



Arizona Regulatory Board of Physician Assistants

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FINAL MINUTES FOR MEETING OF JOINT LEGISLATION AND RULES COMMITTEE TELECONFERENCE MEETING Held on Thursday, August 17, 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 5:04 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

Sarah Bolander, Amanda Shelley and Melanie Lyon from ASAPA addressed the Committee during the Call to the Public.

D. APPROVAL OF MINUTES

- June 23, 2023 Joint Legislation and Rules Committee Teleconference

MOTION: PA Shaff moved to approve the June 23, 2023 Joint Legislation and Rules Committee Teleconference.

SECOND: PA DiBaise.

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

VOTE: 4-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

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

Ms. McSorley noted the definition of collaborating physician or entity on page 1 which is regarding designating one or more physicians by name or position, who is responsible for the oversight of the physician assistant. Ms. McSorley also noted the language in section 32 2536 on page 14 which is the nuts and bolts of regarding the documentation and certification for collaborative practice. Ms. McSorley provided the Committee with the rules. The first step is the process would be certification of the physician assistant for collaborative practice. This will be done at the staff level and will provide the

application to the PA, who is in good standing. The PA is going to provide the application with proof of the 8,000 clinical hours within the previous five years. Ms. McSorley read for the record the definition of a "clinical hour". The idea is that the PA will gather the documentation necessary, and we'll have an attestation from a previous employer confirming the hours. If the PA satisfactorily meets all of the requirements for collaborative physician assistant staff will certify them and maintain a list on the Board's website. Ms. McSorley noted that this is the only piece that Board staff will be involved in. The next part goes to the certification for an area of practice, and that's going to be completely dealt with at the practice level. Ms. McSorley noted that the next rule is regarding the requirements for collaborative practice agreement and certification to practice in a specified area. This is being done to comply with the rule regarding what collaborative practice is and that there needs to be a position, name, or position from the entity that is going to be responsible for oversight of the physician assistant. Ms. McSorley noted that oversight and supervision are different. Oversight is to have a mechanism in place should the PA need to collaborate or refer with somebody. Ms. McSorley also noted that if an investigation is required, the Board is going to have to look to the collaborating physician and interview that person, so the Board needs a record of it. The agreement and any addendums would need to be maintained by both the practice and the PA. If a collaborating physician considers certifying a PA for an area practice that is not substantially similar to an area practice for which the PA was previously certified, certification should only take place at the time and there needs to be a record of it. Ms. McSorley stated that the collaborative agreement addresses the need for certification, which is set forth in the statute. Ms. McSorley reiterated that this is all done at the practice level and is through a discussion between the PA and the collaborating physician. There is also language in the rules regarding if the PA requires supervision. Regarding supervision prior to acting in a collaborative manner, the length of supervision shall be determined by the physician accepting responsibility for the training and supervision of the PA. The terms of the supervision shall be documented in the collaboration agreement. Ms. McSorley noted that section J's language is to create a communication chain and to create a mechanism to be able to refer to the collaborator.

PA DiBaise opine that the Board does not need to create the collaborating agreement since the supervising agreement is at the practice level. PA DiBaise opined that these proposed rules are stringent compared to supervision.

Ms. McSorley noted that these collaborating agreements are not required to be submitted to the Board unless there is an investigation.

PA Reina commented that the proposed form is to be used as a universal template. PA Shaff opined that having a template would make the process easier and more uniform. PA Shaff noted that since it is decided and kept at the practice level it is not more restrictive.

PA DiBaise expressed concern that this is codifying more terminology and rules for a collaborative PA that what is required for supervising. PA DiBaise opined that the onus is on the practice and the PA to have everything in order.

PA Reina noted that the bill specifically states you must designate a physician by name or position.

PA DiBaise expressed concern regarding naming a collaborative physician by name when it can just state the position.

Committee members discussed if there is an investigation or a change in practice what that would look like if only a position was listed on the collaborative agreement instead of a physician by name.

Ms. Smith clarified that the statute states "the Board shall adopt rules establishing additional certification, standards, or requirements. Physician or physician assistants who previously completed the 8,000 hours and were seeking employment with a collaborating physician or entity for a position

that is not substantially similar to the practice setting or specialty in which the PA was previously certified.”. This requires the Board to establish some rules for when a PA changes practice.

Regarding a change in practice or supervisory agreement, PA DiBaise opined that this should be decided at the practice level.

PA Shaff confirmed that the rule states if they change to a field that is substantially different or not, it is decided at the practice level whether they need to go to a supervisory position until they are able to go to a collaborating position or they can sign off to collaborate in a substantially different role. This is determined between the PA and their practice.

