

Physician Assistants Practice Committee

*Report to
the Senate Committee
on Health and Welfare
and House Committee on
Health and Welfare*

MARCH 2004

**SCR 129 of the 2003 Regular Session of
the Louisiana Legislature**



PHYSICIAN ASSISTANTS PRACTICE COMMITTEE

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INTRODUCTION

The Physician Assistants Practice Committee was created by Senate Concurrent Resolution No. 129 by Senator Don Hines in the 2003 Regular Session of the Louisiana Legislature to study and make recommendations regarding physician assistants and their scope of practice.

The Committee held its first meeting September 18, 2003, and met three additional times to evaluate its charge and develop a report with recommendations to the Legislature. The committee studied the issues related to physician assistants leaving Louisiana to practice elsewhere, as well as the issues that may be leading to a maldistribution of physician assistants within the state. The Committee established final recommendations and respectfully presents same to the Honorable Joe McPherson, Chair, Senate Health and Welfare Committee, the Honorable Sydnie Mae Durand, Chair, House Health and Welfare Committee and the members of the Joint Committee on Health and Welfare.

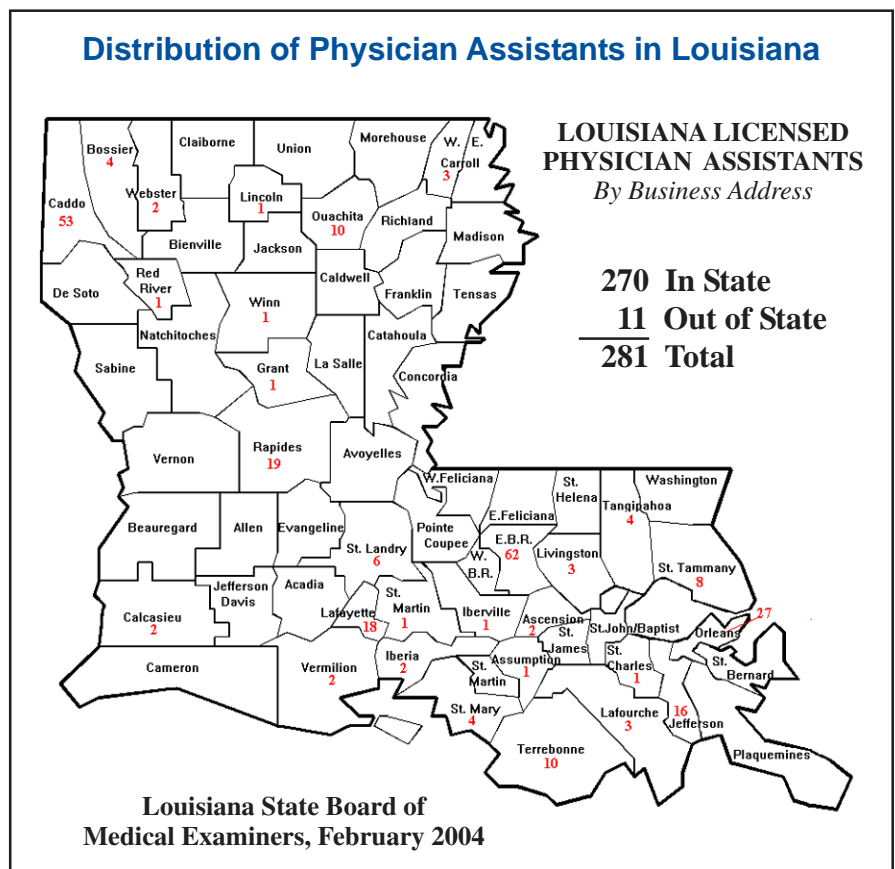
BACKGROUND ON PHYSICIAN ASSISTANTS IN LOUISIANA

The physician assistant is a graduate of an accredited physician assistant educational program who is authorized by the state to practice medicine under the supervision of a licensed physician. Physicians may delegate to physician assistants those medical duties that are within the physician's scope of practice, those which are in the physician assistant's training and experience and are allowed by law. Such duties include performing physical examinations, diagnosing and treating illnesses, ordering and interpreting lab tests, suturing wounds, assisting in surgery, providing patient education and counseling and making rounds in nursing homes and hospitals.

