REGULAR CALENDAR

March 6, 2024

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Executive Departments and Administration to which was referred HB 1222,

AN ACT relative to physician assistant scope of practice. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Tony Lekas

FOR THE MAJORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MAJORITY
COMMITTEE REPORT

Committee:	**Executive Departments and Administration**
Bill Number:	**HB 1222**
Title:	**relative to physician assistant scope of practice.**
Date:	**March 6, 2024**
Consent Calendar:	**REGULAR**
Recommendation:	**OUGHT TO PASS WITH AMENDMENT 2024-0454h**

STATEMENT OF INTENT

Currently Physician Assistants (PAs) may only practice if they have a signed collaboration agreement with a physician. From existing RSA 328-D:1 II-a "Collaboration" means a physician assistant's consultation with or referral to an appropriate physician or other health care professional as indicated based on the patient's condition, the physician assistant's education, training, and experience, and the applicable standards of care." The committee heard testimony that in some, possibly many, cases the physician who singed a collaboration agreement has, effectively, no relationship with the PA other than requiring the PA to pay for the signature. The committee heard from more than one person that the cost can be $1,000/month. Also, even though current statute absolves the physician who signed the agreement of any liability for actions by the PA, the PAs are being required to include the physician on the PAs liability insurance, another cost to them. In some cases the PA has never met the physician who signed their collaboration agreement. The committee heard no testimony of any problems caused by PAs even though at least some have a collaboration agreement that provides no oversight. However, Nurse Practitioners (NPs), also known as APRNs and ARNPs, who can provide similar medical care as a PA, are not required to have a collaboration agreement. There are many NPs practicing in NH and the committee did not hear any testimony concerning problems with NPs practicing without such an agreement. PAs and NPs take a similar but somewhat different path in training. However, by the end of their training they have spent about the same amount of time training and that training has covered similar material. Currently PAs may provide any legal medical service for which they have been prepared by their education, training, and experience and are competent to perform. If this bill were to become law that scope of practice would remain the same. Making it easier for PAs to practice in NH would help alleviate the shortage of medical personnel and increase access to medical care. That is true throughout the state but especially in rural areas that are not as well served. The genesis of this bill was a situation in the northern part of the state where a PA had been practicing for decades helping this undeserved area. However, the physician who had signed his collaboration agreement was retiring and the PA was not able to find another physician to sign a new one. As it stands that PA will have to stop practicing, leaving his patients without his care. This is not unique to this particular PA or area. We heard testimony that Southern NH Family practice, in the Nashua area, had to replace PAs with NPs because the PAs could not find physicians to sign collaboration agreements and NPs don't need one. This unnecessarily limits the medical professionals that can meet the needs of the people of NH. The amendment updates language concerning PAs who are employed by the United States Department of Veterans Affairs and who are offering medical services to patients offered through the Veterans Administration Medical Center (VAMC). This update is required as part of removing the requirement for PAs to have a collaboration agreement.

Original: House Clerk
Cc: Committee Bill File

Vote 12-8.

Rep. Tony Lekas
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Executive Departments and Administration

HB 1222, relative to physician assistant scope of practice. **MAJORITY: OUGHT TO PASS WITH AMENDMENT. MINORITY: INEXPEDIENT TO LEGISLATE.**

Rep. Tony Lekas for the **Majority** of Executive Departments and Administration. Currently Physician Assistants (PAs) may only practice if they have a signed collaboration agreement with a physician. From existing RSA 328-D:1 II-a "Collaboration" means a physician assistant's consultation with or referral to an appropriate physician or other health care professional as indicated based on the patient's condition, the physician assistant's education, training, and experience, and the applicable standards of care." The committee heard testimony that in some, possibly many, cases the physician who singed a collaboration agreement has, effectively, no relationship with the PA other than requiring the PA to pay for the signature. The committee heard from more than one person that the cost can be $1,000/month. Also, even though current statute absolves the physician who signed the agreement of any liability for actions by the PA, the PAs are being required to include the physician on the PAs liability insurance, another cost to them. In some cases the PA has never met the physician who signed their collaboration agreement. The committee heard no testimony of any problems caused by PAs even though at least some have a collaboration agreement that provides no oversight. However, Nurse Practitioners (NPs), also known as APRNs and ARNPs, who can provide similar medical care as a PA, are not required to have a collaboration agreement. There are many NPs practicing in NH and the committee did not hear any testimony concerning problems with NPs practicing without such an agreement. PAs and NPs take a similar but somewhat different path in training. However, by the end of their training they have spent about the same amount of time training and that training has covered similar material. Currently PAs may provide any legal medical service for which they have been prepared by their education, training, and experience and are competent to perform. If this bill were to become law that scope of practice would remain the same. Making it easier for PAs to practice in NH would help alleviate the shortage of medical personnel and increase access to medical care. That is true throughout the state but especially in rural areas that are not as well served. The genesis of this bill was a situation in the northern part of the state where a PA had been practicing for decades helping this undeserved area. However, the physician who had signed his collaboration agreement was retiring and the PA was not able to find another physician to sign a new one. As it stands that PA will have to stop practicing, leaving his patients without his care. This is not unique to this particular PA or area. We heard testimony that Southern NH Family practice, in the Nashua area, had to replace PAs with NPs because the PAs could not find physicians to sign collaboration agreements and NPs don't need one. This unnecessarily limits the medical professionals that can meet the needs of the people of NH. The amendment updates language concerning PAs who are employed by the United States Department of Veterans Affairs and who are offering medical services to patients offered through the Veterans Administration Medical Center (VAMC). This update is required as part of removing the requirement for PAs to have a collaboration agreement.

Vote 12-8.

Original: House Clerk

Cc: Committee Bill File

REGULAR CALENDAR

March 6, 2024

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Minority of the Committee on Executive Departments and Administration to which was referred HB 1222,

AN ACT relative to physician assistant scope of practice. Having considered the same, and being unable to agree with the Majority, report with the recommendation that the bill be REFERRED FOR INTERIM STUDY.

Rep. Jaci Grote

FOR THE MINORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MINORITY
COMMITTEE REPORT

Committee:	**Executive Departments and Administration**
Bill Number:	**HB 1222**
Title:	**relative to physician assistant scope of practice.**
Date:	**March 6, 2024**
Consent Calendar:	**REGULAR**
Recommendation:	**INEXPEDIENT TO LEGISLATE** Error! No document variable supplied.

STATEMENT OF INTENT

This bill eliminates the long standing collaboration agreement between physician assistants (PAs) and physicians allowing PAs to practice independently. The requirement for a PA is successfully completing an accredited PA program. In NH, there are two schools, one with a 24 month program and one with a 27 month program. Both schools require a BA or BS degree. A minority of the committee felt that the elimination of this collaboration agreement between a physician assistant and the responsible physician was too large a step in light on the changes made in 2022 with SB 228. Before SB 228, PAs were supervised by physicians and, after long discussions, SB 228 changed the relationship from supervision to strictly collaboration. The rule making for this legislation is complete and states that physician assistants are responsible for their own medical decisions. It further states that physicians are not legally liable for malpractice. However, as a result of this change, some physicians have been reluctant to sign collaboration agreements because they will be liable for claims but will have had no supervisory input. This consequence was the main reason behind HB 1222. The minority does not want another unintended consequence and feels strongly that a joint effort with the other members of the healthcare team, such as the board of medicine, board of nursing, the hospital association, and the NH Medical Society, is needed to resolve this concern. None of these organizations were involved with the drafting of this bill. A request was made during the executive session to delay the vote on this bill to the House deadline date with the hope that such an understanding could be reached but it was rejected.

Rep. Jaci Grote
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Executive Departments and Administration

HB 1222, relative to physician assistant scope of practice. **INEXPEDIENT TO LEGISLATE.** Rep. Jaci Grote for the **Minority** of Executive Departments and Administration. > HB1222 eliminates the long standing collaboration agreement between physician assistants(PA) and physicians allowing PAs to practice independently. The requirement for a PA is successfully completing an accredited PA program. In NH, there are two schools, one with a 24 month program and one with 27 months. Both schools require a BA or BS. A minority of the committee felt that the elimination of this collaboration agreement between a physician assistant (PA) and the responsible physician was too large a step in light on the changes made last year with SB228. Before SB228, PAs were supervised by physicians and, after long discussions, SB228 changed the relationship from supervision to strictly collaboration. The rule making for this legislation is complete and states that physician assistants are responsible for their own medical decisions. It further states that physicians are not legally liable for malpractice.

