

MINUTES OF THE HUMAN SERVICES COMMITTEE MEETING  
JANUARY 9, 1981

The Human Services Committee convened in Room 103 of the Capitol Building on Friday, January 9, 1981, at 12:30 p.m. with Chairman Gould presiding. All members were present with the exception of Rep. Bardanoue.

The Chairman requested all witnesses to sign the witness sheet, and leave any prepared statements with the Secretary. HJR 1 was cancelled until a later date, and he asked if there were any witnesses present for hearing of this House Joint Resolution. There were none.

HB 7: Chairman Gould introduced Rep. Keyser, sponsor of the bill.

REP. KEYSER, sponsor of the bill, explained briefly the contents and purpose of the bill. When he finished, Chairman Gould said Proponents would testify first.

PROPOSERS: The following proponents gave testimony in favor of the bill and supported same, as is: (See visitor's register attached.)

1. Ralph Gildroy
2. Anita Poe Brown
3. Marti King
4. Edmund M. Bouchard
5. Bob Cleverley
6. Rose Skoog
7. Richard Murdock
8. Phil C. Loucks
9. Roy Handos
10. Jerry King
11. Ron Mohn (supports if amended)
12. Jesse Brown
13. Dave Lackman
14. Frank J. Davis

CHAD SMITH, representing the Montana Hospital Association, generally is in SUPPORT of the bill, but the Association feels the bill needs amendment. Hospitals have a serious problem with costs in charging more for their services than people are willing to pay, because of the cost for hospital Malpractice Insurance, and they are wondering what will happen to the Malpractice Insurance they carry. There are examples of where the use of physician's assistants has given rise in the number of insurance claims against hospitals. The MONTANA HOSPITAL ASSOCIATION would like an amendment included which would exempt the hospital from any liability.

(See Exhibit II and Fact Sheets attached.)

Mr. Smith continued that the courts ruled that a hospital is responsible for all actions that take place within the hospital.

CHAIRMAN GOULD stated that since there were no further Proponents, Opponents would now be recognized.

OPPONENTS: DONNA SMALL with the Montana Nurses' Association, said she and her organization oppose the bill as written, but would support it if amendments are incorporated. (See Exhibit I.)

ROLAND PRATT of the Montana Optometric Association opposed the bill, unless amended, (see attached Exhibit III). MARTY ELISON, with the Montana Nurses' Association also spoke as an opponent.

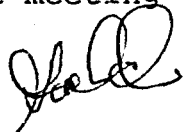
Since no further individuals spoke in opposition, THE CHAIRMAN opened the meeting to questions.

After questions were suitably answered, THE CHAIRMAN asked REP. KEYSER if he'd like to close. Representative Keyser said the group is interested in the training a P.A. receives, what he is required to do, the education he has is much different than that of a nurse's training, etc. He said training and the purpose of Physician Assistants is not in any way to supercede the nurses duties. He said the Nursing Association knew this law was coming up and he is only trying to give aid to the small areas who need Physician Assistants.

THE CHAIRMAN stated that due to the time and the number of amendments which would be required, the committee will meet in an Executive Session on this HB 7 on Monday, Jan. 12, 1981, 12:30 p.m.

REP. GOULD thanked the people who testified. He said Legal Researcher, Russ Josephson, will put the amendments together. Committee members can talk with him about anything they need to know.

The meeting was adjourned at 1:45 p.m.



BUDD GOULD, Chairman

hb



# Montana Nurses' Association

2001 ELEVENTH AVENUE

(406) 442-6710

P.O. BOX 5718 • HELENA, MONTANA 59604

## TESTIMONY ON HOUSE BILL 7

The Montana Nurses' Association does not oppose House Bill 7 if certain areas are amended. Areas of concern to the Montana Nurses' Association are:

1. The Montana Medical Association has long been concerned about the supervision of the Nurse Practitioner. MNA feels that the Physician's Assistant should at least have the same type of supervision as the Nurse Practitioner. Therefore, it is concerned about the wording on page 2, line 12, regarding duties being allocated to P.A.'s in different locations and also on page 3, lines 11 and 12, which allows the Board to establish the rules for the type of supervision that the physician will exercise over the P.A.

2. On page 3, line 24, would like to strike words "or a student in good standing" to assure that the P.A. has completed a training program. MNA also has no information on AMA's requirement for certification of P.A.'s and would like the MMA to provide that information for the Committee if it has not already done so.