To practice as a physician assistant, one must attend an accredited physician assistant program. Most students begin programs already having a bachelor's degree and approximately four years of health care experience. One must pass the Physician Assistant National Certification Examination and obtain a license from the State Board of Medical Examiners. To maintain certification, one must log 100 hours of continuing medical education credits over a two-year cycle, re-register every two years and take a re-certification exam every six years.

In Louisiana, the physician assistant program, presently provided only at LSU-HSC-Shreveport, is a 27-month long program. The program begins with 12 months of intense didactic instruction. The clinical year follows and is divided into seven core rotations which are primary care-based. These rotations include eight weeks of internal medicine and family practice (outpatient and inpatient), four weeks of surgery, emergency medicine, OB/GYN, pediatrics and psychiatry. Students also choose two rotations from a variety of specialty fields that last four weeks each, and one elective (a four week rotation) from any other discipline of their choice. Over 28 physician assistants graduate each year from LSU-HSC-Shreveport, however, as many as 33.3% leave the state to practice elsewhere.

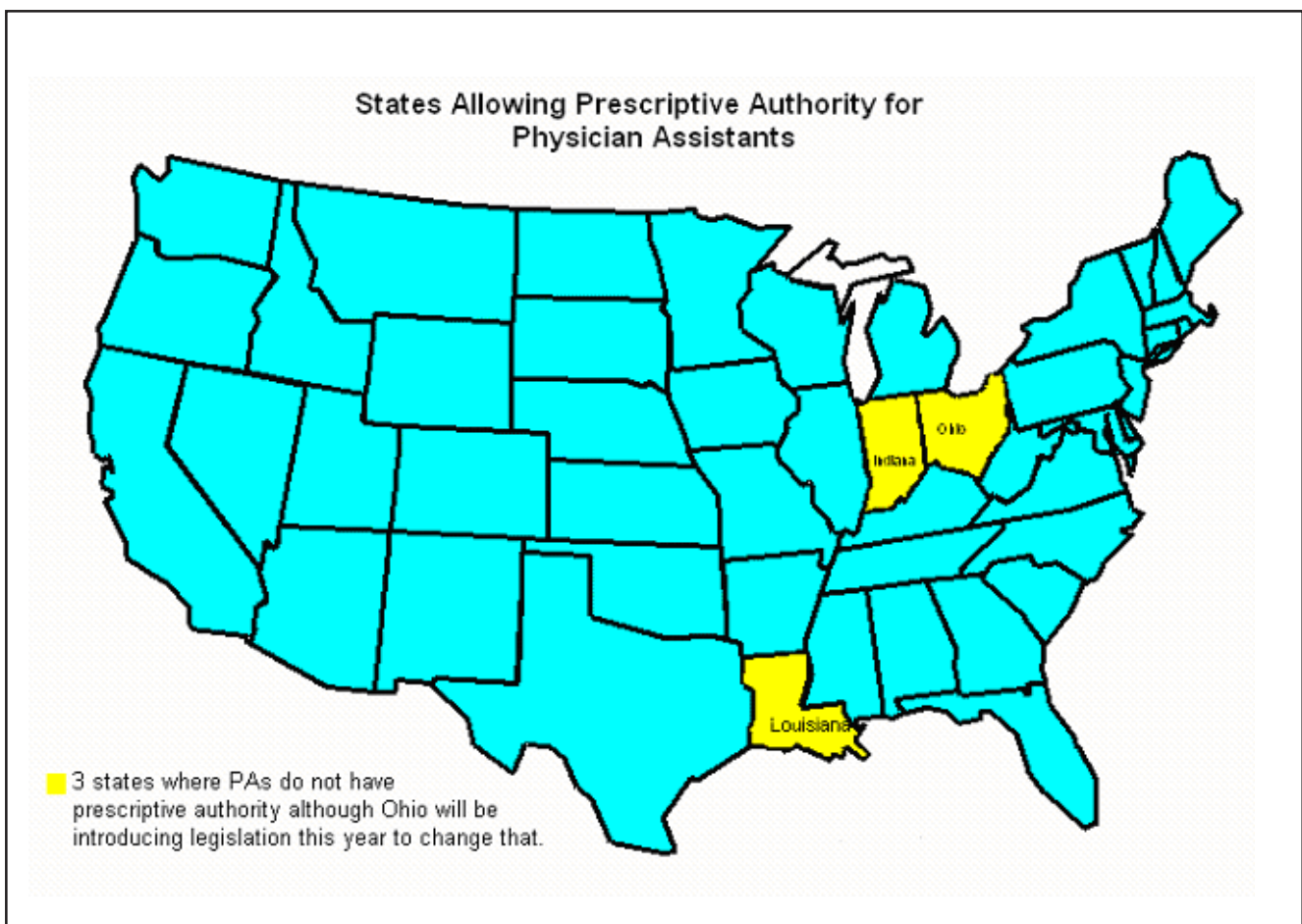
There are 281 licensed physician assistants in Louisiana, with 270 working in the state. Based on information provided by the Board of Medical Examiners, the majority of these practitioners practice in the major metropolitan centers such as New Orleans, Shreveport and Baton Rouge. There are some parishes of the state with no practicing physician assistants such as Tensas, Bienville, Cameron, Sabine and other very rural, underserved areas. According to a study by the American Academy of Physician Assistants, as of January 2003, Louisiana ranks 46th in the nation as to the number of physician assistants per 1 million population.



