



Oklahoma PAs: State of the State Address

Allison Garrison, PA-C

OAPA Leadership and Advocacy Liaison

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Let's Take a Look

01. How Do We Assess The Situation?

1. A look at our history.
2. Comparing states.
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03. What Do We Do With The Information?

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2. Plan.

02. Why Do We Care?

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2. Equality
3. Change in standards of practice, access to care

04. What's next

1. Fundraising
2. Involvement
3. Proactive change

05. Educate

1. Educate PAs, other health professionals, and possibly the public of any changes.



Assessing the Situation

Looking back:

- Oklahoma used to be top in the U.S. for scope for PAs
- New grads often had multiple jobs to choose from
- Students and practicing PAs involved

Comparing to other states:

- Oklahoma now has fewer OTP and other scope allowances than most other states despite recent legislation.

Comparing to competitors:

- PAs are number 1! ??
- NPs have more scope in most states despite less education.
- NPs are employed over PAs for the same position more and more often, including in Oklahoma. Why?



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Why Do We Care?

Access to jobs

- barriers from scope or red tape
- competitors are doing the hiring
- lack of PR

Access to care

- barriers from scope
- practice changes from federal standards/time/situations (covid)
- telehealth, rural med, socioeconomic, race, etc



states	Physician:PA Ratio; Terminology	Schedule I/II Authority	PA Board/PA on Med Board	NPs with Independent practice	recent legislation of importance
Alabama	no ratio	yes		no	
Alaska	no ratio; "collaboration"	no	PA on Med Board	yes	
Arizona	6:1 ratio " no more than 6 who work at the same time"	yes	PA Board	yes	
Arkansas	no ratio	YES (2021 final April, eff July 21)	PA on Med Board (2021)	no	SB 152 (2021 final) schedule II, PA on Med Board, delegation agreements, pronounce death
California	4:1 except war or emergency	yes	PA Board	no	
Colorado	no ratio > 3 yrs; only supervised for 1st 3 years or new specialty; ratio 8:1	yes	PAs on Med board	yes	HB 1095 (2019); HB 1184 (2021) moving to collaboration
Connecticut	no ratio (2018)	yes	PA on Med Board	yes	
Delaware	4:1 ratio; none for same practice (2021); collaboration (2021)	yes	PAs on Med board (2021)	yes	HB 33 (2021 final) collab, ratio not apply to same practice, add 2 PAs to med Board
Florida	10:1 ratio (2021)	yes		no	H 431 (2021 final) increased ratio from 4:1 to 10:1
Georgia	4:1 ratio for primary, unlimited alternate (2020)	no *active legislation	PA on Med Board	no	S 321 (2021 final) ratio provisions; HB 369 (2021) rx Hydrocodone
Hawaii	4:1 ratio	inpatient only		yes	
Idaho	no ratio (2021) collaborate with any appropriate member no ratio for hospitals or affiliates, surgical centers; 7:1 FTE ratio otherwise; collaborative (2017)	yes		yes	S 1093 (2021 passed) no ratio, may collaborate with any appropriate member, may own practice, personal liability
Illinois	4:1 ratio; collaborating (2019)	yes		no	HB 1392 (2021 final) PAs to sign death certificates
Indiana	5:1 ratio	yes (2020)	PA Board	yes	
Iowa	no ratio if same location; 5:1 ratio if different locations	yes		no	
Kentucky	5:1 ratio	no (increased rx ability 2020)		no	
Louisiana	8:1 ratio (2020); provisions for group practices	yes		no	Act 475 (2020) ratio increased from 4 to 8
Maine	no ratio; collaboration (2020)	yes	PA on Med Board	yes	H 872 (2021) healthcare shortage bill-out of state PAs to practice telehealth in Maine