3. Page 4, lines 4 and 5, strike words "or be eligible to take the examination." This section does not even put in a time limit, and the MNA feels it is necessary for the public's safety for the P. A. to be required to take the examination.

4. Page 4, lines 7 and 8, strike words "or be eligible for certification." Again, we feel it is necessary for the public's safety to have the P.A. certified.

5. The MNA also would like to request that the Committee amend in the following words, "The utilization plan shall not include duties which are to be performed by licensed nurses under the Nurse Practice Act."

*Be sure you keep  
a copy of your  
handwritten notes.*

*Exhibit I*

*Sheet 1*  
*Chart 1*  
*Smith*

HOUSE BILL NO. 7  
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*Amendment*

Mr. Chairman, I move to amend House Bill No. 7 by adding  
a new section as follows:

"NEW SECTION. Section 7. Exemption from liability.  
No hospital or health care facility shall be liable  
for the errors, omissions or actions of a physician's  
assistant."

*Need four copies  
of this, please  
Russ*

*See Exhibit II*

# MONTANA OPTOMETRIC ASSOCIATION

P.O. BOX 908

HELENA, MONTANA 59601

PHONE (406) 442-1432

## TESTIMONY ON HOUSE BILL NO. 7

### PUBLIC HEALTH, WELFARE, AND SAFETY COMMITTEE

My name is Roland D. Pratt, Executive Director of the Montana Optometric Association, and I am here to testify on House Bill No. 7 which relates to the licensing of physicians' assistants.

This bill, in its present form, cannot be supported by the MOA. We have some very deep concerns as to how this bill will affect the delivery of health care in Montana. In its present form, the bill does not specify that there be direct personal supervision or does it specify the number or location of physicians' assistants that a physician may supervise. In those states that have physicians' assistants bills the greater majority do have restrictions on the duties of physicians' assistants. Therefore, we would recommend that the Committee amend House Bill No. 7 to include the following:

*amendment*

"Nothing in this act shall be construed to authorize a physicians' assistant to perform those functions and duties specifically delegated by law to a person licensed as an optometrist as defined under Section 37 Chapter 10"

Our reason for this amendment is to eliminate the possibility of the proliferation of roadstop refraction stations. As I stated earlier, this concept is not new. Presently, 22 states have physicians' assistants bills which have restrictions covering optometric practices. Licensing laws are set up to protect the public, and we feel by this restriction we would not be allowing technicians to perform professional acts.

## VISITORS' REGISTER

HOUSE Human Services COMMITTEE FridayILL 7Date 1-9-81

NSOR

Rep. Keyser

NAME	RESIDENCE	REPRESENTING	SUPPORT	OPPOS
ALPHA G. Gray	Helena	Montana HSA		
Unita Lee Brown	Box 111 59853	Cabinet Med Clinic	✓	
Marti King	St. Ignace 59865		✓	
EDMUND M. BOUCHARD	ENNIS MT. 59729	Madison Valley Hosp	✓	
Bob Ceverley	ENNIS MT. 59729	MADISON VALLEY HOSP	✓	
Joe Skog	Helena	Mont. Nursing Home Assn.	✓	
Lynda Small	Billings, 59102	MNA.		✓
Marty Gibson	Missoula, 59801	MNA		✓
Linda M. Munk	Salt Lake City, Utah	UNIV. OF UTAH	✓	
R.C. Lough	Ennis	Madison Valley Hosp.	✓	
Ray Anderson	Ennis	Madison Valley Clinic	✓	
JERRY KING	St. Ignace, MT.	MADISON VALLEY CLINIC	✓	
Ron Mohr	Kalispell, MT.		✓	
Joe Brown	Box 111	CABINET CLINIC	✓	
Chad Smith	Helena	Mont Hosp Assn	amend	
Casey	St. Ignace, Helena	Institution		
Ronald P. Pratt	Helena	mt opt. Assoc		✓
David B. Lackman	Helena	Mont. P.H. Assn.	✓	
Frank J. Davis	Great Falls	MT. ST. PHARMACEUTICAL ASSN	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR LONGER FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

NAME JERRY KING BILL No. 7  
ADDRESS ST. IGNACE, MT 5075 DATE 1/9/61  
WHOM DO YOU REPRESENT NIHON VALLEY CHURCH  
SUPPORT X OPPOSE \_\_\_\_\_ AMEND \_\_\_\_\_

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

I feel the bill needs to be passed  
to take PAs out of the realm of  
limbo -

My main comments were directed  
toward the problem that develops  
with comparing PAs with nurses &  
physicians. The concept is to augment  
the team of physicians & nurses not  
replace. The nursing antagonism toward  
PAs is not in the best interests of  
the public but in the best interests  
of the nursing Assoc. only.

