

SCOPE OF PRACTICE LEGISLATION Support MDPAC Today!



SENATE BILL 279

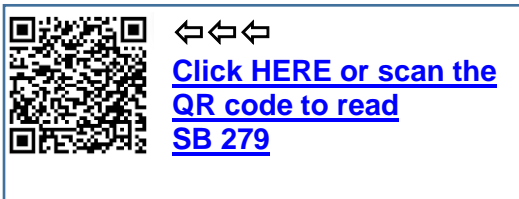
MSMS on Introduction of SB 279: Scope of Practice Expansions would Weaken Care Teams and Jeopardize Patient Health and Safety

The following is a public statement from Thomas J. Veverka, MD, Immediate Past-President of MSMS in response to the introduction of SB 279 on April 20—scope of practice expansion legislation that removes physicians from the patient care teams.

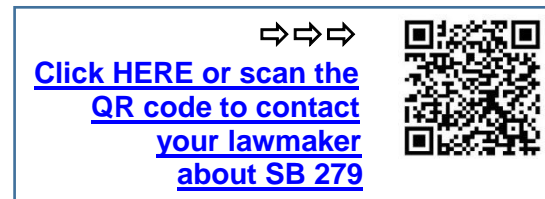
"Patients are best served by a team-based approach to health care that provides the maximum amount of choice while ensuring that patients benefit from the additional training and expertise that comes from having a physician on the team. Senate Bill 279, however, seeks to remove physicians from the patient care team, creating significant concerns as it relates to quality, cost and access to care.

"In states that have passed laws like Senate Bill 279, data shows these measures have failed to improve access to care, failed to improve quality of care, and failed to reduce costs. In addition, while patients overwhelmingly support having a physician involved in their care, Senate Bill 279 removes physicians from the care team and instead has the potential to create a two-tiered health care system where a patient's zip code will determine whether a physician is involved in their care decisions.

"A highly functioning health care team is the best way to serve patients, and the Michigan State Medical Society will continue to promote the role of the physician as the leader of the health care team and oppose any efforts to expand allied health professionals' scope of practice that may put patients at risk."



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HOUSE BILL 4472

MSMS on Introduction of HB 4472: Support Physician-Led Team-Based Health Care for Michigan Patients

On April 25, Representative Alabas Farhat introduced House Bill 4472, which is the physician-led care teams bill. The following information highlights the bill, and also shares some quick facts as to why lawmakers should preserve physician-led care. MSMS will be focusing advocacy efforts on the respective health policy committees and educating members on the ways in which physician-led health care teams are the best model for value-based care.

Background

Patients are best served by a team-based approach to health care that provides the maximum amount of choice while ensuring that they benefit from the additional training and expertise that comes from having a physician on the team. A highly functioning health care team is the best way to serve patients, and MSMS will continue to promote the role of the physician as the leader of the health care team and oppose any efforts to expand allied health professionals' scope of practice that may put patients at risk. Below are some of the key reasons why lawmakers should preserve physician-led care:

- In states that have passed laws expanding scope of practice for advanced practice professionals, data shows these measures have failed to improve access to care, failed to improve quality of care, and failed to reduce costs.

- Physicians work a minimum of 11 years in education and training, including four years of college, four years of medical school, and three to five years of hands-on residency training. Some physicians train for up to 20 years, depending on their specialty.
 - For the treatment and care provided by nurses, many fewer years of medical education and training are required. Nurses with the most advanced training complete just six years of education.
- Extensive pharmacology training is integrated into every component of a physician's education, an intensity and level of training not part of an advanced practice registered nurse (APRN) or physician assistant (PA) education.
- 68% of U.S. voters say it is very important to them for a physician to be involved in diagnosis and treatment decisions. Patients want and expect a physician to be present on their care team.
- Studies from the Mayo Clinic and JAMA found nurse practitioners and physician assistants are more likely to make unnecessary referrals and imaging orders, resulting in higher costs for patients.

Needed Reforms

MSMS supports **House Bill 4472**, which requires APRNs and PAs to practice as part of a physician-led patient care team, assuming specific responsibilities within the scope of their usual professional activities. The legislation also requires APRNs and PAs to maintain appropriate collaboration and consultation, as provided under a written practice agreement, with a patient care team physician. Under the proposed legislation, practice agreements must include:

- A process for communication, availability, and decision-making when providing medical treatment to a patient. The process must utilize the knowledge and skills of the APRN/PA and patient care team physician based on their education, training and experience.
- The duties and responsibilities of the APRN/PA and patient care team physician.
- A provision for appropriate physician input in complex clinical cases and patient emergencies and for referrals.
- A clear statement describing the controlled substance prescriptive practices of the APRN/PA, including the controlled substances the APRN/PA is or is not authorized to prescribe.



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The **Michigan Doctors' Political Action Committee (MDPAC)** promotes the involvement of physicians through both donating and engaging. By donating, you are helping MDPAC to support pro-medicine candidates. By engaging, you are holding our lawmakers accountable and being a voice for our organization.

The time is now, so activate your voice!



Physician involvement is essential to keeping medicine a priority in Michigan. Please do your part by donating to MDPAC today!



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