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—News Staff Photographer Richard Roeller

PHYSICIAN'S ASSISTANT Suzanne DeMulder checks a patient's chart at Planned Parenthood. Among other things, she's trained to do overall physical exams.

PHYSICIAN'S ASSISTANT

Meet the Newest Members Of the Health Care Team

By MARIA SCRIVANI
She's not a doctor, but she can do physical exams and blood work, order lab tests, and, in New York state, write some prescriptions.

She's a physician's assistant, and her role as a member of the health care team is a boon to doctors and patients alike.

"An M.D. co-signs all our charts," says Suzanne DeMulder, a graduate of the physician's assistant program at Gannon College in Erie, who's been working at Planned Parenthood in Buffalo since last July.

Her work eases the doctor's burden, giving him or her more time to deal with major problems, she says.

That doesn't mean that the patient is shortchanged. As Ms. DeMulder notes, "I have much more time to spend in explanation and education of the patient than an M.D. does."

Mid-level practitioners like herself can explain a doctor's findings, discuss what it means to the patient, and talk about how they can take better care of their bodies.

While she wouldn't hesitate to refer someone with a serious problem to a physician, Ms. DeMulder has been trained to treat simple infections, insert IUDs and dispense diaphragms at the Planned Parenthood clinic.

"If someone comes in and insists on seeing an M.D., that's fine," she says. "But I've had great response from the patients. The biggest problem I have is people — both physicians and lay people — who don't know what it is I can do."

At Gannon, her course work in a four-year program included human anatomy and physiology, physical diagnosis, behavioral sciences, laboratory diagnosis, and nutrition.

(In this area, a physician's assistant program is in the proposal stage at Erie Community College. If plans are approved, the course will be offered at the South Campus, beginning in the fall of 1981.)

Ongoing education is an important part of being a physician's assistant, Ms. DeMulder says, noting that she attends conferences and takes courses frequently.

"I have to continue with 100 hour credits every two years to keep my national certification," she says.

A native of Pittsburgh, she now lives in Amherst with her husband, Tom DeMulder, food service manager at D'Youville College.

Raymond H. Osterer is also a physician's assistant here. He was trained at Touro College in New York City, and came to Buffalo two years ago to work at the Buffalo Industrial Medical Center on Tonawanda Street.

"This is a group practice, owned and operated by four physicians," explains Mr. Osterer. "We work with many area industries, dealing with everything from pre-employment physicals to on-the-job injuries."

A major part of his job is doing the physicals.

Like Ms. DeMulder, he reports good acceptance by patients.

"If a person knows he's being cared for by a professional who knows what he's doing there are no complaints."



News Staff Photographer Bob Metz

RAYMOND H. OSTERER is a physician's assistant at the Buffalo Industrial Medical Center.

ECC Seeks Funds For M.D. Aide Training Program

By **CHUCK GENRICH**
IT MAY NOT be long before the person taking your blood pressure during a routine medical examination is not a nurse, not a nurse practitioner, nor even a doctor. Rather, it might well be a new health professional known as a physician's assistant.



Genrich

Under the leadership of Dr. John R. Birkholz, president of Erie Community College, and Dr. Marvin J. Herman, a physician and chairman of the college's Dental Laboratory Technology Department, a grant has been submitted to the United States Public Health Service, part of the U.S. Department of Health and Human Services, to establish a start-up fund of \$131,377 for a physician's assistant training program at the college.

This application for federal funding is also reviewed simultaneously by the local Health Systems Agency of Western New York. According to Catherine Collins, a professional staff assistant with the Health Systems Agency and herself a nurse practitioner, "the physician's assistant health care professional is growing in popularity and is a reflection of the tremendous demands that are being placed upon the primary health care system all over the country."

DR. RAYMOND SALMAN, director of the Division for Professional Licensing of the New York State Education Department, noted in a telephone interview that "New York State has had this category of health professional covered in its laws for many years. There are several hundred currently licensed in our state but the proposed training program at Erie Community College would be the first such facility in Western New York."

"Erie Community College's South Campus plans to offer a full time, five semester program (two academic years plus one summer) that will emphasize both classroom and clinical training," Dr. Herman explained. "Upon successful completion of the program, the graduate will receive the associate arts in science degree, a certificate as a physician's assistant, and then be eligible for licensing by the state."

Dr. Herman also noted that physician's assistants are well paid. "The current average salary for a beginner is approximately \$16,000 and there are several physicians' assistants working at the new health maintenance organization in Cheektowaga," he stated.

THIS NEW TRAINING program will be offered in cooperation with the State University of Buffalo's School of Medicine. After proper licensing, physicians' assistants are able to take histories of patients, perform routine diagnostic studies, perform therapeutic

procedures such as injections, and assist the physician in inpatient settings by accompanying the doctor on hospital rounds or in the compilation of patients' records.