NAME JESSE T. BROWN P.A.-C BILL No. 7  
ADDRESS P.O. Box 625 NOXON MONT. 59853 DATE 1-9-81  
WHOM DO YOU REPRESENT DR. THOMAS LAWRENCE MD. (CABINET FAMILY CLINIC)  
SUPPORT SUPPORT OPPOSE \_\_\_\_\_ AMEND \_\_\_\_\_

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

- ① THIS BILL WOULD ENABLE BETTER UTILIZATION OF THE PA. PROFESSION TO SUPPLY MEDICAL CARE TO MANY UNDERSERVED AREAS IN MONTANA. MY COMMUNITY IS 55 MILES FROM NEAREST MD. HOSPITAL. THERE ARE MANY 150 MILES WITHOUT MEDICAL SUPPORT. WE CAN AND WILL FULFILL THIS NEED!
- ② MOST OF THE LOOP HOLES DISCUSSED SHOULD NOT BE A PROBLEM SINCE IN THE END THE BOARD OF MEDICAL EXAMINER WILL REVIEW & APPROVE THE MD-PA PRACTICE



NAME Mr. Hui BILL No. \_\_\_\_\_

ADDRESS PO Box 142 / T. Ignacion DATE 1/2/81

WHOM DO YOU REPRESENT \_\_\_\_\_

SUPPORT ✓ OPPOSE \_\_\_\_\_ AMEND \_\_\_\_\_

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

This main direction presented by the nursing bill should be addressed in order to clarify the working relationship of the health care team and protect the patient. I would suggest that laws already governing the professions that spell out these problems & solutions be examined. I emphasize the team aspect, because physician assistants, nurses, nurse practitioners, physicians & all other support personnel share the main concern of the health care of the community, and we should be able to find ways of working together. This bill will provide the groundwork for that effort. Please contact us at any & all points of concern on this bill.

NAME Anita Sue Brown BILL No. HB. 7  
ADDRESS P.O. Box 625 Noxon MT DATE 1/9/81  
WHOM DO YOU REPRESENT health care consumers  
SUPPORT ☒ OPPOSE ☐ AMEND ☐

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

Noxon is a rural remote area where a physician practice is financially unfeasible. A P.A. is the only viable alternative in our area for primary care and emergency care. Not only money but lives have been saved by having a P.A. in the area. His supervision is not always on the premises. The board of Medical Examiners has evaluated the supervision in this specific situation and decided it was appropriate for this area. The beauty of this law is that it allows the Board of Medical Examiners to individually evaluate needs & situations. Too many amendments will nullify this benefit. PLEASE for the residents of Noxon, Helena, Trout Creek and many, many other communities who could be served by a P.A. do not require on-site supervision of an M.D. or the people who need them most will lose the Board can define supervision -

NAME RICHARD T. MURDOCK BILL No. 7  
ADDRESS 4806 WANDER LN. SALT LAKE CITY, UT DATE 1/9/81  
WHOM DO YOU REPRESENT UTAH MEDEX PROJECT, UNIVERSITY OF UTAH  
SUPPORT ☒ OPPOSE ☐ AMEND ☐

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

I feel that this bill is in the best interests of the people of Montana, as it has proved to be in many other states.

My specific comments concerned the history of the profession, the types of training programs, the quality of the individuals accepted for training, and the reasons behind the allowance for the interim period between program certification and national certification.

NAME RONALD D. MEHN, P.A.-C. BILL No. 7  
ADDRESS P.O. Box 1007, COLUMBIA FALLS, MONT. DATE 1-9-81  
WHOM DO YOU REPRESENT SELF  
SUPPORT ✓ OPPOSE          AMEND ✓

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:

In general I would support the bill with the two following amendments to insure quality patient care.

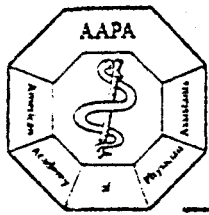
1) That both a primary and secondary responsible physician be listed with the State Board of Medical Examiners to allow for necessary absence occasionally.

2) That a license being required by P.A.'s to practice obtainable only by those incoming P.A.'s that are from an AMA approved program and have passed the national NCCPA board exam. Those who are qualified to take the exam but haven't should be required to pass the exam within a specified period or lose his temporary license.

