

February 4, 2021

Oregon State Legislature
House Committee on Health Care
900 Court St. NE
Salem, OR 97301

Re: House Bill 3036 – Physician Assistant Practice Requirements

Chair Prusak and members of the House Committee on Health Care:

The Oregon Association of Hospitals and Health Systems (OAHHS) supports HB 3036 as we believe it will increase access to health care for rural and other underserved patients and communities in Oregon by removing unnecessary barriers to Physician Assistants (PAs) practicing to the full scope of their license and allow for innovative care delivery models.

The “Health Care Workforce Needs Assessment” released by the Oregon Health Authority (OHA) this month stated that “Oregon’s goals for health system transformation include achieving health equity, expanding access to care, ensuring financial sustainability, and improving population health outcomes. In order to achieve these goals, Oregon must have a health care workforce that can effectively deliver high value care across the state.” We believe that PAs can be integral to achieving these goals.

The National Center for Health Statistics found that PAs more often deliver care in clinics associated with non-teaching hospitals and handle a higher percentage of Medicaid, Children’s Health Insurance Program (CHIP), and uninsured patients, as well as younger patients. Additionally, they found that PAs see a higher percentage of preventive care visits than visits for routine chronic conditions or pre- and postsurgical care. Moreover though, a study published in *Health Affairs* in June 2019 found that use of PAs and Nurse Practitioners as primary care providers for complex patients with chronic conditions was associated with less use of acute care services and lower total costs. It is for these reasons that the Affordable Care Act provided funds to help expand enrollment in PA education programs and produce additional PAs.

Access to health care, including primary care, is a particularly acute problem in rural Oregon. According to OHA and the Oregon Office of Rural Health, the ability of the current primary care workforce to meet the demand for health care is 23% lower in rural and frontier areas compared with urban areas. It is for this reason that this bill will have additional benefit in rural and frontier parts of the state – often rural hospitals have been less likely to hire PAs due to the rigid supervision requirements as the hospitals do not have sufficient medical staff to provide the necessary supervision while also practicing clinically themselves.

By maximizing the scope of practice with less regulatory burden on the administrative side, this bill would provide hospitals, and rural hospitals most acutely, the flexibility to use PAs to meet the health care needs of their communities while still maintaining the team-based, collaborative undercurrent of the profession. For example, Critical Access Hospitals could utilize PAs in a more independent role to provide care to their low-volume inpatient beds overnight or in frontier clinic locations.

We are concerned however that the collaboration agreement structure may lead to disparities with how different health care entities structure their use of PAs, and we hope the Oregon Medical Board will be attentive of this.

With Oregon's population growing, the need to recovery from the COVID-19 pandemic, and an insufficient and maldistributed primary care workforce, it is imperative that the state utilize the existing workforce to its fullest potential. OAHHS supports HB 3036.

Thank you,

A handwritten signature in black ink, appearing to read "Andi Easton". The signature is fluid and cursive, with a large initial "A" and "E".

Andi Easton
Vice President of Government Affairs
Oregon Association of Hospitals and Health Systems