

PHYSICIAN'S ASSISTANT SUPERVISION

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Senate Bill 1075 as passed by the Senate

Sponsor: Sen. Tom George

House Committee: Health Policy

Senate Committee: Health Policy

First Analysis (11-19-04)

BRIEF SUMMARY: The bill would remove a requirement for physicians to countersign orders written by physician's assistants in nursing homes and hospices.

FISCAL IMPACT: The bill would have no fiscal impact.

THE APPARENT PROBLEM:

Physician's assistants (PAs) provide a wide range of health services, including writing prescriptions, under the delegation of a physician. Rules that were promulgated in the 1980s require that in nursing homes and hospices, a physician countersign within 48 hours any orders written by a PA. Because there are no similar restrictions on PAs practicing in doctor's offices, hospitals, or medical clinics, some people believe the current rules hinder the efficient use of PAs in nursing homes and hospices. They argue that if a PA is performing within his or her scope of practice and under the delegation of a physician, a physician should not have to countersign orders written in a patient's chart.

THE CONTENT OF THE BILL:

Under provisions of the Public Health Code and departmental rules, physicians may delegate the performance of medical care services for their patients to a physician's assistant if the delegation is consistent with the physician's assistant's training. Departmental rules require a physician to countersign orders written by a physician's assistant in a nursing home or hospice within 48 hours (R 325.20605 and R 325.13303, respectively).

Senate Bill 1075 would amend the Public Health Code to specify that notwithstanding any law or rule to the contrary, a physician (M.D. or osteopathic physician) would not be required to countersign orders written in a patient's medical record by a physician's assistant to whom the physician had delegated the performance of medical care services for a patient.

MCL 333.17049 and 333.17549

ARGUMENTS:

For:

According to information provided by the Michigan Academy of Physician Assistants, the current rules requiring PA orders to be countersigned by physicians within 48 hours are antiquated and hinder the ability of PAs to efficiently deliver needed health care services to nursing home residents and hospice patients. Studies have shown that nursing home costs and hospital admissions are reduced when PAs have increased access to nursing home residents. The profession of Physician's Assistant was created by doctors using the physician directed care model, and PA's work as part of a team under a delegating physician. The removal of the requirement for a physician to countersign a PA's orders would not eliminate the physician's regularly scheduled visits to patients in the nursing home or hospice, nor would it interfere with or reduce the physician's oversight of the PA.

Further, guidelines issued by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) read, "The medical staff rules and regulations or policies define what entries, if any, by house staff or nonphysicians must be countersigned by supervising physicians." This would suggest that it is preferable to allow individual facilities to decide their own policies on whether or not a physician should countersign orders written by a PA.

The bill would remove an arbitrary requirement that affects PAs only in nursing homes and hospices and place responsibility for PA supervision where it belongs – in the hands of the facilities and the physicians who supervising them.

POSITIONS:

The Michigan Academy of Physician Assistants supports the bill. (11-9-04)

A representative of the Michigan Osteopathic Association indicated support for the bill. (11-9-04)

A representative of the Michigan Association of Health Plans indicated support for the bill. (11-9-04)

The Michigan Department of Community Health is neutral on the bill. (11-9-04)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.