Mrs. Collins pointed out that this relatively new category of health care professional is not intended to replace nurses or nurse practitioners. "It must be remembered," she commented, "that the physicians' assistants can only work under the direct supervision and control of a licensed medical doctor. But a nurse practitioner is permitted by law to work independently."

This proposal has been submitted at a time when the Health Systems Agency has already stated in its annual implementation plan — a critical master plan that is the basic guideline for Western New York — that "by 1980, the production of nurse practitioners and registered (licensed) physician assistants in Western New York should be expanded." Health Systems Agency staff studies have also endorsed the concept, noting that the use of physicians' assistants could decrease the use of hospital emergency rooms for primary care services as well as provide the doctors more time to contribute to continuing education.

THE COURIER-EXPRESS has learned exclusively that this proposal has been approved by the first level of regulatory authority at the Health Systems Agency. Final approval is expected locally by Feb. 21; meanwhile, the proposal must continue to compete nationally for the scarce federal dollars before it can become a reality.

"During the 1980-81 academic year, Erie Community College will be planning the curriculum for the program and beginning the recruitment of students," Dr. Herman said. "We expect that in 1981, the program would be fully operational with the admission of the first class of 25 students." Dr. Herman, a graduate of New York University and the Lausanne School of Medicine in Switzerland, also indicated that "Erie Community College is committed to the establishment of a complete allied health department in the very near future."

Genrich is a freelance writer

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Revolution in Health Care

Nurses New Dr. Welbys

By JEAN CARPER & JOHN NAISBITT

Prediction: Highly-trained nurses may well become the Dr. Welbys of the future, as control over the health system continues to slip out of physicians' fingers.

Lucille Kinlein, a nurse, didn't like the way doctors were handling health care in the country, so in 1971 she opened her own private health practice in College Park, Md., a suburb of Washington, D.C. She's doing fine, giving physical exams and mostly counseling people about how to stay healthy.

What's more, she travels from Maine to Hawaii, telling other nurses how to do the same thing. Ms. Kinlein is part of a new trend: the nurses' rebellion against our health care system, dominated by mostly male physicians.

Most physicians don't like the new militancy of nurses; state medical societies don't like it. But in most cases there is little they can do about it. Nurses are getting away with it because there are too few of them to keep the giant physician-created health care mechanism operating smoothly any more; many hospitals have had to cut back on available beds because of the nurse shortage.

Also, nurses are willing to do what doctors no longer will: work in "undesirable" areas and even make house calls.

AS THE SHORTAGE of nurses (along with discontent with traditional medicine) grows, nurses are bound to become more independent and powerful. Some recent signs:

• **Nurses are more willing** to form or join unions and strike. Although some nurses consider this "unprofessional" and a step backwards, it does signify a growing resistance to tradi-



tional low pay, low status, and lack of power in health decisions. Recently in Providence, Rhode Island, a week-long strike by nurses crippled operations at General Hospital and the Institute of Mental Health. The state had to call in the National Guard to care for 1500 patients who couldn't be moved elsewhere. Such strikes are causing hospital administrators to call in union busting consultants to combat the nurse-unionization movement.

• **If you've ever gone** through small towns, you may have seen billboards pleading for physicians. But few doctors want to set up practice there. Nurses are filling the vacuum. Even though nurses cannot legally "practice medicine," the line between what they can and can't do is becoming increasingly blurred. For example, in Idaho "nurse practitioners," as they are called (nurses with advanced, sometimes specialized training in geriatrics, pediatrics, family care, etc.), are the sole deliverers of medical care in eight remote communities. For this reason, Idaho's nursing and medicine boards recently decided to let nurse practitioners prescribe nearly all non-narcotic drugs. Nurses can also prescribe drugs in New Mexico, Oregon, North Carolina, Washington, New Hampshire, and

Florida — mainly because they, unlike physicians, are willing to practice in rural areas.

• **Most striking is the drive** by nurses to revolutionize health care by hanging out their own shingles where they practice without physician supervision, as does Lucille Kinlein. Although nurses traditionally work under doctors, many states have no laws requiring it. However, what nurses can do is controlled by state law. They can't perform surgery, for example, but in some places they can suture small wounds. They can usually diagnose minor illnesses and sometimes treat them. Often they must refer a patient to a physician for treatment. The emphasis of the entrepreneurial nurses is usually on preventing disease.

ALTHOUGH MANY NURSES, including the American Nurses Association, say the purpose of nurse practitioners is not to take the place of physicians, that is what is happening.

Georgia officials are specifically training public health nurses, they say, "to take care of many problems that ordinarily would be a doctor's concern," despite opposition from the state medical society.

In Hartford, Conn., nurse practitioners are making house calls to give medical care to about 100 elderly every month.

In Mississippi, nurse practitioners can now bill insurance companies directly instead of having to bill through an attending physician. Similarly, in 1978 the federal law was changed to allow nurse practitioners to be reimbursed for Medicare and Medicaid.

