



Arizona Regulatory Board of Physician Assistants

1740 W. Adams St, Suite 4000, Phoenix, AZ 85007
Telephone: 480-551-2700 • Fax: 480-551-2705 • www.azpa.gov

FINAL MINUTES FOR MEETING OF JOINT LEGISLATION AND RULES COMMITTEE TELECONFERENCE MEETING Held on Friday, June 23, 2023 1740 W. Adams St., Board Room 4100, Phoenix, AZ 85007

Committee Members

Susan Reina, P.A.-C., Chair
David J. Bennett, D.O.
Kevin K. Dang, Pharm D.
Michelle DiBaise, D.H.S.c., P.A.-C., D.F.A.A.P.A.
John J. Shaff, PA-C, DFAAPA

A. CALL TO ORDER

Chairwoman Reina called the meeting to order a 3:04 p.m.

B. ROLL CALL

The following Committee Members participated via Zoom: Dr. Bennet, Dr. Dang and PA DiBaise.

The following Committee Member was present in the room: PA Reina and PA Shaff.

ALSO PRESENT

The following Board staff participated in the meeting: Patricia McSorley, Executive Director; Kristina Jensen, Deputy Director; Michelle Robles, Board Operations Manager. Also present: Carrie Smith, Assistant Attorney General ("AAG").

C. CALL TO THE PUBLIC

No individuals addressed the Committee at the Call to the Public.

D. APPROVAL OF MINUTES

- April 29, 2021 Joint Legislation and Rules Committee Teleconference

MOTION: PA Shaff moved to approve the April 29, 2021 Joint Legislation and Rules Committee Teleconference.

SECOND: Dr. Bennett.

The following Committee Members voted in favor of the motion: Dr. Bennet, Dr. Dang, PA DiBaise, PA Reina and PA Shaff.

VOTE: 5-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

E. REVIEW, DISCUSSION AND POSSIBLE ACTION REGARDING RULES FOR THE IMPLEMENTATION OF HB2043 AND COLLABORATIVE PRACTICE BY PHYSICIAN ASSISTANTS

Ms. McSorley provided a copy of the statute, a preliminary draft and information on how other states are handling the collaborative practice to the Committee. She stated that the goal is to create rules that better explain the statute. It should include how and who is going to establish the hours and the methodology for how the hours have been met. The statute also requires some type of certification by the Board. Finally, if the PA is initially certified in a specialty but changes to a substantially different area there needs to be rules on how to transition.

Ms. Smith noted that the courts will use a dictionary definition if they cannot find a legal definition.

PA Reina commented that Arizona is unique in the transition to another substantially different type of practice. The Committee needs to determine the requirements for certification of that transition.

PA Shaff commented that the Board can include a timeframe and training for new area.

PA DiBaise asked about why the Board was considering classification of areas of practice.

PA Reina discussed designating 3 specialties and the PA would provide documentation of the 8000 hours of training for the specialty. The Committee would need to determine how to create the certification for these PAs to begin.

Ms. Smith noted that the bill addresses the minimum requirements; the issue is how to best address the qualitative requirements in the statute.

PA Shaff opined that the rules should not create too many obstacles. If the collaborative physician (CP) approves of the hours and signs off on the training it should be adequate. This would mirror the current process.

PA Reina stated that the Committee needs to establish whether the certification is a general certification or a subspecialty certification.

Dr. Bennet noted that it would be difficult to put a timeframe or 8000 hours for each subspecialty and it would make it difficult to get PAs licensed. Dr. Bennet opined that it should be simple and if the collaborative physician agrees that they are ready and agreement between the CP and the PA can be signed.

Ms. McSorley noted an example collaborative agreement that the Committee can use as a starting point.

Ms. Smith referred the Committee to A.R.S. § 32-2536(B) which requires the Board to adopt rules establishing additional certification standards for collaborating PAs who seek employment for a position that is not substantially similar to the area in which the PA was previously certified. Ms. Smith stated that this is policy decision.

PA DiBaise noted the Oregon agreement and opined that it is simple and easy to follow. The PA can reapply instead of transitioning when changing practices.

PA Shaff noted that currently, if a PA's practice changes they have ten days to inform the board therefore it can be as simple as informing the Board of their new position and collaborative practice agreement.

PA Reina expressed concern about having sufficient ability to protect the public.

PA DiBaise noted that PAs can already do these things and ultimately this process would require a legal document and would need a CP.

PA Shaff opined that unfortunately there is always going to be a few bad eggs and overall this won't change too much about how PA's practice.

PA Reina commented that a CP takes away the legal liability whereas a supervising physician has a legal liability to what the PA does. PA Reina opined that the Committee needs to be careful when wording this to protect the public.

