or regulations. When HB 1222 is fully enacted at the beginning of 2027, PAs and NPs



will have similar licensing and scope of practice laws and regulations, which is appropriate based on the education, training, and experience of both professions.

- 2) According to information obtained by the committee, there has been no decline in safety or quality of care in states where collaboration agreements between physicians and PAs have been relaxed or eliminated.
- 3) There are no state laws or regulations preventing health insurance carriers from credentialing and reimbursing PAs as primary care providers or allowing PAs to have their own patient panels. However, carriers typically either do not credential PAs as Primary Care Providers or do not allow PAs to have their own panels. ○ The Department of Insurance should address this issue as appropriate when reviewing network adequacy rules in the coming months.
- 4) Legislation is needed in 2025 to change the name of the PA profession in all state statutes and regulations from physician “assistant(s)” to physician “associate(s)” in order to come in line with changes already implemented by local and national PA associations, the New Hampshire Society of Physician Associates, and the American Academy of Physician Associates.

Respectfully Submitted,

Representative Sherry Gould, Chairman