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**ARTICLE 37—PHYSICIAN'S ASSISTANTS AND
SPECIALIST'S ASSISTANTS**

- 37-1. Definitions.
- 37-2. Commissioner; powers and duties.
- 37-3. Advisory council.

Historical Note

1975 Amendment. Article heading substituted "assistants" for "associates", following "physician's".
L. 1975, c. 210, § 1, eff. June 17, 1975.

3700. Definitions

As used in this article:

Physician's assistant. The term "physician's assistant" means a person who is registered as a physician's assistant pursuant to section sixty-five hundred thirty-one of the education law.

Specialist's assistant. The term "specialist's assistant" means a person who is registered pursuant to section sixty-five hundred thirty-one of the education law as a specialist's assistant in a particular medical specialty as defined by regulations promulgated by the commissioner pursuant to section thirty-seven hundred one of this article.

Physician. The term "physician" means a practitioner of medicine licensed to practice medicine pursuant to article one hundred thirty-one of the education law.

Hospital. The term "hospital" means an institution or facility possessing a valid operating certificate issued pursuant to article twenty-eight of this chapter and authorized to employ physician's assistants and specialist's assistants in accordance with the rules and regulations of the state hospital review and planning council.

Approved program. The term "approved program" means a program for the education of physician's assistants or specialist's assistants which has been formally approved by the department of education.

L. 1971, c. 1135, § 2; amended L. 1975, c. 210, § 1.

Historical Note

1975 Amendment. L. 1975, c. 210, § 1 substituted "assistants" for "associates" and "assistants" for "associates" following "physician's" wherever appearing.

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PUBLIC HEALTH LAW

Art. 37

Legislative Findings and Purpose of L.1971, c. 1135, L.1971, c. 1135, § 1, eff. April 1, 1972, provided: "The existing shortage of physicians and other persons possessing adequate qualifications for the provision of health services required by the people of this state constitutes a critical situation imperiling the public health. Many areas of the state lack adequate medical coverage due to the insufficient number and uneven distribution of practicing physicians. The demand for physician services far exceeds the capability of the present number of physicians to supply them. Physical limitations on the number of patients a physician

can personally attend make the use of persons qualified to assist the physician in the provision of medical care essential if such care is to be uniformly available to all of the people of the state.

"It is the purpose of this act [enacting this article and article 38 and article 131-A of the Education Law] to provide for the registration of physician's associates and specialist's assistants who will be available for employment by physicians to permit medical services to be given to persons not receiving them now and whose qualifications will assure that the health needs of patients are met properly."

Library References

Physicians and Surgeons § 6.

C.J.S. Physicians and Surgeons §§ 8, 10, 23.

§ 3701. Commissioner; powers and duties

The commissioner shall have the following powers and duties: 1. to promulgate regulations defining and restricting the duties which may be assigned to physician's assistants and specialist's assistants by their supervising physician, the degree of supervision required and the manner in which such duties may be performed;

2. to promulgate regulations establishing such different medical specialties for which specialist's assistant's¹ may be registered by the education department pursuant to section sixty-five hundred thirty-one of the education law as will most effectively increase the quality of medical care available in this state provided, however, that no category of specialist's assistant shall be established for areas in which allied health professions are presently licensed under the education law or the public health law.

3. to conduct and support continuing studies respecting the nature and scope of the duties of physician's assistants and specialist's assistants in order to promote their effective functioning as members of the health care team;

4. to determine the desirability of and to establish rules for requiring continuing education of physician's assistants and specialist's assistants;

5. to furnish the education department with suggested criteria which may be used by the education department to help

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to determine whether an applicant for registration as a physician's assistant or specialist's assistant possesses equivalent education and training, such as experience as a nurse or military corpsman, which may be accepted in lieu of all or part of an approved program;

6. to adopt such other rules and regulations as may be necessary or appropriate to carry out the purposes of this article.

Added L.1971, c. 1135, § 2; amended L.1971, c. 1136, § 1; L.1975, c. 210, § 1.

¹So in original. Probably should read "assistants".

Historical Note

1975 Amendment. L.1975, c. 210, § 1, eff. June 17, 1975, substituted "assistant" and "assistants" for "associate" and "associates", respectively, following "physician's" wherever appearing. 1971 Amendment. Subd. 2. L.1971, c. 1136, § 1, eff. April 1, 1972, inserted "provided, however, that . . . public health law."

Library References

Physicians and Surgeons § 1.

C.J.S. Physicians and Surgeons § 3 et seq.

§ 3702. Advisory council

1. There is hereby created the New York state advisory council on physician's assistants and specialist's assistants. It shall consist of the chancellor of the state university, or his duly designated representative, and twelve members appointed by the governor, including at least five physicians, one registered professional nurse, one physician's assistant, one specialist's assistant, one hospital administrator, one representative of the public, and two persons licensed as allied health professionals under the public health law or the education law. The governor shall designate one member to serve as chairman.

