

1  
2  
3 Title: Transparency of Practice Agreements Between Physicians and  
4 Non-Physicians

5  
6 Introduced by: David Whalen, MD, for the Kent County Delegation

7  
8 Original Author: Megan Edison, MD

9  
10 Referred To: Reference Committee B

11  
12 House Action: **APPROVED**  
13

---

14  
15 Whereas, MSMS has long recognized the value of non-physician providers, including  
16 physician assistants and nurse practitioners, as an important part of the physician-led health care  
17 team, and

18  
19 Whereas, Michigan law requires a practice agreement between physicians and non-  
20 physician providers, and

21  
22 Whereas, this practice agreement is essential, and ensures that every non-physician  
23 practicing medicine has a licensed physician available for patient consultation and oversight should  
24 the patient issue be beyond the non-physician provider’s scope of practice in education, training,  
25 or experience, and

26  
27 Whereas, most Michigan physicians care for patients with non-physician providers in a  
28 professional, open, safe, patient-centered, physician-led manner with appropriate chart review and  
29 accessibility for consultation, some practice agreements are opaque without clear evidence of  
30 physician involvement, and

31  
32 Whereas, transparency of non-physician provider credentials and easy identification of the  
33 physician who has entered into practice agreement with the non-physician provider is essential for  
34 patient autonomy, safety, and informed consent; therefore be it

35  
36 RESOLVED: That MSMS support public transparency of practice agreements, or lack of such  
37 agreements, between physicians and non-physician providers (such as nurse practitioners and  
38 physician assistants), as a reflection of our professionalism and commitment to patient safety in a  
39 physician-led care model; and be it further

40  
41 RESOLVED: That MSMS support state legislation to achieve transparency of practice  
42 agreements between physicians and non-physician providers, or lack of such agreements, in a  
43 manner easily accessible to patients, in the form of website and/or marketing material disclosures,  
44 so that patients may be informed of the credentials of their entire care team.  
45

---

46  
47 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$16,000-\$32,000 for legislative advocacy.

## **Relevant MSMS Policy:**

### **Clear Identification of Health Worker Position/Title with ID Tags**

MSMS supports that physicians, nurses and other health providers wear a clearly visible photo identification badge that states their credentials in large block letters with descriptions such as "physician," "nurse," "physician assistant," "nurse practitioner," and that the badges be worn at all times when in contact with patients. (Res50-11)

## **Relevant AMA Policy:**

### **Practice Agreements Between Physicians and Advance Practice Nurses and the Physician to Advance Practice**

Our AMA will: (1) continue to work with the Federation in developing necessary state advocacy resource tools to assist the Federation in: (a) addressing the development of practice agreements between practicing physicians and advance practice nurses, and (b) responding to or developing state legislation or regulations governing these practice agreements, and that the AMA make these tools available on the AMA Advocacy Resource Center Web site; and (2) support the development of methodologically valid research comparing physician-APRN practice agreements and their respective effectiveness.

### **Definition and Use of the Term Physician H-405.951**

Our AMA:

1. Affirms that the term physician be limited to those people who have a Doctor of Medicine, Doctor of Osteopathic Medicine, or a recognized equivalent physician degree and who would be eligible for an Accreditation Council for Graduate Medical Education (ACGME) residency.
2. Will, in conjunction with the Federation, aggressively advocate for the definition of physician to be limited as defined above:
  - a. In any federal or state law or regulation including the Social Security Act or any other law or regulation that defines physician;
  - b. To any federal and state legislature or agency including the Department of Health and Human Services, Federal Aviation Administration, the Department of Transportation, or any other federal or state agency that defines physician; and
  - c. To any accrediting body or deeming authority including the Joint Commission, Health Facilities Accreditation Program, or any other potential body or authority that defines physician.
3. Urges all physicians to insist on being identified as a physician, to sign only those professional or medical documents identifying them as physicians, and to not let the term physician be used by any other organization or person involved in health care.
4. Ensure that all references to physicians by government, payers, and other health care entities involving contracts, advertising, agreements, published descriptions, and other communications at all times distinguish between physician, as defined above, and non-physicians and to discontinue the use of the term provider.
5. Policy requires any individual who has direct patient contact and presents to the patient as a doctor, and who is not a physician, as defined above, must specifically and simultaneously declare themselves a non-physician and define the nature of their doctorate degree.
6. Will review and revise its own publications as necessary to conform with the House of Delegates' policies on physician identification and physician reference and will refrain from any definition of physicians as providers that is not otherwise covered by existing Journal of the American Medical Association (JAMA) Editorial Governance Plan, which protects the editorial independence of JAMA.
7. Actively supports the Scope of Practice Partnership in the Truth in Advertising campaign

### **Truth in Advertising H-405.964**

1. AMA policy is that any published lists of "Best Physicians" should include a full disclosure of the selection criteria, including direct or indirect financial arrangements.
2. Our AMA opposes any misappropriation of medical specialties' titles and work with state medical societies to advocate for states and administrative agencies overseeing nonphysician providers to authorize only the use of titles and descriptors that align with the nonphysician providers' state issued licenses.

### **Definition of a Physician H-405.969**

1. The AMA affirms that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine.
2. AMA policy requires anyone in a hospital environment who has direct contact with a patient who presents himself or herself to the patient as a "doctor," and who is not a "physician" according to the AMA definition above, must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.
3. Our AMA actively supports the Scope of Practice Partnership in the Truth in Advertising campaign.

### **Clarification of the Title "Doctor" in the Hospital Environment D-405.991**

1. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint Commission develop and implement standards for an identification system for all hospital facility staff who have direct contact with patients which would require that an identification badge be worn which indicates the individual's name and credentials as appropriate (i.e., MD, DO, RN, LPN, DC, DPM, DDS, etc), to differentiate between those who have achieved a Doctorate, and those with other types of credentials.
2. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint Commission develop and implement new standards that require anyone in a hospital environment who has direct contact with a patient who presents himself or herself to the patient as a "doctor," and who is not a "physician" according to the AMA definition (H-405.969, ?that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine?) must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.
3. Our AMA will request the American Osteopathic Association (AOA) to (1) expand their standards to include proper identification of all medical staff and hospital personnel with their applicable credential (i.e., MD, DO, RN, LPN, DC, DPM, DDS, etc), and (2) Require anyone in a hospital environment who has direct contact with a patient presenting himself or herself to the patient as a "doctor", who is not a "Physician" according to the AMA definition (AMA Policy H-405.969 .. that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine) must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.