NAME Roland D Pratt BILL No. HB 7  
ADDRESS Box 908 Helena DATE \_\_\_\_\_  
WHOM DO YOU REPRESENT mt Optometric Assoc  
SUPPORT \_\_\_\_\_ OPPOSE ☒ AMEND ☒

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Comments:



# FACT SHEET

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## the PHYSICIAN ASSISTANT'S history

### HOW DID THE IDEA OF THE PHYSICIAN ASSISTANT COME ABOUT?

The concept was born in 1961 when Charles L. Hudson, M.D., in an American Medical Association Journal article, called for "an advanced medical assistant with special training, intermediate between that of the technician and that of the doctor, who could not only handle many technical procedures but could also take some degree of medical responsibility."

### HOW LONG DID IT TAKE TO GET OFF THE GROUND?

Four years. In 1965, Eugene A. Stead, Jr., M.D., launched at Duke University the first PA program with admission of four exmilitary corpsmen to be trained as assistants to the primary care physician.

### DID THE IDEA GROW ONCE IT WAS UNDERWAY?

Twelve programs were in operation by 1972. Since then, under the impetus of The Comprehensive Health Manpower Training Act of 1971, the number of programs has risen to nearly 60 from which some 1,500 PAs are graduated annually.

### ARE THERE ANY CONTROLS OVER THE PROGRAMS AND WHAT THEY TEACH?

Yes. The programs must be accredited. This began in 1972 when, under the sponsorship of the American Medical Association, a Joint Review Committee was formed to inaugurate a process of accrediting programs that was approved by the U.S. Commissioner of Education in 1974.

### IS THERE ANY COMMUNICATION BETWEEN THE VARIOUS PROGRAMS?

The Association of Physician Assistant Programs was founded in 1972 to facilitate the exchange of information and to provide mutual support in such areas as curriculum development and continuing medical education. Virtually all accredited programs are now members of the Association which has been instrumental in defining the role of PAs in the health care delivery system.

### WHEN DID CERTIFICATION OF PHYSICIAN ASSISTANTS FIRST BEGIN?

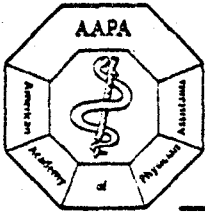
In 1972 when the National Board of Medical Examiners began development of a PA certification examination - the first non-M.D. examination it had ever produced. The examination was first given in 1973. The following year 14 national organizations voluntarily formed the National Commission on Certification of Physician Assistants which now determines eligibility for the examination and establishes its criteria.

ARE THERE ANY PROVISIONS FOR THE CONTINUING EDUCATION OF PHYSICIAN ASSISTANTS?

Yes. In order to maintain their membership in the American Academy of Physician Assistants PAs must every two years meet rigid continuing education requirements. The Academy was organized in 1968 and is now recognized as the inclusive organization most representative of the physician assistant profession in the United States today.

WHERE MAY I OBTAIN ADDITIONAL INFORMATION ON PHYSICIAN ASSISTANTS?

American Academy of Physician Assistants  
2341 Jefferson Davis Highway, Suite 700  
Arlington, Virginia 22202  
Telephone: (703) 920-5730



# FACT SHEET

## the PHYSICIAN ASSISTANT'S role

### WHAT IS THE FUNCTION OF A PHYSICIAN ASSISTANT?

To provide diagnostic and therapeutic patient care in order to free his supervising physician to spend more time with complex patient problems only he can treat. The PA is qualified to perform a minimum of 70 percent of the clinical procedures carried out by general practice physicians.

### HOW DEEPLY INVOLVED IS A PHYSICIAN ASSISTANT WITH PATIENT HISTORIES?

The PA interviews patients and compiles patient histories. In so doing, he gives physical examinations as necessary and orders or gives required diagnostic tests.

### WHAT DOES THE PHYSICIAN ASSISTANT DO WITH A COMPLETED PATIENT HISTORY?

The PA analyzes it along with the physical examination results to make a preliminary diagnosis with or without consulting with the physician he assists. That depends on the type of case involved and the PA's working relationship with the physician.

### WHAT HAPPENS AFTER THE DIAGNOSIS?

The PA develops a treatment plan and explains it to the patient. When appropriate, he also will confer with his supervising physician and even other professionals before implementing treatment.

### WHAT TYPE OF THERAPY AND PROCEDURES DOES A PHYSICIAN ASSISTANT PERFORM?

The PA administers medications and performs intubation and cannulations. Also performed are a wide range of musculoskeletal, pulmonary, ear, nose, throat, cardiovascular, gastrointestinal, genitourinary, obstetrical, and gynecological therapies.