BACKGROUND ON PHYSICIAN ASSISTANTS IN THE UNITED STATES

In the mid 1960's, physicians and educators recognized there was a shortage and uneven distribution of primary care physicians. To expand the delivery of primary care, Dr. Eugene Stead of Duke University Medical Center in North Carolina put together the first class of physician assistants in 1965. He selected navy corpsmen who received considerable medical training during their military service and during the war in Vietnam, but who had no comparable civilian employment. He based his curriculum for the Physician Assistant Program in part on his knowledge of the fast-track training of doctors in World War II (American Academy of Physician Assistants).

By 1989, physician assistants had prescriptive authority in 24 states and the District of Columbia; today they have prescriptive authority in 47 states and the District of Columbia (American Academy of Physician Assistants). Louisiana, Ohio and Indiana are the three states which currently do not provide prescriptive authority. However, Ohio will be introducing legislation in 2004 to allow physician-delegated prescriptive authority for physician assistants.

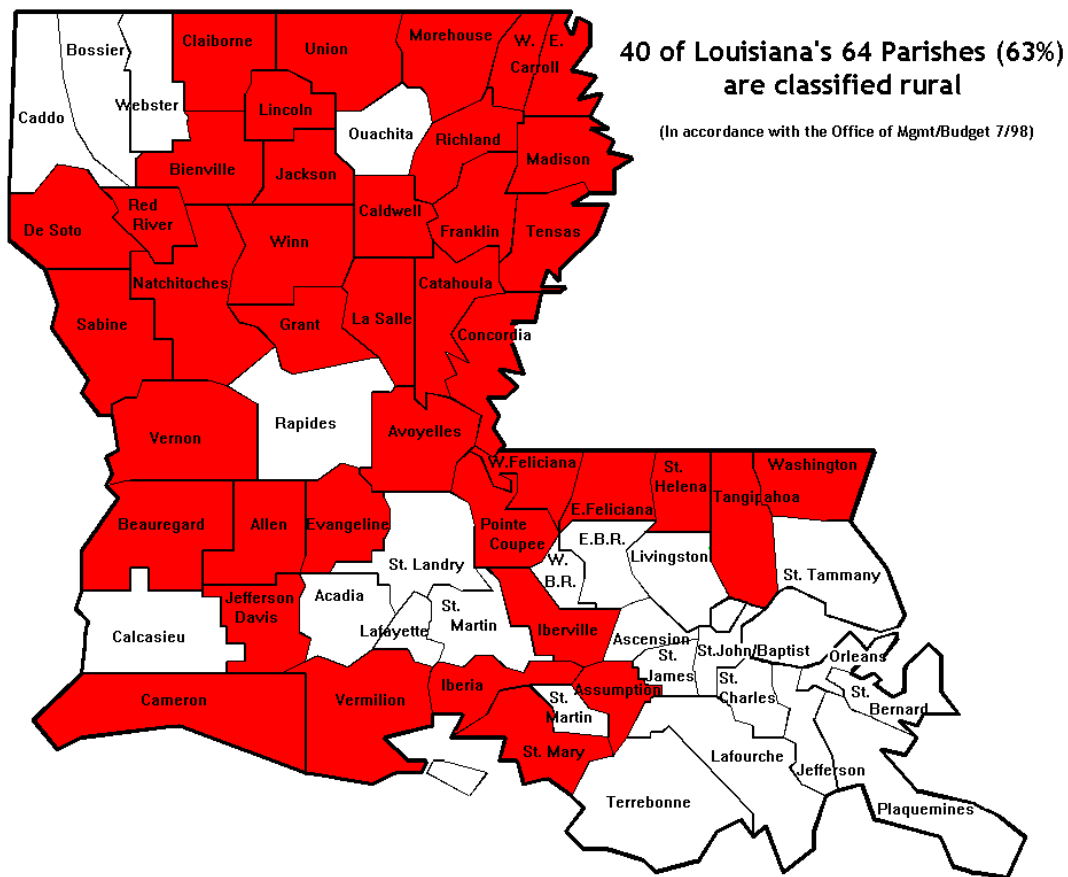


ISSUES RELATED TO THE SCOPE OF PRACTICE

In accordance with SCR 129, the following issues have been identified which relate to the scope of practice of physician assistants in Louisiana:

1. Lack of Access to Health Care Rural Areas

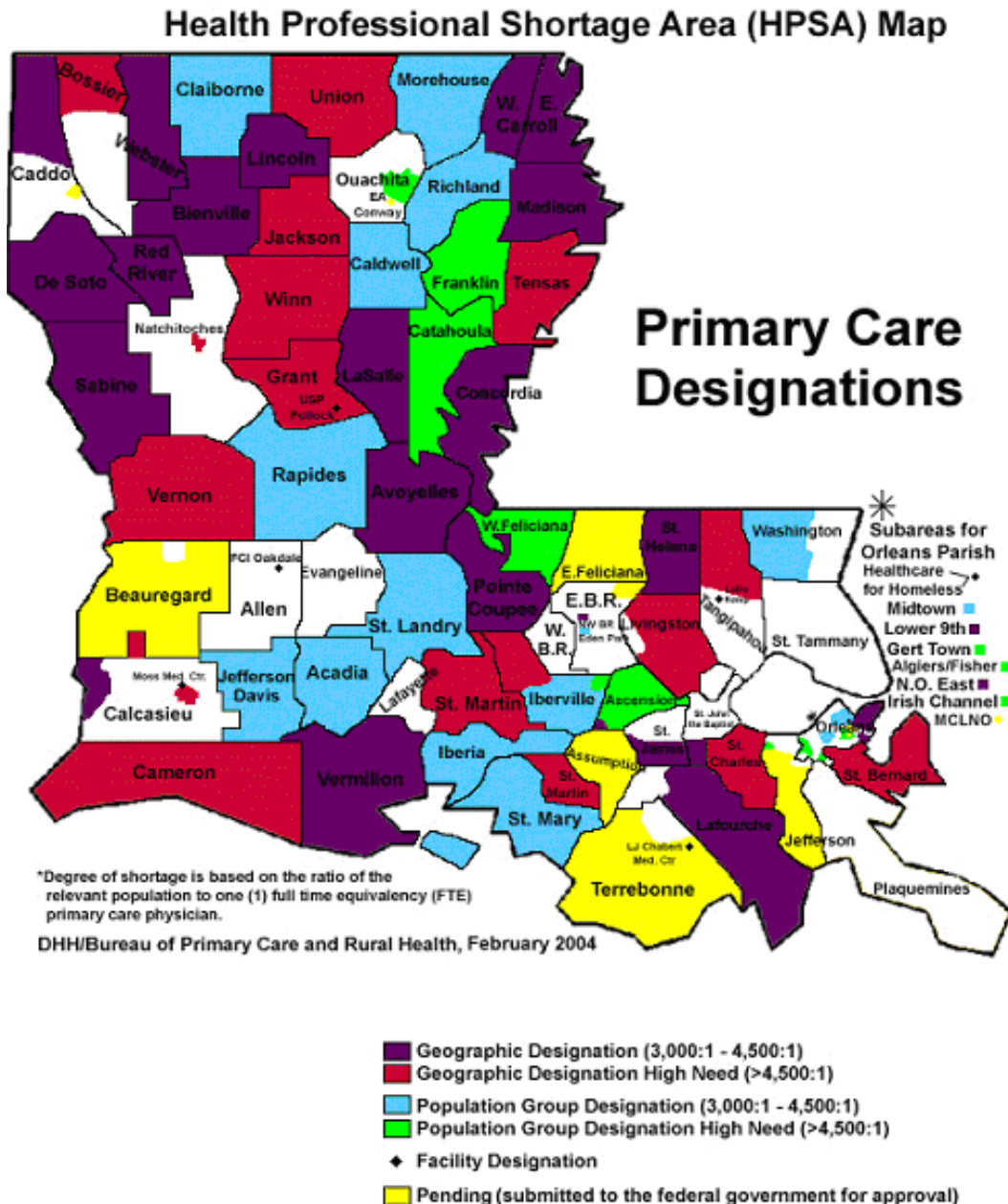
Louisiana is primarily a rural state, with 40 of the 64 parishes designated as rural by the Federal Office of Management and Budget.



