



SENATE BILL 218
(GILLESPIE-MURPHY-CERVANTES-BRYANT)
HOUSE BILL 2306
(COLLINS-FRESE-FLOWERS-WEST-WALKER-STUART)

Access for Patients Act

Remove outdated regulations, create parity, and improve access to health care with a fair and equitable job market.

PROBLEM: Job listings are now often for Advanced Practice Providers (APP's), which includes both NPs and PAs. Unnecessarily restrictive regulations deter the hiring of PAs, creating an unequal job market. PAs are, at minimum, equivalently educated and trained when directly compared to NPs. Unfortunately, Illinois laws do not allow equal ability to practice (despite similar education and professional roles). Because NPs in Illinois do not require written collaborative agreements after 4,000 hours of clinical practice, **employers may show undue preference for NP applicants over PAs due this and other legislative inequalities.**

The Association of American Medical Colleges (AAMC) predicts a shortage between 54,000 and 139,000 physicians in primary and specialty care by 2033, while the over-65 population will grow by 48% by 2032. Illinois currently is meeting less than 50 percent of the need. Demand for clinicians (physicians, PAs and NPs) is outpacing supply with no end in sight. Illinois fails to recruit new physician assistants (PAs) into the state and loses resident PAs to neighboring states with more modernized PA practice acts. **Illinois physician assistants are poised and ready to aid in filling the need for patients to access quality healthcare teams– with improvements in the PA Practice Act.**

SOLUTION: This bill creates legislative parity between PAs and NPs in Illinois. It removes the requirement of a Written Collaborative Agreement after initial clinical practice and allows employers to determine PA utilization at the practice level. Illinois PAs will have parity with NPs in the job market; Illinois will retain resident PAs and current PA students; Illinois will attract PAs to the state; and the care gap in Illinois will directly benefit. **Please refer to the accompanying new study that is peer reviewed, written by an NP and PA:** "Advanced Practice Providers Recognized as Valuable Healthcare Resources: Increasing the Illinois PA's Scope of Practice to Match Their NP Cohort,"

WHAT OTHER STATES HAVE DONE:

- 1) **Wisconsin:** Updated language from "supervision" to "collaboration" determined and filed at the practice level, no need to file with the state. Parity for laws regulating PAs and NPs within the state. Removed the need for delegation of prescriptive authority, allowing individual PA prescribing authority.
- 2) **Utah:** Removal of the need for collaboration with a physician after 10,000 hours. PAs may bill directly for care rendered.
- 3) **Minnesota:** Removed requirement that a PA collaborate with a specific physician after 2,080 hours of practice experience, at which point they enter into a practice agreement with their employer.
- 4) **Rhode Island:** Removed the requirement that a PA have a practice agreement or delegation agreement with a physician.
- 5) **West Virginia:** Removed the requirement for a specific collaborating physician in hospital settings (affects 50% of PAs in the state).
- 6) **North Dakota:** Removed legal tie to physician (including practice agreement) for all PAs except PAs with fewer than 4,000 practice hours who own their own practice.
- 7) **Maine:** Removed the requirement that a PA have a written agreement with a physician after 4,000 hours of practice experience.

SUPPORTERS: Illinois Academy of PAs (IAPA), Illinois Primary Health Care Association, Illinois Nurses Association, Dr. Quincy Scott of SIU Medicine,

RESOURCES:

1. Kelly,, Cheri DMSc, PA-C and Johnson,, Molly MS, APN, CNP (2023) "Advanced Practice Providers Recognized as Valuable Healthcare Resources: Increasing the Illinois PA's Scope of Practice to Match Their NP Cohort," SIU Journal of Medical Science Scholarly Works: Vol. 1: Iss. 1, Article 3. Available at: <https://opensiuc.lib.siu.edu/jmssw/vol1/iss1/3>
2. PAs Provide Quality Care—And We're Transforming The Healthcare System. AAPA.org. <https://www.aapa.org/pas-go-beyond/pas-transform/>. Published June 10, 2022. Accessed October 20, 2022.
3. HPSA Find: Find data on the geographic, population, and facility HPSA designations throughout the United States. data.HRSA.gov. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>. Accessed October 20, 2022.
4. AAMC report reinforces mounting physician shortage. AAMC.org. <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>. Published June 11, 2021. Accessed October 20, 2022.
5. Primary Care Health Professional Shortage Areas (hpsas). KFF Filling the need for trusted information on national health issues. <https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&selectedRows=%7B%22states%22%3A%7B%22illinois%22%3A%7B%7D%7D%7D&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D>. Published November 11, 2021. Accessed October 20, 2022.
6. Addressing the Behavioral Health Workforce Crisis in Illinois. IDHS. <https://www.dhs.state.il.us/page.aspx?item=137782>. Accessed October 20, 2022.
7. *Act 23 | WisCARES - WAPA*. Wisconsin Academy of Physician Assistants. (n.d.). Retrieved December 5, 2022, from <https://www.wapa.org/page/Act23>
8. *Utah Pas celebrate enactment of major PA modernization legislation*. AAPA. (2021, March 17). Retrieved December 5, 2022, from <https://www.aapa.org/news-central/2021/03/utah-pas-celebrate-enactment-of-major-pa-modernization-legislation/>