

**SFA**

BILL ANALYSIS

Senate Fiscal Agency

Lansing, Michigan 48909

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House Bill 5702 (Substitute H-2 as reported with amendments)

Sponsor: Representative Michael J. Bennane

House Committee: Public Health

Senate Committee: Health Policy

Date Completed: 9-14-90

**RECEIVED****OCT 24 1990**

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**RATIONALE**

The Public Health Code provides for the regulation, employment, and supervision of physician's assistants. Under the Code, a medical or osteopathic physician is required to obtain written approval from the appropriate licensing board before he or she can employ a physician's assistant, and is restricted to supervising or employing not more than two physician's assistants at a time. The Code permits health care institutions, such as clinics, hospitals, and extended care facilities, to employ more than two physician's assistants, but physicians in these institutions still are restricted to supervising not more than two physician's assistants at one time. As the use of physician's assistants in health facilities and group practices has increased, there has been a development in the standards of practice for these health professionals in which a number of physician's assistants may be used by a number of physicians. For example, physician's assistants in hospitals often move from floor to floor as they care for numerous patients at the direction of various physicians. As a result, even though a physician does not supervise more than two physician's assistants during a hospital shift, the physician in actuality may work with more than two physician's assistants as he or she meets with a variety of patients. In an attempt to resolve the discrepancy between the Code's provisions and actual practice, clarification was sought from the Attorney General on the Code's restriction on a physician's supervising or employing not more than two physician's assistants "at one time". The question was whether the Board of Medicine or the Board of Osteopathic Medicine and Surgery could approve a physician to supervise or employ more than

two physician's assistants, as long as only two physician's assistants were supervised by the physician at one time. In November 1988, the Attorney General issued an opinion (No. 6545) that stated that, "...it would be inconsistent with the statutory scheme for a physician to directly supervise or directly employ two physician's assistants and be a 'designated' alternate supervisor for another doctor's physician's assistant". In light of this opinion and the manner in which physician's assistants are used in clinical settings, some people believe that the Public Health Code should be revised to reflect the current demand and standards of practice on the use of physician's assistants.

**CONTENT**

The bill would amend the Public Health Code to revise provisions on the employment and supervision of physician's assistants, by doing the following:

- Repealing sections that require physicians (medical doctors and osteopaths) to obtain written approval from their licensing board before using or supervising a physician's assistant.
- Deleting provisions that prohibit physicians from supervising or employing more than two physician's assistants at any one time.
- Establishing new restrictions on the number of physician's assistants a physician may supervise.
- Setting forth responsibilities of physicians who supervise physician's

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assistants.

- Revising penalties that can be imposed upon a supervisory physician for failure to supervise a physician's assistant or for other Code violations.

#### Number of Physician's Assistants

Except as otherwise provided in the bill, a physician who was a sole practitioner or who practiced in a group of physicians and treated patients on an outpatient basis could not supervise more than four physician's assistants. If such a physician supervised physician's assistants at more than one practice site, the physician could not supervise more than two physician's assistants by a method other than the physician's actual physical presence at the practice site.

A physician who was employed by, or under contract or subcontract to, or who had privileges at a licensed health facility or agency or a State correctional facility, could supervise more than four physician's assistants at the health facility or agency or the correctional facility.

#### Physician Responsibilities

A physician who supervised a physician's assistant would be responsible for verifying the physician's assistant's credentials and evaluating his or her performance. The physician also would be required to monitor the assistant's practice and provision of medical care services.

A physician who supervised a physician's assistant could delegate to the assistant the performance of medical care services for a patient who was under the case management responsibility of the physician, if delegation were consistent with the assistant's training. This provision would be subject to the sections of the Code that authorize the medical or osteopathic licensing board to prohibit or restrict the delegation of medical care service, authorize a board to promulgate rules for the delegation of the prescription of drugs, and prohibit a physician from delegating ultimate responsibility for the quality of medical care services. The bill also specifies that a supervising physician would be responsible for the clinical supervision of each physician's assistant to whom the physician delegated the performance of medical care

service.

A physician who supervised a physician's assistant would be required to keep on file in the physician's office, or in the health facility or agency or the correctional facility in which the physician supervised the physician's assistant, a permanent, written record that included the name and license number of the physician and of each physician's assistant supervised.

A group of physicians practicing other than as sole practitioners could designate one or more physicians in the group to fulfill the foregoing requirements.

#### Penalties/Board Responsibilities

The Code authorizes the medical and osteopathic licensing boards to revoke or suspend an approval to supervise physician's assistants and to place on probation or reprimand a physician who holds such an approval, for failure to supervise a physician's assistant in accordance with the law, or for any of the grounds set forth in the Code for investigating a licensee (e.g., negligence, incompetence, conviction of a crime involving fraud, and unethical business practices). The bill provides, instead, that a board could prohibit a physician from supervising a physician's assistant for these violations.

MCL 333.16103 et al.

#### SENATE COMMITTEE ACTION

The Code currently permits licensing boards to promulgate rules for the delegation by a supervising physician to a physician's assistant the function of prescription drugs. The bill, as passed by the House of Representatives, would have added the function of receiving drug samples. The Senate Committee on Health Policy adopted amendments to delete the provision on receipt of drugs.

#### FISCAL IMPACT

The bill would have no fiscal impact on State or local government.

## **ARGUMENTS**

### **Supporting Argument**

Physician's assistants reportedly provide a significant portion of health care in the State, and since their authorization 12 years ago in the Public Health Code, have delivered quality and effective health care. Over the years, the use of physician's assistants in the health care system has changed, and the demand for them has increased. The bill would remove cumbersome supervisory restrictions, and allow for more flexible supervision of physician's assistants that would reflect their use in the health practice setting.

### **Supporting Argument**

One anticipated use of physician's assistants was service in rural and urban areas where there was a lack of primary health care. Under the bill, such areas still could well be served by physician's assistants. If a physician supervised physician's assistants at more than one practice site, the bill would prohibit the physician from supervising more than two physician's assistants by a method other than the physician's actual physical presence at the site. Thus, physician's assistants still could practice in medically underserved areas, but physicians could not set up a number of satellite clinics that would be staffed by inadequately supervised physician's assistants.

**Response:** The bill, as passed by the House, would have permitted physician's assistants to accept delivery of sample drugs from pharmaceutical companies. This provision was removed in an amendment adopted by the Senate Health Policy Committee. Unfortunately, prohibiting physician's assistants from receiving drug samples could restrict the service offered at rural practice sites. Many times health care professionals at these sites will distribute drug samples to indigent patients who cannot afford to purchase prescriptions, but who are in need of the drug. Eliminating this provision could negatively affect the delivery of health care in these underserved and poor areas.

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