2011 SENATE JUDICIARY

SB 2293

2011 SENATE STANDING COMMITTEE MINUTES

Senate Judiciary Committee
Fort Lincoln Room, State Capitol

SB2293
1/31/11
Job #13689

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

Relating to signature requirements for death certificates

Minutes: There is attached written testimony

Senator O'Connell – Introduces the bill and explains the changes it will make.

Jeff Brose – Owner of a funeral home in Mohall ND - See written testimony.

Senator Sitte – Asks why the coroner isn't called on the death.

Brose – Responds, that the coroner was out of town so then it goes to the sheriff.

Senator Olafson – Asks if when the physician assistant pronounces him dead if that is a legal action or a medical decision. He asks what safeguards are in place that a trained medical professional with the proper credentials actually pronounces someone dead.

Brose – Explains in nursing homes the nurses can't declare them dead. They call the PA and tell him.

Senator Nelson- Relates her experience with a PA at her doctor's office. They have elevated what a PA can do.

Brose – Says that in the small towns you find the PA's picking up more and more on what the doctor's did.

Close the hearing on 2293

Senator Olafson moves a do pass
Senator Lyson seconds

Roll call vote – 6 yes, 0 no
Motion passes

Senator Olafson will carry

Date: 1/31
Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2293

Senate Judiciary Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By S. Olafson Seconded By S. Lyson

Senators	Yes	No	Senators	Yes	No
Dave Nething - Chairman	X		Carolyn Nelson	X	
Curtis Olafson – V. Chairman	X				
Stanley Lyson	X				
Margaret Sitte	X				
Ronald Sorvaag	X				

Total (Yes) _____ No _____

Absent _____

Floor Assignment S. Olafson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2293: Judiciary Committee (Sen. Nething, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2293 was placed on the Eleventh order on the calendar.

2011 HOUSE JUDICIARY

SB 2293

2011 HOUSE STANDING COMMITTEE MINUTES

House Judiciary Committee
Prairie Room, State Capitol

SB 2293
March 16, 2011
15496

☐ Conference Committee

Committee Clerk Signature DPenrose

Minutes:

Chairman DeKrey: We will open the hearing on SB 2293.

Jeff Brose, Funeral Home Director: Support (see attached 1,2). Explained the bill.

Rep. Delmore: If you look at the top of page 3, from the person responsible for the medical certification. Are there other areas where we need to make those same specific changes or is that not the problem.

Jeff Brose: I think this covers it. I know under the coroner statute, PA's, in current statute, can sign if they are named the coroner. But for a general hospital or nursing home death, our current law does not allow for PA's to sign, this bill will.

Rep. Delmore: Nurse practitioners are already included in all the ways necessary.

Jeff Brose: I think it was back in 2003, that a bill went through for the nurse practitioners to sign and that passed. This is based on what they did in 2003.

Chairman DeKrey: Thank you. Further testimony in support.

Kate Larson, Physician Assistant: Support (see attached 3).

Rep. Koppelman: I assume that physicians have no objection to this either, as far as you know.

Kate Larson: I did visit with the ND Board of Medical Examiners before coming and testifying today. They did not have a problem with us supporting this bill.

Chairman DeKrey: Thank you. Further testimony in support. Testimony in opposition. We will close the hearing. We'll take a look at SB 2293.

Rep. Delmore: I move a Do Pass.
Rep. Koppelman: Second the motion.

12 YES 0 NO 2 ABSENT DO PASS CARRIER: Rep. Koppelman

Date: 3/16/11
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2293

House JUDICIARY Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☑ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Delmore Seconded By Rep. Koppelman

Representatives	Yes	No	Representatives	Yes	No
Ch. DeKrey	✓		Rep. Delmore	✓	
Rep. Klemin	✓		Rep. Guggisberg	✓	
Rep. Beadle			Rep. Hogan	✓	
Rep. Boehning	✓		Rep. Onstad	✓	
Rep. Brabandt	✓				
Rep. Kingsbury	✓				
Rep. Koppelman	✓				
Rep. Kretschmar	✓				
Rep. Maragos	·				
Rep. Steiner	✓				

Total (Yes) 12 No 9

Absent 2

Floor Assignment Rep. Hogan

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2293: Judiciary Committee (Rep. DeKrey, Chairman) recommends **DO PASS** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). SB 2293 was placed on the Fourteenth order on the calendar.

2011 TESTIMONY

SB 2293

Re: SB2293 amending the ND Century Code to include Physician Assistants to the list of who may sign a death certificate.

Mr. Chairman Dave Nething, Mr. Vice Chairman Curtis Olafson, and other members of the Senate Judiciary Committee, my name is Jeff Brose; I own the funeral home in Mohall, ND. I have owned the funeral home since purchasing it in November of 2004, and been a licensed funeral director since October of 1989.

I am asking you to support the changes proposed in Senate Bill 2293. Our century code regarding who may sign a death certificate has a "gap" in it that needs to be addressed. PAs need to be added to the list of who may sign a death certificate. Our Century Code needs to match what is going on in reality on the prairies of North Dakota.

A little History

Mohall had a hospital, the Renville-Bottineau Memorial Hospital, beginning in the early 1950s. The doors closed in the early 1990s. When I first purchased the funeral home, the Clinic was open and staffed by Larry Cook PA. There was a period in which the Minot Center for Family Medicine staffed the clinic and saw the residents of the nursing home. There was also a period of time in which the clinic closed and a doctor from Kenmare treated the residents of the nursing home. Trinity Medical Center in Minot is now operating it as the Trinity Community Clinic-Mohall, and it is staffed by Dick Paige PA. The Good Samaritan Society nursing home in Mohall is served by Dr. Jesse Sabiiti MD (of Kenmare) and Dick Paige PA (of the Mohall clinic). Mohall's "Doctor" is a PA, and the nursing home is served by a Doctor and a PA.

In the six+ years I've had the funeral home, I've run into a few problems when there has been a death. Allow me to explain how these problems have affected me and the families I serve.

The Doctor is out of town

In December of 2007, I had two deaths under the old death certificate system. Jesse Sabiiti MD, of Kenmare, and Dick Paige PA, Mohall's primary caregiver, see and treat patients at the Good Samaritan Society nursing home in Mohall on alternating Wednesdays. When I sent the death certificate to Dr. Sabiiti, I found out he was vacationing in Africa for three weeks (He is from Africa). Dick Paige PA not only saw and treated these patients; he was the one who pronounced them dead. In these two cases, Jody Olson, a Nurse Practitioner in Kenmare, signed the death certificates based on the medical records. Jody Olson never once saw or treated these patients. Dick Paige PA did see, treat and declare these patients dead. He should have been able to sign the death certificate.