Areas in all 40 rural parishes in LA are designated as health professional shortage areas.

A. Health Professional Shortage Areas (HPSAs) and Urban Underserved

- These areas are federal designations of a geographic area (usually a parish, or a collection of townships or census tracts) which meet the criteria as needing additional primary care services. These areas may include the urban and rural areas of Louisiana. The map below depicts the large number of rural and underserved areas of our state.



About 34 federal programs depend on the shortage designation to determine eligibility or as a funding preference. Federal opportunities available, but are not limited to, Health Professional Shortage Areas include: National Health Services Corp Scholarship and Loan Repayment Programs, Rural Health Clinic Act, Incentive Payments for physician's services furnished by HPSAs, and Area Health Education Program.

B. Primary Care Physicians Statewide

There are 10,510 licensed physicians in Louisiana, of which 4,443 are licensed primary care physicians (OB/GYN, IM, FP, GP, Ped). When reviewing these numbers many would conclude there are sufficient primary care providers to provide adequate access to care, however this is not correct.

There is a geographic maldistribution of primary care physicians with:

- 60% of all the primary care physicians located in only five of the sixty-four parishes (Orleans, Jefferson, St. Tammany, East Baton Rouge, Caddo);
- only 12.8% physicians practicing in rural areas statewide;
- 20% of the total primary care practitioners not seeing any Medicaid patients; and
- 70% of the total number primary care physicians having less than 20% of their practice consist of Medicaid or underserved patients.

C. Factors that Impact Access to Care

- primary care physician shortages
- primary care mid-level (physician assistants, nurse practitioners, and allied health professional shortages)
- mental health professional shortages
- dental health care professional shortages
- minority healthcare provider shortages
- lower Medicare payments to rural hospitals and physicians
- limited insurance coverage
- high poverty
- large elderly populations
- large minority populations
- high incidence of alcohol and tobacco use (especially among teens), and
- transportation difficulties in rural and most large metropolitan areas

These factors create an environment that makes it difficult, even impossible, for residents to access appropriate health care services in a timely manner.