> However, as a result of this change,some physicians have been reluctant to sign collaboration agreements because they will be liable for claims but will have had no supervisory input. This consequence was the main reason behind HB1222. The minority does not want another unintended consequence and

> feels strongly that a joint effort with the other members of the healthcare teams such as the board of medicine, board of nursing, the hospital association and the NH Medical Society is needed to resolve this concern. None of these organizations were involved with the drafting of HB1222. A request was made during the executive session to delay the vote on this bill to the House deadline date with the hope that such an understanding could be reached but it was rejected.

Original: House Clerk

Cc: Committee Bill File

2024-0454h

AMENDED ANALYSIS

This bill eliminates the requirement for a collaboration agreement for physician assistants, and makes other changes to implement this elimination.

5 Repeal. The following are repealed:

I. RSA 328-D:1, II-b, relative to the definition of collaboration agreement.

II. RSA 328-D:1, II-c, relative to the definition of a participating physician.

III. RSA 328-D:3-b, I-VI, relative to the requirements for collaboration agreements.

IV. RSA 328-D:6, V, relative to operating outside of a collaboration agreement.

V. RSA 328-D:12, relative to physician liability.

VI. RSA 328-D:15, III, relative to suspension of the need for collaboration agreements during disaster and emergency care.

VII. RSA 328-D:16, II, relative to suspension of the need for collaboration agreements during volunteer care.

Rep. Rochefort, Graf. 1
Rep. Edwards, Rock. 31
February 2, 2024
2024-0454h
09/

Amendment to HB 1222

Amend the bill by replacing section 1 with the following:

1 Physician Assistants; Definitions. Amend RSA 328-D:1, II-a to read as follows:

II-a. "Collaboration" means a physician assistant's consultation with or referral [~~to an appropriate physician or other health care professional~~] ***to the appropriate member of the health care team*** as indicated based on the patient's condition, the physician assistant's education, training, and experience, and the applicable standards of care.

Amend the bill by replacing section 4 with the following:

4 Physician Assistants; Licensure Requirements Suspended. Amend RSA 328-D:2-a, I-II to read as follows:

I. New Hampshire state licensure laws, rules, and regulations for physician assistants are hereby suspended for those physician assistants licensed by another state or territory of the United States or another country who are employed by the United States Department of Veterans Affairs and who are offering medical services to patients offered through the Veterans Administration Medical Center (VAMC), provided that such physician assistants are acting within the scope of their employment at the VAMC and possess a current license in good standing in their respective state, territory, or country of licensure. [~~Physician assistants who are employed by the United States Department of Veterans Affairs and who are offering medical services to patients of the Veterans Administration Medical Center (VAMC) and requesting licensure in New Hampshire may collaborate with physicians licensed in any state or territory of the United States provided the participating physician possesses a current license in good standing in their respective state or territory of the United States.~~]

II. The acting director of the Manchester VAMC shall submit to the executive director of the New Hampshire office of professional licensure and certification, or designee, a list of all out-of-state or out-of-country licensed physician assistants offering services in the state of New Hampshire [~~and out-of-state licensed physicians collaborating with physician assistants~~].

Amend the bill by replacing section 5 with the following:

HOUSE COMMITTEE ON EXECUTIVE DEPARTMENTS AND ADMINISTRATION

EXECUTIVE SESSION on HB 1222

BILL TITLE: relative to physician assistant scope of practice.

DATE: March 6, 2024

LOB ROOM: 306-308

MOTIONS: OUGHT TO PASS WITH AMENDMENT

Moved by Rep. S. Gould	Seconded by Rep. T. Lekas	AM Vote: 20-0

Amendment # 2024-0454h

Moved by Rep. T. Lekas	Seconded by Rep. Simon	Vote: 12-8

CONSENT CALENDAR: NO

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Shane Sirois, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

2024 SESSION

1/11/2024 9:32:29 AM
Roll Call Committee Registers Report

Executive Departments and Administration

Bill #: 1222 Motion: OTPA AM #: 0454h Exec Session Date: 03-06-2024

Members	YEAS	Nays	NV
McGuire, Carol M. Chairman	✓		
Simon, Matthew J. Vice Chairman	✓		
Lekas, Tony	✓		
Bailey, Glenn	✓		
Santonastaso, Matthew	✓		
Dolan, Tom	✓		
Gerhard, Jason	✓		
Sirois, Shane A Clerk	✓		
Boyd, Stephen E.	✓		
Brown, Carroll M		✓	
Grote, Jaci L.		✓	
Schmidt, Peter B.	✓		
Goley, Jeffrey P.		✓	
Schuett, Dianne E.		✓	
~~O'Brien, Michael B.~~ SECIG		✓	
Davis, Fred E.		✓	
~~Fitzpatrick, Daniel W~~ LANE		✓	
Gould, Sherry L	✓		
Smith, Juliet L	✓		
Mangipudi, Latha D.		✓	
TOTAL VOTE:	12	8	

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/11/2024 9:32:29 AM
Roll Call Committee Registers Report

2024 SESSION

Executive Departments and Administration

Bill #: 1222 Motion: OTP AM #: 0454h Exec Session Date: 03-06-2024

Members	YEAS	Nays	NV
McGuire, Carol M. Chairman	✓		
Simon, Matthew J. Vice Chairman	✓		
Lekas, Tony	✓		
Bailey, Glenn	✓		
Santonastaso, Matthew	✓		
Dolan, Tom	✓		
Gerhard, Jason	✓		
Sirois, Shane A Clerk	✓		
Boyd, Stephen E.	✓		
Brown, Carroll M	✓		
Grote, Jaci L.	✓		
Schmidt, Peter B.	✓		
Goley, Jeffrey P.	✓		
Schuett, Dianne E.	✓		
~~O'Brien, Michael B.~~ SELIG	✓		
Davis, Fred E.	✓		
~~Fitzpatrick, Daniel W~~ LANE	✓		
Gould, Sherry L	✓		
Smith, Juliet L	✓		
Mangipudi, Latha D.	✓		
TOTAL VOTE:	20	0	

HOUSE COMMITTEE ON EXECUTIVE DEPARTMENTS AND ADMINISTRATION

SUBCOMMITTEE WORK SESSION on HB 1222

BILL TITLE: relative to physician assistant scope of practice.

DATE: February 20, 2024

Subcommittee Members: Reps. T. Lekas, Bailey, C. Brown, S. Gould and Mangipudi

Comments and Recommendations: Heard testimony and discussed

MOTIONS: OUGHT TO PASS WITH AMENDMENT

Moved by Rep. S. Gould	Seconded by Rep. Bailey	AM Vote: 5-0

Amendment # 2024-0454h

Moved by Rep. S. Gould	Seconded by Rep. Mangipudi	Vote: 5-0

Respectfully submitted,

Rep. Tony Lekas
Subcommittee Chairman

HOUSE COMMITTEE ON EXECUTIVE DEPARTMENTS AND ADMINISTRATION

PUBLIC HEARING ON HB 1222

BILL TITLE: **relative to physician assistant scope of practice.**

DATE: **February 6, 2024**

LOB ROOM: **210-211** **Time Public Hearing Called to Order:** **10:30 a.m.**

Time Adjourned: **11:40 a.m.**

Committee Members: Reps. C. McGuire, Simon, Sirois, T. Lekas, Bailey, Santonastaso, T. Dolan, Gerhard, S. Boyd, C. Brown, Grote, P. Schmidt, Goley, Schuett, O'Brien, F. Davis, Fitzpatrick, S. Gould, Juliet Smith and Mangipudi

Bill Sponsors:
Rep. Rochefort **Rep. Edwards**
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TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

*Rep. David Rochefort
- Grafton 1
- Prime Sponsor of HB1222. Explained the bill and the amendment. Stated that the amendment was emailed to the committee. Hard copies were also handed out. The law requires a signature for Physician Assistants to remain employed and that costs one thousand dollars a month according to Rep. Rochefort. Believes opposition to this bill is about a "Turf war."

Rep. Jess Edwards
- Rockingham 4
- This bill manages the malpractice portion. If a Physician Assistant messes up, this language would dictate a course of action.

*Nick Perencevich
- Self/Semi- Retired Surgeon.
- In opposition to HB1222. Stated that Physician Assistants are invaluable. He opposes the bill because he does not want to restrict them, because what they do is great. Stated that Physician Assistants need their own board like Nurse Practitioners.

