

## **Wisconsin Academy of Physician Assistants 2005 Legislative and Regulatory Initiatives**

### **Physician Co-signature**

In 1984, Chapter Med 8 of the Administrative Code was amended to permit physician assistants to issue prescription orders under written guidelines reviewed annually by the PA and the supervising physician. The rules contained a prohibition on controlled substances. One of the caveats of the revised rules was that the supervising physician was required to co-sign either the prescription order itself or the patient record prepared by the PA. It is generally not convenient to obtain a physician co-signature on each and every prescription order, so most supervising physicians sign the patient record instead. From a compliance perspective, a supervising physician does not want to inadvertently miss co-signing the record of a patient who received a prescription order from the PA, so the physician generally ends up signing all patient records generated by the PA just to make sure they don't miss any that include prescriptions.

When PAs obtained prescribing privileges in 1984, many practices were using hand written patient records which could be handed off to the physician for co-signature. The transition to dictation was relatively seamless in that the transcribed notes could be passed along to the physician for co-signature and then placed in the patient's medical record. Now the electronic medical record is entering a large number of medical practice sites. Electronic co-signatures from the physician are possible, but much more cumbersome than they were in the past. Each file must be retrieved, opened, reviewed, signed, closed, and sent back to the server. This is much more labor intensive than a simple hand signature.

A number of significant events have transpired since the PA prescribing rules were written in 1984:

- In 1994, the Drug Enforcement Administration created a new registration category for midlevel providers, and PAs became eligible to obtain DEA registration numbers.
- Also in 1994, the prohibition against prescribing of controlled substances by PAs was dropped by the Medical Examining Board.
- In 1998, PAs became licensed health care providers in Wisconsin.
- Also in 1998, PAs were added to the definition of "practitioner" under Wisconsin Statute 961, the Uniform Controlled Substance Act.
- In 1999, the requirement that a PA list the supervising physicians name and phone number on every prescription order was dropped.

In summary, PAs in Wisconsin are now licensed health care providers who are recognized as prescribing practitioners under both state and federal law and are eligible for DEA registration. In light of these changes, WAPA supports removing the co-signature requirement from Chapter Med 8 and replacing it with a physician chart review requirement instead.

### **Supervising physician to PA ratio**

Chapter Med 8 of the Administrative Code has always contained a provision stating that "no physician shall supervise more than two PAs". This rule was always a source of confusion because nobody knew if that meant two PAs at one time, or two PAs in total. The Medical Examining Board added the word "concurrently" to this rule in 1998, implying that the rule

meant no more than two PAs at a time. This interpretation was reinforced in the minutes of the Board from September of 2003. Even so, the Department of Regulation and Licensing recently embarked on a mission to identify any physicians who were supervising more than two PAs in total. These physicians received letters informing them that they were in violation of Chapter Med 8. The Department discontinued this practice after being sent a copy of the minutes referenced above, but concerns remain that this rule is still difficult to understand. WAPA supports modifying the rule so that there is no mistaking its intent.

### **Therapy Orders**

Physician assistants place orders for physical therapy, occupational therapy, and speech therapy on a regular basis. The therapists are more than willing to accept these orders, but state law requires them to have a physician signature on file for each order. The therapist must then send the supervising physician a form to sign authorizing therapy on a patient he/she has in most cases never seen. The reports are also sent to the physician rather than the PA who wrote the order. WAPA would like to see PAs added to the list of authorized ordering providers for therapy services. This would cut down on the required paperwork for therapists, and would allow the reports to be sent to the provider who actually ordered the therapy.

### **Workers Compensation**

The last "agreed upon bill" added PAs to the list of providers under the Workers Compensation Act, but an administrative law judge's interpretation of that law has ruled that PAs are still not authorized to determine any extent of disability or whether it was work related. Her interpretation is that PAs cannot even conclude on their own that patients are unable to work or need work restrictions. WAPA contends that this was not the intent of the Workers Compensation Advisory Council, which instead was trying to restrict PAs from being able to determine the extent of permanent disability and its relationship to the work related injury after healing is complete. WAPA supports new language for the next "agreed upon bill" clarifying this situation.