

# Legislation to Enhance Access to Patient Care by Physician Assistants in Montana

## *The Montana Accessible and Sustainable Healthcare (MASH) Act*

### What are Montana PAs trying to accomplish and why?

PAs are entrenched in the healthcare foxhole and serve on the frontlines of healthcare delivery, especially in rural areas. The MASH Act reaffirms the profession’s commitment to team-based care, supports the elimination of provisions that require a PA to have or report to a supervisory physician in order to practice, and authorizes PAs to be paid directly by private and public insurers, just as physicians and nurse practitioners can be now.

We are looking to do what is right for Montana's healthcare needs by proposing common sense solutions to struggles that administrators, PAs, and our physician partners face daily due to outdated practice laws that don't match today's clinical reality. We want to see decisions about how healthcare is provided made at the practice level so PA and physician teams can be flexible enough to respond to local health care needs.

Below are examples of barriers Montana PAs face and proposed changes:

Barrier	Problem	Consideration
PA-physician practice described as “supervisory” in statutes.	Causes confusion among insurers, payors, and legal departments which prevents PAs from providing the medical care they are qualified to deliver.	Allow PAs, physicians, and the practice setting to determine the specific requirements for team practice.
PAs must enter into agreements with a specific physician in order to practice	As more physicians and PAs are practicing in groups, the requirement for PAs to have an agreement with a specific physician in order to practice interferes with the ability to make practice-level decisions about patient care teams.	Eliminate the legal requirement that a PA enter into an agreement with a specific physician in order to practice—enabling practice-level decisions about collaboration
A physician must accept responsibility for any action by a PA.	Increasingly, physicians are hesitant to accept this responsibility as PAs and physicians are typically both employees of a healthcare organization and the physician may not be involved all of the care the PA provides	Each professional accepts responsibility for their own actions.
A PA’s scope is limited to the qualifications of the physician the PA with whom the PA works.	A fully-credentialed PA is prohibited from specific providing patient care unless the physician is also qualified.	Allow the services PAs provide to be determined at the practice setting, such as the credentialing and privileging process at a hospital or clinic.
PAs are not eligible for direct payment from Medicare and nearly all commercial insurance payers	PAs cannot “reassign” the insurance reimbursement for the care they provide to the company that employs them. This creates increased administrative burdens for PA employers and also means PAs cannot work with certain hospital staffing companies or in certain corporate medical structures.	Allow PAs to be paid directly by public and private insurers for medical services provided by the PA and direct or assign payment to the employing healthcare entity.

For more information, contact the Montana Academy of PAs  
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### What is not included in the MASH Act?

PAs practice on a healthcare team and value team practice with physicians. Montana PAs are not seeking independent practice.

Montana PAs are not pursuing mandates on providers, plans or healthcare organizations (like hospitals). In fact, PAs believe that decision-making should be made at the practice setting.

Enacting best practices and updating Montana law has the potential to:

- Expand access to care;
- Strengthen healthcare teams; and
- Reduce healthcare spending.