### WHAT ABOUT SURGICAL PROCEDURES?

The PA carries out a variety of minor surgical procedures. They range from administering topical and digital block anesthesia through caring for wounds to excising superficial skin lesions.

### IS A PHYSICIAN ASSISTANT INVOLVED IN TREATMENT OF EMERGENCY CASES?

The PA treats all types of emergency cases from severe drug reaction to cardiac arrests. They're even trained to handle psychiatric crises and to carry out uncomplicated deliveries.

(over)



# IS A PHYSICIAN ASSISTANT CONCERNED WITH PATIENT EDUCATION AND COUNSELING?

The PA counsels patients and their families on the implication of tobacco and alcohol abuse, the warning signs of cancer, and many other preventive health care topics. They also educate them on such things as nutrition, prevention of infections, home care symptomatic therapy, and aspects of pregnancy, childbirth, and parenthood.

## DOES PHYSICIAN ASSISTANT COUNSELING INCLUDE MENTAL HEALTH?

Only in nonreferral mental health problems. The PA is trained to assist patients in such areas as exposing and expressing their feelings and to relating their psychological needs to their physical ability.

## IN WHAT PARTS OF THE COUNTRY DO PHYSICIAN ASSISTANTS WORK?

The results of a 1976 physician assistant national survey showed that of the 3,167 PAs who responded one-third resided in the south while the northeast, north central, and western states each had one-fifth.

Geographic Location	Percent of PA's*	Geographic Location	Percent of PA's*
<b>Northeast</b>	(20.4)	<b>North Central</b>	(20.6)
Connecticut	2.2	Illinois	1.6
Maine	1.2	Indiana	1.6
Massachusetts	2.2	Iowa	1.6
New Hampshire	1.0	Kansas	1.8
New Jersey	9.6	Michigan	3.7
New York	7.7	Minnesota	0.7
Pennsylvania	4.7	Missouri	1.3
Rhode Island	0.2	Nebraska	1.0
Vermont	0.7	North Dakota	0.8
		Ohio	3.4
		South Dakota	0.7
		Wisconsin	2.0
<b>South</b>	(34.7)	<b>West</b>	(21.6)
Alabama	1.1	Alaska	1.6
Arkansas	0.4	Arizona	1.5
Delaware	0.2	California	6.2
District of Columbia	1.1	Colorado	2.4
Florida	4.8	Hawaii	0.3
Georgia	3.8	Idaho	0.5
Kentucky	1.3	Montana	0.2
Louisiana	0.3	Nevada	0.5
Maryland	2.5	New Mexico	1.5
Mississippi	0.3	Oregon	0.6
North Carolina	5.4	Utah	0.6
Oklahoma	3.3	Washington	3.3
South Carolina	1.7	Wyoming	0.4
Tennessee	1.0		
Texas	5.0		
Virginia	1.2		
West Virginia	1.0		
		<b>Outside United States</b>	(2.6)

\* Percent are based on 3167

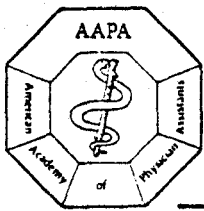
(over)

# HOW AUTHENTIC IS THE INFORMATION YOU HAVE PROVIDED ME?

It is based on a government study of some 4,000 physician assistants who were asked what duties they performed during the first year following their certification.

## WHERE MAY I OBTAIN ADDITIONAL INFORMATION ON PHYSICIAN ASSISTANTS?

American Academy of Physician Assistants  
2341 Jefferson Davis Highway, Suite 700  
Arlington, Virginia 22202  
Telephone: (703) 920-5730



# FACT SHEET

## the PHYSICIAN ASSISTANT'S training

### WHAT TRAINING DO PHYSICIAN ASSISTANTS HAVE?

They are graduates of accredited programs which trained them to be interdependent health care practitioners who practice under the direction and supervision of a licensed physician.

### WHO ACCREDITS PHYSICIAN ASSISTANT PROGRAMS?

PA programs are accredited by the Joint Review Committee on Educational Programs for Physician Assistants which was established by the American Medical Association. Collaborating with and supporting the Joint Review Committee are the American Academy of Family Physicians, American Academy of Pediatrics, American Academy of Physician Assistants, American College of Physicians, American College of Surgeons, and the American Society of Internal Medicine.