Maryland	4:1; except hospital, correctional facility, public health center; each primary	yes	PA on Med Board	yes	
Massachusetts	no ratio (2012)	yes	PA Board	yes	
Michigan	no ratio (2016)	yes	PA Board	no	(2016) ratio, liability; (2020) Full Practice Authority during Covid-19
Minnesota	no ratio (2017); collaboration (2020); FPA after 2080 hours (2020)	yes		yes	(2020) collab and removed after 2080 hrs
Mississippi	no ratio (2017)	yes		no	HB 295 (2021) home health
Missouri	6:1 ratio PAs, NPs, APs combined-except hospital, public health; collaborative	Hydrocodone only		no	
Montana	no ratio	yes	PA on Med Board	yes	
Nebraska	4:1 ratio; collab (2020) agreements with all in multispecialty practice	yes		yes	L 772 (2020) collaboration; pronounce death; scope includes multispecialty practice; practice with podiatrist
Nevada	3:1 ratio PAs/NPs simultaneously	yes		yes	
New Hampshire	4:1 ratio	yes	PA on Med Board	yes	
New Jersey	4:1 ratio	yes	PA on Med Board	no	
New Mexico	no ratio; collaboration (2018)	yes	PA on Med Board	yes	(2018) collaborative after 3 yrs, liability
New York	4:1 clinics; 6:1 hospitals	yes	PA on Med Board	no	
North Carolina	no ratio (1997)	yes	PA on Med Board	no	
North Dakota	no ratio; collaboration; independence after 4,000 hrs	yes	PA on Med Board	yes	HB 1175(2019) collab with appropriate member of med team; independence after 4,000 hrs
Ohio	5:1 ratio "at any one time"	yes		no	H 561 (2020) Full practice authority during Covid-19
Oklahoma	6:1 ratio per rule (2020); delegating physicians (2020) *awaiting AG opinion	YES		no	SB 1915 (2020) reimbursement, practice agreements, ratio, collab/delegate, emergency care, PCP; SB 516 (2021) ratio; SB 3036 (2021) telehealth, dispense meds, liability
Oregon	no ratio; collaboration or agreement with PA employer (2021)	yes	PA on Med Board	yes	HB 3036 (2021 final-effective in 2022) removed supervision, collab or employer agreement, telehealth, dispense meds, liability
Pennsylvania	4:1 ratio	yes	PA on Med Board	no	
Rhode Island	no ratio (2001); collaboration	yes	PA Board	yes	
South Carolina	6:1 ratio PAs/APRN FTE	yes		no	
South Dakota	1:1-4:1 ratio with Board approval	yes		yes	
Tennessee	2018 moved to "collaboration"; no ratio (2001)	yes		no	
Texas	7:1 ratio PAs & NPs; exceptions	2 outpt; 2N hospital & hospice	PA Board	no	
Utah	graduated full practice authority @4,000 and 10,000 hrs; collaboration (2021)	yes	PA Board	no	SB 27 (2021) final; removes supervision, collab for PAs under 10,000 hrs
Vermont	no ratio; collaboration (2020)	yes	PA on Med Board	yes	
Virginia	6:1 ratio; collaboration 2021	yes		no	H 2039 (2021) final collaborative, liability
West Virginia	no ratio; collaboration (2017)	no	PAs on Med board	no	SB 668
Wisconsin	no ratio; collaborate (2021)	yes	PAs Board (2021)	no	Act 23 (2021) collab, liability, PA Board, remove ratio
Wyoming	no ratio; collaborate (2021)	yes	PA on Med Board	yes	S 0033 (2021) final; removed supervision; collab with appropriate member of team; determined at practice level
Washington	10:1 (2020)	yes	PA on Med Board	yes	
District of Columbia	4:1; delegation agreements	yes		yes	

Comparing Oklahoma

Physician/PA Ratio

Oklahoma 1:6 ratio – In Question

31 states have NO ratio or exceptions

Schedule IIs

Oklahoma newly recognized but still a work in progress

Only 3 states fully restricted

Only 4 states no outpatient

Supervision Language

Oklahoma **Delegating (2020)** with combo of sup/collab/deleg

21 states have moved away from supervision to collaboration (In 2019 it was 11); (6 FPA)

PA Board/PAs on Med Board

Oklahoma NO

30 states have their own PA Board or at least 1 PA on the Medical Board

Other issues??

