## **Legislative Analysis**



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## PHYSICIAN'S ASSISTANTS: ALLOW TO PRACTICE UNDER SUPERVISION OF A PODIATRIST

House Bill 5653 (Substitute H-1)

Sponsor: Rep. Shelley Goodman Taub

**Committee: Health Policy** 

Complete to 3-8-06

## A SUMMARY OF HOUSE BILL 5653 AS REPORTED FROM COMMITTEE

The bill would amend the Public Health Code to provide for and regulate the practice as a physician assistant under the supervision of a podiatrist (a person licensed under the code to engage in the practice of podiatric medicine and surgery). The bill would take effect six months after being enacted into law.

Currently, practice as a physician's assistant is a health profession subfield of the practice of medicine and osteopathic medicine and surgery. House Bill 5653 would put into Part 180 of the code, which regulates podiatric medicine, provisions regarding the supervision of physician's assistants similar to those currently found in Parts 170 (Medicine) and 175 (Osteopathic Medicine and Surgery).

Under House Bill 5653, the Department of Community Health could promulgate rules for the appropriate delegation and utilization of a physician's assistant by a podiatrist, including rules to prohibit or otherwise restrict the delegation of certain podiatric services or to require higher levels of supervision if the services require extensive training, education, or ability, or pose serious risks to the health or safety of patients.

A podiatrist who is employed by, under contract to, or with privileges at a licensed health facility could supervise more than four physician's assistants at the facility or agency. A sole practitioner or group practitioner who treats patients on an outpatient basis could not treat more than four physician's assistants; and such a podiatrist who supervises assistants at more than one site could not supervise more than two assistants by a method other than the podiatrist's actual physical presence.

A podiatrist who supervises a physician's assistant is responsible for verifying the assistant's credentials; evaluating the assistant's performance; and monitoring the assistant's practice and provision of services.

A podiatrist could only delegate to the assistant the performance of podiatric services for a patient who is under the case management responsibility of the podiatrist if the delegation is consistent with the assistant's training and could only supervise an assistant in the performance of duties included within the podiatrist's scope of practice. A supervision podiatrist would be responsible for the clinical supervision of each assistant to whom services were delegated. A podiatrist would have to keep on file a written

record of the podiatrist's and physician's assistant's name and license number. In a group practice, one podiatrist could be designated to fulfill supervisory requirements.

The Board of Podiatric Medicine and Surgery could prohibit a podiatrist from supervision one or more physician's assistants for failure to engage in proper supervision or for other disqualifying reasons under the health code.

The board would be required to make written recommendations on criteria for the approval of physician's assistants and on criteria for the valuation of training programs to the Joint Task Force on Physician's Assistants. The membership of the task force would be expanded from nine to ten members to add a member from the Board of Podiatric Medicine and Surgery.

The bill would not require new or additional third party reimbursement or mandated worker's compensation benefits for services rendered by an individual authorized to practice as a physician's assistant under Part 180.

MCL 333.2701 et al.

## **FISCAL IMPACT:**

A fiscal analysis is in process.

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<sup>■</sup> 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.