*David Cuzzi
- NH. Soc. of Physician Assistants
- In support of HB1222. Talked about how many PA's there are in New Hampshire and all the institutions that they are employed in. Stated that there are currently two PA schools in New Hampshire. Says that PA's are not supervised. Nurse Practitioners do not need a Physician's signature to practice because they are not supervised. PA's are not supervised yet they still need a Physician's signature in order to practice. Says that PA's are the only practitioners required to carry malpractice insurance. Says that PA's are allowed to prescribe all prescriptions, including opiates, with their own signature.

*Ava Hawkes
- NHMS
- In opposition to HB1222. Does not believe that a collaborative agreement is

insignificant. Says that PA's are not trained to practice without supervision.

Respectfully Submitted,

Rep Shane Sirois, Clerk

SIGN UP SHEET

Register Your Opinion If Not Testifying

Committee: ED&A

Bill #: 1222

Date: 2/6/24

****Please Print All Information****

Name	Address	Phone	Representing	Pro	Con
Rep Jess Edwards		Rock 31		X	
Ara Hawkes		NHMS			X
Ben Bradley			NH Hospital Association		X

In addition, the Board of Nursing, which administers nurse practitioners, also falls under Administrative Rules Chapters *Nur 100-800*: https://www.gencourt.state.nh.us/rules/state_agencies/nur.html Licensing requirements begin at *Nur 300*, and APRN licensure requirements begin at *Nur 301.03*. Further qualifications begin at *Nur 302*, continuing education begins at *Nur 403*, minimum standards for those in the nursing profession begin at *Nur 600*, nursing refresher course rules begin at *Nur 605*, and nursing program curriculum begins at *Nur 806*.

And a Board of Nursing checklist for APRN applications can be found here: https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/inline-documents/sonh/nur-checklist-aprn-initial-application.pdf

As for physician assistants, which fall under the Board of Medicine, they are governed by Administrative Rules Chapters *Med 100-600*, https://www.gencourt.state.nh.us/rules/state_agencies/med.html, including recently-adopted rules at *Med 600*: https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/inline-documents/med-600-various-adopted-text-20231101.pdf Licensure requirements being at *Med 300*, continuing education at *Med 400*, and physician assistant definitions and scope of work at *Med 600*.

A Board of Medicine checklist for physician assistants can be found here: https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/2022-08/medicine-physician-assistant-application.pdf

Bill # 7 EDHA

12-22

Both of these occupations are governed by various sections in both statute and administrative rules, which I will cite later in this email.

First, I would like to cite two summary documents prepared by NH Employment Security, which streamline both occupations' requirements, as follows:

- Physician Assistant: https://www.nhes.nh.gov/elmi/products/licertocc/documents/physasst.pdf
- Nurse Practitioner: https://www.nhes.nh.gov/elmi/products/licertocc/documents/nursaprn.pdf

As for statutes regulating each occupation, they include the following RSA sections:

- Physician Assistants in RSA 328-D: https://www.gencourt.state.nh.us/rsa/html/XXX/328-D/328-D-mrg.htm
  - **328-D:3 Conditions for Licensure. –**
    I. To apply for licensure by the board as a physician assistant, an applicant shall file a written application on forms provided by the office of professional licensure and certification and pay an application fee. The applicant to be licensed shall:
    (a) Have successfully completed an educational program for physician assistants accredited by the Accreditation Review Commission on Education for the Physician Assistant, or prior to 2001, either by the Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs.
    (b) Have passed a national proficiency examination, as designated by the board.
    (c) Demonstrate that the applicant has good character.
    (d) Submit a complete set of fingerprints and a criminal history record release form pursuant to RSA 328-D:3-a.
    II. The application shall include a statement of good standing from the licensing authority of all states in which the applicant currently holds a license.
    III. Circumstances that exist which would be grounds for disciplinary action under RSA 328-D:6 may be grounds for denial of a license. **Source.** 1989, 290:1. 2004, 198:1, 2. 2007, 303:5, eff. Sept. 11, 2007. 2018, 318:18, eff. Aug. 24, 2018. 2021, 197:67, eff. July 1, 2021. 2022, 148:4, eff. Aug. 6, 2022.]
  - **328-D:3-a Criminal History Record Checks. –**
    I. Every applicant for initial permanent licensure or reinstatement shall submit to the board a criminal history record release form, as provided by the New Hampshire division of state police, which authorizes the release of his or her criminal history record, if any, to the board.
    II. The applicant shall submit with the release form a complete set of fingerprints taken by a qualified law enforcement agency or an authorized employee of the department of safety. In the event that the first set of fingerprints is invalid due to insufficient pattern, a second set of fingerprints shall be necessary in order to complete the criminal history records check. If, after 2 attempts, a set of fingerprints is invalid due to insufficient pattern, the board may, in lieu of the criminal history records check, accept police clearances from every city, town, or

county where the person has lived during the past 5 years.
III. The board shall submit the criminal history records release form and fingerprint form to the division of state police which shall conduct a criminal history records check through its records and through the Federal Bureau of Investigation. Upon completion of the records check, the division of state police shall release copies of the criminal history records to the board.
IV. The board shall review the criminal record information prior to making a licensing decision and shall maintain the confidentiality of all criminal history records received pursuant to this section.
V. The applicant shall bear the cost of a criminal history record check.
[**Source.** 2007, 303:4, eff. Sept. 11, 2007. 2018, 318:19, eff. Aug. 24, 2018.]

- **328-D:3-b Physician Assistant Scope of Practice. –**

I. Except as provided in RSA 328-D:15, III and RSA 328-D:16, II, a physician assistant shall engage in practice as a physician assistant in this state only if the physician assistant has entered into a written collaboration agreement with a sole practice physician or a physician representing a group or health system so long as the sole practitioner or at least one physician in the group or health system practices in a similar area of medicine as the physician assistant, and is a licensed New Hampshire physician.
II. A collaboration agreement shall include all of the following:
(a) Processes for collaboration and consultation with the appropriate physician and other health care professional as indicated based on the patient's condition; the physician assistant's education, training, and experience, and the applicable standards of care.
(b) An acknowledgment that the physician assistant's scope of practice shall be limited to medical care that is within the physician assistant's education, training, and experience as outlined in paragraphs VII-XVIII.
(c) A statement that although collaboration occurs between the physician assistant and physicians and other health care professionals, a physician shall be accessible for consultation in person, by telephone, or electronic means at all times when a physician assistant is practicing.
(d) The signatures of the physician assistant and the participating physician. No other signatures shall be required.
III. The collaboration agreement shall be updated as necessary.
IV. In the event of the unanticipated unavailability of a participating physician practicing as a sole practitioner due to serious illness or death, a physician assistant may continue to practice for not more than a 30-day period without entering into a new collaboration agreement with another participating physician.
V. The collaboration agreement shall be kept on file at the practice and made available to the board upon request. The board shall not request or require any modifications to the collaboration agreement.
VI. A participating physician shall not be required to submit a written acceptance of collaboration to the board.
VII. Physician assistants may provide any legal medical service for which they have been prepared by their education, training, and experience and are competent to perform. Medical and surgical services provided by physician assistants

include, but are not limited to:
(a) Obtaining and performing comprehensive health histories and physical examinations;
(b) Evaluating, diagnosing, managing, and providing medical treatment;
(c) Ordering, performing, and interpreting diagnostic studies and therapeutic procedures;
(d) Educating patients on health promotion and disease prevention;
(e) Providing consultation upon request;
(f) Writing medical orders;
VIII. Physician assistants may provide services in healthcare facilities or programs including but not limited to hospitals, nursing facilities, assisted living facilities, and hospices.
IX. Physician assistants may obtain informed consent.
X. Physician assistants may supervise, delegate, and assign therapeutic and diagnostic measures to licensed or unlicensed personnel.
XI. Consistent with the scope of practice, physician assistants may certify the health or disability of a patient as required by any local, state, or federal program.
XII. Physician assistants may authenticate any document with their signature, certification, stamp, verification, affidavit, or endorsement if it may be so authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician.
XIII. A physician assistant may prescribe, dispense, order, administer, and procure drugs and medical devices. Physician assistants may plan and initiate a therapeutic regimen that includes ordering and prescribing non pharmacological interventions, including but not limited to durable medical equipment, nutrition, blood and blood products, and diagnostic support services including but not limited to home healthcare, hospice, and physical and occupational therapy.
XIV. The prescribing and dispensing of drugs shall:
(a) Comply with the requirements of RSA 318, and federal and state regulations;
(b) Occur when pharmacy services are not reasonably available, or when it is in the best interests of the patient, or when it is an emergency; and
(c) Include any medications that may be dispensed by a physician.
XV. Physician assistants may request, receive, and sign for professional samples, and may distribute professional samples to patients.
XVI. Physician assistants who prescribe and/or dispense controlled substances shall register with the United States Drug Enforcement Administration and any applicable state controlled substance regulatory authority.
XVII. Physician assistants shall collaborate with, consult with, and/or refer to the appropriate member(s) of the healthcare team as indicated by the patient's condition, the education, experience, and competencies of the physician assistant, and the standard of care. The degree of collaboration should be outlined in the collaboration agreement. Physician assistants are solely responsible for the care they provide.
XVIII. The scope of practice of a physician assistant shall be determined at the practice level based on the education, training, and experience of the physician assistant. Practice settings may include, but are not limited to, a physician

employer setting, group practice setting, independent private practice setting, or in a health care facility setting governed by a system of credentialing and/or granting of privileges. [**Source.** 2022, 148:5, eff. Aug. 6, 2022.]

