# Introduction: Four Decades of PAs in Rhode Island

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As the Physician Assistant (PA) profession celebrated its 50th anniversary in 2017, the number of PAs authorized to practice in Rhode Island continued to grow rapidly. As of June 2018, the Rhode Island Department of Health reported that more than 550 PAs currently hold an active license to practice in RI. Notably, 111 (20%) of the state's PAs first obtained their license between January 1, 2017 and May 31, 2018.

Rhode Island is now home to two PA training programs. The state's first PA program, established at Johnson and Wales University (JWU) in 2012, graduated its first class of 23 students in 2016, and a second class of 24 students in 2017. Bryant University's program, established in 2014, graduated its first class of 29 students in March, 2017. Students from each program excelled on the Physician Assistant National Certifying Examination (PANCE) administered by the National Commission on the Certification of Physician Assistants; 100% of first-time takers from JWU passed the PANCE in both 2016 and 2017, and 97% of first-time test takers from Bryant graduates passed in 2017.[1] Both programs are highly selective, accepting roughly 5% of all applicants.

## Early conversations about PAs in Rhode Island

Protecting the public, rather than expanding the supply of allied health providers, framed early deliberations about licensing PAs in Rhode Island. Following the lead of the American Medical Association (AMA), the Rhode Island Medical Society (RIMS) supported the general notion of PAs practicing under physician supervision. In 1970, John Farrell, the executive secretary of RIMS, presented a report to the RIMS House of Delegates on the AMA Congress on Health Manpower held in October 1970.[2] The AMA report encouraged states to amend existing medical practice acts "to broaden the authorization for delegation of functions" to physician's assistants, nurse midwives, nurse practitioners, and other non-physician providers. The report recommended that "a proviso should be included that the delegate is authorized to perform under appropriate supervision functions warranted by his education, demonstrated ability, and training… State medical associations are encouraged to support such amendments."[2] By embracing the AMA's recommendations, Rhode Island adopted a wait-and-see approach to PA licensure, in contrast to North Carolina, where physicians and policymakers collaborated to draft model legislation to regulate PAs in 1970.[3] The Allied Health Professions and Services Committee recommended "that the House of Delegates request a moratorium on licensure of any additional health occupations in Rhode Island until such long-range solutions are developed." The committee's recommendation, however, did not "preclude amendment of existing licensure laws to permit expanded functions."[4]

In the absence of a regulatory framework, no physician assistants practiced in Rhode Island in the early 1970s. By early 1972, the Medical Society's Allied Medical Professions and Services Committee reported that it had received local inquiries "concerning the licensing of a Physician Assistant."[4] Although Committee members discussed PA programs and scope of practice, RIMS did not press for legislation to license PAs in Rhode Island. Interest in licensing PAs in Rhode Island continued to grow among PAs during the early 1970s. By 1975, Dr. George Meissner reported that the Allied Health Professions and Services Committee received inquiries from recent PA graduates interested in practicing in the state.[5]

## The evolution of PA legislation and regulation in RI

Physician Assistant practice in Rhode Island was authorized by the General Assembly with the passage of S-2384, "An Act to Facilitate an Increase in Medical Manpower Through the Use of Physician Assistants" on June 4, 1976. This bill – Chapter 274 of the Public Laws of 1976 – defined the criteria for licensing and regulating PAs in Rhode Island. The new law established "a framework for the development of a new category of health manpower to be known as the physician assistant" and defined the scope of PA practice. S-2384 sought to "encourage the more effective utilization of the skills of physicians by enabling them to delegate health-care tasks to qualified physician assistants where such delegation is consistent with the patient's health and welfare." The new law took effect on January 1, 1977. The Medical Society first accepted PAs as affiliate members in 1978. Although the legislation paved the way "for innovative development of programs for the education of physician assistants," it would be four decades before the first class of PAs graduated from a training program based in Rhode Island.

Physicians in Rhode Island – and the Medical Society in particular – engaged in a lively and spirited debate about the autonomy and supervision of PAs during the 1980s. In 1982, the General Assembly took up the issue of updating

the licensing framework established in 1976 with a new legislative proposal – H82-7695 – that authorized PAs to provide "patient services" broadly defined. The bill immediately sparked controversy within RIMS, which included PAs as members. Since the passage of Rhode Island's initial PA licensure bill, the concerns about a shortage of physicians in the 1970s had dissipated. In the wake of a sobering report by the Graduate Medical Education National Advisory Committee in 1981, projections of a physician shortage were replaced by growing concerns about an oversupply of doctors. At the Jan. 20, 1982 meeting of the Medical Society's House of Delegates, Dr. Albert Tetreault presented a resolution that declared:

"Whereas there is no shortage of Physicians in the State of Rhode Island; Whereas the level of clinical medicine rendered by physicians to their patients is always superior to any diagnosis and prescribed treatments delegated to or performed by non-physicians. Be it resolved that the practice of Medicine in Rhode Island by non-physicians outside of the hospital setting is not in the best interest of patients and should not be justified except under life-threatening circumstances. Be it further resolved that the Rhode Island Medical Society urgently pursue all legal channels to immediately curtail existing practices and those extensions of privileges conferred on licensed non-physicians that sanction future abuses."[6]

