



MICHIGAN ACADEMY
of PHYSICIAN ASSISTANTS



May 4th, 2022

Re: House Bill 5615 – medical examiners; process for medical certification of a death record; modify.

Madam Chair and Members:

Thank you for the opportunity to provide perspective on this important legislation from Michigan PAs. We have not had the pleasure to work with many of you since much of our time is focused on the Health Policy Committee. So, I'd like to start with explaining the impact of PAs in Michigan.

About 7,000 PAs practice medicine in Michigan. PAs practice in every medical specialty including psychiatry, surgery and family medicine for example. Michigan PAs are not delegated or supervised the practice of medicine. PAs have their own patient panels and they are responsible for the health outcomes of their patients.

The PA curriculum was originally designed for the U.S. government with the goal of training physicians for deployment more quickly during War World 2. Every U.S. President since has had a team of PAs overseeing their personal medical care including PAs from Michigan.

Michigan is home to some of the original PA schools including UofD Mercy and Western Michigan University. We now have 11 PA schools here including most of our major universities. MSU, UofM and Oakland Universities are some of the most recent to start PA schools.

We work closely with our physician colleagues and their organizations as the only other profession to practice medicine. One of the primary benefits for PAs is the ability to transition between specialties. This was most recently highlighted during the COVID hospital surges. While most hospital employed specialty physicians were on paid leave, Michigan PAs were transferred to Intensive Care Units (or ICUs) in order to treat these patients at the most critical times.

The Michigan Academy of PAs was one of the first PA organizations in the country. Our mission is laser focused on providing high-quality, cost effective, and accessible health care to Michigan residents. House Bills 5615, as introduced, are perfectly aligned with our mission which is why we are excited to offer our support.

Too often the pain of a loved one's death is compounded with the uncertainty of why and how they passed. Michigan PAs do not have the opportunity to provide their perspective to their patient's family in the death certificate. Today, PAs must find a physician and ask them to either sign a death certificate that the PA has drafted or attempt to explain the circumstances of death to that physician. As you may know, this leads to unnecessary delays and most importantly the family to ask questions that these physicians are ill prepared to answer.

Michigan residents deserve the transparency and closure provided for in this legislation. Thank you Representative Calley and Representative Carter for taking on this important patient care issue.

Unfortunately, the proposed H1 substitute would create barriers to this much needed access for Michigan patients and their families. It would essentially make it more difficult for a PA to sign a death certificate than for a PA to perform heart surgery. We don't believe this is the intent as these changes provide no benefits to patients.

The H1 substitute may ensure these requirements are unenforceable in most cases. By adding a novel reference to practice agreements, it is likely that these agreements will not be renegotiated and amended for this purpose. This allows PAs the flexibility to continue to not sign death certificates.

The H1 substitute also requires that a PA have a practice agreement with an attending physician colleague in order to sign a death certificate. Most Michigan PAs do not have their practice agreements signed by their attending physician colleagues. Medical Directors of a facility are most often the signers of practice agreements. So, PAs would not be permitted to sign these death certificates in most cases. [***See the attached model Practice Agreement***]

This bill, as introduced, ensures the most protection and relief for Michigan residents during their most difficult times. We look forward to working with the sponsors to ensure their intended impact. Again, thank you for taking up this important issue on the behalf of Michigan PAs and most importantly their patients.

With gratitude,

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PHYSICIAN ASSISTANT / PHYSICIAN PRACTICE AGREEMENT

Practice/Organization Name _____
Physician Representing Practice/Organization (Participating Physician) _____
Physician MI License Number _____
Practice/Organization Address _____
Physician Assistant Name _____
Physician Assistant MI License Number _____

- The Physician listed above (or a physician designated by that physician when he/she is unavailable) agrees to be continuously available in person or by direct telecommunication to the Physician Assistant to ensure that appropriate physician consultation is available to the Physician Assistant at all times that the Physician Assistant is engaged in clinical activities. Protocol for such communication is:

- Protocol for designating alternative physician when Participating Physician is unavailable:

- The Participating Physician and Physician Assistant agree to periodically review the practice agreement to evaluate medical protocols and verify credentials.