What the Administrative Code states:

Article 33-04-09-02. Attending physician not available. An associate physician who relieves the attending physician while the attending physician is on vacation or otherwise unavailable may certify to the cause of death in any case where the associate physician has access to the medical history of the case, provided that the associate physician views the deceased at or after death and that the death is from natural causes. In all other cases in which a physician is unavailable, the coroner shall prepare and file the medical certification of cause of death. General Authority: NDCC 23-02.1-04, 28-32-02 Law Implemented: NDCC 23-02.1-19(3)

Under the new Electronic Death Registration System, I can get the "Facts of Death" certificates right away; these certificates have the name, social security number, but no cause of death. There have been other times that I, and the families I serve, have had to wait for Dr. Sabiiti to return from a 3+ week African trip to get the death certificates with the cause of death. Dick Paige PA is seeing, treating and declaring dead, these very same patients in Dr. Sabiiti's absence. He should be allowed to sign the death certificate.

What the Century Code states:

23-02.1-19. Death registration. Item 3. The medical certification must be completed and filed using the electronic death registration system within fifteen days after death by the physician or nurse practitioner in charge of the patient's care for the illness or condition which resulted in death except when inquiry is required by the local health officer or coroner.

In these instances, I, and the families I serve, must wait longer than 15 days to receive the full death certificates. There's no reason that Dick Paige PA should not be able sign these death certificates.

Home Deaths

Physician Assistants are providing more and more patient care. There are many elderly citizens with chronic conditions living in Mohall and surrounding communities whose primary caregiver is a PA. Occasionally, they die at home.

I had 90+ year-old-woman die at home. According to the family, her last medical visit was to Dick Paige PA. Due to her age and deteriorating health, PA Paige's recommendation at that time was that she be placed in the nursing home. The family declined and cared for her at home. The Sheriff's deputy was there. The Renville County Coroner, a retired MD, was out of town and not available. We called the State Medical Examiners office and they didn't feel an autopsy was necessary. We were told to refer it back to her last attending physician, which in this case was a PA. I called Dick Paige who knew her history; again, he can't sign the death certificate. I called Dr. Sabiiti in Kenmare, who never once saw her, and asked if he would sign the DC based on Dick Paige's medical records. He agreed. Dick Paige PA should have been able to sign the death certificate.

I recently had a death of an elderly woman who died at home. She called her home health nurse and said she wasn't feeling well. The home health nurse drove to her house and found her unresponsive. The ambulance was there and left, the Renville County Sheriff was there, and again, the Renville County Coroner was out of town and unavailable. Due to age and medical conditions based on prescription pill bottles around the house, the State Medical Examiners Office said no autopsy was necessary. Barry Vannatta, the Renville County Sheriff, signed the death certificate, which is permissible under 2009's SB2168. His expertise is law enforcement, not medicine. The State Medical Examiners Office told him what to list as the cause of death. She, too, was a patient of Dick Paige PA; he should have been able to sign her death certificate.

I've done some internet research on PAs vs. Nurse Practitioners and their scope of practice. There are a few differences: Nurse Practitioners practice autonomously and in collaboration with health care professionals while Physician Assistants work as members of physician-directed teams. PAs seek and embrace a physician-delegated scope of practice. This per the American Academy of Nurse Practitioners and the American Academy of Physician Assistants. (Copies attached) PAs may only do what has been delegated to them. Recent legislation indicates that PAs are being granted more and more responsibilities: the 2009 Legislative Assembly passed SB2180, approving PA's to

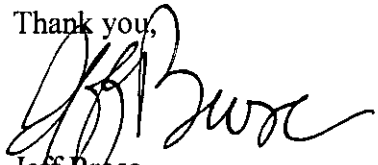
prescribe Level II drugs. Also approved was the increase in the number of PAs that may serve under one MD per Article 50-03-01-09.2.

The passage of SB2293 is not an attempt to usurp power and authority from the MD. Some MDs may not delegate to their PAs the authority to sign death certificates. Other MDs may say to the PA, "Go ahead and sign the death certificate." But, we can't get to that point unless SB2293 is passed.
During the 2003 Legislative Session, HB1481 added Nurse Practitioners to the list of who may sign a death certificate; it passed and became law. It is now time to add PAs to that list. If PAs can see, treat, and declare patients dead, PAs ought to be able to sign the death certificate.

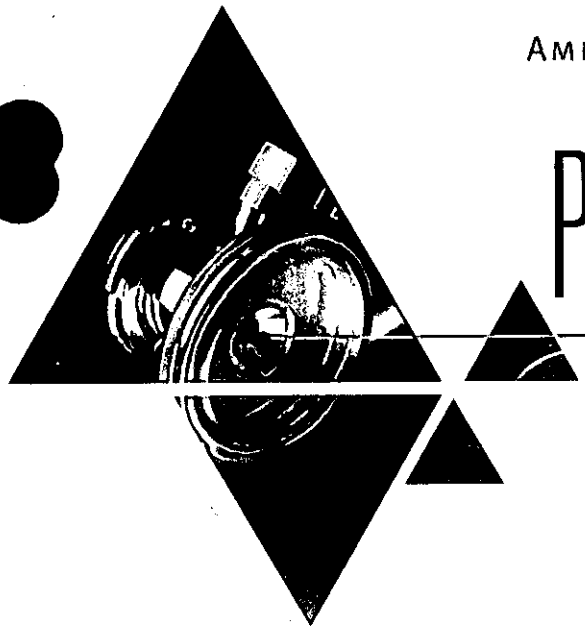
I also checked with the three states surrounding North Dakota. Montana and South Dakota allow PAs to sign death certificates while Minnesota does not.

In conclusion, PAs are providing more and more healthcare in rural areas. There are "gaps" in our Century Code that need attention. Our Century Code needs to match up with what is going on in reality on the prairies of North Dakota. The passage of SB2293 would greatly help me, and the families I serve, in obtaining the death certificates. Thank you for your consideration and I urge you to vote "yes" on SB2293.

