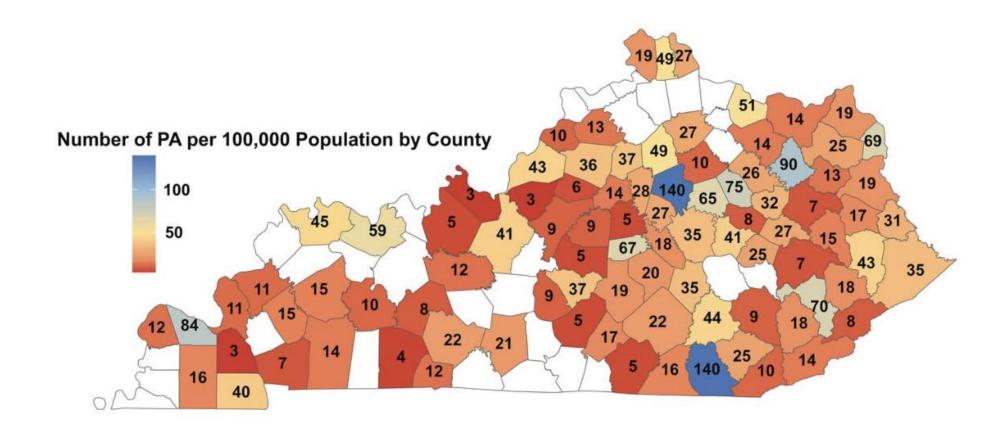
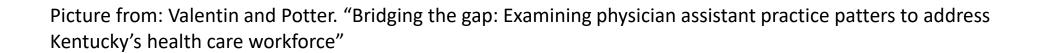
Kentucky Academy of Physician Assistants

Physician Assistants in Kentucky







Proposed Changes

- Changes current statutes in which the PA-physician relationship is built around a supervision model to a collaborative model
- Allows for scope of practice to be made at the practice level
- Allows prescriptive authority for Schedule II medications
 - With certain restrictions and requirements
- Allows PAs to perform driver's license vision testing



Schedule II Restrictions & Requirements

- Narcotic controlled substances, except for Hydrocodone combination products (as defined in KRS 218A.010), are limited to a 72-hour supply
- Non-narcotic Schedule II and Hydrocodone combination products are limited to a thirty-day supply without refill
- Any prescription for acute pain will be limited to a 3-day supply
- Already in statute:
 - A PA must have at least 1 year of experience as a licensed and practicing PA before applying to prescribe controlled substances
 - An application must be submitted to the KBML

How Does Kentucky Compare?





PA Practice Modernization in RHT Program

\$50 Billion

over 5 years

50% distributed equally among all approved states

50% based on ruralness, state policies, — and other factors

Scope of Practice Laws

based on AAPA ranking

- 100 Points Optimal
- 75 Points Advanced
- 50 Points Moderate
- 0 Points Reduced

PA Licensure Compact

- 100 Points Legislation Enacted
- 50 Points Legislation Introduced
- 0 Points No Legislation



Transition to Collaborative Practice

 Strengthens team-based care by reflecting modern healthcare teams and how they function

 No decline in safety or quality of care in states with a collaborative model versus supervision

 Decreases administrative burden on physicians, clinics and hospitals

Scope of Practice at the Practice Level

• Enables customized, flexible, team-based care

 Gives collaborating physicians more autonomy on how to utilize a PA within their interprofessional team

 Supports innovation in care models that requires flexibility in provider roles

Prescriptive Authority for Schedule II Medications

- Enhanced regulatory oversight on who is truly prescribing the medication
- Improves patient access to timely, effective care
- PAs are trained to prescribe these medications and have higher requirements for continued medical education to prescribe them:
 - PAs: 7.5 hours every two years, Physicians: 4.5 hours every three years, APRNs 1.5 hours yearly

Driver's License Vision Testing

 PAs are trained to perform thorough eyes exams and are competent to provide this service to patients

 PAs function as primary care providers, so a PA not being able to perform this exam can lead to added expense for the patient and/or Kentucky



Summary of Why this Bill is Important

- Removes clinically unnecessary restrictions to provide more flexibility in hiring and practice
- Maintains and strengthens the physician-PA relationship by placing scope decisions in the hands of the collaborating physician and practice
- Tailors oversight to experience
- Shifts liability appropriately
- Encourages PA retention to reinforce Kentucky's healthcar workforce

What this Legislation Does **Not** Do

- It does not create independent practice for PAs
- It does not allow PAs to direct bill
- It does not limit the ability of the collaborative physician to delineate practice parameters within the collaboration agreements
- It does not stop the collaborating physician from restricting controlled prescribing by the PA