We need to hear from YOU



A decorative graphic consisting of several overlapping geometric shapes in teal, yellow, and green, arranged in a pattern that suggests a stylized 'X' or a series of intersecting lines. The shapes are positioned in the top right and bottom left corners of the page.

“

The difference between the almost right word and the right word is really a large matter.

Mark Twain

Words that Matter



Supervision

Generally means to be physically present or within immediate distance



Delegate

The act of giving another person the responsibility of carrying out the performance agreed in a contract



Collaborate

The process of two or more people, entities or organizations working together to complete a task or achieve a goal.



Must vs. May

Must: the only word that imposes a legal obligation that something is mandatory.

May: is an expression of possibility, a permissive choice to act or not, and ordinarily implies some degree of discretion.

Deeper Into The Issues

Ratio Issue

- SB 1915 passed in 2020 intending to remove ratios
- Medical Board unanimously passed emergency rules 9/10/20 to eliminate ratios to comply with SB1915 but never sent to governor
- Covid rules expired during Summer 2021, Medical Board went back to old 1:6 ratio despite never retracting other rules or promulgating new ones
- SB 516 to clarify ratio was stalled out by physician associations claiming independent practice
- AG opinion in process, possible FTC action

MEDICAL DOCTOR	11,880	6,724	(2021 OBMLS)
Physician Assistant	1,975	1,740	(2021 OBMLS)
Osteopathic Physicians	3,153	2,543	(2019 OSBOE)
APRNs	5,217	4,110rx	(FY20 NB)

Oklahoma State Board of Medical Licensure and Supervision

Number of MDs by County

County Name	1M	1F	2M	2F	3M	3F	4M	4F	5M	5F	# MD's	Current Census	# People Per MD
1 ADAIR	6	2	0	1	0	0	0	0	2	1	12	22,683	1,624
2 ALFALFA	1	1	0	1	0	0	0	0	0	0	3	5,642	1,899
3 ATOKA	2	0	0	0	0	0	0	0	0	0	2	14,182	7,071
4 BEAVER	0	0	0	0	0	0	0	0	0	0	0	5,636	No MD
5 BECKHAM	18	3	0	0	1	1	0	0	2	0	25	22,119	896
6 BLAINE	2	1	0	0	0	0	0	0	1	0	4	11,943	2,183
7 BRYAN	14	2	0	1	1	1	3	0	11	4	37	42,416	1,245
8 CADDO	4	0	0	0	0	0	0	0	1	0	5	29,600	5,389
9 CANADIAN	26	21	1	0	0	0	1	1	5	1	56	115,541	2,757
10 CARTER	33	9	3	0	1	1	4	1	8	3	63	47,557	761
11 CHEROKEE	19	11	1	4	5	3	6	0	3	2	54	46,987	871
12 CHOCTAW	2	0	0	0	0	0	0	0	0	0	2	15,205	7,102
13 CIMARRON	0	0	0	0	0	0	0	0	0	0	0	2,475	No MD
14 CLEVELAND	140	60	3	5	10	5	3	1	21	16	264	255,755	1,119
15 COAL	0	0	0	0	0	0	0	0	0	0	0	5,925	No MD
16 COMANCHE	82	30	11	6	3	0	11	5	19	12	179	124,098	676
17 COTTON	0	0	0	0	0	0	0	0	0	0	0	6,193	No MD
18 CRAIG	4	0	0	0	0	0	0	0	0	1	5	15,029	2,821
19 CREEK	10	1	0	1	0	0	0	0	2	0	14	69,967	5,125
20 CUSTER	15	0	3	0	0	0	0	0	1	1	20	27,469	1,425
21 DELAWARE	17	5	0	0	1	1	0	0	1	0	25	41,487	1,637
22 DEWEY	3	0	0	0	0	0	0	0	0	0	3	4,810	1,494
23 ELLIS	1	1	0	0	0	0	0	0	1	0	3	4,151	1,249
24 GARFIELD	53	7	0	1	1	0	0	1	7	4	74	60,580	849
25 GARVIN	3	0	0	0	1	0	0	0	1	0	5	27,576	5,131
26 GRADY	10	2	1	0	1	0	1	0	0	3	18	52,431	3,044
27 GRANT	0	0	0	0	0	0	0	0	0	0	0	4,527	No MD
28 GREER	0	0	0	0	0	0	0	0	0	0	0	6,239	No MD
29 HARMON	1	0	0	0	0	0	0	0	0	0	1	2,922	2,488
30 HARPER	0	0	0	0	0	0	0	0	0	0	0	3,685	No MD
31 HASKELL	4	0	0	0	0	0	0	0	0	0	4	12,769	2,890
32 HUGHES	1	0	1	0	0	0	0	1	0	0	3	14,003	4,455
33 JACKSON	14	5	1	4	0	0	2	1	4	0	31	26,446	799
34 JEFFERSON	2	0	0	0	0	0	0	0	0	0	2	6,472	2,668
35 JOHNSTON	2	1	0	0	0	0	0	1	1	1	6	10,957	1,712
36 KAY	23	0	1	0	1	1	0	0	2	0	28	46,562	1,560
37 KINGFISHER	5	2	0	0	0	0	0	0	0	0	7	15,034	2,169
38 KIOWA	2	3	0	0	0	0	0	0	0	0	5	9,446	1,701
39 LATIMER	3	2	0	0	2	0	0	0	0	0	7	11,154	1,349
40 LEFLORE	14	0	0	0	1	2	1	0	2	0	20	50,384	2,406
41 LINCOLN	2	4	1	0	1	0	0	0	0	0	8	34,273	4,182

