

December 11, 2024

Chair Swearingen, Vice Chair Gross, Ranking Member Somani, and members of the House Health Provider Services Committee,

My name is Matthew Freado, and I am the Immediate Past President of the Ohio Association of Physician Assistants or OAPA. I have worked as a PA or Physician Assistant for almost eight years. I am a full-time clinical lead PA practicing in emergency and ambulatory care here in central Ohio. I am grateful for the opportunity to testify as an interested party on Senate Bill 196. OAPA's primary goal is to promote quality, cost-effective, and accessible healthcare through the physician assistant-physician team approach.

We commend the Ohio State Medical Association and the Ohio Association of Advanced Practice Nurses for their collaborative efforts toward passing this legislation. We also appreciate Senator Roegner's support for this bill. This law is a prime example of a straightforward approach to significantly enhancing efficiency in patient care and hospital administration. PAs possess the training and experience to provide comprehensive healthcare to patients. Therefore, this bill should be amended to allow PAs to sign patient care forms, similar to our APRN colleagues.

For background, to become a PA, a student completes a 24-30-month Master's Degree program consisting of a rigorous curriculum modeled on the medical school curriculum that involves both didactic and clinical education training. Students take advanced medical sciences, behavioral sciences, and behavioral ethics courses in the didactic phase. In the clinical phase, students complete more than 2,000 hours of clinical rotations in medical and surgical disciplines, including family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine, and psychiatry.

Upon graduation, PAs must pass a national certifying board exam to obtain a state license to practice medicine granted to them by the State Medical Board. The PA must also maintain their board certification every ten years and obtain 100 hours of continuing medical education every two years. Lastly, specifically in Ohio, PAs must also obtain an additional 12 Category I CME hours in pharmacology.

PA programs are accredited by a singular accreditation organization, the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), ensuring a consistent, standardized medical education model across all programs. PAs then must pass a single national certification exam, the Physician Assistant National Certifying Exam (PANCE), administered by the National Commission on Certification of Physician Assistants (NCCPA). This singular exam is uniform for all graduates, ensuring a consistent baseline of medical knowledge and clinical competency, regardless of the PA program attended.

In contrast, APRN training varies by role and specialty (e.g., nurse practitioner, clinical nurse specialist, nurse-midwife). APRN programs are accredited by multiple organizations such as the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN), but the standards are less standardized compared to ARC-PA accreditation.

Certification for APRNs is also fragmented, with multiple certifying bodies (e.g., the American Nurses Credentialing Center or the American Association of Nurse Practitioners) offering exams based on different specialties.

This contrast is mentioned only in that it should allay any concerns that PAs lack the necessary training for the universal signature authority contemplated by S.B. 196.

There are currently around 6,000 board-certified PAs in Ohio who practice in various specialties. PAs have played a significant role in improving the availability and quality of healthcare services for patients. However, despite their crucial contributions, certain obstacles still hinder their ability to provide optimal care. One such obstacle is the inability of PAs to sign certain forms related to patient care, which can cause unnecessary delays in the delivery of healthcare services to patients and excessive administrative burdens.

PAs and APRNs work together with our physician colleagues to provide quality healthcare to patients. To improve patient care and transparency and reduce bureaucratic delays, the General Assembly must amend S.B. 196 to include PAs in global signature authority. Like APRNs, PAs diagnose and treat patients. Not allowing PAs to also sign forms, as contemplated by S.B. 196, creates unnecessary delays and maintains current inefficiencies in patient care and administration. Adopting an amendment to include PAs also helps maintain parity between PAs and NPs and ensure that both healthcare professionals can provide their services to patients promptly and effectively. Failure to adopt a parity amendment now means this issue must be addressed again in the next General Assembly.

Thank you for your time and consideration.