PA DiBaise expressed concern that the draft language reads as if it gets turned into the Board.

PA Reina confirmed that there is no language that states it needs to be turned into the Board. It only needs to be submitted if there is an investigation.

PA Shaff noted that the application and documents for certification get turned into the Board, everything else is at the practice level.

PA DiBaise noted the language in Point B and suggested using the language certify a collaborative “scope of practice” instead of “area of practice”.

Ms. McSorley noted that she used the term “certification” to be in line with the statute.

PA Shaff noted that the Board is doing the initial certification. The collaborative agreement is saying this is the area that I’m working in and here are my collaborating physicians. PA Shaff suggested replacing the word “certify” with “state” as it may be more appealing.

Ms. Smith informed the Committee that it is a policy decision.

Ms. McSorley agreed that certification is a strong word but that is the language in the statute. Ms. McSorley explained that she is trying to get the Committee to agree on the concepts and a process. A professional rule writer will get the language in the right form for public comment and then to turn it into GIRC. Once the Committee agrees on the concepts, Ms. McSorley suggested that a FAQ should be sent out to the community.

Regarding Point B, PA DiBaise opined that only the person who’s agreed to have oversight needs to be listed and not have a list of everyone you could potentially work with.

PA Reina commented that the understanding is that one physician or position is needed but multiple can be added. PA Reina noted that this language was proposed by the ASAPA lobbyist.

PA DiBaise requested that staff touch base with ASAPA’s lobbyist to clarify the intent of what’s stated in Point B.

PA Shaff agreed that the language can be cleaned up but it is just asking for the collaborating physician’s information.

PA DiBaise agreed with alternate pathway regarding the 8,000 hours within five year for certification but expressed concern regarding section four that requires the PA to get a signed attestation. PA DiBaise opined that this seems superfluous and inquired what would happen if there is an issue obtaining the attestation.

PA Shaff agreed that point four seems redundant.

PA DiBaise commented that claiming didactic hours may require an attestation but it may not be needed if the PA has the required documentation.

Ms. McSorley stated that the Committee can determine if just documentation of the hours is sufficient or if an attestation is needed as well.

PA DiBaise commented that the attestation can be another form of documentation.

Committee members suggested adding language that an attestation from a previous employer, clinical practice, credentialing department or supervising physician for the 8,000 clinical hours should be added as an option in Section 3 and remove Point 4.

Ms. Smith encouraged the Committee to provide Board staff with the tools necessary to address those who aren't utilizing the process in good faith and complying with the law. There should be some way for Board staff to be authorized to communicate with these prior employers in order to give the Board the investigatory functionality in the instance where there is a concern that the information being presented to the Board is not truthful.

Ms. McSorley commented, in the context of looking at these clinical hours, if staff has a question perhaps the Committee can add some language that staff may contact previous employers to confirm the number of hours.

Committee members agreed that is reasonable.

Ms. McSorley also suggested as an alternative, the attestation from the employer can be primary source and sent directly from the employer to the Board.

PA DiBaise inquired about what would occur if the attestation cannot be obtain due to some catastrophic reason.

Ms. Smith noted that the MD Board has language regarding waiver requests in its application rules and suggested that the Committee can be provided with something translated from that for consideration.

PA DiBaise agreed with having a waiver of some form to address those situations where an attestation cannot be obtained.

PA Reina inquired about language regarding a substantial lapse in employment.

PA Shaff commented that if they have kept their license active do we ask if they have been clinically working.

Ms. McSorley noted that if the PA kept an active license they would be keeping up to date with their CME and would have maintained licensure and education requirements.

PA DiBiase noted that the PA would be evaluated at the practice level.

PA Reina clarified that this is for the initial application.

PA Shaff noted that this is addressed in the language, if the physician assistant can provide proof of 8,000 hours within 10 years of the date of the application.

Ms. McSorley noted that this is a situation or question that can also be added to the FAQs.

PA Reina requested that this topic be added to the full Board's meeting and if needed a specialty meeting can be held.

F. DISCUSSION OF DATES AND TOPICS FOR UPCOMING COMMITTEE MEETING

G. ADJOURNMENT

MOTION: PA DiBaise moved to adjourn the meeting.

SECOND: PA Shaff.

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

VOTE: 4-yay, 0-nay, 0-abstain, 0-recuse, 1-absent.

MOTION PASSED.

The meeting adjourned at 6:29 p.m.



Patricia E. McSorley, Executive Director