41 LINCOLN	2	4	1	0	1	0	0	0	0	0	8	34,273	4,182
42 LOGAN	2	4	0	0	0	0	0	0	1	0	7	41,848	7,079
43 LOVE	1	0	0	0	1	0	0	1	0	0	3	9,423	3,382
44 MCCLAIN	6	3	1	0	0	0	0	0	0	1	11	34,506	3,787
45 MCCURTAIN	11	4	4	1	2	0	2	0	2	1	27	33,151	1,141
46 MCINTOSH	1	0	0	0	0	0	0	0	1	0	2	20,252	9,470
47 MAJOR	2	0	0	0	0	0	0	0	0	0	2	7,527	3,891
48 MARSHALL	0	2	0	0	0	0	1	0	0	0	3	15,840	5,104
49 MAYES	8	3	0	1	1	0	0	0	1	0	14	41,259	2,789
50 MURRAY	2	2	1	0	1	0	0	0	0	0	6	13,488	2,317
51 MUSKOGEE	48	11	5	3	0	3	1	2	14	7	94	70,990	705
52 NOBLE	4	0	0	0	0	0	0	0	0	0	4	11,561	2,731
53 NOWATA	3	0	0	0	0	0	0	0	0	0	3	10,536	3,106
54 OKFUSKEE	0	1	0	0	0	2	0	0	0	0	3	12,191	3,770

09/26/2021

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County Name	1M	1F	2M	2F	3M	3F	4M	4F	5M	5F	# MD's	Current Census	# People Per MD
55 OKLAHOMA	1,522	661	68	48	28	24	76	34	333	152	2,946	718,633	270
56 OKMULGEE	6	1	0	0	3	0	0	0	2	1	13	40,069	2,823
57 OSAGE	5	0	2	0	2	0	0	0	0	0	9	47,472	5,090
58 OTTAWA	17	3	0	0	2	0	1	0	4	0	27	31,848	1,121
59 PAWNEE	2	1	0	0	1	2	0	0	0	0	6	16,577	2,592
60 PAYNE	51	16	2	0	0	0	0	0	4	0	73	77,350	1,118
61 PITTSBURG	28	2	1	0	0	0	2	0	5	0	38	45,837	1,151
62 PONTOTOC	42	10	1	1	4	5	4	2	6	2	77	37,492	494
63 POTTAWATOMIE	29	11	0	1	2	3	3	0	4	1	54	69,442	1,341
64 PUSHMATAHA	0	0	0	0	0	0	0	0	0	0	0	11,572	No MD
65 ROGER MILLS	1	1	0	0	0	0	0	0	0	0	2	3,647	1,721
66 ROGERS	22	4	0	0	2	1	1	1	1	1	33	86,905	2,886
67 SEMINOLE	4	3	0	0	0	0	0	0	1	0	8	25,482	2,944
68 SEQUOYAH	8	1	0	0	0	0	0	0	0	1	10	42,391	3,928
69 STEPHENS	23	9	1	0	0	0	2	0	0	0	35	45,048	1,224
70 TEXAS	1	0	1	0	0	0	1	1	5	2	11	20,640	1,944
71 TILLMAN	0	0	0	0	0	0	0	0	0	1	1	7,992	6,968
72 TULSA	850	321	39	22	24	19	33	17	139	78	1,542	603,403	434
73 WAGONER	4	2	0	1	1	2	0	0	0	1	11	73,085	7,361
74 WASHINGTON	39	7	0	2	1	1	1	0	3	0	54	50,976	971
75 WASHITA	0	0	0	0	0	0	0	0	1	0	1	11,629	10,924
76 WOODS	3	2	0	0	0	0	0	0	0	0	5	8,878	1,724
77 WOODWARD	3	4	0	0	0	0	0	0	0	3	10	20,081	2,047
99 NOT OKLAHOMA	2,500	827	138	112	40	14	132	75	448	163	4,449		No MD

