

Senate Bill 384 (Substitute S-1 as reported)  
Sponsor: Senator Jim Marleau  
Committee: Health Policy

Date Completed: 5-31-11

### **RATIONALE**

Under the Public Health Code, a physician may delegate to a physician's assistant (PA) the performance of various tasks and functions, such as going on patient rounds and prescribing drugs other than controlled substances. It has been suggested that the authority of a PA acting under a physician's supervision to prescribe drugs should be expanded to include certain controlled substances; and that a number of the Code's provisions regarding the prescribing and dispensing of drugs, as well as a patient's rights policy, should reflect the use of PAs in the provision of medical care.

### **CONTENT**

**The bill would amend the Public Health Code to do the following:**

- Allow a physician's assistant to prescribe controlled substances in Schedules 2 through 5 under the delegation of a supervising physician.**
- Provide that a physician would not have to sign an official form that listed his or her signature as the required signatory if the form were signed by a PA to whom the physician had delegated the performance of medical care services, notwithstanding any law or rule to the contrary.**
- Allow a PA to make calls or go on rounds without restrictions on the time or frequency of visits by the supervising physician or the PA, notwithstanding any law or rule to the contrary.**

- Refer to a PA to whom a physician has delegated the performance of certain tasks, in provisions regarding the prescription and dispensing of drugs and a patient rights policy adopted by a health facility or agency.**

#### Supervision & Delegation

The Code allows a supervising physician to delegate in writing to a PA the ordering, receipt, and dispensing of complementary starter dose drugs other than controlled substances. The bill would allow a supervising physician to delegate to a PA the ordering, receipt, and dispensing of complementary starter doses, including controlled substances that are in Schedules 2 through 5.

(A substance is placed in Schedule 1 if it has high potential for abuse and no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision. The drugs listed in Schedules 2 through 5 have currently accepted medical use and are placed in different schedules according to their relative potential for abuse and degree of psychological or physical dependence.)

Under the Code, notwithstanding any law or rule to the contrary, a physician is not required to countersign orders written in a patient's clinical record by a PA to whom the physician has delegated the performance of medical care services for a patient. The bill also provides that a physician would not have to sign an official form that listed his or

her signature as the required signatory if the form were signed by a PA to whom the physician had delegated the performance of medical care services, notwithstanding any rule or law to the contrary.

#### Medical Care Services by PA

Currently, a PA may provide services only in a medical care setting where the supervising physician regularly sees patients, but may make calls or go on rounds under the supervision of a physician in private homes, public institutions, emergency vehicles, ambulatory care clinics, hospitals, intermediate or extended care facilities, health maintenance organizations, nursing homes, or other health care facilities to the extent permitted by the bylaws, rules, or regulations of the governing facility or organization, if any.

The bill would eliminate the language under which a PA may provide services only in a medical care setting where the supervising physician regularly sees patients. In addition, the bill would eliminate the reference to a governing facility's or organization's bylaws, rules, and regulations.

Also, notwithstanding any law or rule to the contrary, a PA could make calls or go on rounds without restrictions on the time or frequency of visits by the physician or the PA.

#### Delegated Drug Prescription

The Code authorizes a PA to prescribe drugs as a delegated act of a supervising physician in accordance with procedures and protocol for the prescription established by rule of the appropriate board. The bill would allow a PA to prescribe a drug, including a controlled substance in Schedules 2 through 5, as a delegated act.

Under the Code, when delegated prescription occurs, the supervising physician's name must be used, recorded, or otherwise indicated in connection with each individual prescription so the person who dispenses or administers it knows under whose authority the delegate is prescribing. The bill would require the PA's name also to be indicated in connection with each prescription.

The Code allows a PA to order, receive, and dispense complementary starter dose drugs, other than controlled substances, as a delegated act of a supervising physician. Under the bill, PAs could order, receive, and dispense complementary starter dose drugs, including controlled substances in Schedules 2 to 5. The delegate's name, in addition to the supervising physician's name, would have to be used in connection with each order, receipt, or dispensing.

#### Dispensing Prescribers

Under Part 177 (Pharmacy Practice and Drug Control) of the Code, certain licensed prescribers may dispense prescription drugs to their own patients. ("Prescriber" includes a doctor of medicine, osteopathic medicine and surgery, or podiatric medicine and surgery; or another licensed health professional acting under the delegation and using, recording, or otherwise indicating the name of the delegating licensed doctor.)

A dispensing prescriber must dispense the drug in a container labeled with specific information, including the prescriber's name. Under the bill, if the drug were dispensed under the prescriber's delegatory authority, the label also would have to include the name of the delegate.

Currently, the act, task, or function of dispensing prescription drugs may be delegated only as provided in Part 177 and Section 16215 (which contains general provisions for the delegation of selected acts, tasks, and functions by a licensee to a qualified individual). The bill also would refer to Sections 17048, 17076, 17212, and 17548 (sections the bill would amend).

#### Prescription Drug Purchases

When a prescription drug is delivered to a purchaser, the Code requires the pharmacist to give the purchaser a receipt that contains certain information, including the prescriber's name. Under the bill, if the drug were prescribed under a prescriber's delegatory authority, the receipt also would have to include the delegate's name.

#### Patient Rights Policy

Under the Code, a licensed health facility or agency that provides services directly to patients or residents must adopt a policy

describing the rights and responsibilities of patients or residents. The provisions prescribing the content of the policy include references to the attending physician. The bill would refer to the attending physician or a PA to whom the physician delegated the performance of medical care services.

MCL 333.17048 et al.

## **ARGUMENTS**

*(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)*

### **Supporting Argument**

Michigan is facing a physician shortage that is expected to worsen in the near future due to an aging population and recent Federal reforms. The use of midlevel health professionals such as PAs can help alleviate the shortage and improve the delivery of health care services. Reportedly, care provided by a team involving midlevel providers and a physician director results in better health outcomes, improved patient satisfaction, increased efficiency, and lower costs. Nonetheless, several barriers to the optimal deployment of PAs remain in State statute. For example, provisions prohibiting a PA from prescribing controlled substances, and restricting a PA's ability to sign forms and go on rounds create unnecessary delays in the delivery of health care, and can increase costs and exacerbate patient suffering. The bill would help streamline care by enabling physicians to delegate routine functions to PAs more effectively and direct their attention to the patients who need it the most.

Legislative Analyst: Julie Cassidy

## **FISCAL IMPACT**

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

Fiscal Analyst: Josh Sefton

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.