- Advanced Practice Registered Nurse in RSA 326-B: https://www.gencourt.state.nh.us/rsa/html/XXX/326-B/326-B-mrg.htm
  - **326-B:11 Scope of Practice and Authority; Advanced Practice Registered Nurse. –**
    I. Advanced practice registered nursing shall consist of a combination of knowledge and skills acquired in basic nursing education. The APRN scope of practice, with or without compensation or personal profit, shall be limited to:
    (a) Performing acts of advanced assessment, diagnosing, prescribing, selecting, administering, and providing therapeutic measures and treatment regimes;
    (b) Obtaining consultation, planning, and implementing collaborative management, referral, or transferring the care of the client as appropriate; and
    (c) Providing such functions for which the APRN is educationally and experientially prepared and which are consistent with standards established by a national credentialing or certification body recognized by the National Council of State Boards of Nursing and approved by the board in the appropriate APRN role and specialty.
    II. An APRN shall practice within standards consistent with standards established by a national credentialing or certification body recognized by the National Council of State Boards of Nursing and approved by the board in the appropriate APRN role and specialty. The board shall not approve a new advanced practice specialty category that has not been developed by a national credentialing or certifying body recognized by the National Council of State Board of Nursing without approval of the legislature under RSA 332-G:6. Each APRN shall be accountable to clients and the board:
    (a) For complying with this chapter and the quality of advanced nursing care rendered;
    (b) For recognizing limits of knowledge and experience and planning for the management of situations beyond the APRN's expertise; and
    (c) For consulting with or referring clients to other health care providers as appropriate.
    III. An APRN shall have plenary authority to possess, compound, prescribe, administer, and dispense and distribute to clients controlled and non-controlled drugs within the scope of the APRN's practice as defined by this chapter. Such authority may be denied, suspended, or revoked by the board after notice and the opportunity for hearing, upon proof that the authority has been abused.
    IV. Any expansion of the scope of practice shall be adopted by legislation in accordance with RSA 332-G:6. [**Source.** 2005, 293:1. 2009, 54:3, 5, eff. July 21, 2009. 2019, 284:2, eff. July 19, 2019.]
  - **326-B:15 Criminal History Record Checks. –**
    I. Every applicant for initial licensure shall submit to the board a criminal history record release form, as provided by the New Hampshire division of state police,

department of safety, which authorizes the release of his or her criminal history record, if any, to the board.

II. The applicant shall submit with the release form a complete set of fingerprints taken by a qualified law enforcement agency or an authorized employee of the department of safety. In the event that the first set of fingerprints is invalid due to insufficient pattern, a second set of fingerprints shall be necessary in order to complete the criminal history records check. If, after 2 attempts, a set of fingerprints is invalid due to insufficient pattern, the board may, in lieu of the criminal history records check, accept police clearances from every city, town, or county where the person has lived during the past 5 years.

III. The board shall submit the criminal history records release form and fingerprint form to the division of state police which shall conduct a criminal history records check through its records and through the Federal Bureau of Investigation. Upon completion of the records check, the division of state police shall release copies of the criminal history records to the board. The board shall maintain the confidentiality of all criminal history records information received pursuant to this section.

IV. The applicant shall bear the cost of a criminal history record check. [**Source.** 2005, 293:1. 2007, 303:6. 2008, 268:3, eff. June 26, 2008; 268:4, eff. March 1, 2009. 2018, 318:17, eff. Aug. 24, 2018.]

- **326-B:16 Licensure; All Applicants. –**

All applicants shall:

I. Submit a completed application and fees as established by the board.

II. Have the ability to read and write in the English language.

III. Report any pending criminal charges, criminal convictions, or plea arrangement in lieu of convictions.

IV. Have committed no acts or omissions which are grounds for disciplinary action as set forth in this chapter, or, if such acts have been committed and would be grounds for disciplinary action, the board has found, after investigation, that sufficient restitution has been made.

V. Meet continuing competence requirements as defined in rules adopted under RSA 541-A.

VI. Meet other criteria as established by the board. [**Source.** 2005, 293:1, eff. July 1, 2005 at 12:01 a.m.]

- **326-B:18 Advanced Practice Registered Nurse; Licensure. –**

I. An applicant for initial APRN licensure shall:

(a) Hold a current license as a registered nurse;

(b) Have graduated with a graduate degree earned in an accredited advanced practice registered nurse education program or have graduated before July 1, 2004 from an APRN education program accredited by a national accrediting body;

(c) Be currently certified by a board-recognized national certifying body in the specialty for which the applicant was educated; and

(d) Meet other criteria as established by the board.

II. The board may issue one or more licenses to applicants meeting the qualifications established in paragraph I. [**Source.** 2005, 293:1. 2009, 54:4, 5, eff. July 21, 2009.]

Curriculum

Master of Physician Assistant Studies

Physician Assistant Studies (MPAS)

IN THIS SECTION
Curriculum

APPLY

VISIT REQUEST INFO

COURSE	TITLE	SEMESTER HOURS
Year I-Fall*		
PAS 514	Principles of Professional Practice	2
PAS 515	Genetics	1

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I UNDERSTAND.

PAS 518	Clinical Pharmacology I	3
PAS 533	Evidence Based Medicine	2
PAS 534	Introduction to Public Health	2
TOTAL		15
Year I-Spring		
PAS 520	Clinical Pharmacology II	3
PAS 524	Gross Anatomy (w/lab)	5
PAS 527	Human Physiology and Pathophysiology II	3
PAS 535	Electrocardiography	2
PAS 525	Diagnostic Methods	2
TOTAL		15
Year II-Fall		
PAS 500	Clinical Year Introductory Seminar I	0

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PAS 536	Patient Assessment I	2
PAS 537	Clinical Management of the Patient I	2
PAS 538	Physical Examination I & Lab	4
TOTAL		18
Year II-Spring		
PAS 501	Clinical Year Introductory Seminar II	0
PAS 540	Physical Exam II: Skills and Procedures with Lab IV	4
PAS 546	Patient Assessment II	2
PAS 547	Clinical Management of the Patient II	2
PAS 553	Clinical Medicine III	5
PAS 554	Clinical Medicine IV	5
TOTAL		18

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PAS 601	Pediatrics	5
PAS 602	Psychiatry	5
PAS 603	Surgery	5
PAS 604	Emergency Medicine	5
PAS 605	Women's Health	5
PAS 607	Family Medicine	5
PAS 608	Elective I	5
PAS 606	Elective II	5

*Competencies during the fall semester: Medical Terminology.

**Beginning in the first summer session following the second year, each student begins a series of required clinical rotations for a duration of 45 weeks. Summer I and II, 15 semester hours; Fall semester, 15 semester hours; Spring semester, 15 semester hours.