Thank you,



Jeff Brose
Brose Funeral Home
Mohall, ND



PROFESSIONAL ISSUES

ISSUE BRIEF

PHYSICIAN ASSISTANT SCOPE OF PRACTICE

Each physician assistant's (PA's) scope of practice is defined by education and experience, state law, facility policy and physician delegation. Working as members of physician-directed teams, PAs seek and embrace a physician-delegated scope of practice. State laws allow physicians broad delegatory authority, which fosters customized team care. Educated in the medical model, PAs practice with physicians in every specialty and setting. In facilities, PAs are usually credentialed and privileged through the medical staff.

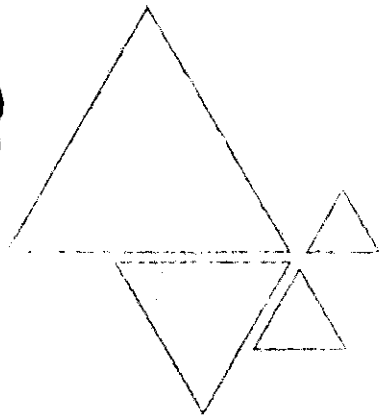
PAs are educated in the medical model and work as members of physician-directed teams. But what exactly do PAs do? And who decides?

The boundaries of each PA's scope of practice are determined by four parameters: education and experience; state law; facility policy; and the supervising physician's delegatory decisions. Each boundary must be adequately constructed in order to promote effective patient-centered care.

THE PA'S EDUCATION AND EXPERIENCE

PA scope of practice should always be limited to those tasks for which they are adequately prepared. This preparation is achieved through education and training in an accredited PA program, working with physicians in clinical practice and continuing medical education (CME).

PA education is modeled on physician education. Matriculants to PA programs must have completed at least two years of undergraduate courses in basic science and behavioral science as prerequisites to PA training. This is analogous to premedical studies required of medical students. PA programs are located at medical schools and teaching hospitals, and PA students commonly share classes, facilities and clinical rotations with medical students.



PAs seek and embrace a physician-delegated scope of practice.

PA educational training is intensive. The average length of PA education programs is about 27 months.[1] Students begin their course of study with a year of basic medical science classes (anatomy, pathophysiology, pharmacology, physical diagnosis, etc.). After the science classroom work, PA students enter the clinical phase of training. This includes classroom instruction and clinical rotations in medical and surgical specialties (family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine and psychiatry). Due to these demanding rotation requirements, PA students will have completed 2,000 hours of supervised clinical practice by the time they graduate.[2]

PAs receive a broad-based generalist education with an emphasis in primary care. And, like other health professionals, PAs continue learning in the clinical work environment and through continuing medical education. In addition to the skills learned in PA programs, PA scope of practice is determined by the fund of knowledge and clinical skills gained from working with physicians in the patient care environment and from formal CME courses. Therefore, PA scope of practice grows and shifts with advanced or specialized knowledge and with changes or advances in the medical profession overall.

State Law

The first state laws for PAs, passed in the 1970s, allowed broad delegatory authority for supervising physicians. Many laws were simple amendments to the medical practice act that allowed physicians to delegate patient care tasks within the physician's scope of practice to PAs who practiced with the physician's supervision.

In some states, though, the initial delegatory language was replaced by a more regulatory approach. Many state legislatures or licensing boards created lists of items that could be included in a PA's scope of practice. However, states soon determined that this approach was both impractical and unnecessary.

In early 1996, the North Dakota Board of Medical Examiners changed the rules governing PAs to eliminate a procedure checklist and adopt a physician-delegated scope of practice. Writing in the board's winter 1996 newsletter, *The Examiner,* Executive Director Rolf Sletten stated:

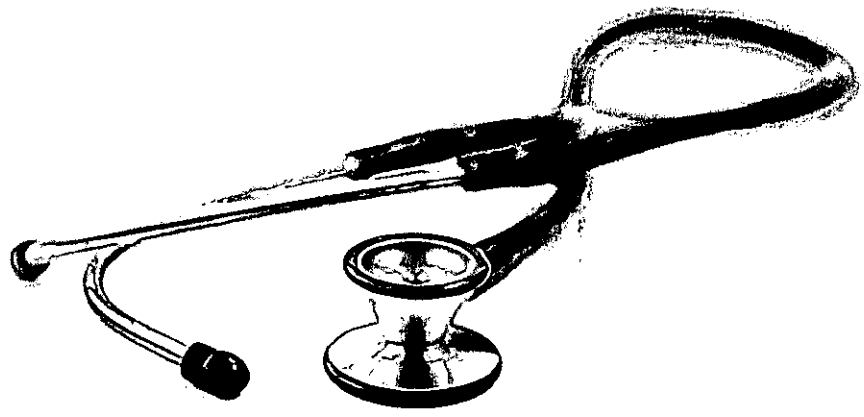
> "Historically, a PA's scope of practice has been defined by a checklist which ostensibly itemizes every procedure the PA is permitted to perform. The benefit of the checklist is that it is very specific and so, in theory, everyone (i.e., the PA, the supervising physician and the Board) knows the precise boundaries of the PA's scope of practice. In actual practice, it is simply not so. PAs function in a great variety of practice situations, in a wide range of specialties. Furthermore, their practice is constantly evolving. This is true for individual PAs as they gain additional skill and experience and for the profession generally as medicine evolves and new practices become routine. The business of designing and maintaining a checklist which truly identified every procedure performed by every PA at any given time proved to be impossible."[3]

Although there is still some variation, most state laws have abandoned the concept that a medical board or other regulatory agency should micromanage physician-PA teams. Most state PA regulatory agencies have realized that having the board delineate scope of practice for PAs is not only inefficient, but it is also counterproductive to patient-centered care. Wyoming clearly articulates this in its regulations:

> "The board does not recognize or bestow any level of competency upon a physician assistant to carry out a specific task. Such recognition of skill is the responsibility of the supervising physician. However, a physician assistant is expected to perform with similar skill and competency and to be evaluated by the same standards as the physician in the performance of assigned duties."[4]

Facility Policy

Licensed health care facilities (hospitals, nursing homes, surgical centers and others) also have a role in determining the scope of practice for health care professionals who practice in their institutions. In general, PAs are credentialed by the medical staff and authorized through privileges



in a manner parallel to that used for physicians. Privileges are generally granted in accordance with community needs and norms. Any privileges granted by a facility, though, must conform to state law.

