

## FAQs for Collaborative PA Practice in Arizona (HB2043)

In 2023, the Arizona Legislature passed HB 2043 to allow Physician Assistants (PAs) with significant experience to practice collaboratively with a physician or collaborating entity, rather than with a Supervising Physician pursuant to a Delegation Agreement. The Arizona Regulatory Board of Physician Assistants will continue to regulate both supervised and collaborating PAs to ensure patient safety.

### 1. What is collaborative practice?

Collaborative practice allows a PA to provide medical services without a Supervising Agreement, after applying and receiving certification by the Board to practice as a Collaborating PA.

After the Board certifies the PA for collaborative practice, the PAs area of practice, shall be determined and documented at the practice level by the PA and their collaborating physician or entity after taking into consideration the PAs prior education, training, and experience.

A collaborating PA shall continue to collaborate with, consult with or refer to the appropriate health care professional as indicated by the patient's condition as well as the PAs training, experience, and competencies. The level of collaboration should be determined at the practice level and setting. Collaboration can occur electronically, telephonically or in-person.

### 2. How does a PA receive certification to practice as a collaborating PA?

In order receive certification to practice as a collaborating PA, the PA must submit an application on a form provided by the Board and comply with the statutory requirements of A.R.S. § 32-2563(A): be licensed as a PA in Arizona, have graduated from an accredited physician assistant program and **not currently be under investigation, or subject to a public or confidential probation.**

In addition, an applicant for collaborative practice shall provide proof of completing at least 8,000 clinical practice hours within the previous five years submitted by the applicant's employer(s) directly to the Board. The submission shall contain an attestation that indicates the number of clinical hours obtained during the period of employment and shall be submitted by the employer's custodian of records, clinical practice manager, credentialing department, or supervising physician. A template for the attestation will be available on the Board's website.

Alternatively, a PA who has been actively practicing for more than five years and who has completed 8,000 hours of clinical practice in the last 10 years may qualify for certification to practice collaboratively if the PA has completed 2,000 hours of clinical practice within the last three years, and at the time of submitting the application for certification for collaborative practice holds current NCCPA certification.

The Board will maintain a list on its website indicating the PAs who have been certified for

collaborative practice.

### **3. What is considered a clinical hour to obtain certification as a collaborating PA?**

A clinical practice hour is any hour spent performing medical services directly related to patient care, including but not limited to patient call backs, chart review, diagnostic reviews, and referrals.

For those physician assistants applying for certification for collaborative practice who are or who have been engaged in the education of physician assistants at an ARC-PA accredited institution, actual hours spent in didactic instruction shall be counted towards the required 8,000 hours. The performance of administrative tasks associated with education, training and supervision will not be considered when calculating the required 8,000 hours of clinical practice.

Alternatively, a PA who has been actively practicing for more than five years and has been engaged in the education of physician assistants at an ARC-PA accredited institution, may count the actual hours spent in didactic instruction towards the required 8,000 hours. However, the 8,000 hours of didactic instruction or clinical practice in the last 10 years may qualify for certification to practice collaboratively if the PA has completed 2,000 hours of clinical practice or didactic instruction within the last three years, and at the time of submitting the application for certification for collaborative practice holds current NCCPA certification.

### **4. What documentation is required for collaborative practice?**

Before employing or practicing collaboratively with a PA, the collaborating physician or entity shall verify that the PA is qualified under A.R.S. § 32-2536 and R4-17-401 to practice collaboratively, the collaborating physician entity shall maintain evidence of the verification in the employment of the PA as long as the PA is employed by a collaborative physician entity.

### **5. What other documentation is needed for the establishment of a collaborative practice**

As required under A.R.S. § 32-2531(B), a collaborating physician or entity shall develop written policies regarding collaboration for each physician assistant employed under subsection (A).

The policies, which shall be individualized for the physician assistant's education, experience, and competencies, shall specify:

- a. The physician assistant's name, license number, practice name and address, email, and business phone number.
- b. The physician designee(s) (by name or position) responsible for the oversight of the physician assistant.
- c. The date the agreement will commence.

- d. The area of practice in which the physician assistant may practice collaboratively.
- e. A statement regarding whether the collaborative physician or entity determines that the area of practice is substantially similar to the PA's previous setting or specialty. If it is not substantially similar, a description of the additional training, oversight and education that will be provided to the PA in order to ensure that the PA can safely practice in the new setting/specialty. This shall include documentation regarding any supervision agreement that the collaborating entity/physician determines may be warranted (for more information see the answer to question 6, below)
- f. The signature of a collaborating physician, or physician designated by the entity to provide oversight and the PA.

**6. What is required when a collaborative PA seeks to practice in an area of medicine that is not substantially similar to a practice setting or specialty for which PA previously practiced collaboratively?**

Prior to engaging in a practice that is not substantially similar to the areas of practice in which the physician assistant has previously practiced collaboratively, the collaborating physician or entity shall ensure that the physician assistant is provided with any additional training or oversight necessary to ensure that the physician assistant can safely practice in the new practice setting or specialty.

The collaborating agreement shall describe the additional training or oversight that will be provided to the physician assistant. If the collaborating physician or entity determines that a supervision agreement is warranted, the expected duration of the supervision agreement shall also be identified, and a separate supervision agreement that meets the requirements of A.R.S. §§ 32-2501 *et. seq.* shall be executed prior to the physician assistant's initiation of practice.

Once the collaborating physician or entity determines that supervision is no longer needed, the separate supervision agreement may be terminated, and the physician assistant may practice collaboratively.

Completion of the additional training or oversight and, if applicable, termination of the supervision agreement shall be noted in an addendum to the individualized policy maintained by the collaborating physician or entity.

The individualized policy or any addendums shall be maintained as a business record at the practice and by the physician assistant. The individualized policy governing collaborative practice shall be produced immediately upon request by the Board.

**7. May a collaborative PA bill directly for the performance of medical services?**

A collaborative PA may bill and receive direct payment for the professional services provided.

**8. Are there any additional responsibilities imposed on a collaborative PA?**

Yes. A collaborative PA may provide medical services that the collaborative PA is competent to perform, and those services are listed in ARS 32-2531(A). The medical services that may be provided by a collaborative PA includes “delegating and assigning therapeutic and diagnostic measures to and supervising licensed or unlicensed personnel. “ ARS 32-2531(A)(9).

According to statute a PA who does not practice pursuant to a supervision agreement is legally responsible for the health care services performed by the physician assistant.” ARS 32-2531(D). Therefore , a collaborative PA is legally responsible for any therapeutic and diagnostic measures delegated or assigned to licensed or unlicensed personnel. In addition, the collaborative PA is responsible for supervising licensed or unlicensed personnel to whom the collaborative PA delegates or assigns medical tasks.

**9. What if I am unable to obtain all the required documentation to show that I have 8.000 hours of clinical practice required for certification as a collaborative PA?**

The Board has a waiver policy set forth in R4-17-401 (F) that allows the PA to make a request to the Board to waive the requirement to produce the documentation. The request must identify and estimate the number of clinical hours for which documentation cannot be obtained and where those clinical hours were performed. In addition, any request for waiver must include the steps that the PA has taken in an effort to obtain the documentation .

In determining whether to issue a waiver the Board will consider the following:

1. The sufficiency of the physician assistant’s effort to have the documentation submitted;
2. Evidence it is not possible to have the documentation submitted because:
  - a. The required document does not exist;
  - b. The individual or entity responsible for maintaining and submitting the documentation is unable to do so; or
  - c. Another reason beyond the control of the physician assistant; and
3. Whether the Board is able to obtain the required documentation from another source.