Total credits to complete degree requirements: 111 semester hours

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Curriculum

Nursing: Family Nurse Practitioner (FNP)

IN THIS SECTION
Curriculum

APPLY

VISIT | REQUEST INFO

DOWNLOAD
Nursing Graduate Student Handbook [PDF]

COURSE	TITLE	SEMESTER HOURS
YEAR ONE: SEMESTER ONE		
NUR 701	Professional Role Development for Advanced Practice Nursing	3

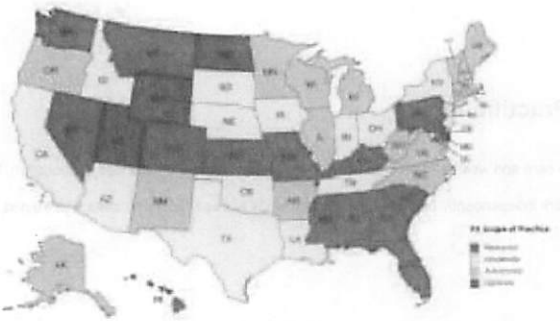
NUR 706	Advanced Pathophysiology	3
YEAR ONE: SEMESTER TWO		
NUR 707	Advanced Pharmacology	3
NUR 702	Human Diversity, Social, and Policy Issues	3
YEAR ONE: SEMESTER THREE		
NUR 703	Advanced Health Assessment Across the Lifespan (90 clinical hours)	5
NUR 801	Survey of Telemedicine	1
YEAR TWO: SEMESTER FOUR		
NUR 810	Family Primary Care II (Adult) (180 clinical hours)	6
YEAR TWO: SEMESTER FIVE		
NUR 809	Family Primary Care I (Pedi/Women's Health) (180-clinical hours)	6
NUR 816	Scholarship for Advanced Nursing: Building an Evidence-Based Practice	3
YEAR TWO: SEMESTER SIX		

NUR 811	Family Primary Care III (Geriatric) (180-clinical hours)	6
NUR 823	Translating and Integrating Scholarship Practicum	3

Residency Requirement

In addition to coursework, the FNP program requires students to attend three on-campus residencies, generally which are 1-3 days in length. These residencies include: a new student orientation, a second-year residency that takes place prior to entering track specific clinical coursework at the beginning of Year Two, and a final residency that coincides with the student's graduation.

HB1222



In What States Can Physician Assistants Practice Independently?

North Dakota, Wyoming, and Utah are the three states where PAs experience the most independence. These are the only three states the AAPA grades as an "Optimal Practice" environment for PAs.

While it has historically been impossible for a physician assistant to truly operate independently, these three states have newly eliminated the legal requirement for a specific relationship between a PA and a physician or any other healthcare provider.

Utah: Must collaborate with physician until 10,000 hours of practice experience.

Wyoming: Repeals requirements for PAs to have a specific relationship with a physician or other provider in order to practice. The new law also recognizes PAs' ability to practice medicine consistent with their education, training, and experience.

North Dakota: Among other significant changes to PA practice in the state, the legislation eliminates the requirement that a PA have an agreement with a specific physician in most settings for nearly all PAs in North Dakota. Law passed in 2019.

Sources:

American Academy of Physician Associates; www.aapa.org

Barton Associates; www.bartonassociates.com

State By State Requirements to Become a Physician Assistant

The Differences between Physician Assistants and Nurse Practitioners

While both Physician Assistants and Nurse Practitioners are both noble professions dedicated to the care and welfare of their patients, there are a wealth of differences in education, licensing, responsibilities and philosophy. Physician Assistants are licensed medical professionals who may work independently of the lead physician, while Nurse Practitioners are well trained, but not necessarily licensed caregivers, who must work under the close supervision of the attending doctor.

Contrasts in Academic Preparation

The differences between these two professions begin at the educational level. Physician Assistants must attend a PA program following graduation with a Bachelor's degree. These Master's level programs are extremely rigorous and are modeled on the curriculum found in medical schools. In fact, many of the courses like dermatology, hematology and psychiatry are found in both medical schools and Physician Assistant programs, although there is a less in-depth study of these subjects in PA programs. Although the level of comprehensiveness differs between medical schools and PA programs, they are both focused on the medical science.

Nursing programs do provide a strong medical background for Nurse Practitioners, but they are more focused on natural, behavioral and humanistic sciences. This emphasis upon the state of the patient rather than the treatment of the underlying medical affliction reflects a historical origin in which Nurse Practitioners were utilized to ease the discomfort of the ill or injured. Nurse Practitioners do, however, complete a Master's degree program like Physician Assistants.

Differences in Clinical Preparation

In addition to differences in classroom instruction, there are also many differences in the clinical preparation that Physician Assistants and Nurse Practitioners receive. While Nurse Practitioners may obtain from 500 to 700 hours of experience in a clinic learning about diagnostic techniques, common medical procedures and case management, Physician Assistants are required to spend almost 2,000 hours in a clinical environment prior to licensing.

Furthermore, while Nurse Practitioners are expected to choose a specialty like pediatrics, acute care or oncology in which they can devote their clinical preparation, Physician Assistants are expected to rotate through a wide variety of medical specialties. Ultimately, the difference in clinical preparation provides PAs with more freedom to choose the type of medical practice they wish to join because they already possess a broader based experience, while NPs are more limited to their chosen specialty.

Certification and Licensing

There are also significant differences in the certification and licensing of these two professions. Physician Assistants must be nationally certified to practice and are nationally certified by a single authoritative body, the National Commission on Certification of Physician Assistants. The NCCPA only certifies those who have taken the Physician Assistant National Certifying Exam and passed. Nurses, on the other hand, are not required to pass a national certifying exam, although doing so will permit them advanced credentials.

The state licensing procedures for each profession are slightly different. PAs must submit proof that they have passed the PANCE and completed all educational and clinical prerequisites. Nurse Practitioners typically only need to provide proof that they graduated from a nursing program. Additionally, PAs must complete 100 hours of continuing medical education hours every two years an pass a recertification exam every six years, while NPs need only complete 75 continuing education units every five to six years.

Back to Top

General Resources

- *How to Become a PA (https://www.physicianassistant to-become/)*
- *Accredited PA Programs (https://www.physicianassistant physician-assistant-programs/)*
- *Physician Assistant Education (https://www.physicianassistant*
- *Physician Assistant Careers (https://www.physicianassistant description/)*

Physician Assistant

Provide patient services under direct supervision and responsibility of a doctor of medicine or osteopathy. Elicit detailed patient histories and do complete physical examinations. Reach tentative diagnosis and order appropriate laboratory tests. Counsel patient and family on health and disease. Suture minor wounds, assist in surgery, apply and remove cast and traction apparatus, and perform other therapeutic procedures under supervision of a doctor of medicine or osteopathy. May have special training in a particular medical specialty. Physician assistants are allowed to distribute prescription drugs.

Legislation

Statute: NH RSA 328-D
Administrative Rules: Chapter Med 600

Licensure Requirements

- Completion of a statement from the Registered Supervisory Physician and the Alternate Registered Supervisory Physician accepting responsibility
- Proof of graduation from a Physician Assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation, or the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or by its successor
- Proof of current certification by the National Commission on Certification of Physician Assistants (NCCPA)
- Must work under the supervision of a licensed physician
- Applicants for initial permanent licensure or endorsement must submit a notarized criminal history record release form along with a complete set of fingerprints taken by a qualified law enforcement agency or authorized employee of the New Hampshire Department of Safety

Examination

Written examination required — National Commission on Certification of Physician Assistants (NCCPA)

Continuing Education

Continuing Medical Education (CME) as required by NCCPA to maintain current national certification and three hours of continuing education in the area of pain management and addiction disorder for those Physician Assistants required to register with the NH Prescription Drug Monitoring Program (PDMP)

Regulatory Agency

New Hampshire Board of Medicine
Office of Professional Licensure and Certification
7 Eagle Square
Concord, New Hampshire 03301

phone (603) 271-2152
fax (603) 271-6702
web <https://www.oplc.nh.gov/board-medicine>
contact Board Administrator
e-mail customersupport@oplc.nh.gov

Fees

License/application $115.00
Annual renewal $65.00
Combined FBI and New Hampshire State Police
Criminal Record Check-Including fingerprints $48.25
All fees are subject to change

O*Net Codes

29-1071.00 Physician Assistants

Additional Information Sources

National Commission on Certification of Physician Assistants
<www.nccpa.net>

Reciprocity

No, but license may be issued by endorsement

Active Licenses

1,024

Related Training

Physician Assistant

Nurse, Advanced Practice Registered (APRN) (continued)

Active Licenses

3,429

Related Training

Adult Health Nursing; Family Practice Nursing; Maternal, Child Health, and Neonatal Nursing; Pediatric Nursing; Psychiatric/Mental Health Nursing; Critical Care Nursing; Emergency Room/Trauma Nursing; Geriatric Nursing; Women's Health Nursing; Nurse Anesthetist; Nurse Midwife

O*Net Codes

29-1171.00 Nurse Practitioners

Additional Information Sources

National Council of State Boards of Nursing
<www.ncsbn.org>

New Hampshire Nurse's Association
<www.nhnurses.org>

Nurse, Advanced Practice Registered (APRN)

An Advanced Practice Registered Nurse (APRN) is a Registered Nurse (RN) qualified to function independently. May perform physical examinations and diagnostic tests, develop and carry out treatment programs, or counsel patients. APRNs can diagnose, prescribe and treat as providers and may certify in a variety of areas. The categories of APRN recognized in New Hampshire are: Nurse Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM) and Clinical Nurse Specialist (CNS) – in Psychiatric/Mental Health only.