### WHAT HEALTH CARE FUNCTIONS IS THE PHYSICIAN ASSISTANT TRAINED FOR?

A physician assistant is trained to perform patient histories, give comprehensive physical examinations, do simple diagnostic laboratory tests, implement basic treatment procedures for common illnesses, and treat emergency cases. In fact, PAs are qualified to perform a minimum of 70 percent of the clinical procedures carried out by physicians in general practice.

### HOW LONG IS THE PHYSICIAN ASSISTANT'S EDUCATION?

Generally 24 months in length. The programs are offered at medical schools and colleges and universities affiliated with teaching hospitals and local preceptorships.

### HOW IS THE CURRICULUM OF PHYSICIAN ASSISTANT PROGRAMS STRUCTURED?

Programs normally are divided into approximately nine months of basic science and preclinical subjects followed by 15 months of structured clinical practicums consisting of rotations through such areas as clinical medicine, surgery, pediatrics, ob-gyn, and psychiatry.

### WHAT ARE THE FIRST-YEAR COURSES?

Such basic science studies as anatomy, physiology, pathology, microbiology, and pharmacology, as well as courses in behavioral science and medical ethics.

### WHAT COLLEGE EDUCATION DO PHYSICIAN ASSISTANTS HAVE?

Of those who completed PA programs in 1976, 46.6 percent entered the programs with bachelor or master degrees, 13.7 percent with associate degrees, and 85.15 percent with some college background.

(over)

## DO PHYSICIAN ASSISTANTS HAVE EXPERIENCE IN OTHER HEALTH CARE FIELDS?

Some 55 percent of those who graduated in 1976 had prior informal training in another health field, 47 percent had prior military experience in another health field, and 30 percent had prior civilian experience in another health profession.

## HOW LONG WAS PREVIOUS MILITARY HEALTH EXPERIENCE?

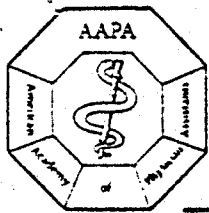
Prior military experience of the graduates ranged from about six years for previous corpsmen, RNs, and medical technologists to 18 months as an orderly.

## WHAT ABOUT PRIOR CIVILIAN HEALTH EXPERIENCE?

Prior civilian experience of the 1976 class ranged from nearly nine years as a RN or radiologic technician to 17 months as a nurses' aide.

## WHERE MAY I OBTAIN ADDITIONAL INFORMATION ABOUT PHYSICIAN ASSISTANTS?

American Academy of Physician Assistants  
2341 Jefferson Davis Highway, Suite 700  
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Telephone: (703) 920-5730



# FACT SHEET

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the PHYSICIAN ASSISTANT'S professional credentials

ARE PHYSICIAN ASSISTANTS LICENSED OR CERTIFIED?

Most hold certification from the National Commission on Certification of Physician Assistants which was formed by 14 national organizations in 1974 to determine examination eligibility and establish examination criteria. More than 34 states now require PAs to be certified in order to practice.

HOW IS PHYSICIAN ASSISTANT CERTIFICATION OBTAINED?

The physician assistant must pass a stringent examination developed and administered by the National Board of Medical Examiners under a contract with the National Commission on Certification of Physician Assistants.

ARE THERE ANY TIME LIMITS ON CERTIFICATION?

Certification is for six years and must be re-registered every two years.

WHAT ARE THE REREGISTRATION REQUIREMENTS?

The National Commission on Certification requires PAs earn 100 clock hours of approved continuing medical education credit every two years in order to reregister their certification.

HOW DOES THE COMMISSION KNOW ITS REQUIREMENTS ARE MET?

Through the American Academy of Physician Assistants which authenticates all continuing medical education records and is the sole avenue to reregistration.

HOW DOES THE ACADEMY RECORD THE CREDITS?

It maintains continuing medical education computerized credit logs which are verified twice a year for each of its members as part of its membership services. It does the same for nonmembers on a fee basis.

WHAT DO THE CONTINUING EDUCATION CREDITS CONSIST OF?

There are two continuing medical education credit categories. The first consists of educational activities under accredited sponsorship. The second is made up of activities carried out by nonaccredited sponsors and other meritorious learning experiences.

WHAT ARE CONTINUING EDUCATION PROGRAMS WITH ACCREDITED SPONSORSHIP?

Any continuing medical education program recognized by the American Medical Association or a recognized state medical association. They also include programs of other organizations approved by the American Academy of Physician Assistants.

