

PHYSICIAN'S ASSISTANTS: EXPAND AUTONOMY

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Senate Bill 384 (Substitute S-1)

Sponsor: Sen. Jim Marleau

House Committee: Health Policy

Senate Committee: Health Policy

Complete to 9-7-11

A SUMMARY OF SENATE BILL 384 AS PASSED BY THE SENATE 6-8-11

The bill would revise provisions of the Public Health Code regarding the supervision of physician assistants by physicians and the delegation by physicians of the performance of medical care services to physician's assistants (P.A.s). In particular, the bill would remove restrictions on P.A.s related to prescribing controlled substances, making rounds in hospitals or nursing homes, and ordering the temporary use of physical or chemical restraints in a hospital or nursing home. The bill is referred to as the Michigan Patient Access to Care and Patient Safety Act. A brief description of the bill's revisions follows.

Senate Bill 384 would amend numerous sections of the Public Health Code (MCL 333.16104 et al.) pertaining to a physician's assistant (P.A.). Some of the revisions would remove obsolete provisions or make technical changes. Physician's assistants currently are authorized to write prescriptions for non-controlled substances and to perform medical care services under a physician's supervision with some restrictions. Substantive amendments include the following:

- Allow a P.A., as a delegated act by a supervising physician, to prescribe controlled substances included in Schedules 2-5 (e.g., narcotic pain relievers and drugs to treat ADD/ADHD). In addition, allow a supervising physician to delegate to a P.A. the ordering, receipt, and dispensing of complimentary starter-dose drugs of controlled substances included in Schedules 2-5. Both the supervising physician's and the P.A.'s DEA registration numbers would have to be used, recorded, or otherwise indicated in connection with each prescription or each order, receipt, or dispensing of a complimentary starter dose drug.
- Allow a P.A. to whom the performance of medical care services was designated to sign an official form in place of the physician even if the form lists the physician's signature as the required signatory.
- Delete a provision that restricts a P.A. to providing medical care services only in a medical care setting where the supervising physician regularly sees patients. In addition, the bill would revise a provision allowing a P.A. to make calls or go on rounds to visit patients in private homes, public institutions, hospitals, nursing homes, HMOs, and other health facilities as allowed by the bylaws, rules, or regulations of the facility or organization. Instead, the bill would specify that a

P.A. would have no restrictions on the time or frequency of visits when making calls or going on rounds in those facilities.

- Include the P.A.'s name or the physician's name who prescribed or dispensed the prescription drug on a label affixed to a container of a prescription drug, and also on a receipt given to the purchaser of a prescription drug.
- Include P.A.s – whenever a policy references the attending physician – in the policies describing the rights and responsibilities of patients or residents of hospitals, nursing homes, and other facilities or agencies that those facilities and agencies are required to adopt and distribute to patients and residents. For example, a patient or resident is entitled to receive information about his or her medical condition, proposed course of treatment, and prospects for recovery unless medically contraindicated as documented by the attending physician. The bill would instead require the policy to refer to the attending physician or a P.A. to whom the physician has delegated the performance of medical care services.
- Remove the restriction, as part of the revisions made to the policies described above, that only the attending physician may authorize in writing physical or chemical restraints for a specified or limited time or as necessitated by an emergency to protect the patient or resident from injury to self or others. Under the bill, the written authorization for restraints could also be made by a P.A. to whom the attending physician designated the performance of medical care services.

FISCAL IMPACT:

The Department of Licensing and Regulatory Affairs (LARA) and the Bureau of Health Professions (BHP) do not anticipate a significant positive fiscal impact on state budgets arising from this proposed legislation.

Since SB 384 (S-1) is amending portions of the Public Health Code that pertain to the practice of healthcare by already licensed professionals and does not affect the licensing procedure, it is unlikely to have any direct fiscal impact on LARA or BHP. However, by enlarging the professional autonomy of physician's assistants (P.A.s), SB 384 (S-1) could result in an increased number of complaints filed with the BHP and hence have an indeterminate fiscal impact on the amount of staff time expended to investigate those complaints. Additionally, P.A.s would be subject to discipline under Part 161 of the Public Health Code for licensure violations relating to the unlawful acts related to controlled substances which may include fines.

Pertaining to local governments, the Ingham County Health Department does not expect any fiscal impact on local or county governmental budgets due to the amendments made by SB 384 (S-1).

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