Total By Category 5,786 2,089 291 216 145 92 291 145 1,070 464 10,589

% By Category 55 20 3 2 1 1 3 1 10 4

Total By Ethnic Origin 7,875 507 237 436 1,534

% By Ethnic Origin 74 5 2 4 14

Total By Sex Male 7,583 Female 3,006

% By Sex 72 28

The Physician Gap

Shortage Info

- The most recent projections from the American Association of Medical Colleges (AAMC) in June of 2020 show that the United States could see a shortage of between 54,100 and 139,000 physicians by 2033. This would include shortfalls in both primary and specialty care.
- Population increase
- Aging Population
- Retiring Physicians on the rise
- 5 times more in rural areas

It's Already Here

“THERE’S AN EXTREME SHORTAGE. OKLAHOMA IS ONE OF THE DESERTS FOR PHYSICIANS IN THE UNITED STATES,” SAID LARRY BOOKMAN, MD, PRESIDENT OF THE OKLAHOMA STATE MEDICAL ASSOCIATION.

-APRIL 15, 2020

MD Board: 7 allopathic physicians + 4 lay members

- Physician terms 7 years, appointed by Gov from list by OSMA
- Lay members appointed by Governor and serve along his/her term

PA Advisory Committee: 2 PAs (appt by Med Board from list from OAPA) + 2 MDs + 2 DOs + each PA Director (non-voting)

- Only advisory to Medical Board, meet separately

Nursing Board: 11 members appointed by the Gov.

- 9 nurses and 2 lay
- 2 are APRNs

Schedule IIs

2014

Hydrocodone changes to schedule III by DEA

2020

OAPA begins seeking legal advice on authority as more PAs express barrier to care in Peds, hospice, ER, rural med, etc

2018

CDC and other authorities begin making best practice guidelines for opioids in response to opioid epidemic

2021

OBND released “onsite/ongoing” administration to comply with law. MD and DO Boards agree. Pharmacy Board asks for help with PBMs.

Safety Data (2020)

