

**Hearing Date:** February 20, 2024

**Bill:** [HB 0806 and SB 0167 Physician Assistant Modernization Act](#)

**Position:** SUPPORT (Favorable)

This is a letter in **Support of HB 0806 and SB 0167- PA Modernization Act of 2024.**

My name is Kelly Schutz and I've been a practicing Maryland physician assistant for 25 years and the Director of Advanced Practice for nine emergency departments in the region for the last 4 of those years. I consistently deal with issues related to our current PA legislation that are outdated and do not reflect the work our Maryland PAs are doing or are trained to do. Our restrictive legislation hinders our ability to provide broader and timely access to Maryland citizens.

Our emergency medicine PAs currently practice under a hospital collaboration agreement called a delineation of privileges. Delineating core vs advanced duties with the board is not in keeping with our trained skills or the ever-evolving practice of medicine. We train with physicians, nurse practitioners, and nurses for new skills every year, yet are the only profession required to file for procedures separately with the board. Additionally, many of the procedures considered "advanced" are part of the core curriculum taught in PA school. My PAs in DC do not have the same restrictions nor do nurse practitioners who are fulfilling the same role as PAs within the service lines. In fact, our physicians rely heavily on our PAs to perform many standardized, "advanced" procedures. This frees the physician to care for the most critical and dynamic patients in our department. Practices should be able to decide who is the most competent and capable provider to provide a service to their patients. I, along with senior leadership in the health system, have spent an extraordinary amount of time and frustration working with our credentialing office to carve out unique language for PAs due to our current restrictive legislation. This is precious time taken away from patient care and important initiatives that would truly impact patient quality of care. Please end the state filing of advanced duties to align with every other state in the country!

In the pandemic, PAs were redeployed to other service lines, telehealth, and COVID call centers. The ONLY reason we were able to make this happen is because of Maryland's State of Emergency. This need for this flexibility in our healthcare staff continues and is why it is so important to move from delegation agreements under a single supervising physician to collaborative agreements. When the state of emergency ended, we reverted to these restrictive delegation agreements. As a result, our PAs could not work in COVID vaccine clinics, sister hospitals, or other departments even though it was with our same employer. When a department chair leaves, the entire PA staff must file new delegation agreements, despite no change in the PAs' location or role. I personally have had 5 different delegation agreements for

practicing at the same location and job! Current delegation agreements are specific to the setting and based on the scope of our primary physician, yet during the pandemic we successfully crossed service lines and worked with different teams and physicians to provide the same quality care and skill based on our training and scope of practice. We should not need a state of emergency to practice collaboratively! Collaboration agreements will not change my scope, but will allow me to be utilized wherever my skills are needed to immediately to help our patients and they will ease burdensome administrative hurdles.

Access to care is so important and PAs increase that access. Although I am in healthcare, I feel the struggles most Marylanders have with getting appointments. It took MONTHS for me to get appointments for my college bound daughters to see a new “adult” primary care and first gynecologic appointment. Another family member had a medical problem and couldn’t get in to see the specialist for 3 months. We were concerned that she had a time sensitive diagnosis. The specialist’s office was able to schedule her quickly with their PA, who immediately was able to diagnose the problem and then quickly schedule her for a procedure with the physician.

I could go on with examples. As a PA, I want to focus my energy on providing the best care for my patients. I continue to study to provide up to date, evidenced-based medicine and train to learn new procedures yet face barriers to offer these skills to my patients. As an administrator, I want to utilize my team to the fullest of their ability, wherever we need them, to benefit our patients. The healthcare system critically needs support and collaborative teams are as important as ever and shown to improve access and patient quality of care. PA practice modernization in Maryland is a critical piece to the puzzle in providing improved access to care, greater utilization and flexibility of PA staff, and reduction of duplicative and unnecessary paperwork. I ask that you support the Physician Assistant Modernization Act of 2024.

Thank you for your consideration,

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