2. DHH Medicaid Reimbursement Policy:

Physician assistants are not recognized as an independent provider type for Louisiana Medicaid. Claims for services rendered by physician assistants are billed under the Medicaid provider number of the supervising physician. Supervision shall not be construed in every case to require the physical presence of the supervising physician. However, the supervising physician and physician assistant must have the capability to be in contact with each other by either telephone or other telecommunications device and the supervising physician must be within reasonable geographic distance of the place of service. A substitute physician arrangement is necessary when the supervising physician is not able to meet the requirements previously noted.

3. Physician Assistants and Malpractice Risk:

According to information from the National Practitioner Databank (NPDB), the malpractice risk for physician assistants is very low. In 2001 the NPDB reported 16,703 malpractice payments on behalf of physicians and 82 malpractice payments on behalf of physician assistants. This represents one claim per every 40 physicians and one claim per every 494 physician assistants. The mean payment was \$270,854 for physician and \$158,556 per physician assistant.

(<http://www.npdb-hipdb.com/pubs/stats/2001%20NPDB%20Annual%20Report.pdf> American Medical Association. Physician Characteristics and Distribution in the US, 2003-2004 Edition. Tables 3.1, page 63. American Academy of Physician Assistants. Information Update: Projected Number of PAs in Clinical Practice as of January 1, 2001. Alexandria, Virginia, November 7, 2002.)

4. Support of Expanding the Scope of Practice for Physician Assistants

- The Louisiana Academy of Family Physicians (LAFFP) recognizes and respects the role of Physician Assistants in helping to provide high quality medical care. The Academy agrees that Physician Assistants should practice under the authority and direct supervision of their physician and that they can provide excellent care in that environment. There are situations where that care is best

provided at a separate location from the doctor. Allowing Physician Assistants to write certain prescriptions as delegated by the doctor would be a very helpful step and make them a more useful team member. It would also help to define direct supervision to include telecommunication. The LAFP believes that Louisiana should join the many other states in legislating these capabilities.

- The **Louisiana Health Works Commission** supports legislation to provide for limited prescriptive privileges for physician assistants and believes that the lack of prescriptive privileges for physician assistants hinders recruitment and retention of Louisiana graduates causing them to seek employment outside of Louisiana. This results in a lack of physician assistants serving as physician extenders in rural and urban underserved areas. The Commission further believes that prescriptive privileges for physician assistants lends a major boost to rural and underserved areas where physicians are in short supply.
- The **Louisiana Hospital Association**, in conjunction with Louisiana Health Works Commission, is supportive of efforts to provide for limited prescriptive privileges for physician assistants. Currently, Louisiana is one of only three states in the nation that do not provide for such authority. This lack of prescriptive privileges for physician assistants in the state hinders recruitment and retention of Louisiana graduates causing them to seek employment outside of Louisiana, resulting in a lack of physician assistants serving as physician extenders in rural and urban underserved areas.

5. **Opposition of Expanding the Scope of Practice for Physician Assistants by the Louisiana State Medical Society**

The Louisiana State Medical Society (LSMS) is opposed to any expansion of practice to any physician extender including Physician Assistants. The LSMS affirms its policy in opposition to granting prescription privileges to physician assistants. The LSMS has opposed this consistently in the past and this opposition is clearly stated in the LSMS's Scope of Practice Policy statements:

LSMS scope of practice policy statements are as follows:

35.97 Drug Prescribing Rights: The LSMS opposes other health care professionals being granted the right to prescribe drugs. The LSMS opposes prescriptive authority under any and all circumstances by PA-Cs, psychologists, optometrists, physical therapists, pharmacists, and other health care professionals who seek this authority legislatively, administratively, or through the judicial system. (R8-87, reaffirmed R101-97, amended and reaffirmed R123-01)

35.95 Licensing of Health Care Paraprofessionals: The LSMS will oppose independent or expanded licensure of health care paraprofessionals; the LSMS Office of Governmental Affairs is empowered to negotiate the best possible position when the matter of such licensure is introduced in the legislature. (R212-93)

