



September 20, 2023

Department of Labor & Industry
Business Standards Division
Board of Medical Examiners

Re: Montana Administrative Register Notice 24-156-94; Physician Assistants

Director Swanson and Mr. O'Connor,

These comments are respectfully submitted on behalf of the Montana Academy of Physician Assistants (MtAPA). We have reviewed the above-referenced notice and have also enjoyed the opportunity to work with staff during the drafting process.

MtAPA supports the majority of the Administrative Rules as proposed, and we appreciate staff and the board's willingness to recognize the significant negotiations that occurred around HB 313. During the session, we sat at the table with other stakeholders and worked through nuance of language and ideology, and the committees in which the bill was heard debated each piece of the bill thoroughly. Legislative intent was quite clear that any discussion of specialty be reserved for practice-level interactions, and the amendment made in the House policy committee codifies that intent through the statement in HB 313; Section 6. Section 38-20-301 (3) that the physician assistant "engages in practice for which the physician assistant is educationally prepared and for which the physician assistant has achieved and maintained competency." That is where the discussion around specialty begins and ends, and we believe this version of the rules reflects that intent.

Additionally, we appreciate the clean-up of language in other areas of the rules, reflecting a collaborative agreement rather than a supervisory one, and the removal of chart review in rule and following, again, legislative intent that such a detail be included in the collaborative agreement. Again, this was a discussion and negotiation point, and we believe this version of the rules reflects intent of the sponsor.

We would ask for one change in 24.156.1622 Physician Assistant Collaboration. A major tenet of the change from supervisory to collaborative practice is that more than one single provider may participate in the collaborative agreement with a physician assistant. When there was a one-to-one supervisory relationship only, the online testing for the supervising physician was workable, albeit not expressly permitted in code. Collaborative practice, however, makes such a requirement unnecessary. In fact, in situations where a physician assistant is in a collaborative practice with a group practice, would every single physician, PA, and NP at that practice need to take the online test? At who's cost, and where would those costs ultimately be funneled?

Additionally, HB 313 changed MCA 37-20-203(3) (a) to very clearly define the term “collaborative agreement” as an interaction and relationship in which “...the physician assistant and collaborating provider are cognizant of the physician assistant’s qualifications and limitations in caring for patients.” The law requires this knowledge for an agreement to be perfected and therefore this rule is redundant. We would ask for the entirety of this section to be amended out of ARM.

Thank you for your thoughtful consideration of these comments.

Respectfully,

Jennifer L Hensley
Lobbyist for Montana Academy of Physician Assistants