PA DiBaise noted that if utilizing this route PAs will be responsible for their own liability insurance.

PA Reina suggested adding language that the CP must be in the same area of practice to help protect the public.

Ms. McSorley stated that staff can create language that the PA's area of practice should be substantially similar to the CP and if changing then apply for recertification.

PA DiBaise commented that this statute is not intended to restrict the PA who has obtained the 8000 hours to practice at the top of their practice.

Committee members agreed that this should not make the PA's practice more restrictive, this should be used to move the PA practice forward.

PA Shaff opined that the Maryland Board had a good definition of what collaborative practice is. The Board can use the current process but for a CP and duties would be delegated on the practice level. The only change is taking the liability from the physician.

PA Reina inquired about clarifying how PA's can establish that they've obtained the 8000 hours.

PA DiBaise suggesting letting the site that they work at or who's hiring them verify the work history and make that determination.

Ms. McSorley noted Maryland's transition statute language, which is restrictive.

PA Reina commented that even if you have a collaborative certification, when moving to a substantially different area the PA can sign a supervising physician delegation agreement for a certain amount of hours before qualifying for a collaborative agreement in the new area.

PA DiBaise reiterated that the 8000 hours should be determined at the practice site otherwise if the Board sets an arbitrary limit it would make the Board a certifying body.

Ms. Smith reiterated that this is a policy decision for the Board but noted that the legislature has made a policy decision by wanting the Board to be involved in the change of practice area process. Ms. Smith noted the language of the statute which states, "The certification standards, or requirements shall ensure appropriate training and oversight, including a supervision agreement if warranted for the physician assistant's new practice setting or specialty."

PA Shaff suggested that the Board can use those exact words but include that the certification for a new practice setting or specialty qualification would be decided at the practice level and a new affidavit of collaboration would be signed to certify the change.

Ms. Smith opined that the proposed language would likely meet the statutory criteria.

PA Shaff noted that if there is a change in practice the PA has 10 days to notify the Board, otherwise they're in violation of the statute, and you can get brought in front of the Board.

Ms. Smith stated that the Committee will have to create some draft rules and get them through the GRRC process.

PA Shaff stated that the rules can contain language to fulfil subsection b, that anytime you change jobs you need to submit this form with x, y, z within 10 days. From a practice standpoint the Board doesn't want to make things more difficult but need to create the steps to meet section b.

PA Reina summarized that the generalized certification is for 8000 hours within the last 5 years. It would document the scope of practice, and then in order to satisfy the language in the statute if you have any sort of lateral movement the PA will have to submit the collaborating agreement again. The form can state that it is on the practice level to establish you've met the requirement. The PA doesn't need to have a collaborating agreement but can opt for a supervising agreement.

The Committee agreed with the idea to have the PA re-submit the collaborative agreement.

Ms. Smith opined that this would satisfy the requirement by directing the PA and the practice to ensure this is met. Ms. Smith noted that this proposed rule would need to be brought to the Board and GRRC.

PA Reina stated that is should include that if there is any change in practice the PA has 10 days to inform the Board with a new collaborative agreement

Ms. McSorley stated that staff will create a draft form for consideration by the Committee prior to sending it to the Board.

PA Reina suggested having another Committee meeting prior to the full Board's August meeting.

Ms. McSorley requested guidance for calculating the 8000 hours.

PA Shaff noted that there are 2000 hours per year if working full time, so there needs to be at least four years' worth of work within the five-year timeframe. This can be verified by getting a letter from the employer verifying the hours and can be submitted with the application. The PA can attest on the application that they had 8000 clinical practice.

Ms. McSorley confirmed the application will include obtaining an attestation from the employers over the 5 year and have it sent directly to the Board.

Ms. Smith noted that it is important to define a clinical hour in the rule, policy or on the application.

PA Shaff opined that a clinical hour is anything directly related to patient care.

F. DISCUSSION OF DATES AND TOPICS FOR UPCOMING COMMITTEE MEETING

G. ADJOURNMENT

MOTION: PA Shaff moved for adjournment.

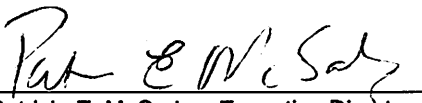
SECOND: Dr. Bennett.

The following Committee Members voted in favor of the motion: Dr. Bennet, Dr. Dang, PA DiBaise, PA Reina and PA Shaff.

VOTE: 5-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

MOTION PASSED.

The Committee's meeting adjourned at 4:30 p.m.


Patricia E. McSorley, Executive Director