Legislation

Statute: NH RSA 326-B
Administrative Rules: Chapter Nur 100 - 800

Regulatory Agency

New Hampshire Board of Nursing
Office of Professional Licensure and Certification
7 Eagle Square
Concord, New Hampshire 03301

phone (603) 271-2152
web <www.oplc.nh.gov/new-hampshire-board-nursing>
contact Licensing
e-mail nursing@oplc.nh.gov

Licensure Requirements

- Must have a New Hampshire Registered Nurse license or a compact license from a party state
- Submit written application
- Be a graduate of an accepted program
- Ability to read and write the English language
- Submissission of evidence of passing a National certifying exam in the applicant's category/specialty directly from certifying agency
- Applicants for initial permanent licensure or endorsement must submit a notarized criminal history record release form along with a complete set of fingerprints taken by a qualified law enforcement agency or authorized employee of the New Hampshire Department of Safety
- To continue or re-enter practice, validate 400 hours active-in-practice within four years prior to application and complete continuing education

Examination

National certification exam in specific area of expertise is required

Fees

Application $100.00
Combined FBI and New Hampshire State Police Criminal Record Check-Including fingerprints $48.25
Biennial renewal (per specialty area with proof of continuing education). $100.00
Biennial renewal completed at the same time as Registered Nurse license renewal (on birth date for compact RN licenses)

Continuing Education

In addition to requirements for a Registered Nurse renewal, 30 additional hours of continuing education specific to the APRN specialty are required for biennial renewal, which must include at least five hours of coursework in pharmacology. If a United States Drug Enforcement Administration (DEA) number specific to New Hampshire is acquired or in possession, the APRN must complete and provide three of the five contact hours in Pharmacology in the topics of Opioid Prescribing, Pain Management, or Substance Abuse Disorder at the time of renewal. APRN's that possess a DEA number for New Hampshire must register and access the Prescription Drug Management Program (PDMP) before prescribing.

Reciprocity

Not permitted

educational framework for PAs does not prepare them to practice without the supervision/collaboration of a physician:

> "According to 89% of physician assistant program medical directors, 86% of PA program directors, and 100% of past presidents of the Physician Assistant Education Association—the only national organization representing physician assistant educational programs in the U.S.—their current curriculum does not prepare graduates to practice without "a supervisory, collaborating or other specific relationship with a physician."

Lastly, while the Society's membership is acutely aware of the impact that the current health care workforce shortage has on access to care in New Hampshire, our state's physicians, and the medical profession as a whole, are not willing to risk patient-safety and health outcomes by allowing physician assistants, professionals lacking sufficient postgraduate education (physicians are in these educational settings for four years whereas PAs are for, at most, two and a half years) and training (physicians complete, at least, three years of residency training, whereas PAs are not required to complete any residency training whatsoever), all in the name of "increased access to care."

For these reasons, the New Hampshire Medical Society strongly urges the House ED&A Committee to recommend ITL on HB 1222, ensuring that we continue to prioritize, not undervalue, the medical education, clinical training, and high standards of our state's physicians that have led to our high-quality health care system.

Thank you for your time and consideration of my testimony. Please do not hesitate to contact me with any questions.

Sincerely,

Ava Hawkes, Director of Advocacy
New Hampshire Medical Society

HB 1222
AVA HAWKES

New Hampshire
MEDICAL SOCIETY ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

February 6, 2024

The Honorable Carol McGuire, Chairwoman
House Executive Departments and Administration Committee
Legislative Office Building
33 North State Street, Room 210-211
Concord, NH 03301

RE: Testimony in Opposition to HB 1222, relative to physician assistant scope of practice

Dear Chairwoman McGuire and Members of the House Executive Departments and Administration Committee:

My name is Ava Hawkes and I am the Director of Advocacy for the New Hampshire Medical Society (NHMS). The New Hampshire Medical Society strongly opposes HB 1222, a bill seeking to eliminate the requirement for a collaboration agreement for physician assistants (PAs) and allow physician assistants to independently practice in New Hampshire.

The relationship between physicians and physician assistants is a valued one as the two work collaboratively as part of a medical team to provide effective patient-centered health care. And while PAs are important members of the health care ecosystem, providing needed supports during a time where the entire health care system is struggling with a workforce shortage and significant burnout, the extent of the education, training, and licensing requirements of PAs today would not allow for their independent practice to be conducted safely, effectively, or without a significant increase to health care costs. Frankly, this proposed shift from a collaborative model between physicians and PAs to an independent practice model is not in the best interest of patients. For perspective, forty-six states require physician supervision or collaboration of physician assistants, and in nearly all fifty states, physician assistants' scope of practice is determined with a supervising or collaborating physician.

The American Medical Association (AMA), the largest and only national association that convenes over 190 state and specialty medical societies and other stakeholders, also strongly opposes legislation such as HB 1222. In December 2023, the AMA released an [1]article speaking to the risks to patient-care should states begin to allow the independent practice of PAs; a particularly important highlight in this article discusses how the current

[1] https://www.ama-assn.org/practice-management/scope-practice/whats-difference-between-physician-assistants-and-physicians

HB 1222
David Cuzzi

NHSPA
New Hampshire Society of Physician Assistants

February 5, 2024

The Honorable Carol McGuire, Chair
House Committee on Executive Departments and Administration
New Hampshire House of Representatives
Legislative Office Building, Roon 306-308
33 North State Street
Concord, NH 03301

Dear Chairwoman McGuire:

The New Hampshire Society of Physician Assistants (NHSPA) supports the goals of HB 1222, relative to Physician Assistant scope of practice. Though the time has long since passed for PAs to have a path to practice medicine independently, we understand and appreciate that some believe this legislation is premature.

PAs are licensed medical providers who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as patients' principal healthcare professional. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

There are over 1000 PAs licensed in NH working in our hospitals, medical offices, urgent cares, community health centers, nursing homes, and workplace clinics throughout the state. PAs also serve in the nation's uniformed services and work for other federal government agencies, such as the Department of Veterans Affairs. There are two PA programs in NH, one at Franklin Pierce University in Lebanon and the other at the Mass College of Pharmacy and Health Sciences University in Manchester

PAs are educated at the master's degree level. There are more than 277 PA programs in the country and admission is highly competitive, requiring a bachelor's degree and completion of courses in basic and behavioral sciences as prerequisites. Incoming PA students bring with them an average of more than 3,000 hours of direct patient contact experience. PA programs are approximately 27 months (three academic years) and include intensive classroom instruction and more than 2,000 hours of clinical rotations. This is more than three times what is required for other mid-level providers to be licensed in NH. Despite this, other mid-level providers can practice independently from the moment they have their degrees and appropriate licensing and certifications. Any assertion that a collaboration agreement required for PAs is needed for patient safety is not supported by reality.

As you know, PAs, like physicians or Nurse Practitioners (NP), are in no way supervised by another healthcare provider while practicing medicine. However, unlike physicians and NPs,

NHSPA
New Hampshire Society of Physician Assistants

PA's are required to have a document – known as a collaboration agreement – signed by a physician and kept on file at their place of employment. This requirement is outdated and nothing more than a barrier to employment for PAs, as this requirement costs them or their employers thousands of dollars annually in additional payments to physicians to sign these documents.

The education, training and ethics of any member of a modern healthcare team, require all team members to collaborate on a patients' care. That can be physician to physician collaboration, PA to physician, and, often, vice versa. The absence of a piece of paper with a physician's signature on it will not suddenly change a PA's clinical behavior to no longer consult with others when necessary. Any assertion that removing this requirement somehow jeopardizes patient safety strains credibility.

As New Hampshire struggles to recruit and retain healthcare workers, the Committee should know that Massachusetts is considering a bill to give PAs full, independent practice authority after 2000 hours (one year) as an employed practitioner. NHSPA believes a period of time for new PAs to practice under a collaboration agreement is a reasonable requirement, and believes this would be an improvement to HB 1222.