35.92 Health Care Extenders Scope of Practice: The LSMS opposes, based on quality and cost-related issues, reform proposals that call for expanded use of health care extenders in Louisiana by authorizing them independent prescriptive authority or treating patients independently without direct physician supervision in a collaborative effort. (R304-94)

ADVANTAGES OF EXPANDING THE PRESCRIPTIVE AUTHORITY AND ALLOWING OFF-SITE SUPERVISION BY TELECOMMUNICATIONS

Physician-delegated prescribing by physician assistants is considered to be a routine part of physician assistant practice. The Standards utilized by the Accreditation Review Commission for Physician Assistant Programs (ARC-PA) require that "programs must prepare students for prescriptive practice." (ARC-PA Standards for Physician Assistant Education 2004)

Studies have repeatedly documented that care provided by physician assistants, practicing with physician supervision is of high quality. In its study of physician assistant practice, the Office of Technology Assessment of the U.S. Congress determined that, "Within their scope of practice, physician assistants provide health care that is indistinguishable in quality from care provided by physicians." (Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives: A Policy Analysis, December 1986.

Washington, DC: Office of Technology Assessment, United States Congress.) physician assistant prescribing has also proven to be safe. According to information from the National Practitioner Databank, a total of 24 medication-related malpractice payments were made on behalf of physician assistants from 1991-1998. (Physician Assistants and Malpractice Risk: Findings from the National Practitioner Data Bank. Federation Bulletin, Vol 85. Number 4, 1998)

It is important to note that all prescribing by physician assistants is both delegated and supervised by a licensed physician. What this means in actual practice is that the supervising physician decides if the physician assistant is to prescribe. If the physician determines that the physician assistant will be delegated prescriptive authority, the physician determines which medications are to be included in the physician assistant's prescriptive authority. No other non-physician prescriber has this consistent level of physician oversight.

Authorizing physicians to delegate prescriptive authority to physician assistants has two potential advantages for health care in Louisiana. The first is the likelihood of an increase in the number of physician assistants in the state. In 1994 in a study published in the *New England Journal of Medicine*, Sekscenski et al. found that favorable state practice environments are strongly associated with a larger supply of physician assistants. (Sekscenski ES; Bazell C; Slamon ME; Mullan F. State practice environments and the supply of physician assistants, nurse practitioners and certified nurse midwives. *N Engl J Med* 1994 Nov 10;331(19):1266-71.

The second advantage is an increase in efficiency for physician-physician assistant teams. At present, when a patient needs a medication the physician assistant must either wait for the supervising physician to finish with a patient and sign the prescription or interrupt the physician in the middle of a patient visit to seek the physician's prescription. While physician assistants commonly seek consultation with their supervising physician, requiring that the doctor is interrupted for every routine prescription keeps the physician-physician assistant team from working efficiently.

The lack of prescriptive authority also makes it nearly impossible for a physician assistant to practice in an area where the doctor is not physically present. If the physician needs to leave the office to see a hospitalized patient, the physician assistant must either stop seeing patients or have the patient return after the doctor is back in the office to pick up the prescription. This is particularly troubling in rural or underserved areas.

A related issue is the inconvenience for patients. Increased waiting time or the need to return to the office for a prescription is troubling for patients, particularly those with mobility or transportation difficulties.

COMMITTEE RECOMMENDATIONS

1. Allow for physician-delegated prescriptive authority for physician assistant.
2. Produce a briefing paper for legislators as to the advantages for their constituents.
3. Expand recruiting efforts to minority and underserved populations.
4. Provide a mechanism to financially and academically support students from minority and underserved populations while they complete the LSU-HSC physician assistant program.
5. Modify the licensure process to expedite the ability of a physician to employ a physician assistant. A licensed physician and a licensed physician assistant need only sign an agreement of employment and delegation of supervision, rather than require an additional Board of Medical Examiner approval process every time a change in employment is undertaken.
6. Allow for billing and reimbursement for services rendered by the physician assistant to Medicaid recipients even when the physician and physician assistant are not physically present in the same office. This would be consistent with current state law governing off-site supervision of a physician assistant by a supervising physician.

NOTES

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