## WHAT ARE THE PROGRAMS IN THE SECOND CATEGORY?

Any continuing medical education activities sponsored by an organization not accredited by the American Medical Association or the American Academy of Physician Assistants. They also include such activities as teaching health profession personnel, making formal presentations at medical meetings, writing medical papers, and self-learning experiences.

## ARE THERE SPECIAL REQUIREMENTS REGARDING THE TWO CATEGORIES?

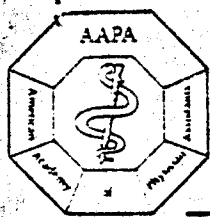
A minimum of 40 of the required 100 hours must be accredited sponsorship programs. The balance can be in either category.

## WHAT'S TO PREVENT THE RAPID ACCUMULATION OF CREDITS TO AVOID CONTINUOUS STUDY?

No more than 100 hours are credited during a single two-year period. If more hours are logged, they are not credited to the next reporting period.

## WHERE MAY I OBTAIN ADDITIONAL INFORMATION ABOUT PHYSICIAN ASSISTANTS?

American Academy of Physician Assistants  
2341 Jefferson Davis Highway, Suite 700  
Arlington, Virginia 22202  
Telephone: (703) 920-5730



# FACT SHEET

## the PHYSICIAN ASSISTANT's role in hospitals

### WHAT FUNCTIONS DO PAs CARRY OUT IN HOSPITALS?

Under the supervision of a licensed physician, PAs carry out a variety of delegated functions that permit medical staffs to focus their skills where they are most needed. These PA functions include conducting patient histories and physical examinations, carrying out general workups following physician diagnosis of patient problems, and assisting in rounds.

### ARE THERE OTHER FUNCTIONS PAs CARRY OUT?

PAs also initiate orders for appropriate examinations or tests required to evaluate a patient's illness, counsel patients, prepare summaries of patient hospital and clinic care, manage medical emergencies, and assist in surgery.

### WHAT CLINICAL PROCEDURES ARE PERFORMED BY PAs?

PAs are fully qualified to perform at least 70 percent of the clinical procedures carried out by physicians in general practice.

### WHAT IS THE RELATIONSHIP OF A PA TO OTHER HOSPITAL NONPHYSICIAN PERSONNEL?

Normally the directions given by a PA under the delegated authority of a physician are carried out as though given by the physician. Deviations from this procedure, however, may be present due to state laws or to a particular hospital's general, institutional, or PA guidelines.

### WHAT IS THE POSITION OF THE AMERICAN MEDICAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION ON HOSPITAL UTILIZATION OF PAs?

Both recommend PAs be utilized under the supervision of a licensed physician and be integrated into a single medical staff governed by a single set of bylaws. They also recommend the extent of functions, responsibilities, and privileges be determined for each PA based on individual credentials, qualifications, and competency.

### IS THERE ANY DIFFERENCE IN THE POSITIONS OF THE AMA AND AHA ON THE UTILIZATION OF PAs BY HOSPITALS?

The AMA feels a PA should be an employee of a licensed physician affiliated with the hospital rather than of a hospital on grounds that this system better assures the quality of PA services. The AHA calls only for the designation of a physician supervisor.

### WHAT DOES THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS SAY ABOUT HOSPITAL UTILIZATION OF PAs?

The JCAH supports the concept that PAs can "exercise judgment within their areas of competence, participate directly in the management of patients under supervision, and write orders." To back this, it requires hospital

(over)



medical staffs to establish rules and regulations governing the utilization of PAs.

#### DOES A HOSPITAL UTILIZING THE SERVICES OF A PA FACE ADDED LIABILITY?

Both HEW and the AMA general counsel have stated evidence does not support a PA increases liability. There have been no malpractice judgments against PAs and professional liability insurance is available both for PAs and PA employers.

#### WHAT IS THE EMPLOYEE STATUS OF PAs WORKING IN HOSPITALS?

The PA may be an employee of the hospital supervised by a hospital-salaried staff physician, an employee of and supervised by a hospital-salaried staff physician, or employed and supervised by a private physician, who is a member of the hospital's attending staff, in order to render services exclusively for the employing physician.

#### HOW ARE PA SERVICES GENERALLY REIMBURSED?

Under existing public and private insurance plans, reimbursement for PA services always goes to the employer whether it is a hospital or a physician.