After a lively debate at the March 24, 1982 RIMS meeting, the assembled delegates rejected the resolution to oppose the bill by a margin of 24-19.[7] Several physicians present expressed their opinion that "PAs are well-trained and are assets to the health-care delivery team" and that "PAs, as members of the Society, deserve its support."[7] Furthermore, physicians also noted "PAs have attempted to work with the Society, while other paraprofessionals seeking legislation have not done so."[7] Thus, RIMS suggested that with appropriate revisions, it could support the bill. Delegates charged Dr. Walter Cotter with the task of preparing revisions for legislators to consider before voting on a final version of the bill. In a letter to the House of Representatives, Dr. Cotter noted that the original legislation was "unclear and might leave the physician assistant exposed to a hazard of less than our best medical care." In particular, the House of Delegates recommended that "it is better to delete the words patient services and substitute the following: Those certain services in which he is trained."[8] By carefully circumscribing PAs scope of practice, the amendment recognized the generalist nature of PA education. As Dr. Cotter noted, the suggested amendment protected the "patient, the supervising physician, and the physician assistant" for the PA could not be "assigned tasks for which he is not trained or given responsibilities outside of his field of expertise."[8] The May 1982 newsletter of RIMS noted that, "in a special session of the Rhode Island Medical Society House of Delegates held May 3, 1982, a motion was unanimously voted that the Society go on record as supporting a bill in the Rhode Island General Assembly, H82-7695-A, 'An Act Relating to Physician Assistants.'"[7]

The success of the Medical Society in amending the content of the PA legislation in 1982 underscored the political influence of physicians over health policy issues at the General Assembly and reinforced the primacy of physicians in the PA-physician relationship. As Drs. Mario Tami and Albert Tetreault observed in the June 1982 RIMS newsletter, physician lobbying "made certain that the composition of the physician assistant legislation which was signed into law was acceptable to the Rhode Island Medical Society House of Delegates." As RIMS President Dr. Charles Shoemaker noted in 1984, "during the past ten years, the Rhode Island Medical Society has devoted considerable time and energy to blocking efforts by non-physician health providers to expand their professional roles and privileges…Previous years have seen testimony from the Society against chiropractors, physician assistants, and other groups who attempted to extend their practice privileges by legislative fiat. The primary focus of our concern has been to protect patients by requiring adequate training and experience for all providers of medical care. Yet each year, we find ourselves cast in the role of the establishment fighting the underdog and being accused of protecting our own financial interests."[9]

By the early 1990s, however, the scope of PA practice expanded to include writing prescriptions and medical orders.[10] The statutory framework governing PA practice can be found in Chapter 5-54 of the Rhode Island General Laws (2012). Under Section 5-54-4, "a physician assistant may perform medical services when such services are rendered under the supervision of a registered physician. Such supervision shall be continuous but need not be in the personal presence of the supervising physician or physicians." The Rhode Island Department of Health is responsible for developing rules and regulations to govern the licensure, scope of practice, supervision, and professional conduct of PAs, as outlined in the Department's Rules and Regulations (216-RICR-40-05-24).

## Where do PAs practice?

Although the architects of the PA profession originally envisioned it as a way to address the shortage of primary care providers, the proportion of PAs choosing careers in primary care continues to decline over time.[11] This trend is even more pronounced in Rhode Island, as fewer than one in five PAs (18.8%) pursued primary care as their area of practice in 2015; nationally, 28.5% of PAs worked in primary care settings.[12] While some PAs described primary care as "part of the profession's DNA," a majority of PAs have pursued specialty careers since the late 1990s as "robust nonprimary care career opportunities draw the majority of new PA trainees."[13] This trend, however, reflects the availability of job openings. More than 2/3 of job postings for PAs in 2014 were

in medical specialties; only 19% of available positions were in primary care.[14] Unlike nurse practitioners, who can practice independently in 20 states, the role and scope of practice of PAs are defined by supervising physicians.[15] Today, fewer physicians opt for careers in primary care, as more recent graduates opt for careers in surgical or medical specialties over time.[16] Thus, it naturally follows that fewer opportunities will exist for PAs to pursue careers in primary care settings. In addition, both salary considerations and working conditions also shape the appeal of specialty careers versus primary care practice for new PA graduates. PAs practicing in primary care settings saw an average of 73 patients per week, compared to 63 patients per week for non-primary care PAs.[17] In addition, the mean base salary of primary care PAs was $91,309 in 2014, compared to $99,608 for PAs practicing in other settings.[17] A 9% salary differential, coupled with a higher patient load, does little to improve the appeal of primary care for recent graduates.

The growing utilization of PAs in Rhode Island in surgical and medical specialties reflects the flexibility of PA education and training. As Reamer Bushardt and Ruth Ballweg observed, "a generalist education with clinical and interpersonal skills that translate across myriad practice settings has powered PA adaptability."[18] PAs acquire new skills over time as they gain experience through supervised practice and their practice setting and specialization can evolve over time. This adaptive and evolutionary quality of PA education limits the appeal of formal credentialing or specialty certification of PAs. As the president of the American Academy of Physician Assistants argued in 2006, "We will do everything we can to defend the flexibility of this profession – to move from specialty to specialty while at the same time protecting the patient."[15]

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