2. The term of office of each appointive member of the council shall be for three years provided, however, that of the members first appointed, four shall be appointed for terms which shall expire on December thirty-first, nineteen hundred seventy-two, four for terms which shall expire on December thirty-first, nineteen hundred seventy-three, and four shall be appointed for terms which shall expire on December thirty-first, nineteen hundred seventy-four. Vacancies shall be filled by appointment for the unexpired term. The appointive members shall continue in office until the expiration of their terms and until their successors are appointed and have qualified.

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from: McKinney's Consolidated
Laws of New York Annotated,
Book 16 Education, Art 131A
Section 6530-36, pp. 252-57

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ARTICLE 131-A—PHYSICIAN'S ASSOCIATES AND
SPECIALIST'S ASSISTANTS

- Sec. 6530. Definitions.
- 6531. Registration.
- 6532. Performance of medical services.
- 6533. Lifting requirements.
- 6534. Disciplinary proceedings.
- 6535. Construction.
- 6536. Regulations.

Historical Note

Effective date of 1971 Amendment. Legislative Findings and Purpose
 Section 4 of L. 1971, c. 1126 amended or L. 1971, c. 1135. See also under
 section 7 of L. 1971, c. 1126 to change or L. 1971, c. 1135. See also under
 the effective date of L. 1971, c. 1126. Section 7 of the public health law
 from June 1, 1971 to April 1, 1972.

§ 6530. Definitions

- As used in this article:
1. Physician's associate. The term "physician's associate" means a person who is registered as a physician's associate pursuant to this article.
 2. Specialist's assistant. The term "specialist's assistant" means a person who is registered pursuant to this article as a specialist's assistant for a particular medical specialty as defined by regulations promulgated by the commissioner of health pursuant to section thirty-seven hundred one of the public health law.
 3. Physician. The term "physician" means a practitioner of medicine licensed to practice medicine pursuant to article one hundred thirty-one of this chapter.
 4. Approved program. The term "approved program" means a program for the education of physician's associates or specialist's assistants which has been formerly approved by the department.
 5. Hospital. The term "hospital" means an institution or facility possessing a valid operating certificate issued pursuant to article twenty-eight of the public health law and authorized to employ physician's associates and specialist's assistants in accordance with this article.

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in accordance with rules and regulations of the state hospital review and planning council.

Added L.1971, c. 1135, § 4.

Another section 6530 is set out ante.

Historical Note

Effective Date. Section 7 of L. 1135, § 4, provided that this section of L. 1135, amended L.1971, c. 1135, be effective April 1, 1972.

Library References

Physicians and Surgeons C-6. C.J.S. Physicians and Surgeons §§ 8, 10, 23.

§ 6531. Registration

1. The department shall register each person as a physician's associate or specialist's assistant who shall pay to the department a fee of fifty dollars and submit satisfactory evidence, verified by oath or affirmation, that he:

- (a) at the time of application is at least twenty-one years of age;
- (b) is of good moral character;
- (c) has successfully completed a four-year course of study in a secondary school approved by the board of regents or has passed an equivalency test;
- (d) has satisfactorily completed an approved program for the training of physician's associates or specialist's assistants. The approved program for the training of physician's associates shall include not less than forty weeks of supervised clinical training and thirty-two credit hours of classroom work. The commissioner is empowered to determine whether an applicant possesses equivalent education and training, such as experience as a nurse or military corpsman, which may be accepted in lieu of all or part of an approved program.

2. The department shall furnish to each person applying for registration hereunder an application form calling for such information as the department deems necessary and shall issue to each applicant who satisfies the requirements of subdivision one of this section a certificate of registration as a physician's associate or specialist's assistant in a particular medical specialty for the period expiring December thirty-first of the first odd-numbered year terminating subsequent to such registration.

3. Every registrant shall prior to the first day of each even-numbered year apply to the department for a certificate of

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biennial registration. On or before the first day of November of each odd-numbered year, the department shall mail to every registered physician's associate and specialist's assistant an application form for registration, addressed to the registrant's post office address on file with the department. Upon receipt of such application properly executed and a fee of thirty dollars, together with evidence of satisfactory completion of such continuing education requirements as may be established by the commissioner of health pursuant to section thirty-seven hundred one of the public health law, the department shall issue a certificate of biennial registration for the ensuing two calendar years.

Added L.1971, c. 1135, § 4.

Another section 6531 is set out ante.

Historical Note

Effective Date. Section 7 of L. 1135, § 4, provided that this section of L. 1135, amended L.1971, c. 1135, be effective April 1, 1972.

Library References

Physicians and Surgeons C-5. C.J.S. Physicians and Surgeons § 6.

§ 6532. Performance of medical services

1. Notwithstanding any other provision of law, a physician's associate may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are within the scope of practice of such supervising physician.

2. Notwithstanding any other provision of law, a specialist's assistant may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are related to the designated medical specialty for which he is registered and are within the scope of practice of his supervising physician.

3. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed.

