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

I introduced this bill after hearing about a potential solution to the challenge of increasing access to affordable health care and primarily to primary care. I'd like to give you a little bit of background information that helps persuade me that it's time for Oregon to catch up to much of the rest of the country. We are not breaking new ground here. This does not seem to be a radical idea, it seems to be a common sense idea to make sure we can do what we can for our health care system to be as cost-efficient, effective, and modern as possible while still protecting and enhancing quality for patients.

The physician assistant profession came into existence in the mid-1960s due to the shortage and uneven geographic distribution of primary care physicians in the United States. The first class of physician assistants in 1965 was composed of former U.S. Navy hospital corpsmen and U.S. Army combat medics. The regulation of physician assistants in Oregon Statute began in 1971 at which point there was not an established ratio of physician to physician assistants. In 1981 the ratio of 1:2 was established in ORS and then in 1995 the ratio increased to 1:4.

Other state laws governing ratio follow a number of different patterns around the country. The supervision of physician assistants varies from one state to another. Sometimes there is no maximum, no ratio specified, and sometimes it's no more than two. There are no regulations in at least 5 states, including Alaska, Arkansas, Maine, North Carolina, and Rhode Island. In Washington the maximum is 3, Colorado 2, and Idaho 3.

Vermont is an interesting example. There is no specific ratio. Instead, the medical board bases their permit, which includes the number of physician assistants to be supervised by the physician, on a review of the system of care delivery in which physician and physician assistants propose to practice.

On the national scene, until 1996, in its Guidelines on the Supervision of Certified Nurse Midwives, Nurse Practitioners, and Physician Assistants, the American Academy of Family Physicians (AAFP) had a policy on the ratio of physician assistants to supervising physicians. The policy recommended that physicians supervise no more than two "non physician" providers. In 1996 it removed that limit.

In 1998, the American Medical Association (AMA) adopted the recommendation of its Council on Medical Service that, "the appropriate ratio of physician to physician extenders should be determined by physicians at the practice level, consistent with good medical practice, and state law where relevant." They stated, "Supervising physicians are the most knowledgeable of their own supervisory abilities and practice style, as well as the training and experience of physician extenders in their practice…specified ratios of supervisory physicians to physician extenders might restrict appropriate provision of care and could reduce access to care."

And that's what we are trying to make sure we address now. We know there is a shortage of primary care. We are trying to make sure we increase and expand access to quality, affordable primary care in particular. 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. People without health insurance, people with insurance but without a primary care physician, people with a primary care physician but needing help at 8 o'clock at night or on Sunday – they will sometimes be able to get help through clinics such as you'll hear about today. 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.