states	#PAs supervised	Schedule I/II	PA Board/PA on Med Board	NPs with independent practice	recent legislation of importance	PA DEA ev MDs with	DOs with	
Alabama	no ratio	yes		no		1	79	7
Alaska	"collaboration"; no ratio	yes	PA on Med Board	yes		1	12	4
Arizona	6:1 ratio	yes	PA Board	yes		7	75	13
Arkansas	no ratio	no BUT yes hydrocodone		no		2	36	2
California	4:1 except war or emergency	yes	PA Board	no		24	263	18
Colorado	only supervised for 1st 3 years; ratio 8:1 (2019)	yes	PA on Med Board	yes	HB 1095 (2019)	3	42	4
Connecticut	no ratio (2018)	yes	PA on Med Board	yes		4	51	4
Delaware	4:1 ratio	yes		no		0	16	2
Florida	4:1 ratio	yes		no	HB 713 (2020)	0	212	28
Georgia	4:1 ratio + 4:1 ratio for NPs/Drs (2020)	no	PA on Med Board	no	SB 321 (2020)	2	91	2
Hawaii	4:1 ratio	yes		yes		0	15	0
Idaho	4:1 ratio	yes		yes	2021	1	7	3
Illinois	2017, Illinois enacted legislation which changed references to "supervision" to "collaboration"	yes		no		2	151	12
Indiana	4:1 ratio	yes		no		1	78	12
Iowa	5:1 ratio	yes	PA Board	yes		1	10	4
Kansas	up to 5:1 ratio	yes		no		4	17	10
Kentucky	5:1 ratio	no		no		0	78	15
Louisiana	8:1 ratio	yes	Supervision removed during C	no		2	64	2
Maine	no ratio	yes	PA on Med Board	yes	Supervision removed during C	1	15	1
Maryland	4:1; exceptions	yes	PA on Med Board	yes		8	68	3
Massachusetts	no ratio (2014)	yes	PA Board	no		5	86	5
Michigan	In 2016, Michigan changed its PA laws to remove physician supervision and delegation (referring instead to "participating physicians") and eliminate physician responsibility for care provided by a PA. The law also removed the limitation on the number of PAs with whom a physician may practice.	yes	PA Board	no	Supervision removed during C	4	78	25
Minnesota	no ratio (2017); no supervision/delegation after 2080 hrs-annual review	yes		yes	SF 13 (2020)	5	32	2
Mississippi	no ratio (2017)	yes		no		2	49	6
Missouri	6:1 ratio PAs & NPs combined	no BUT yes hydrocodone		no		0	42	12
Montana	no ratio	yes	PA on Med Board	yes		0	6	2
Nebraska	4:1 ratio	yes		yes	LB 755 (2020)	0	15	2
Nevada	3:1 ratio	yes		yes		2	22	5
New Hampshire	4:1 ratio	yes	PA on Med Board	yes		1	9	1
New Jersey	4:1 ratio	yes	PA on Med Board	no	Supervision removed during C	3	133	21
New Mexico	In April of 2017, New Mexico enacted legislation which allows primary care PAs with three or more years of clinical practice experience to move into a collaborative, rather than supervisory, relationship with a physician. Removed physician liability.	yes	PA on Med Board	yes		2	26	0
New York	4:1 clinics; 6:1 hospitals	yes	PA on Med Board	no	Supervision removed during C	11	184	19
North Carolina	no ratio (1997)	yes	PA on Med Board	no		5	42	5
North Dakota	collaboration; no specific agreement unless PA owns clinic	yes	PA on Med Board	yes	HB 1175 (2019)	0	8	1
Ohio	3:1 ratio	yes		no		1	60	15
Oklahoma	4:1 ratio/(6:1 ratio rule 2020); "delegated physicians" & practice agreement	no; exception onsite		no	SB1915 (2020); Ratios removed	0	41	21
Oregon	4:1 ratio	yes	PA on Med Board	yes		2	50	5
Pennsylvania	4:1 ratio	yes	PA on Med Board	no		6	141	41
Rhode Island	no ratio (2001)	yes	PA Board	yes		0	13	2

Our Legislative Team



Allison Garrison, PA-C

Leadership and Advocacy
Liaison



Jan Loftis

OAPA Lobbyist



Tyler Powell

OAPA Lobbyist



Matt Latham

OAPA Lobbyist

What's Next?

Fundraising

- PAPAC
- OAPA general funds

Involvement of Membership

- What members want/need
- Grassroots efforts
- Healthy association
- PAs/students in advocacy at every level
- PAs needed in administration

Public Relations

- Public support of issues
 - Legislator support, etc
- Transition with changes
- Protection from smear campaigns/efforts

Summary



The PA profession is lagging behind in Oklahoma compared to other states

PAs can be part of the physician shortage solution if barriers are removed

Funding is necessary

Involvement is necessary

Change is inevitable-for better or worse



Thank you

The best way to predict the future is to create it.

-Abraham Lincoln

Allisongarrisonoapa@gmail.com