

*HB 3642: Rep. Nancy Nathanson
Improve access to affordable health care through use of
Physician Assistant*

I spoke to the bill at a meeting of this committee in January. In a nutshell, I asked the committee to consider this bill which provides more flexibility for operating health care clinics and supervising physician assistants who are part of the health delivery team. I'd like to read a sentence taken from an article last month in Business Week: "As we can see, resourcefulness is a key lens for creating next-generation health care that supports a patient's long-term health and creates true value: lower costs, improved results, and increased accessibility." This bill will allow some flexibility for **this** generation health care.

We know there is a shortage of primary care. It's important to increase and expand access to quality, affordable primary care in particular. To be sure, workforce shortages are one element that needs to be addressed, but it's not the only one. Reimbursement rates for primary care is another element. There's yet another factor (component) that we can do something about: regulatory barriers. This change will help Oregon catch up to most other states in recognizing the changes in delivery of health care and need to support access to affordable primary care.

The Oregon Health Fund Board 2008 report noted that "The impending workforce shortages may dramatically undermine access to care and adversely impact the delivery system." The report stated that "twenty two percent of the state's physicians have plans to retire within five years." It went on to say, "Oregon lacks a coherent strategy to assure an adequate and highly trained health care workforce to meet the needs of the 21st century." When I read statistics like this it convinces me further that it is necessary to allow more flexibility for our doctors to provide innovative, efficient, and effective health care in the 21st century.

Clinics need the flexibility to provide care in the new world of health care delivery. This bill is about choice, affordability, being sure our laws don't get in the way of an effective health care system, and about preserving and even enhancing quality of patient care. The American Medical Association and the American Academy of Family Physicians, in the late 1990's, removed from their guidelines the specific ratios specifying the number of supervising physicians to physician assistants.

Several points about what this bill is intended to do, and what it doesn't do.

It does NOT

- eliminate existing physician-physician assistant relationships or licenses.
- It does not prohibit the mentoring and long-term physician-physician assistant relationships that have proven valuable to many physician assistants.
- It does not change the authority of the board to license and oversee the work of the physician-physician assistant team. The Medical Board continues to ensure quality and provide oversight, as it does now, thru rules and licensing, and can order corrective action to ensure patient safety.

It DOES ...

- Allow an alternative path for supervising. The existing statute and rules for individual physicians supervising individual physician assistants remains in place. This bill adds another option, for groups of physicians to supervise physician assistants.

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- It does maintain accountability by naming a primary physician in the supervising physician organization (through adoption of the dash 3 amendments)
- It does put Oregon in place with other states moving toward more flexibility to meeting
- It does set the stage for increasing access to affordable, quality, primary health care.

Simply put, this bill is about increasing access to health care in the most cost-effective way.