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BILL



ANALYSIS

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Senate Bill 384 (as enacted)
Sponsor: Senator Jim Marleau
Senate Committee: Health Policy
House Committee: Health Policy

PUBLIC ACT 210 of 2011

Date Completed: 6-29-12

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. In the past, a PA's prescription authorization did not include controlled substances. It was 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.

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.**

The bill took effect on November 8, 2011.

Supervision & Delegation

The Code allows a supervising physician under Parts 170 (Medicine) and 175 (Osteopathic Medicine and Surgery) to delegate in writing to a PA the ordering, receipt, and dispensing of complementary starter dose drugs. Previously, this authority excluded controlled substances. The bill allows 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. When the delegated ordering, receipt, or dispensing of drugs in those schedules occurs, both the PA's and the supervising physician's Drug Enforcement Administration (DEA) registration numbers must be used, recorded, or otherwise indicated in connection with each order, receipt, or dispensing.

CONTENT

The bill amended 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 does not have to sign an official form that lists his or her signature as the required signatory if the form is signed by a PA to whom the physician has 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,**

(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 Parts 170 and 175, 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 does not have to sign an official form that lists his or her signature as the required signatory if the form is signed by a PA to whom the physician has delegated the performance of medical care services, notwithstanding any rule or law to the contrary.

Medical Care Services by PA

The bill allows a PA under Part 170 to 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. Previously, this was allowed to the extent permitted by the bylaws, rules, or regulations of the governing facility or organization, if any. The bill deleted that restriction.

The bill also eliminated the language under which a PA could provide services only in a medical care setting where the supervising physician regularly saw patients.

Notwithstanding any law or rule to the contrary, the bill allows a PA under Part 170 to make calls or go on rounds without restrictions on the time or frequency of visits by the physician or the PA.

Delegated Drug Prescription

Parts 170 and 175 authorize a PA to prescribe drugs as a delegated act of a supervising physician. The bill deleted language that excluded controlled substances until rules were promulgated. Under the bill, a PA's authority to prescribe drugs as a delegated act includes a controlled substance in Schedules 2 through 5.

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 requires the PA's name also to be indicated in connection with each prescription. In addition, when delegated prescription of drugs in Schedules 2 to 5 occurs under Part 170, the bill requires both the PA's and the physician's DEA registration numbers to be used, recorded, or otherwise indicated in connection with each individual prescription.

Parts 170 and 175 allow a PA to order, receive, and dispense complementary starter dose drugs, as a delegated act of a supervising physician. The bill deleted the exclusion of controlled substances, and indicates that a PA's authority to order, receive, and dispense complementary starter dose drugs includes controlled substances in Schedules 2 to 5. In Part 170, the bill requires the delegate's name, in addition to the supervising physician's name, to be used in connection with each order, receipt, or dispensing. (Part 175 already contained this requirement.) Also, when the delegated ordering, receipt, or dispensing of complimentary starter dose drugs included in Schedules 2 to 5 occurs under Parts 170 and 175, the bill requires both the PA's and the physician's DEQ registration numbers to be used, recorded, or otherwise indicated 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 is dispensed under the prescriber's delegatory authority, the

label also must include the name of the delegate.

Previously, the act, task, or function of dispensing prescription drugs could 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 refers to Sections 17048, 17076, 17212, and 17548 (sections the bill amended).

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 is prescribed under a prescriber's delegatory authority, the receipt also must 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 their rights and responsibilities. The provisions prescribing the content of the policy previously included references to the attending physician. The bill refers to the attending physician or a PA to whom the physician delegates the performance of medical care services.

MCL 333.16104 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 existed 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, created unnecessary delays in the delivery of health care, led to increased costs, and exacerbated patient suffering. The bill will 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 will 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.