Delegatory Decisions Made by the Supervising Physician

To a very large extent, PA scope of practice is determined by the delegatory decisions made by the supervising physician. This allows for flexible and customized team function.

The physician has the ability to observe the PA's competency and performance and to ensure that the PA executes tasks and procedures in the manner preferred by the supervising physician. The physician is also in the best position to assess the acuity of patient problems seen in a particular setting. Within each type of medical setting, from family practice to surgical facilities, the supervising physician is able to plan for PA use in a manner that is consistent with the PA's abilities, the physician's delegatory style and the patients' needs.

The AMA recognized these concepts when its 1995 House of Delegates adopted the following Guidelines for Physician/Physician Assistant Practice:

- The physician is responsible for managing the health care of patients in all settings.
- Health care services delivered by physicians and physician assistants must be within the scope of each practitioner's authorized practice, as defined by state law.
- The physician is ultimately responsible for coordinating and managing the care of patients and, with the appropriate input of the physician assistant, ensuring the quality of health care provided to patients.
- The physician is responsible for the supervision of the physician assistant in all settings.
- The role of the physician assistant in the delivery of care should be defined through mutually agreed upon guidelines that are developed by the physician and the physician assistant and based on the physician's delegatory style.
- The physician must be available for consultation with the physician assistant at all times either in person or through telecommunication systems or other means.
- The extent of the involvement by the physician assistant in the assessment and implementation of treatment will depend on the complexity and acuity of the patient's condition and the training, experience and preparation of the physician assistant, as adjudged by the physician.
- Patients should be made clearly aware at all times whether they are being cared for by a physician or a physician assistant.
- The physician and physician assistant together should review all delegated patient services on a regular basis, as well as the mutually agreed-upon guidelines for practice.
- The physician is responsible for clarifying and familiarizing the physician assistant with his/her supervising methods and style of delegating patient care.[5]

Conclusion

Working as members of physician-directed teams, PAs now participate in the care of patients from the neonatal intensive care unit to long-term care facilities. While PAs still work in primary care, many work in specialties, including those dealing with acute medical and surgical problems. This change has been prompted by physician demand. As PAs have become well-known, many specialist physicians have realized that PAs can help extend care to patients in almost every medical and surgical setting.

What has not changed, though, is the PA profession's commitment to team

practice, with the physician as the team leader. Since the inception of the profession, this has remained a constant. PAs seek and embrace a physician-delegated scope of practice. This is unique; no other health profession sees itself as entirely complementary to the care provided by physicians. PAs have great respect for the depth of training physicians receive and acknowledge physicians as the best-educated and most comprehensive providers on the health care team.

PAs are now found in many settings, but the role they play in physician-directed care is identical to the vision of the physicians who created the profession. The efficiency and potential for creativity found in the physician-PA team may be "just what the doctor ordered" for the challenges of health care delivery in the 21st century.

For more information about the range of specialties in which PAs work, visit *www.aapa.org/advocacy-and-practice-resources/issue-briefs*. To find journal information about PA scope of practice, see AAPA's Resources page at *www.aapa.org/advocacy-and-practice-resources/state-advocacy/519-bibliography-additions-since-1999*, and scroll to the bibliography listing of your choice.

References

1. Physician Assistant Education Association. (2007–2008). *Twenty-fourth annual report on physician assistant educational programs in the United States*. Alexandria, VA.
2. Association of Physician Assistant Programs. (1994–1995). *Eleventh annual report on physician assistant educational programs in the United States*. Washington, DC.
3. Sletten R. (1996, Winter) PA Supervision Requirements. [Editorial] *The Examiner* Newsletter. North Dakota State Board of Medical Examiners.
4. Wyoming Board of Medicine Rules and Regulations (2007). Chapter 5, Section 4d. from *http://wyomedboard.state.wy.us/BOM%20Rules%20Clean%20Nov%20 2007.pdf*, page 41.
5. American Medical Association. (2009). *Physician Assistants and Nurse Practitioners*. (Policy H-160-947) from *www.ama-assn.org/ad-com/polfind/Hlth-Ethics.pdf*, page 156.

American Academy of PHYSICIAN ASSISTANTS

950 North Washington Street | Alexandria, VA 22314 1552
P 703 836 2272 | F 703 684 1924
www.aapa.org

Scope of Practice for Nurse Practitioners

American Academy of Nurse Practitioners

PROFESSIONAL ROLE

Nurse Practitioners are licensed independent practitioners who practice in ambulatory, acute and long term care as primary and/or specialty care providers. According to their practice specialty they provide nursing and medical services to individuals, families and groups. In addition to diagnosing and managing acute episodic and chronic illnesses, nurse practitioners emphasize health promotion and disease prevention. Services include, but are not limited to ordering, conducting, supervising, and interpreting diagnostic and laboratory tests, and prescription of pharmacologic agents and non pharmacologic therapies. Teaching and counseling individuals, families and groups are a major part of nurse practitioner practice.

As licensed independent practitioners, nurse practitioners practice autonomously and in collaboration with health care professionals and other individuals to assess, diagnose, treat and manage the patient's health problems\needs. They serve as health care researchers, interdisciplinary consultants and patient advocates.

EDUCATION

Entry level preparation for nurse practitioner practice is at the master's, post master's or doctoral level. Didactic and clinical courses prepare nurses with specialized knowledge and clinical competency to practice in primary care, acute care and long term health care settings. Self-directed continued learning and professional development beyond the formal advanced education is essential to maintain clinical competency.

ACCOUNTABILITY

The autonomous nature of the nurse practitioner's advanced clinical practice requires accountability for health care outcomes. Insuring the highest quality of care requires national certification, periodic peer review, clinical outcome evaluations, a code for ethical practice, evidence of continuing professional development and maintenance of clinical skills. Nurse practitioners are committed to seeking and sharing knowledge that promotes quality health care and improves clinical outcomes. This is accomplished by leading and participating in both professional and lay health care forums, conducting research, and applying findings to clinical practice.

RESPONSIBILITY

The role of the nurse practitioner continues to evolve in response to changing societal and health care needs. As leaders in primary and acute health care, nurse practitioners combine the roles of provider, mentor, educator, researcher and administrator. Members of the profession are responsible for advancing the role of the nurse practitioner and insuring that the standards of the profession are maintained. This is accomplished through involvement in professional organizations and participation in health policy activities at the local, state, national, and international levels.