4. No physician shall employ or supervise more than two physician's associates and two specialist's assistants in his private practice.

5. Nothing in this article shall prohibit a hospital from employing physician's associates or specialist's assistants provided

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They work under the supervision of a physician designated by the hospital and not beyond the scope of practice of such physician. The numerical limitation of subdivision four of this section shall not apply to services performed in a hospital.

6. Notwithstanding any other provision of law, a trainee in an approved program may perform medical services when such services are performed within the scope of such program.

7. Nothing in this article, or in article thirty-seven of the public health law, shall be construed to authorize physician's associates or specialist's assistants to perform those specific functions and duties specifically delegated by law to those persons licensed as allied health professionals under the public health law or the education law.

Added L.1971, c. 1135, § 4; amended L.1971, c. 1136, § 3.
1 Another section 6532 is set out ante.

Historical Note

1971 Amendment. Subd. 7. L.1971, Effective Date. Section 7 of L. c. 1135, § 3, eff. April 1, 1972, added 1971, c. 1135; amended L.1971, c. 1136, § 4, provided that this section be effective April 1, 1972.

Library References

Physicians and Surgeons § 6(1). C.J.S. Physicians and Surgeons § 10, 23.

§ 6533.1 Filing requirements

Every physician shall file a notice with the department upon the employment or discharge of a physician's associate or specialist's assistant in accordance with such regulations as may be prescribed by the commissioner.

Added L.1971, c. 1135, § 4.
1 Another section 6533 is set out ante.

Historical Note

Effective Date. Section 7 of L. 1135, § 4, provided that this section be effective April 1, 1972.

§ 6534.1 Disciplinary proceedings

1. The registration of a registered physician's associate or a specialist's assistant may be suspended or revoked upon decision after due hearing that he:

(a) has been guilty of fraud or deceit while acting as a physician's associate or a specialist's assistant or in procuring his registration; or

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(b) has been convicted in a court of competent jurisdiction, either within or without this state, of a crime involving moral turpitude; or

(c) is an habitual drunkard or is or has been addicted to the use of narcotic or depressant or stimulant drugs, or has become insane; or

(d) has violated any of the regulations promulgated by the commissioner of health pursuant to section thirty-seven hundred one of the public health law; or

(e) is incompetent or has been grossly negligent or has been guilty of unprofessional conduct.

2. Disciplinary proceedings shall be conducted in accordance with the provisions of article one hundred thirty-one of the education law relating to similar proceedings against physicians.

3. The commissioner may promulgate regulations defining unprofessional conduct, which regulations shall not be inconsistent with such regulations as may be promulgated by the commissioner of health pursuant to section thirty-seven hundred one of the public health law.

Added L.1971, c. 1135, § 4.

1 Another section 6534 is set out ante.

Historical Note

Effective Date. Section 7 of L. 1135, § 4, provided that this section be effective April 1, 1972.

Library References

Physicians and Surgeons § 11. C.J.S. Physicians and Surgeons § 16.

§ 6535.1 Construction

1. Only a person registered as a physician's associate by the department may use the title "registered physician's associate" or the letters "R.P.A." after his name.

2. Only a person registered as a specialist's assistant by the department may use the title "registered specialist's assistant" or the letters "R.S.A." after his name.

Added L.1971, c. 1135, § 4.

1 Another section 6535 is set out ante.

Historical Note

Effective Date. Section 7 of L. 1135, § 4, provided that this section be effective April 1, 1972.

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 Action report from the surgical intensive care unit

Physician
Assistants

report

OFFICIAL NEWSLETTER OF
THE NEW YORK STATE NURSES ASSOCIATION

Vol. 7, No. 12, December 1976

BOARD REAFFIRMS: PHYSICIAN'S ASSISTANTS NOT M.D. SUBSTITUTE

Effective August 1976, the New York State Health Department amended regulations of the Public Health Law increasing physician's assistant authority to write prescriptions and medical orders. According to these regulations, prescriptions written by physician's assistants require no physician countersignature. With regard to medical orders, the regulations specify that in the hospital setting, orders written by a physician's assistant "shall be countersigned by the supervising physician within twenty-four hours but such countersignature shall not be required prior to execution of any such order".

NYSNA, numerous legislators and a number of health organizations including the Medical Society of the State of New York protested promulgation of these regulations - but to no avail.

In December NYSNA was advised that in November 1976 State Education Department's Office of Counsel stated in an interdepartmental memorandum, "Unless a nurse or pharmacist has some particular reason to question a prescription, medical order or medical regimen ordered by an RPA I would expect them to execute it as though it were ordered directly by the physician." In addition, Department representatives indicated this statement would receive widespread distribution through a Department newsletter.