Attached for your reference are documents that discuss in more detail the differences between PA education and training and those of NPs. Of course, NHSPA is happy to work with legislators and stakeholders on this or any other issue. Thank you for your consideration.

Sincerely,

Malcolm Hauthaway, President

PO Box 10743, Bedford, NH 03110 www.nh-spa.org nhspa.admin@gmail.com

NHSPA
New Hampshire Society of Physician Assistants

Differences Between Physician Assistants & Nurse Practitioners

Physician Assistants and Nurse Practitioners will play important roles in health care in the future. The U.S. could see an estimated shortage of between 37,800 and 124,000 physicians by 2034, according to the American Association of Medical Colleges. Because of this, both PAs and NPs will be needed to step in and help fill vital health care roles in all areas of the state, be they urban, suburban or rural.

Some health care professions allow you to work closely with patients and provide assistance and medical advice without becoming a doctor. Two of these professions are Physician Assistants and Nurse Practitioners. While both careers allow one to work closely with patients and both include diagnosis and treatment of disease, there are some differences between the duties and qualifications required by each profession.

On a very basic level, it is important to know that a physician assistant (PA) attends a medical school or center of medicine while a nurse practitioner (NP) attends a nursing school. Because of this, the philosophies of treatment are slightly different. Nurses follow a patient-centered model in which they focus on disease prevention and health education as well as handle assessment, diagnosis and treatment. Physician assistants follow a disease-centered model, like physicians, in which they focus on the biologic and pathologic components of health as well as are involved in assessment, diagnosis and treatment. When thinking about the physician assistant vs nurse practitioner careers, keep in mind the different health care philosophies, educational options and specialty areas available to determine what best might fit for you.

There are many points to consider when looking at these two occupations. It is important to note that students entering physician assistant programs typically require that a student has earned a bachelor's degree and has considerable clinical experience prior. Nurse practitioner programs generally enroll students already with RNs and/or with nursing experience and have completed ADN, BSN, or MSN degrees. However there are more "direct-entry" programs available that will accept those with a bachelor's degree that may not be in nursing. Below is a side-by-side comparison detailing more about the difference between nurse practitioner and physician assistant education and training.

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New Hampshire Society of Physician Assistants

	Physician Assistant	Nurse Practitioner
Number practicing in the US	140,910 as of 2022, according to the BLS	258,230 as of 2022, according to the BLS
Degree requirements for licensure	PA's need a minimum of a master's degree from an accredited medical school or center of medicine to seek licensure. Doctoral degrees specific to PAs are available	NPs need a minimum of a master's degree from an accredited school to seek licensure. Doctoral degrees specific to NPs are available
Degrees available	254 physician assistant programs, all are master's programs and require, at a minimum, 200 hours of prior clinical care experience.	Over 400 NP schools in the US both MS and DNP programs, some in person but many online. While "direct-entry" programs do not require the applicant to have an RN degree, therefore no prior clinical care experience.
Program details	PAs complete **1,000** didactic hours and **more than 2,000** clinical hours in order to graduate.	NPs complete **500** didactic hours and **500-700** clinical hours in order to graduate.
School accreditation	PA programs are accredited through the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA).	NP programs typically will be accredited through the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing, Inc. (ACEN).
Certification	PAs need to pass the Physician Assistant National Certifying Examination (PANCE) available through the National Commission on Certification of Physician Assistants (NCCPA).	NPs can seek national certification in their specialty area through the American Nurses Credentialing Center (ANCC) or the American Academy of Nurse Practitioners.

NHSPA
New Hampshire Society of Physician Assistants

Full Practice Authority	There are 5 states where PAs have FPA according to the American Academy of Physician Associates (AAPA)	There are 28 states, according to the Nurses Journal, where NPs have FPA

Education Comparison

PA Programs	NP Programs
Franklin Pierce 27 Month Masters Program (12 months didactic in person but offering hybrid now, 15 months clinical) At least 20 hours of shadowing a PA Courses include (**126 credits**): Clinical Medicine 1,2,3,4 Pharmacology 1,2,3,4 Clinical Reasoning 1,2,3 Clinical Application of Basic Sciences Patient Care Epidemiology and Public Health Understanding and Accessing Medical Literature Advanced Clinical Skills Evidence Based Medicine in Clinical Practice Healthcare for Rural and Medically Underserved **9 Full Time** Clinical Rotations Over 15Months: Primary Care Internal Medicine Emergency Medicine General Surgery Mental Health Women's Health Pediatrics Elective 1,2	**Rivier** Allows students 3-5 years to complete program. Masters Program online Courses include (**43 credits**): Advanced Pathophysiology Advanced Family Nursing Theory 1,2 Advanced Health Assessment Advanced Role of the Nurse Quality Health Improvement Advanced Health Policy Biostatistics for Health Sciences **3 Part Time** Clinical Rotations: Family NP Practicum and Seminar 1,2,3

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New Hampshire Society of Physician Assistants

MCPHS	**UNH**
24 Month Masters Program (12 months didactic in person, 12 months clinical) 250-500 hours of pt care experience prior Courses include (**105 credits**): Healthcare Issues 1,2 Clinical Medicine 1,2,3 Patient Assessment 1,2,3 Pharmacology 1,2,3 Clinical Anatomy Physiology/Pathophysiology 1,2 Emergency Medicine Special Populations **9 Full Time** Clinical Rotations over 12 months Medicine 1, 2 Family Medicine Pediatrics Psychiatry Surgery Women's Health Emergency Medicine General Elective	Online Masters Program Courses include (**12-39 credits** depending on prior masters work) Families in Health and Illness Advanced Pharm & Therapeutics Advanced Physiology & Pathophysiology Across Lifespan Advanced Health Assessment Across the Lifespan Leadership, Role & Collaboration FNP Health Management 1,2,3 Health Promotion Theory & Population Health Biostats and Epidemiology **3 Part Time** Clinical Rotations FFNP Health Management 1,2,3

HB 1222

Feb. 6, 2024

The Honorable Carol McGuire, Charwomen
House Executives Departments and Administrative Committee
Legislative Office Building
33 North State Street
Concord, NH 03301

Dear Chairwomen McGuire and Members of the House Executive Departments and Administration Committee

My name is Nick Perencevich and I am a semi-retired surgeon from Concord. In my near daily teaching of Geisel/Dartmouth Medical students I work with P. A.s several times a week. I also practiced surgery with them from 2000 to 2010 when I retired from operating. I have also worked with Nurse Practitioners in a hospital setting as well getting referrals from to Nurse Practitioners who worked in their own private practices. I also worked in various capacities for 17 years with the New Hampshire Board of Medicine (BOM ending in 2019). PA's were licensed during my time by the Board of medicine and I believed they still are.

PA's got their start in 1965 first at Duke School of Medicine. In New Hampshire they have been for over 50 years a very positive contribution to health care in the state. During my time on the BOM there have been2 PA' who were President/Chair of the BOM. They have always had a designative supervising physician (SP) and an alternate supervision physician (ASP) and when complaints, claims and lawsuits were investigated the MD or DO always had the primary role or responsibility. In the civil litigation world malpractice lawyers would always list and know the PA's SP and ASP and they too were named in the claims and suits. It therefore made sense for all these years to have PA's under the Board of Medicine.

If this bill passes I'm assuming the PA's would now have their own licensing Board since the supervision and the legal responsibility of the MD/DO would be gone. HB 1285 proposes to add podiatry to the current BOM. It is not clear how any peer review would happen in the investigation or decision making actions of the BOM for podiatry. Podiatrist do not have a supervising foot and ankle surgeon overseeing them. If PAs no longer have supervision physicians it would be the same dilemma and they like podiatry, in my mind, would need to have their own licensing board.

Before voting on this bill I'm assuming you will hear from PAs and when you do ask them what their plans are for the complaints and malpractice actions that will enviably come their way when thy don't have a physician there to back them up. It's an important question since the legislature's job I'd like to think is same as the Board of Medicine...that is to protect the public.

Nick Perencevich, MD , Concord
Clinical Associate Professor of Surgery
Geisel School of Mediicne at Dartmouth
nperencevich@gmail.com

HB 1222

Angela Hawkins PA-C
580 St Johnsbury Rd Ste K
Littleton, NH 03561

To Whom It May Concern:

I have been a family practice Physician Assistant in the state of New Hampshire since 2002. I have seen medicine go through a significant change over the past 22 years. We are short handed in all facets of medical practice but especially in primary care. This has affected the North Country, where I practice, even more severely.

