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3 Title: Dedicated On-Site Physician Requirement for Emergency Departments  
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5 Introduced by: David Whalen, MD, for the Grand Traverse-Leelanau-Benzie County  
6 Delegation  
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8 Original Author: Leah Davis, DO  
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10 Referred To: Reference Committee B  
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12 House Action: **APPROVED AS AMENDED**  
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15 Whereas, patients seeking emergency medical care should seek care at facilities prepared to  
16 offer evaluation and medical diagnosis of undifferentiated acute symptoms, recognition and  
17 stabilization of emergency conditions, appropriate emergency treatment when available and/or  
18 transfer to a higher level of care for emergency conditions when appropriate, and  
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20 Whereas, facility designations using the term "emergency" within their title may be assumed  
21 by laypersons or medical professionals to imply the ability to offer all of the above emergency  
22 duties and services, and  
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24 Whereas, in the state of Michigan physicians are the only health professionals authorized to  
25 practice medicine without limitation, and  
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27 Whereas, the shift from "supervision" to "collaboration" of non-physician practitioners (e.g.,  
28 APRNs, PAs, and CRNAs) in Michigan, may imply a lower degree of physician involvement in the  
29 care of the patient inasmuch as, collaboration may imply mere consultation of the physician only  
30 when deemed necessary by the NPP which is inadequate in the setting of acute medical care  
31 because NPPs have not been trained in the great breadth of medicine, as have physicians, and  
32 cannot consistently recognize all acute emergency situations in which immediate physician care is  
33 required, and  
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35 Whereas, every patient presenting to a facility in Michigan which represents itself as a place  
36 where patients can seek emergency medical care should be under the direct and real-time care of a  
37 licensed physician including the on-site and real-time supervision of NPPs, and  
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39 Whereas, despite an overall physician deficit, there is not a lack of emergency medicine  
40 (EM) physician workforce as there is a predicted surplus of EM physicians by the year 2030;  
41 therefore be it  
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43 RESOLVED: That MSMS pursue the enactment of legislation or regulation requiring all  
44 facilities in the state of Michigan that imply the provision of emergency medical care have the real-  
45 time, on-site presence of a physician, and on-site supervision of non-physician practitioners (e.g.,  
46 APRNs, PAs, and CRNAs, as defined by CMS) by a licensed physician with training and experience in  
47 emergency medical care whose primary duty is dedicated to patients seeking emergency medical  
48 care in that emergency department, and be it further

49 RESOLVED: That the MSMS Delegation to the American Medical Association (AMA) ask our  
50 AMA to pursue the enactment of legislation or regulation requiring all facilities that imply the  
51 provision of emergency medical care have the real-time, on-site presence of a physician, and on-  
52 site supervision of non-physician practitioners (e.g., APRNs, PAs, and CRNAs, as defined by CMS) by  
53 a licensed physician with training and experience in emergency medical care whose primary duty is  
54 dedicated to patients seeking emergency medical care in that emergency department.  
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57 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$16,000-\$32,000

**Relevant MSMS Policy:**

**Non-Physician Practitioner Use Rules**

MSMS supports daily physician supervision of all non-physician practitioners who provide care to hospitalized patients as documented by a signature.

**Nursing: Scope of Practice**

MSMS opposes the practice of medicine by independent nurse practitioners. MSMS supports the establishment of written protocols between the physician and nurse practitioner.

**Relevant AMA Policy:**

**Physician and NonPhysician Licensure and Scope of Practice D-160.995**

1. Our AMA will: (a) continue to support the activities of the Advocacy Resource Center in providing advice and assistance to specialty and state medical societies concerning scope of practice issues to include the collection, summarization and wide dissemination of data on the training and the scope of practice of physicians (MDs and DOs) and nonphysician groups and that our AMA make these issues a legislative/advocacy priority; (b) endorse current and future funding of research to identify the most cost effective, high-quality methods to deliver care to patients, including methods of multidisciplinary care; and (c) review and report to the House of Delegates on a periodic basis on such data that may become available in the future on the quality of care provided by physician and nonphysician groups.
2. Our AMA will: (a) continue to work with relevant stakeholders to recognize physician training and education and patient safety concerns, and produce advocacy tools and materials for state level advocates to use in scope of practice discussions with legislatures, including but not limited to infographics, interactive maps, scientific overviews, geographic comparisons, and educational experience; (b) advocate for the inclusion of non-physician scope of practice characteristics in various analyses of practice location attributes and desirability; (c) advocate for the inclusion of scope of practice expansion into measurements of physician well-being; and (d) study the impact of scope of practice expansion on medical student choice of specialty.
3. Our AMA will consider all available legal, regulatory, and legislative options to oppose state board decisions that increase non-physician health care provider scope of practice beyond legislative statute or regulation.