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January 20,2017

To Whom It May Concern:

The Rhode Island Academy of PAs (RIAPA) stands opposed to "Full Practice Authority and Responsivity" as proposed.

Our opposition is based on the call for elimination of provisions in laws and regulations for a supervisory, collaborating or other specific relationship with a physician as a condition for a PA to practice.

In addition, we find the report/proposal from the Task Force to be inadequate.

FPAR establishes independent practice

An objective reading of law unquestionably leads to the conclusion that elimination of all provisions in laws and regulations for a supervisory, collaborating or other specific relationship with a physician as a condition for a PA to practice would constitute independent practice of medicine by PAs.

Current state laws allow the **restricted** PA practice of medicine; the restriction being supervision or collaboration. If, as proposed, all restrictions are eliminated PAs would then be authorized by the PA statutes to practice medicine without restrictions, that is independently.

In addition to the legal argument supporting the position that FPAR would establish independent practice, precedent has been set that "Full Practice Authority" is synonymous with independent practice.

The term, "Full Practice Authority" was originally defined by the nursing profession as:

> "…the collection of state practice and licensure laws that allow for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the of the state board of nursing". (Website of the American Academy of Nurse Practitioners; *Issues At-A-Glance: Full Practice Authority*)

In order to achieve FPA for APRNs it is recommended that states adopt the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education that proposes:

"Individuals will be licensed as **independent practitioners** (emphasis added) for practice…" (APRN Joint Dialogue Group Report, Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (Silver Spring MD 2008) Pg 6)

In explaining FPA for APRNS the American Academy of Nurse Practitioners (AANP) states:

> "Full practice authority (FPA) is occasionally referred to as “autonomous practice” or “independence.” and "The terms “autonomous” and “independence” have been

> misunderstood and misinterpreted by some in the healthcare community to imply a "lone ranger" clinician, the removal of all parameters around nurse practitioner practice and equated with exclusively entrepreneurial efforts." (Website of the American Academy of Nurse Practitioners; *Issues At-A-Glance: Full Practice Authority*)

It is obvious from these statements that nursing developed the concept of FPA as a subterfuge to draw attention away from the fact independent practice is the ultimate goal. Certainly, by using the same terminology as nursing there is no reason that FPAR will not be perceived as independent practice for PAs.

To find evidence that FPAR is already being perceived as independent practice one only needs to look to the Huddle and AAPA News Center-Full Practice Authority and Responsibility webpage where there are numerous comments that both advocates for or oppose FPAR based on the perception that it creates independent practice.

FPAR: Legally unfeasible

The "elimination of provisions in laws and regulations for a supervisory, collaborating or other specific relationship with a physician as a condition for a PA to practice" (AAPA News Center: Full Practice Authority and Responsibility) will create independent practice of medicine by PAs. The independent practice of medicine by non-physicians is specifically prohibited in all states by the provisions of the state medical practice act therefore, independent practice by PAs would be illegal in all states.

Proponents of FPAR rationalize PA independent practice of medicine by PAs by comparing PAs to APRNs. This is an illegitimate comparison based on the misperception that APRNs practice medicine. They do not.

In those states where APRNs are authorized independent practice the nursing statutes define APRN and the scope of practice as suggested by the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (APRN Joint Dialogue Group Report, *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (Silver Spring MD 2008) Pg 6)

> "Advanced practice registered nurse" (APRN) is the title given to an individual **licensed to practice advanced practice registered nursing** (emphasis added) within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA) or certified clinical nurse specialist (CNS), and who functions in a population focus. "Advanced practice registered nursing" means an independent and expanded scope of nursing (emphasis added) role and population focus approved by the board of nu rse registration and nursing education that includes the registered nurse scope of practice and may include, but is not limited to, performing acts of advanced assessment, diagnosing, prescribing and ordering. Each APRN is accountable to patients, the nursing profession, and the board of nursing for complying with the requirements of this chapter and the quality of advanced nursing care rendered; recognizing limits of knowledge and experience; planning for the management of

situations beyond the APRN's expertise; and for consulting with or referring patients to other health care providers as appropriate.

This clearly establishes that from a legal perspective APRNs practice nursing not medicine.

The Model State Legislation for PAs on the other hand suggests that:

> "Physician assistant" or "PA" means a healthcare professional who meets the qualifications defined in this chapter and is **licensed to practice medicine** (emphasis added)) under this chapter. (American Academy of PAS, *Model State Legislation for PAs* (Alexandria, VA 2015) Pg 2)
>
> ""Scope of practice" PAs **practice medicine in collaboration with physicians**. (Emphasis added) PAs may provide any medical service that is within the PA's skills, education and training. This includes the ordering, prescribing, dispensing and administration of drugs and medical devices.
> (American Academy of PAS, *Model State Legislation for PAs* (Alexandria, VA 2015) Pg 3

There is no question that the legal scopes of practice of PAs and APRNS are separate and distinct. APRNs practice nursing, PAs practice medicine with physician supervision or collaboration. Therefore, to compare the two as equal is illogical.

Report/Proposal Inadequacies

After rejecting resolution 2016-A-08 calling for Full Practice Authority the 2016 House of Delegates recommended further study of the issue. What the Task Force produced in no way can be considered a study, There is nothing to indicate that the Task Force performed any analysis of either positive or negative elements of FPAR.

The Task Force has presented no evidence supporting the argument that FPAR is not independent practice or that it would not be perceived that way by organized medicine, legislators, regulators or health care systems management. In answering the question, "How is Full Practice Authority and Responsibility different from "independent practice" or "autonomy?" the Task Force offers a philosophical rationalization devoid of any factual differences.

In addition, numerous claims as to how FPAR will benefit the profession and individual PAs as well as improve health care delivery are made with no supporting evidence.

The Task Force failed to fulfill its charges to:

1) "Understand and document the current federal, state, and employer context of the practice authority of PAs, APRNs, and other relevant healthcare providers."
2) "Consider and describe what, if any, limitations or requirements should be established for PAs under the Task Force's recommended PA practice authority (i.e., differences for primary care PAs vs. surgical PAs, contingent upon number of years practicing or number of years practicing in a specialty, etc.).

3) "Consider and describe the potential benefits of its recommendations for PAs, patients, PA employers, as well as any potential risks and obstacles that should be taken into account (i.e., malpractice insurance

Summary

1) The RIAPA believes that as proposed "Full Practice Authority and Responsibility" would create independent practice by PAs, the legality of which is doubtful at best, and is politically unfeasible.
2) We find the report from the Joint Task Force on the Future of PA Practice provides insufficient information for PAs to make an informed decision and to be lacking in supporting evidence and therefore will bring into question the validity of the FPAR survey.
3) We are deeply concerned about the lack of objectivity and due diligence on the part of the Board and the Task Force as evidenced by the failure provide any findings or analysis of legal, regulatory or policy issues that may conflict with FPAR.

Recommendations:

1) The Board of Directors should extend the deadline for the report to the 2018 House of Delegates meeting
2) The Board of Directors engage an outside independent research organization to develop a report on all aspects of FPAR.
3) The report of the research organization be published immediately upon completion on the AAPA website.

Respectfully,
Emma Banks, PA-C
President