THE NEW YORK STATE NURSES ASSOCIATION'S STATEMENT ON THE PHYSICIAN'S ASSOCIATE AND SPECIALIST'S ASSISTANT

(Approved by the Board of Directors 1/31/72)
(Re-affirmed by the Board of Directors 12/10/76)

The emergence of two new categories of health workers in New York State, the physician's associate and specialist's assistant, is unquestionably a tribute to the medical profession's concern and vision regarding the increasing demand for medical care services. This development documents clearly that profession's recognition of the deleterious consequences of the unavailability of such services to the people of this state. Further, it reflects the medical profession's commitment and determination to improve the present unsatisfactory situation.

The New York State Nurses Association has long supported the concept of a clearly identified assistant to the physician.* The Association wishes to reaffirm that support and to welcome these new members of the health care team. Obviously, implementation of these roles will not only enhance medical practice, but more importantly will provide for more effective utilization of the unique talents and services of nursing practitioners. Therefore, the Association pledges every cooperation in the orderly and efficient integration of these workers into the health care delivery system. In order to augment such

(continued page 2)

NYSNA'S POSITION STATEMENT ON PHYSICIAN'S ASSISTANTS CONT.

integration the Association wishes to clarify its position on this development as it relates to the nursing profession.

The Association's position is as follows:

1. *The role of the nursing practitioner is not synonymous with that of the physician's associate or the specialist's assistant.*

The Association is compelled to emphasize this distinction in light of the persistent lack of understanding and recognition of the nature of nursing practice. Nursing practitioners, physicians and physician's associates - indeed, all health care workers - must necessarily share common bodies of knowledge and overlapping areas of functional expertise. However, to assume "interchangeability" of roles is to deny the uniqueness of each, thus diminishing the capability for meeting society's complex health care needs.

2. *The physician's associate or specialist's assistant is not a substitute for the physician.*

The Association recognizes the right of the medical profession to determine those medical acts which may be safely delegated to physician's assistants. Similarly, as an independent profession, nursing reserves the right to determine from whom it shall accept "delegation". Hence, nursing practitioners shall continue to execute those medical regimens prescribed only by a licensed or otherwise legally authorized physician or dentist.

In view of the original intent of the physician's assistant role, i.e., to increase the availability of medical care services to the public, the Association questions the rationale for consideration of assigning the assistant to write medical orders. It would appear that such utilization unnecessarily limits the assistant's involvement in direct services to patients. However, if the medical profession deems it appropriate to assign to the physician's assistant the task of writing medical orders, then the Association believes it appropriate for the physician's assistant to also carry out those orders.

3. *The salary schedules for physician's assistants should reflect not only health care costs in general and the particular skills and competencies required for these positions, but also equitable relationships with the salaries and fees of other health workers.*

In keeping with its long-standing policy the Association will continue to insure appropriate financial compensation for services rendered by nursing practitioners and maintain an appropriate relationship between nurses' salaries and fees and those of other members of the health care team. The Association will scrutinize very carefully the impact of salary schedules of the physician's assistant on the recruitment and retention of other members of the health care team.

The New York State Nurses Association endorses the view of the American Nurses' Association relative to the physician's assistant.¹ This Association also supports the American Nurses' Association's attempt to maintain dialogue on this matter with the American Medical Association and the American Hospital Association. Consistent with this, the New York State Nurses Association shall continue its effort toward comparable collaboration with the Medical Society of the State of New York, and the Hospital Association of New York State and those state governmental agencies charged with implementation of physician's assistant legislation.

*Hereafter in this statement the term "physician's assistant" shall refer to the physician's associate and specialist's assistant.

¹American Nurses' Association, *The American Nurses Association Views the Emerging Physician's Assistant*. The Association, New York, December 1971.

CONFERENCE ON LONG TERM CARE SCHEDULED; NYSNA ONE OF CO-SPONSORS

NYSNA is among the co-sponsors of a day-long program entitled: "Conference on Long Term Care: The Aftermath of the Nursing Home Inquiries: What Has Happened to Long Term Care For The Chronically Ill?" The Conference is scheduled for February 24, 1977 at The New York Academy of Medicine, 2 East 103rd Street in Manhattan.

In addition to the New York Academy of Medicine and NYSNA, the other co-sponsors are: The New York City Chapter, National Association of Social Workers and The Department of Health, Education and Welfare - Regional Office of Long Term Care. The registration fee, which includes luncheon, is \$20. Registration should be made through The New York Academy of Medicine.

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Conference Chairman John M. Cotton, MD, has said that the day's program will "deal with multilevels and options of care of the chronically ill, explore means to improve the quality of such services, and focus attention on financing." He added that the Conference "will emphasize the concern with the entire spectrum of chronic care rather than on the nursing home facet, since the problem can only be ameliorated by a continuum of services and facilities."

Among the speakers are New York nurses Thelma J. Wells, Ruthie L. Hunt, Helen B. McNerney, Eleanor Kay, and Sister Marie Celeste Allen, NYSNA's Nursing Practice and Services Program Director. Also scheduled is Faye G. Abdellah, PhD, RN.

