



Date: February 16, 2024

To: Chair Pena-Melnyk, Vice Chair Cullison and The Health and Government Operations Committee

Reference: House Bill 806 - Physician Assistants - Revisions (Physician Assistant Modernization Act of 2024)

Position: FAVORABLE

Dear Chair Pena-Melnyk and Committee Members:

On behalf of LifeBridge Health, we appreciate the opportunity to comment on House Bill 806.

LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore; and Center for Hope a center of excellence focused on provided hope and services for trauma survivors in Baltimore City.

**Physician Assistants (PAs) Provide Care Throughout LifeBridge Institutions.** Physician Assistants (PAs) are licensed clinicians who practice medicine in all medical specialties and settings. PAs are post-baccalaureate prepared healthcare professionals dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. This team-based care approach is even more central to the goal of meeting the “triple aim” of improving the experience of care, improving the health of populations, and reducing costs. These changes allow community health centers, hospitals, health systems, group and private practices flexibility to assemble healthcare teams to best meet patient needs, facilitating the ability of PAs to serve in medically underserved and rural communities where there are few or no physicians.

Today more than 4,600 PAs practice medicine in Maryland, 400 of whom practice at LifeBridge institutions. LifeBridge PAs work in every specialty area from primary care to critical care and are indispensable to the functioning of many service lines, both inpatient and outpatient. While PAs are currently limited to the scope of practice of their supervising physician, Collaborative Practice still tasks employers with determining PA duties and responsibilities and the level of autonomy of a PA in each practice setting. This allows PAs to effectively maximize their skill set and provide quality care to the patients of Maryland. PAs are fully licensed by the Board of Physicians and Board certified with identical continuing medical education requirements to physicians. PAs are members of our hospitals’ Medical Staffs and credentialed in the same manner as physicians and subject to the same review and disciplinary procedures as physicians. The PA scope of practice is determined by a delineation of duties jointly approved by the Chief of Service and ultimately the Board of Directors.

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**Collaborative Practice Improves Patient Access to Healthcare and Healthcare Outcomes.** PAs at LBH work in a collaborative model already. Everyone works as part of interdisciplinary teams in caring for patients. Essentially no one, including physicians, cares for patients alone. The burden of identifying a single physician to be responsible for each PA is an outdated concept that rapidly being eliminated across the country. PAs are the only licensed providers who have to have another licensed provider assume responsibility for their actions even when not directly involved in that care. In many settings (e.g., Surgery) the PAs work as part of team of providers that could be very large. Requiring a matrix of supervising physicians to cover every scenario and discipline for which the PA might provide care is unnecessary paperwork and expense that does not improve care in any way.

**How Does HB806 Provide Accountability for Care Provided by PAs and Protect Our Patients?**

Collaborative practice replaces the delegation model for PAs with a collaboration model where PAs can interact, consult and/or refer to the appropriate member of a healthcare team. While this bill explicitly prohibits independent practice, it still holds PAs accountable for the care they provide. PAs collaborate daily in Maryland – if they reach the limits of their expertise, like any other medical provider, they consult a peer with specialty expertise. However, Maryland’s PA practice laws are outdated because they encourage PAs to work with one supervising physician rather than directly utilize an entire skilled team to treat their patients. PAs will have sole legal responsibility for the care they provide and nothing in this bill will prohibit employers from continuing to hire and manage PAs in whatever manner they deem necessary to ensure patient health and safety.

HB806 – and its companion bill SB167 – Physician Assistants -Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2023) – modernize regulation of the profession and for all the above stated reasons, we request a **FAVORABLE** report for HB806.

For more information, please contact:

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