Administration
P.O. Box 12846
Austin, TX 78711
p 512.442.4262
f 512.442.6469
www.aanp.org

Office of Health Policy
P.O. Box 40130
Washington, DC 20016
p 202.966.6414
f 202.966.2856

Revised 1998, 2002, 2007, 2010

January 27, 2011

TO: Members of the North Dakota Legislature

RE: Signing of Death Certificates in Rural North Dakota

Dear Members:

I am employed by Trinity Health of Minot, North Dakota as the sole medical provider in Renville County, Mohall. I see 5,000 patients a year. I practice family medicine as a Licensed Physician Assistant and the nearest Medical Doctor is 50 miles away. In Mohall we have a nursing home with 50-60 residents that I help take care of.

Having the compliment of signing death certificates for my known patients would be a great service to the State and to the patients and families of this rural area. We are under-served as noted by my solo practice in such a rural setting.

Thank you for consideration of extending the above privileges to the practice of the Physician Assistants of North Dakota.

Kindest Regards,

Dick Paige, MPAS, PA-C
Trinity Community Clinic
Mohall, North Dakota

SRT Collaboration Suite jeffbrose@srt.com

Unattended Death / PA to Sign Death Certificate Friday, January 28, 2011 1:45:50 PM

From: bvannatt@nd.gov
To: jeffbrose@srt.com

DATE: 0128-2011

TO: Judiciary Committee

Ref: SB2293 Allows PA'S to sign death certificate's

From: Sheriff Vannatta

On November 28,2010 I Sheriff Vannatta went on a call of an unattended death. The female was in her 80's.
She was on lots of medication that I am not familiar with. I am not a doctor or a PA. All my experience is in Law
Enforcement.

I signed the death certificate . I did not fill this was right, sense I did not know what kind of health condition this lady was in. I read the medications that this lady has been taken, I did not know what any of these medication meant or what they were for.

I was very uncomfortable singing the death certificate when I do not have any medical knowledge of knowing what this lady passed away from. I feel that a PA should have the right to sign a death certificate when they know the health condition that their patient.

BARRY VANNATTA
SHERIFF RENVILLE COUNTY
PO BOX 68 Mohall ND 58761
701-756-6386
bvannatt@nd.gov

SRT Collaboration Suite jeffbrose@srt.com

sb2293 Friday, January 28, 2011 7:30:52 AM

From: aliciakeith15@gmail.com
To: jeffbrose@srt.com

Dear Senate Judiciary Committee,

I'm writing you in regards to SB 2293.
My mother died August 2009 in her home on the farm in rural North Dakota at the age of 93. Her primary care giver was a PA. When she died we had to wait hours before the deputy found someone to sign the death certificate this was very inconvenient for myself and my family. I feel we need to allow PA"s to sign death certificates. In circumstances such as my own it makes the process much easier. When a family is mourning the loss of a loved one the last thing they should have to do is track someone down who can sign the death certificate.

Sincerely,

Nora Keith
Sherwood, ND

Friday, January 28th, 2011

RE: SB2293 Physician Assistants

Many changes in medical services have been experienced during the last few years, especially in rural areas.

One of those changes is the usage of Physician Assistants in our rural clinics, emergency rooms and hospitals. Serving under a physician, they are caring for patients in the same manor as physician. In many cases, the Physician's Assistant is the ONLY medical person a patient has seen.

The death of a patient brings a new situation. If a Physician's Assistant is either on call or currently providing the medical care at the time of death, who should sign the death certificate? There are and have been a number of instances where it takes days and weeks before a physician will finally sign the certificate. This puts added stress on the family. They must wait, at the mercy of the physician, to carry on with their lives. Depending on the circumstance, certified copies of death certificates with the cause of death are needed for insurance claims, banks, for their attorney and etc. There have been times when a family absolutely cannot continue with a business or have funds to maintain their lives until the certificate is completed and in their hands. As a funeral director, it is very frustrating going back and forth with clinics and physicians trying to get the death certificate completed.

As a funeral director in North Dakota, I sincerely, urge passage of SB2293 to allow Physicians Assistants to sign death certificates.

David E. Haug
Box 69,
Maddock, ND 58348

Langhans Funeral Homes, Inc.
PO Box 340
Parshall, ND 58770

January 30, 2011

RE: SB2293

We support the changes proposed in Senate Bill 2293 amending the ND Century Code to include Physician Assistants to the list of who may sign a death certificate. Our community of Parshall does not have a local doctor, but is served by Jill Trulson, PA with affiliation of Trinity Hospital in Minot.

We have had a few instances with the hospital in Minot where a PA has been the primary care provider and a death occurs. It is time consuming to find a doctor to coordinate with the PA and accept responsibility for signing the death certificate. If a PA is the primary care provider, they should be allowed to certify a death.

Paul V. Langhans
North Dakota Funeral Director #1102

Justina M. Langhans
North Dakota Funeral Director #1235

Re: SB2293 amending the ND Century Code to include Physician Assistants to the list of who may sign a death certificate.

Mr. Chairman Duane DeKrey, Mr. Vice Chairman Lawrence Klemin, and other members of the House Judiciary Committee, my name is Jeff Brose; I own the funeral home in Mohall, ND. I have owned the funeral home since purchasing it in November of 2004, and been a licensed funeral director since October of 1989.

I am asking you to support the changes proposed in Senate Bill 2293. Our century code regarding who may sign a death certificate has a "gap" in it that needs to be addressed. PAs need to be added to the list of who may sign a death certificate. Our Century Code needs to match what is going on in reality on the prairies of North Dakota.

A little History

Mohall had a hospital, the Renville-Bottineau Memorial Hospital, beginning in the early 1950s. The doors closed in the early 1990s. When I first purchased the funeral home, the Clinic was open and staffed by Larry Cook PA. There was a period in which the Minot Center for Family Medicine staffed the clinic and saw the residents of the nursing home. There was also a period of time in which the clinic closed and a doctor from Kenmare treated the residents of the nursing home. Trinity Medical Center in Minot is now operating it as the Trinity Community Clinic-Mohall, and it is staffed by Dick Paige PA. The Good Samaritan Society nursing home in Mohall is served by Dr. Jesse Sabiiti MD (of Kenmare) and Dick Paige PA (of the Mohall clinic). Mohall's "Doctor" is a PA, and the nursing home is served by a Doctor and a PA.