Physician
Assistants

THE NEW YORK STATE NURSES ASSOCIATION

Amendment to the Official Compilation of Codes, Rules and Regulations
of the State of New York Relative to the Physician's Associates,
Effective March 27, 1972*

Pursuant to the authority vested in the Commissioner of Health by s 3701 of the
Public Health Law, I hereby amend the heading of Subchapter M of the administrative
Rules and Regulations contained in Chapter 11, Title 10 (Health) of the Official
Compilation of Codes, Rules and Regulations of the State of New York, and add new
Part 94 thereto, this 27th day of March, 1972, to be effective upon filing with the
Secretary of State, to read as follows:

Subchapter M

Physician's Associates; Prohibited Discrimination
in Hospital Staff Appointments and Privileges

PART 94

PHYSICIAN'S ASSOCIATES

Section 94.1 Definitions. As used in this Part:

(a) Registered physician's associate means an individual who is currently
registered as a physician's associate by the New York State Department of
Education. The education, training and experience of a registered physician's
associate, while including a basic core of didactic and clinical training in
general medicine, may during some phase have emphasized activities, techniques
and procedures more commonly associated with a particular clinical field. Based
on his education, training and experience background, a registered physician's
associate will be identified in one or more of the following clinical fields at
the time of his registration:

(1) Medicine. A registered physician's associate so identified is con-
sidered appropriate to work under the supervision of a qualified physician
engaged in clinical practice.

(2) Surgery. A registered physician's associate so identified is most
appropriate to work under the supervision of a qualified physician engaged in a
general or specialty surgical practice.

(3) Pediatrics. A registered physician's associate so identified is most
appropriate to work under the supervision of a qualified physician engaged in a
pediatric practice.

(4) Obstetrics - gynecology. A registered physician's associate so identified
is most appropriate to work under the supervision of a qualified physician engaged
in either an obstetric or gynecologic practice or both.

* Copied from April 4, 1972 New York State Department of Health Memorandum and
Attachments, Amendment to Administrative Rules and Regulations.

Physician
Assistants

(b) **Hospital** means an institution or facility possessing a valid operating certificate issued pursuant to article 28 of the Public Health Law and authorized to employ physician's associates pursuant to Part 707 of the State Hospital Code.

(c) **Physician** means a practitioner of medicine licensed to practice medicine pursuant to article 131 of the Education Law.

94.2 **Supervision and scope of duties.** (a) A registered physician's associate may perform medical services but only when under the supervision of a physician. Such supervision shall be continuous but shall not necessarily require the physical presence of the supervising physician at the time and place where the services are performed.

(b) **Medical acts, duties and responsibilities performed by a registered physician's associate must:**

- (1) be assigned to him by the supervising physician;
- (2) be within the scope of practice of the supervising physician; and
- (3) be appropriate to the education, training and experience of the registered physician's associate.

(c) No physician may employ or supervise more than two registered physician's associates and two specialist's assistants in his private practice.

(d) No physician may supervise more than six registered physician's associates or registered specialist's assistants or any combination thereof employed by a hospital.

(e) A registered physician's associate employed or extended privileges by a hospital may, if permissible under the by-laws, rules and regulations of the hospital, write medical orders, including those for narcotic, stimulant and depressant drugs, for in-patients under the care of the physician responsible for his supervision. In every case, medical orders so written must be countersigned by the supervising physician within 24 hours, but do not require countersignature by the supervising physician before execution.

(f) A physician supervising or employing a registered physician's associate shall remain medically responsible for the medical services performed by the registered physician's associate whom such physician supervises or employs.

Copied:wmb
1/10/73

MAR 31 1977

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12230

STATE BOARD FOR MEDICINE
518-476-3841

EXCERPTS FROM THE EDUCATION LAW
RELATING TO PHYSICIAN'S ASSISTANTS AND SPECIALIST'S ASSISTANTS

Attached are excerpts from the Education Law, relating to physician's assistants and specialist's assistants.

Those who have need to ascertain the precise status of the Law at a particular time may wish to consult McKinney's Consolidated Laws of New York, Annotated, Book 16, Education Law, #5501 to End. This reference is supplemented annually and is available in most libraries.

Sections of the Rules of the Board of Regents, the Regulations of the Commissioner of Education, and the State Hospital Code also govern the practice of physician's assistants and specialist's assistants in New York State. For this information, you may wish to consult the Official Compilation of Codes, Rules and Regulations of the State of New York, published under the direction of the Department of State. The Official Compilation is supplemented monthly and is available in many libraries.