Over the years, I have gotten the opportunity to precept medical students, physician assistants and nurse practitioners. It is an honor to be a small part of their training. I can honestly say that the physician assistant students that I have trained and also hired have been extremely well prepared to practice medicine. In fact, physician assistants are trained on the same medical model as a physician. A nurse practitioner is trained on a nursing model. Therefore, the fact that NP's can practice independently and a PA can not makes absolutely no sense, especially when a PA has a broader and better knowledge base coming out of school. As a Physician Assistant, I am not requesting special treatment; however, I am requesting that we get equal treatment to the Nurse Practitioners.

Something else that needs to be addressed is an insurance company issue. Anthem will not credential me directly because I have to have a collaborating physician. However, Anthem also will not credential a physician who did not keep up their board certification. This is absurd, as it also limits care and our ability to find a collaborator. For example, my long time medical partner retired a few years ago. We have worked together for over 15 years, and he was board certified in family medicine for over 30 years. When he retired, he decided to keep his license but let his certification lapse as he was not practicing. The fact that Anthem will not credential him is utterly ridiculous. It has also made it virtually impossible for private practice PA's to find a collaborator. This issue would hopefully be remedied by getting rid of the mandatory collaborating physician. However, it too is important and needs to be looked at by the legislature.

Unfortunately, I have a scheduled day of patience and can not attend the hearing. However, feel free to contact me at any time to discuss these issues further. I can be reached at 802-274-0662 or email me at angelamaria73@yahoo.com. Thank you for taking the time to further evaluate this very important issue.

Sincerely,

Angela Hawkins PA-C

Emily Baker

I am a physician who values my physician assistant colleagues. I have received care from physician assistants. I oppose eliminating the collaboration agreements. These formal relationships assure nearly immediate support from a physician. PA's scope and training is less robust than physicians. It is not possible to predict when a challenging situation will arise requiring support. The current collaboration agreements do not require supervision as the prior agreements stipulated. In my opinion the current collaboration agreements strikes a very functional and safe balance.

Gregory Kaupp

Physician assistants have very limited medical training compared to the rigorous years of training Physicians complete. Expanding the scope of practice for PA's is not in the best interest of the people of NH. At a minimum it will dilute the level of care received in NH and at worst it is unsafe and will put patients into potentially dangerous medical situations with underqualified providers. Patients in NH still deserve and should expect to receive care from a Board Certified doctor, with physician assistants continuing to play an important supporting role.

Eliot Foley

I oppose this bill because optometrists simply do not have the training, access to the patients they would need in training, or supervised repetitions to obtain the requisite skills they seek. Rather, they are looking to the legislature for an end around to the years it takes (10 for me, 4 years of medical school, 1 year of medical internship, 3 years of ophthalmology residency, and 2 years of retinal surgery fellowship) to certify competency. Ultimately, permitting such leniency in clinical acumen will hurt the patient citizenry you are sworn to protect.

John Maull

This bill eliminating the requirement for a collaborative agreement for physician assistants is counter to the interests of the public in obtaining health care from well trained, qualified providers. PAs have surprisingly little training and come to the medical setting with very little experience. PA's basically learn on the job and are usually qualified to practice in a narrow scope of practice with the oversight and ready access to advice and support from practicing physicians. Eliminating the requirement for the collaborative agreement will allow PAs to practice without support far beyond their training and abilities. The public does not in general understand this and it is up to the licensing boards of the state to be sure that these practitioners provide care in a setting that is safe for patients and maintains a reasonable standard of patient care. John Maull, MD. Exeter, ,NH.

Thad Riley

I am in support of HB1222.

Melanie Riley

I am in support of HB1222.

Sarah Leslie

Good Morning,

As a PA of 14 years, I would appreciate the committee's support for HB 1222. There are six states so far that have passed similar bills allowing PAs to practice without a legal tether to a physician and I would be proud to see NH become the seventh. PAs work autonomously in healthcare. I, myself, have not worked along side a physician for over 8 years in urgent care. However, my employer has to handle the administrative and financial burden of having a physician sign a piece of paper stating he is my collaborating physician - even though I've never met him nor have I ever spoken to him. It's a farce to say that removing the legal tether is unsafe for patients. No one in medicine practices independently. We all rely on other providers, other specialties, other health care members to provide the care that we do. Physicians are always asking colleagues for their opinions, I saw it all the time in the ER where I spent the first 7 years of my career. To say that removing the legal tether somehow means that PAs would behave differently and wouldn't reach out with their questions or concerns is outrageous. Those bringing this argument forward are disingenuous and are questioning the professionalism and ethics of all PAs. We work as part of the larger healthcare team and will continue to do so.
I ask you to please lend your support to HB 1222 and thank you for your consideration.

Gabor Pernyeszi

I am a practicing family medicine physician in NH and this bill would significantly endanger patients and inhibit quality care. I strongly oppose.

Elliot AXELMAN

Please support this bill to make it easier for qualified PA's to treat patients legally.

Malcolm Hauthaway

Respectfully, I am in support of HB 1222 as this bill would afford Physician Assistants, (PAs) statistically who have significantly more academic and clinical training hours than Nurse Practitioners, (NPs) in their respective programs to be in a juxtaposition.
In reality, in most clinical settings, PAs and NPs already do work on par with each other, yet PAs continue to have a tether that NPs do not. This bill does not challenge PAs' to physician's training but, rather, would allow PAs to be able to enjoy the removal of unneeded antiquated tether that NPs have enjoyed for years. Patients have received safe and quality care by PAs for many years and this bill does not threaten that from continuing as PAs will continue to work as they have--within their scope, competencies, education, abilities and training and this bill will modernize delivery and access of quality care PAs provide.

HB 1222 - AS INTRODUCED

2024 SESSION

24-2600
09/05

HOUSE BILL ***1222***

AN ACT relative to physician assistant scope of practice.

SPONSORS: Rep. Rochefort, Graf. 1; Rep. Edwards, Rock. 31

COMMITTEE: Executive Departments and Administration

ANALYSIS

This bill eliminates the requirement for a collaboration agreement for physician assistants.

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Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 1222 - AS INTRODUCED

24-2600
09/05

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Four

AN ACT relative to physician assistant scope of practice.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Physician Assistants; Definitions. Amend RSA 328-D:1, II-c to read as follows:

II-c. "Participating physician" means a physician practicing as a sole practitioner, a physician designated by a group of physicians to represent their physician group, or a physician designated by a health care facility to represent that facility, who [~~enters into a collaboration agreement~~] ***collaborates*** with a physician assistant [~~in accordance with this chapter~~].

2 Physician Assistants; Definitions. Amend RSA 328-D:1, III to read as follows:

III. "Physician assistant" or "P.A." means a person qualified both by academic and practical training to provide patient services [~~in collaboration with one or more physicians pursuant to the requirements of~~] ***and licensed under*** this chapter.

3 Physician Assistants; Physician Assistant Scope of Practice. Amend RSA 328-D:3-b, XVII to read as follows:

XVII. Physician assistants [~~shall~~] ***may*** collaborate with, consult with, and/or refer to the appropriate member(s) of the healthcare team as indicated by the patient's condition, the education, experience, and competencies of the physician assistant, and the standard of care. [~~The degree of collaboration should be outlined in the collaboration agreement.~~] Physician assistants are solely responsible for the care they provide.

4 Physician Assistants; Physician Liability. Amend RSA 328-D:12 to read as follows:

328-D:12 Physician Liability. A physician assistant is responsible for his or her own medical decision making. A participating physician [~~included in a collaboration agreement~~] ***who collaborates*** with a physician assistant shall not, by the existence of the collaboration [~~agreement~~] alone, be legally liable for the actions or inactions of the physician assistant; provided, however, that this shall not otherwise limit the liability of the participating physician.

5 Repeal. The following are repealed:

I. RSA 328-D:1, II-b, relative to the definition of collaboration agreement.

II. RSA 328-D:3-b, I-VI, relative to the requirements for collaboration agreements.

III. RSA 328-D:6, V, relative to operating outside of a collaboration agreement.

IV. RSA 328-D:15, III, relative to suspension of the need for collaboration agreements during disaster and emergency care.

V. RSA 328-D:16, II, relative to suspension of the need for collaboration agreements during volunteer care.

6 Effective Date. This act shall take effect January 1, 2025.