



**House
Legislative
Analysis
Section**

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PHYSICIANS' ASSISTANTS: SUPERVISION

House Bill 5702 as enrolled
Third Analysis (10-22-90)

Sponsor: Rep. Michael J. Bennane
House Committee: Public Health
Senate Committee: Health Policy

THE APPARENT PROBLEM:

Under the Public Health Code, a physician (allopathic or osteopathic) must get written approval from his or her licensing board before he or she can employ or supervise physician's assistants (PAs), and can supervise or employ not more than two PAs at a time. Health care institutions (including clinics, hospitals, and extended care facilities) can employ more than two PAs, but physicians in the institution are restricted to supervising no more than two PAs at a time.

However, the way the law is written and the way PAs are used in actual practice differs, in the sense that PAs in hospitals often "float" from floor to floor, caring for a number of patients at the direction of a number of different physicians. The result is that sometimes even though a physician does not supervise more than two PAs during a hospital shift, he or she may wind up supervising more than two PAs all told. And in some cases, a physician may wind up supervising more than two PAs even during a single shift. The Michigan Academy of Physician's Assistants (MAPA) reportedly has been aware of this discrepancy between the letter of the law and actual practice for a number of years and had tried working through the rules process to resolve the problem. However, in the course of this process, the attorney general issued an opinion (number 6545 of 1988) that strictly interprets the statute. Legislation has been introduced to allow physicians to supervise more than two physician's assistants at a time.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code to delete:

- the sections of the code which require medical doctors or osteopathic doctors to get written approval from their licensing boards in order to employ or supervise physician's assistants (PAs);
- other references to this approval; and
- provisions restricting medical doctors and osteopaths to employing or supervising no more than two PAs at a time. (More specifically, the bill would repeal sections 17040, 17042, 17044, 17046, 17047, which apply to medical physicians, and sections 17540, 17542, 17544, 17546, and 17547, which are the corresponding sections applying to osteopathic physicians.)

The bill instead would allow physicians, whether medical doctors or osteopaths, to supervise four or more PAs (depending on where he or she practiced), would allow the medical or osteopathic licensing board to prohibit physicians from supervising PAs, and would specify a supervising physician's responsibilities. The bill also would add a definition of "academic institution" (which would include medical schools approved by the board and certain hospitals with medical residency programs) to the list of existing definitions in section 17001.)

Number of physician's assistants. The bill would allow physicians who treated patients on an outpatient basis to supervise up to four PAs at a time. However, if the physician supervised PAs at more than one practice site, he or she could supervise not more than two PAs off site.

Physicians employed by or with privileges at a licensed health facility or agency or a state correctional facility would be allowed to supervise more than four PAs at that facility.

Physician responsibilities. Physicians who supervised PAs would be responsible for verifying the PA's credentials, evaluating his or her performance, monitoring his or her practice, clinically supervising each PA to whom the physician delegated medical care service, and keeping on file a permanent, written record which included both the physician's name and license number and that of each PA he or she supervised. Physicians in group practice could designate one or more of their members to perform all of the responsibilities except for actual clinical supervision.

Board powers. Currently, if a physician approved to supervise PAs violates the health code or fails to properly supervise a PA, the medical or osteopathic board can revoke or suspend his or her approval and can reprimand or place the "approved" physician on probation. The bill would delete these provisions and instead specify that the board could prohibit physicians from supervising one or more PAs on the same grounds.

MCL 333.16103 et al.

FISCAL IMPLICATIONS:

The Department of Licensing and Regulation says that there would be negligible decreases both in fee collections to the general fund and in costs to the department. (7-30-90)

ARGUMENTS:

For:

The bill would deregulate the use of physician's assistants, so that no approval process would be required through the Department of Licensing and Regulation. This type of approval is not required for physicians to employ or supervise any other subfield health profession (such as nurse practitioners), and it is questionable that the present requirement serves any consumer protection purpose. Also, reportedly there has never been a complaint with regard to the use of PAs under the approval process, which has wound up being a "rubber stamp" process. The bill would remove unnecessarily cumbersome supervisory restrictions on PAs, and allow for more flexible supervision depending on the practice setting. In addition, the bill would be

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especially beneficial in rural areas with physician shortages, where PAs may be more likely to be primary care givers, while ensuring (by limiting the off site PAs to two) that physicians could not set up a multitude of satellite clinics staffed only with inadequately supervised PAs.

For:

The addition of the definition of "academic institution" to the bill would keep the Public Health Code consistent with the changes made by enrolled Senate Bill 1029, which regulates the practice of foreign physicians with limited clinical academic licenses within "academic institutions" (the definition in Senate Bill 1029 is identical to the definition proposed in House Bill 5702).