In the six+ years I've had the funeral home, I've run into a few problems when there has been a death. Allow me to explain how these problems have affected me and the families I serve.

The Doctor is out of town

In December of 2007, I had two deaths under the old death certificate system. Jesse Sabiiti MD, of Kenmare, and Dick Paige PA, Mohall's primary caregiver, see and treat patients at the Good Samaritan Society nursing home in Mohall on alternating Wednesdays. When I sent the death certificate to Dr. Sabiiti, I found out he was vacationing in Africa for three weeks (He is from Africa). Dick Paige PA not only saw and treated these patients; he was the one who pronounced them dead. In these two cases, Jody Olson, a Nurse Practitioner in Kenmare, signed the death certificates based on the medical records. Jody Olson never once saw or treated these patients. Dick Paige PA did see, treat and declare these patients dead. He should have been able to sign the death certificate.

What the Administrative Code states:

Article 33-04-09-02. Attending physician not available. An associate physician who relieves the attending physician while the attending physician is on vacation or otherwise unavailable may certify to the cause of death in any case where the associate physician has access to the medical history of the case, provided that the associate physician views the deceased at or after death and that the death is from natural causes. In all other cases in which a physician is unavailable, the coroner shall prepare and file the medical certification of cause of death. **General Authority:** NDCC 23-02.1-04, 28-32-02 **Law Implemented:** NDCC 23-02.1-19(3)

I interpret this as meaning a Locum Doctor.

Under the new Electronic Death Registration System, I can get the "Facts of Death" certificates right away; these certificates have the name, social security number, but no cause of death. There have been other times that I, and the families I serve, have had to wait for Dr. Sabiiti to return from a 3+ week African trip to get the death certificates with the cause of death. Dick Paige PA is seeing, treating and declaring dead, these very same patients in Dr. Sabiiti's absence. He should be allowed to sign the death certificate.
As for the time limit (This from the section without the proposed change):
What the Century Code states:
23-02.1-19. Death registration. Item 3. The medical certification must be completed and filed using the electronic death registration system within fifteen days after death by the physician or nurse practitioner in charge of the patient's care for the illness or condition which resulted in death except when inquiry is required by the local health officer or coroner.
In these instances, I, and the families I serve, must wait longer than 15 days to receive the full death certificates. There's no reason that Dick Paige PA should not be able sign these death certificates.

Home Deaths
Physician Assistants are providing more and more patient care. There are many elderly citizens with chronic conditions living in Mohall and surrounding communities whose primary caregiver is a PA. Occasionally, they die at home.

I had 90+ year-old-woman die at home. According to the family, her last medical visit was to Dick Paige PA. Due to her age and deteriorating health, PA Paige's recommendation at that time was that she be placed in the nursing home. The family declined and cared for her at home. The Sheriff's deputy was there. The Renville County Coroner, a retired MD, was out of town and not available, and the Renville County Sheriff was not available. We called the State Medical Examiners office and they didn't feel an autopsy was necessary. We were told to refer it back to her last attending physician, which in this case was a PA. I called Dick Paige who knew her history; again, he can't sign the death certificate. I called Dr. Sabiiti in Kenmare, who never once saw her, and asked if he would sign the DC based on Dick Paige's medical records. He agreed. Dick Paige PA should have been able to sign the death certificate.

I recently had a death of an elderly woman who died at home. She, too, was a patient of Dick Paige PA. She called her home health nurse and said she wasn't feeling well. The home health nurse drove to her house and found her unresponsive. The ambulance was there and left, the Renville County Sheriff was there, and again, the Renville County Coroner was out of town and unavailable. Due to age and medical conditions based on prescription pill bottles around the house, the State Medical Examiners Office said no autopsy was necessary. The State Medical Examiners Office told the Renville County Sheriff what to list as the cause of death. Barry Vannatta, the Renville County Sheriff, signed the death certificate, which was the proper thing to do.
What does the current law state (Part of what SB2293 amends):
4. When death occurred without medical attendance or when inquiry is required by the local health officer or coroner, the county coroner shall investigate the cause of death, and shall obtain medical information about the individual from the individual's medical records or last-known physician, and shall complete and file the medical certification within fifteen days after taking charge of the case using the electronic death registration system.
It does not specify that the Coroner/Sheriff may obtain information from a Physician Assistant.

Over the years, I've been to many home deaths. Many of them go to Bismarck for an autopsy at the State Medical Examiner's Office. There are also deaths that are unattended, but not unexpected. I have had occasions where the local Coroner, or Sheriff, has contacted the deceased's physician who treated their chronic health problems with this question, "I'm at John Doe's house; he's dead. Will you sign the death certificate?" They turn to me and say, "Give me a photocopy of the signed death certificate for my file on this case."

I've done some internet research on PAs vs. Nurse Practitioners and their scope of practice. There are a few differences: Nurse Practitioners practice autonomously and in collaboration with health care professionals while Physician Assistants work as members of physician-directed teams. PAs seek and embrace a physician-delegated scope of practice. This per the American Academy of Nurse Practitioners and the American Academy of Physician Assistants. (Copies attached) PAs may only do what has been delegated to them. Recent legislation indicates that PAs are being granted more and more responsibilities: the 2009 Legislative Assembly passed SB2180, approving PA's to prescribe Level II drugs. Also approved was the increase in the number of PAs that may serve under one MD per Article 50-03-01-09.2.

The passage of SB2293 is not an attempt to usurp power and authority from the MD. Some MDs may not delegate to their PAs the authority to sign death certificates. Other MDs may say to the PA, "Go ahead and sign the death certificate." But, we can't get to that point unless SB2293 is passed.
During the 2003 Legislative Session, HB1481 added Nurse Practitioners to the list of who may sign a death certificate; it passed and became law. It is now time to add PAs to that list. If PAs can see, treat, and declare patients dead, PAs ought to be able to sign the death certificate.

I also checked with the three states surrounding North Dakota. Montana and South Dakota allow PAs to sign death certificates while Minnesota does not.

In conclusion, PAs are providing more and more healthcare in rural areas. There are "gaps" in our Century Code that need attention. Our Century Code needs to match up with what is going on in reality on the prairies of North Dakota. The passage of SB2293 would greatly help me, and the families I serve, in obtaining the death certificates. Thank you for your consideration and I urge you to vote "yes" on SB2293.