Physician
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THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
Division of Professional Licensing Services

AMENDED REGULATIONS:

Part 94, Administrative Rules and Regulations contained in Subchapter M, Chapter 2, Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York has been amended effective August 23, 1976. Subdivision (e) of Section 94.2 has been REPEALED and a new Subdivision (e) has been added to read as follows:

- (e) prescriptions and medical orders may be written by a registered physician's assistant as provided in this subdivision when assigned by the supervising physician.
- (1) Except for controlled substances as listed under federal and state controlled substance acts a registered physician's assistant may write prescriptions for a patient who is under the care of the physician responsible for the supervision of the registered physician's assistant.
 - (i) The prescription should be written on the blank of the supervising physician and should include name, address and telephone number of the physician. The prescription should also bear the name, address and age of the patient and the date on which the prescription was written.
 - (ii) The registered physician's assistant should sign such prescription by printing the name of the supervising physician, printing his own name and additionally signing his own name followed by the letters RPA and his registration number.
- (2) An RPA employed or extended privileges by a hospital may if permissible under the bylaws, rules and regulations of the hospital write medical orders including those for controlled substances for in-patients under the care of the physician responsible for his supervision. In every case medical orders so written shall be countersigned by the supervising physician within twenty-four hours but such countersignature shall not be required prior to the execution of any such order.

Physician
Assistants

November 10, 1976

TO: Mildred S. Schmidt

FROM: Don Meserve (Associate Attorney under Office of Counsel)

RE: Amendment to Public Health Law Part 94 Administrative Rules and Regulations

Mr. Stone has requested that I reply on his behalf to your memo of November 1, 1976. I do not believe the new Health Department Regulations (Section 94.2 - e) governing the writing of prescriptions and medical orders by registered physician's assistants should pose any serious problem for nurses or pharmacists. The RPA is functioning under the supervision of a physician and in a sense as the physician's agent. Unless a nurse or pharmacist has some particular reason to question a prescription, medical order or medical regimen ordered by an RPA I would expect them to execute it as though it were ordered directly by the physician.

wmb (dictated)
12/1/76

OVER

-3-

Certification and licensure are not identical. Certification is the process by which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association. ANA Certification program recognizes nurses who have achieved excellence in clinical practice. It is recognition of achievement, not entrance into the practice of the field.

Satisfactory performance on a physician's assistant exam may or may not be accepted by a state as standard for regulating physician's assistants. Therefore, the certifying exam is not a legal sanction to practice. In view of the moratorium on licensure of new health personnel supported by HEW, AHA, ANA, and AMA, it is unlikely that individual physician's assistants licensure will be undertaken by the states in the near future.

In summary, if a nurse decides to become a physician's assistant, the nurse:

1. will not be licensed as an individual
2. cannot determine the scope of his practice, and his practice may well be limited to physical diagnosis and assessment
3. is not responsible to the patient for care given, but is accountable to the employing physician.

The career promotion and career development of the physician assistant is dependent entirely on the good will of physicians. It is doubtful that the physicians in the long run will enthusiastically promote this concept since it ties into their own economic advancement. Nursing on the other hand has a long history of contributing to health care and with increasing societal value on women's contribution and with equal pay for equal work becoming more the accepted goal, the future hopefully is bright economically for general welfare of the clinical practice of nursing.

In the final analysis the distinction between nursing practice and medical practice is noted by Barbara Schutt, former editor of the American Journal of Nursing, "is the different emphasis of practice, the nurses' emphasis on the psychosocial needs of patients rather than just the pathological; its emphasis on preserving wellness rather than just curing sickness; its emphasis on the whole patient, his family, his community, rather than an isolated organ; its emphasis on coordinating total health care rather than giving just isolated bits of care."

BB:dy
7-0-73

Physician
Assistants

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NURSES, IN THE EXTENDED ROLE, ARE NOT PHYSICIAN'S ASSISTANT

Nurses recently have been invited to participate in the Physician's Assistant Certification Program of the National Board of Medical Examiners. As a result of this invitation, ANA members have asked for clarification of the differences between the physician's assistant and the nurse practitioner.

In 1970 the American Medical Association Board of Trustees defined the physician's assistant: "The physician's assistant is a skilled person qualified by academic and practical training to provide patient services under the supervision and direction of a licensed physician who is responsible for the performance of that assistant." In 1971, the ANA Board of Directors stated, "the term physician's assistant should not be applied to any of the nurse practitioners being prepared to function in an extension of the nursing role."

The basic length of preparation for a physician's assistant generally ranges between four months and four years. Currently, these programs are not evaluated, not standardized and not accredited. Accreditation is a process by which an agency or organization evaluates and recognizes an institution or program of study as meeting certain predetermined criteria standards. Recently the AMA has begun the process of accrediting some of the physician assistants programs. On the other hand, a nurse has completed basic nursing program which has been evaluated and approved by the Board of Nursing in the respective state, in addition, accredited, in most instances, by the National League for Nursing. To become a practitioner, the nurse has acquired increased knowledge and clinical experience in a formal education program.

The term "nurse practitioner" refers to one who has completed the program of study leading to competence as a registered nurse in an expanded role whose responsibility encompasses:

1. Obtaining a health history
2. Assessing health-illness status
3. Entering a person into the health care system
4. Sustaining and supporting persons who are impaired, infirm, or ill and during programs of diagnosis and therapy.