- The Participating Physician and Physician Assistant agree to comply with State Laws regarding scope-of-practice and recognize the education, training and experience in determining the duties and responsibilities of the parties. Any restrictions of duties may be detailed below:

No further restrictions Participating Physician & Physician Assistant agree to specific practice restrictions as follows:

- The Participating Physician and Physician Assistant agree to comply with State and Federal Laws regarding the prescription of drugs, including controlled substances included in schedules 2-5, and recognize the education, training, and experience in determining the prescriptive responsibilities of the Physician Assistant. Any prescriptive restrictions for the Physician Assistant may be detailed below:

No further restrictions Participating Physician & Physician Assistant agree to specific prescribing restrictions as follows:

If either party, for any reason, wishes to terminate this contract, a thirty day written notice shall be submitted by the party informing the other party of their intentions to terminate.

Therefore, having accepted the above provisions and having verified the Physician Assistant's credentials, the parties' shall affix their signatures (below) to attest to their agreement of conditions as set forth in this document.

Physician Signature _____ Date _____
Physician Assistant Signature _____ Date _____

THIS DOCUMENT COMPLIES WITH ALL STATUTORY REQUIREMENTS AS SET FORTH IN PA 379 OF 2016 (PA 379 of 2016 does not mandate any specific Practice Agreement format. Only the collection and documentation of specific information, as detailed in the above document, is required under PA 379 of 2016.)

- Please note:
Public Act 379 of 2016 removed the previous PA/physician ratios in statute and created new language that triggers disciplinary action by the Board of Medicine, Board of Osteopathic Medicine or the Podiatric Board of Medicine if the number of PAs per physician exceeds a reasonable standard-of-practice threshold.
Existing state law specifically allows a Physician Assistant to make calls and go on rounds with patients in accordance with a Practice Agreement and may co-own a medical practice with a physician if a Practice Agreement is in place.

PLEASE SEE REVERSE SIDE FOR ADDENDUM AND FURTHER INSTRUCTIONS

PHYSICIAN ASSISTANT/PHYSICIAN PRACTICE AGREEMENT

Instructions

1. Fill out information as described in the Practice Agreement.
2. If the physician assistant will be prescribing schedule II - V drugs, the physician assistant must have their own State of Michigan Controlled Substance License and DEA registration.
3. Each party should sign and retain a copy of the agreement on file. The Practice Agreement does not need to be filed with the State of Michigan, but it must be readily available for inspection.
4. The Practice Agreement must be updated if the conditions of the 'Agreement' change (i.e.: removing drug restrictions or practice restrictions). If updated, the Practice Agreement must reflect those changes and signed and dated by both the PA and participating physician.

Definition of Terms in PA 379

- **"Participating physician"**: means 'a physician, a physician designated by a group of physicians under section 333.17049 to represent that group, or a physician designated by a health facility or agency under section 333.20174 to represent that health facility or agency.'
- **"Practice Agreement"**: A Practice Agreement is a written, contractual agreement between a PA and a participating physician that is now required by law under Public Act 379. This 'Agreement' will generally define the process and protocols by which the PA and their participating physician will provide medical care to their patients. It is not intended to be a detailed or lengthy document, but rather, provide a general understanding of each professional's knowledge and skills that will be utilized in that particular practice setting. The Practice Agreement can also place limitations on specific duties, procedures or drugs, if the parties of the 'Agreement' choose to do so.
- **"Prescribers"**: The term "prescribers" is an exclusive designation in law that allows independent prescribing. Included in this designation is a licensed dentist, a licensed doctor of medicine, a licensed doctor of osteopathic medicine and surgery, a licensed doctor of podiatric medicine and surgery, a licensed optometrist certified under Part 174 to administer and prescribe therapeutic pharmaceutical agents, and a licensed veterinarian. Physician Assistants are now also designated as full "prescribers" under PA 379, limited only by agreed-upon restrictions listed within a Practice Agreement.

Background & Additional Information

- Public Act 379 of 2016 was passed into law in December of 2016 and removes the terms 'supervision' and 'delegation' in favor of a written Practice Agreement. This Practice Agreement is intended to promote a mutual understanding of practice roles between a PA and a physician through a written agreement.
- **PA 379 will go into effect on March 22, 2017.** A physician assistant and their participating physician must have the new Practice Agreement in place by this date.

If you have questions or require additional help, please visit these sites:

http://www.michigan.gov/documents/lara/Final_PA_New_Lic_form_1_11_2017_Revision_548263_7.pdf

or

<http://www.michiganpa.org>