Thank you,

Jeff Brose
Brose Funeral Home
Mohall, ND

2

SRT Collaboration Suite jeffbrose@srt.com

pa signature

Monday, March 14, 2011 5:16:40 PM

From: mohallpd@srt.com
To: jeffbrose@srt.com

Reference SB 2293

I live in Mohall and strongly support SB 2293 to allow PAs to sign death certificates. When I moved to Mohall in 1970 we had a small hospital and two doctors. Now our hospital has closed and we can't get a doctor to practice here. PAs have been our savior. Our present PA and my health care provider is a well trained and competent profesional. He is an assist to our ambulance service and to me as a law enforcement officer when we are confronted with an unattended death. I hope you will recomend a do pass on SB 2293.

Mohall police chief
David Blocker

Langhans Funeral Homes, Inc.
PO Box 340
Parshall, ND 58770

January 30, 2011

RE: SB2293

We support the changes proposed in Senate Bill 2293 amending the ND Century Code to include Physician Assistants to the list of who may sign a death certificate. Our community of Parshall does not have a local doctor, but is served by Jill Trulson, PA with affiliation of Trinity Hospital in Minot.

We have had a few instances with the hospital in Minot where a PA has been the primary care provider and a death occurs. It is time consuming to find a doctor to coordinate with the PA and accept responsibility for signing the death certificate. If a PA is the primary care provider, they should be allowed to certify a death.

Paul V. Langhans
North Dakota Funeral Director #1102

Justina M. Langhans
North Dakota Funeral Director #1235

Thompson-Larson Funeral Home
21 Third Ave SW
Minot, ND 58701

March 14, 2011

Committee Members
ND State Capitol
Bismarck, ND

Dear Members:

This letter is to show our firm's support for bill SB2293, which allows PA's to sign death certificates. We have funeral homes in rural areas, such as Velva, Kenmare, Powers Lake and Bowbells. Many times PA's are the only ones to see the patients in these areas and over the years it has been very difficult for us to get a death certificate signed because a medical doctor is not around to sign it or even see a patient. This causes many delays and gets families we serve very angry because they don't understand why the PA's can see patients but not sign the death certificate.

We, as a funeral home would like to see this bill passed to help the families we serve get the documentation they need signed in a timely manner and by the appropriate provider.

Thank you for your consideration in this matter.

Wes Burkart
Vice-president
Thompson-Larson Funeral Homes

Friday, January 28th, 2011

RE: SB2293 Physician Assistants

Many changes in medical services have been experienced during the last few years, especially in rural areas.

One of those changes is the usage of Physician Assistants in our rural clinics, emergency rooms and hospitals. Serving under a physician, they are caring for patients in the same manor as physician. In many cases, the Physician's Assistant is the ONLY medical person a patient has seen.

The death of a patient brings a new situation. If a Physician's Assistant is either on call or currently providing the medical care at the time of death, who should sign the death certificate? There are and have been a number of instances where it takes days and weeks before a physician will finally sign the certificate. This puts added stress on the family. They must wait, at the mercy of the physician, to carry on with their lives. Depending on the circumstance, certified copies of death certificates with the cause of death are needed for insurance claims, banks, for their attorney and etc. There have been times when a family absolutely cannot continue with a business or have funds to maintain their lives until the certificate is completed and in their hands. As a funeral director, it is very frustrating going back and forth with clinics and physicians trying to get the death certificate completed.

As a funeral director in North Dakota, I sincerely, urge passage of SB2293 to allow Physicians Assistants to sign death certificates.

David E. Haug
Box 69,
Maddock, ND 58348

January 27, 2011

TO: Members of the North Dakota Legislature

RE: Signing of Death Certificates in Rural North Dakota

Dear Members:

I am employed by Trinity Health of Minot, North Dakota as the sole medical provider in Renville County, Mohall. I see 5,000 patients a year. I practice family medicine as a Licensed Physician Assistant and the nearest Medical Doctor is 50 miles away. In Mohall we have a nursing home with 50-60 residents that I help take care of.

Having the compliment of signing death certificates for my known patients would be a great service to the State and to the patients and families of this rural area. We are under-served as noted by my solo practice in such a rural setting.

Thank you for consideration of extending the above privileges to the practice of the Physician Assistants of North Dakota.

Kindest Regards,

Dick Paige, MPAS, PA-C
Trinity Community Clinic
Mohall, North Dakota

Unattended Death / PA to Sign Death Certificate Friday, January 28, 2011 1:45:50 PM

From: bvannatt@nd.gov
To: jeffbrose@srt.com

DATE: 0128-2011

TO: Judiciary Committee

Ref: SB2293 - Allows PA'S to sign death certificate's

From: Sheriff Vannatta

On November 28,2010 I Sheriff Vannatta went on a call of an unattended death. The female was in her 80's.
She was on lots of medication that I am not familiar with. I am not a doctor or a PA. All my experience is in Law
Enforcement.

I signed the death certificate . I did not fill this was right, sense I did not know what kind of health condition this lady was in. I read the medications that this lady has been taken, I did not know what any of these medication meant or what they were for.

I was very uncomfortable signing the death certificate when I do not have any medical knowledge of knowing what this lady passed away from. I feel that a PA should have the right to sign a death certificate when they know the health condition that their patient.

BARRY VANNATTA
SHERIFF RENVILLE COUNTY
PO BOX 68 Mohall ND 58761
701-756-6386
bvannatt@nd.gov

