



## Harmonization Acts: Expanding Patient Access to Care

PA laws and regulations have come a long way in the past 50 years. States are improving patient access to healthcare and this includes tearing down barriers to PA practice, which is governed by the PA practice law and rules, as well as by sections of health law that govern specific aspects of healthcare.

Unfortunately, sometimes the sections of health law outside of the PA practice law do not include PAs. Examples of these provisions include signing for handicap placards, conducting department of transportation physicals, instituting concussion protocols for sporting events and authorizing students to have epi-pens for self-administration at schools.

These sections of law can be improved through harmonization acts. Generally, a harmonization act is legislation that amends multiple sections of the law that may only mention physicians, or physicians and NPs, to include PAs. The results not only mean that there is no longer confusion over whether or not PAs can perform a medical function that they are qualified to perform, but that when new sections of law and regulations are drafted in the future, legislators and regulators will include PAs. There are various reasons PAs have been excluded from certain areas of statute. Many of these non-inclusive provisions were either drafted before the PA profession existed or were written with the assumption that by including physicians, PAs were also included. It is important to make the distinction that harmonization acts are not intended to expand PA scope of practice, but rather to confirm PAs are able to perform specific aspects of care that are allowed by the PA practice act.

## Harmonization Acts Come in Many Shapes and Sizes

Harmonization acts can take different forms, depending on what is needed and feasible in a given state. First, there is a full harmonization act. This type of harmonization act is a massive undertaking, and involves combing through hundreds of provisions to determine where PAs are not specifically named. Some states have taken this approach and introduced legislation to address each instance where PAs are excluded. Another approach is to add PAs to targeted sections of statute, like a state's mental health code. Yet another approach is to divide up the various sections into multiple pieces of legislation over a period of time, to make it more manageable.

In recent years, multiple states have passed harmonization acts. The first such bill passed was in Hawaii in 2009, and amended 25 sections of Hawaii law to include PAs, including provisions related to the definition of healthcare provider, writing of orders of admission, provision of care in a disaster,

pronouncement of death and ordering physical therapy.<sup>1</sup> In 2014, Oregon passed legislation that added PAs to 75 areas of state law.<sup>2</sup> More than 100 hours went into reviewing Oregon statutes to identify sections that needed to be amended. In 2016, Washington added PAs to 22 sections of the state's mental health code<sup>3</sup> and Illinois passed the first phase of a PA harmonization effort that saw 60 chapters of Illinois statute amended to include PAs.<sup>4</sup> Most recently, Colorado enacted harmonization legislation that clarified a PA's ability to do a variety of duties.<sup>5</sup>

AAPA supports PAs being specifically included in all relevant sections of law.<sup>6</sup> AAPA staff works closely with its constituent organizations to achieve this goal. For more information on harmonization acts, contact AAPA's constituent organization outreach and advocacy team.

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<sup>1</sup> Hawaii SB 1142, *Relating to physician assistants*, (2009).

<sup>2</sup> Oregon SB 1548, *Relating to mid-level health care practitioners; Amends certain statutes that reference "physician" to include references to "physician assistant" and "nurse practitioner,"* (2014).

<sup>3</sup> Washington SB 6445, *Clarifying the role of PAs in the delivery of mental health services*, (2015-16).

<sup>4</sup> Illinois SB 2900, *Amends various acts to add physician assistants to provisions applicable to physicians*, (2016).

<sup>5</sup> Colorado SB 158, *Physician duties delegated to physician assistant*, (2016).

<sup>6</sup> 2016-2017 AAPA Policy Manual, HP-3500.3.4, *Guidelines for State Regulation of PAs* (Policy Paper 4), p. 117 (Adopted: 1998; Reaffirmed: 2016).