#### DOES MEDICARE REIMBURSE FOR PA SERVICES?

Medicare policy considers the services of hospital-employed PAs as allowable costs under Part A. Employing physicians are reimbursed under Part B when the physician is directly involved in the encounter with the patient and the services rendered are normally furnished in the physician's offices and are commonly included in the physician's bills. In both cases for such reimbursement, the PA's activities must be under direct and immediate physician supervision.

#### ARE MEDICAID PA SERVICES REIMBURSED?

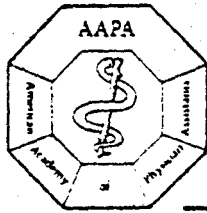
Policy varies from state to state. Generally, recognition is given a physician's right to employ PAs, within legal parameters, and to bill and be reimbursed through Medicaid in accordance with prevailing regulations for their services when performed under the physician's direct supervision.

#### DO PRIVATE THIRD-PARTY CARRIERS REIMBURSE FOR PA SERVICES?

Most private third-party carriers consider services rendered by hospital-employed and supervised PAs are reimbursable as part of the hospital's general service expenses. Reimbursement for the services of physician-employed PAs assumes the existence of direct physician involvement.

#### WHERE MAY I OBTAIN ADDITIONAL INFORMATION ABOUT HOSPITAL UTILIZATION OF PAs?

American Academy of Physician Assistants  
2341 Jefferson Davis Highway, Suite 700  
Arlington, Virginia 22202  
Telephone: (703) 920-5730



# FACT SHEET

the PHYSICIAN ASSISTANT'S cost effectiveness in an HMO

DOES THE USE OF PHYSICIAN ASSISTANTS SAVE AN HMO MONEY?

A special study at a California health maintenance organization revealed that physician assistants made possible a 92 percent reduction in physician time per patient and cut average visit costs by 20 percent.

HOW WERE THE TIME AND COSTS COMPUTED?

On a physician-only vs. physician assistant-only basis treating respiratory infections, urinary and vaginal infections, headache, and abdominal pain. Protocols were used to guide the PAs in their work.

DID THE PHYSICIANS SEE THE SAME PATIENTS AS THE PHYSICIAN ASSISTANTS?

Physicians saw their own patients alone and served as consultants to the PAs. Patients treated by the PAs saw a physician only when judged necessary by the PA.

HOW MUCH TIME DID PHYSICIANS DEVOTE TO CONSULTATION?

Physician time required for consultation on physician assistant patients was 92 percent less than the time the physicians devoted to dealing with the same clinical problems of their own patients.

WAS PHYSICIAN EFFICIENCY IMPAIRED BY CONSULTATION DUTIES?

The study did not measure whether the time the physicians spent in consultation regarding physician assistant patients affected their efficiency in treating their own patients. However, the physicians did not think their efficiency was affected.

WAS THERE ANY DIFFERENCE IN THE TIME SPENT WITH PATIENTS?

The physician assistants spent only four to nine minutes more than physicians per patient visit.

WHAT ABOUT MANPOWER AND OTHER COSTS?

Physician assistant manpower costs were 46 percent less than those of the physicians. Laboratory and medication costs were not significantly different. Physician assistant overall combined costs were 20 percent below those of the physicians.

HOW MANY PATIENTS WERE TREATED DURING THE STUDY?

Over a five-month period, 472 visits of new patients were studied with 203 of them assigned randomly at a ratio of two patients treated by a physician assistant to one treated by a physician.



#### WHAT WAS THE PATIENT RETURN VISIT PATTERN?

Approximately one-third of all patients made return visits for related problems within two months of their initial visits. Two physician assistant patients and two physician patients were hospitalized for problems related to their initial visits.

#### DID STUDY RESULTS AFFECT STAFFING OF THE CLINIC?

Prior to the study 10 physicians and three physician assistants saw approximately 2,700 patients per month. Two years later, 6.5 physicians and six physician assistants were seeing 2,900 patients per month at a savings of \$108,030 in annual salary costs.

#### WHERE MAY I OBTAIN ADDITIONAL INFORMATION ON PHYSICIAN ASSISTANTS?

American Academy of Physician Assistants  
2341 Jefferson Davis Highway, Suite 700  
Arlington, Virginia 22202  
Telephone: (703) 920-5730

Sheet 1  
J. Smith

HOUSE BILL NO. 7

Mr. Chairman, I move to amend House Bill No. 7 by adding  
a new section as follows:

"NEW SECTION. Section 7. Exemption from liability.  
No hospital or health care facility shall be liable  
for the errors, omissions or actions of a physician's  
assistant."

Need better copies  
of this, please  
Russ

*Sheet 1*  
*J. Smith*

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