SRT Collaboration Suite

jeffbrose@srt.com

sb2293

Friday, January 28, 2011 7:30:52 AM

From: aliciakeith15@gmail.com

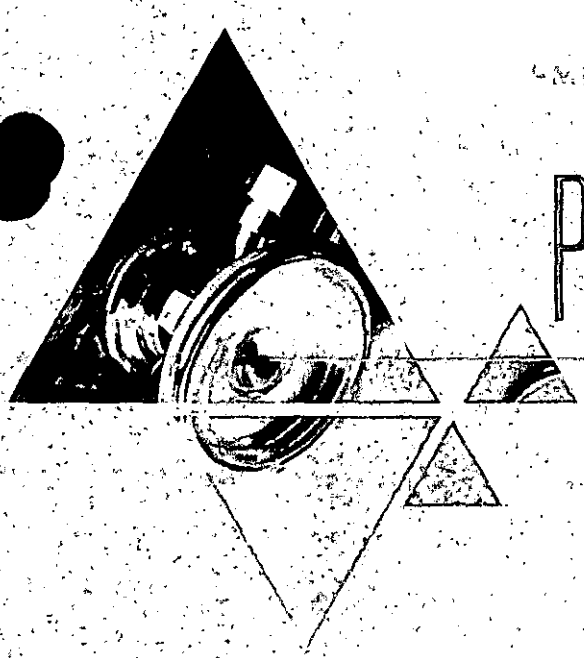
To: jeffbrose@srt.com

Dear Senate Judiciary Committee,

I'm writing you in regards to SB 2293.
My mother died August 2009 in her home on the farm in rural North Dakota at the age of 93. Her primary care giver was a PA. When she died we had to wait hours before the deputy found someone to sign the death certificate this was very inconvenient for myself and my family. I feel we need to allow PA"s to sign death certificates. In circumstances such as my own it makes the process much easier. When a family is mourning the loss of a loved one the last thing they should have to do is track someone down who can sign the death certificate.

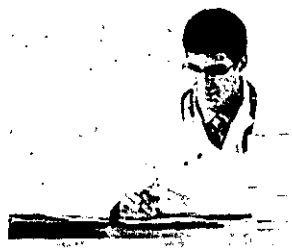
Sincerely,

Nora Keith
Sherwood, ND



PROFESSIONAL ISSUES

ISSUE BRIEF



PHYSICIAN ASSISTANT SCOPE OF PRACTICE

Each physician assistant's (PA's) scope of practice is defined by education and experience, state law, facility policy and physician delegation. Working as members of physician-directed teams, PAs seek and embrace a physician-delegated scope of practice. State laws allow physicians broad delegatory authority, which fosters customized team care. Educated in the medical model, PAs practice with physicians in every specialty and setting. In facilities, PAs are usually credentialed and privileged through the medical staff.

PAs are educated in the medical model and work as members of physician-directed teams. But what exactly do PAs do? And who decides?

The boundaries of each PA's scope of practice are determined by four parameters: education and experience; state law; facility policy; and the supervising physician's delegatory decisions. Each boundary must be adequately constructed in order to promote effective patient-centered care.

THE PA'S EDUCATION AND EXPERIENCE

PA scope of practice should always be limited to those tasks for which they are adequately prepared. This preparation is achieved through education and training in an accredited PA program, working with physicians in clinical practice and continuing medical education (CME).

PA education is modeled on physician education. Matriculants to PA programs must have completed at least two years of undergraduate courses in basic science and behavioral science as prerequisites to PA training. This is analogous to premedical studies required of medical students. PA programs are located at medical schools and teaching hospitals, and PA students commonly share classes, facilities and clinical rotations with medical students.

PAs seek and embrace a physician-delegated scope of practice.

PA educational training is intensive. The average length of PA education programs is about 27 months.[1] Students begin their course of study with a year of basic medical science classes (anatomy, pathophysiology, pharmacology, physical diagnosis, etc.). After the science classroom work, PA students enter the clinical phase of training. This includes classroom instruction and clinical rotations in medical and surgical specialties (family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine and psychiatry). Due to these demanding rotation requirements, PA students will have completed 2,000 hours of supervised clinical practice by the time they graduate.[2]

PAs receive a broad-based generalist education with an emphasis in primary care. And, like other health professionals, PAs continue learning in the clinical work environment and through continuing medical education. In addition to the skills learned in PA programs, PA scope of practice is determined by the fund of knowledge and clinical skills gained from working with physicians in the patient care environment and from formal CME courses. Therefore, PA scope of practice grows and shifts with advanced or specialized knowledge and with changes or advances in the medical profession overall.

State Law

The first state laws for PAs, passed in the 1970s, allowed broad delegatory authority for supervising physicians. Many laws were simple amendments to the medical practice act that allowed physicians to delegate patient care tasks within the physician's scope of practice to PAs who practiced with the physician's supervision.

In some states, though, the initial delegatory language was replaced by a more regulatory approach. Many state legislatures or licensing boards created lists of items that could be included in a PA's scope of practice. However, states soon determined that this approach was both impractical and unnecessary.

In early 1996, the North Dakota Board of Medical Examiners changed the rules governing PAs to eliminate a procedure checklist and adopt a physician-delegated scope of practice. Writing in the board's winter 1996 newsletter, *The Examiner*, Executive Director Rolf Sletten stated:

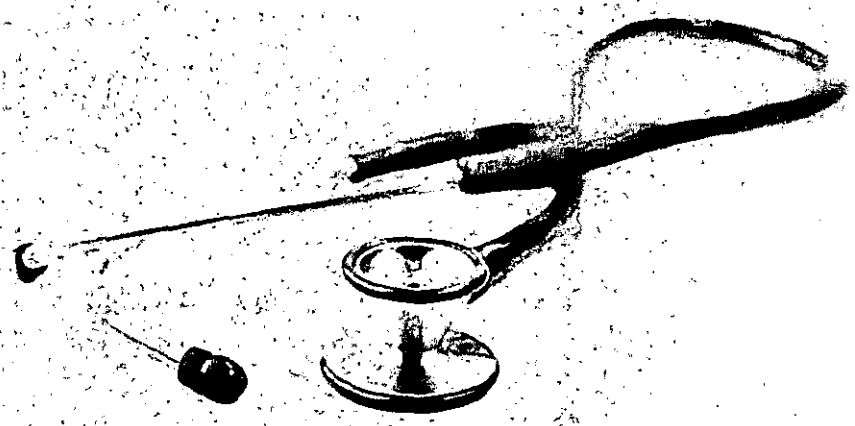
> "Historically, a PA's scope of practice has been defined by a checklist which ostensibly itemizes every procedure the PA is permitted to perform. The benefit of the checklist is that it is very specific and so, in theory, everyone (i.e., the PA, the supervising physician and the Board) knows the precise boundaries of the PA's scope of practice. In actual practice, it is simply not so. PAs function in a great variety of practice situations, in a wide range of specialties. Furthermore, their practice is constantly evolving. This is true for individual PAs as they gain additional skill and experience and for the profession generally as medicine evolves and new practices become routine. The business of designing and maintaining a checklist which truly identified every procedure performed by every PA at any given time proved to be impossible."[3]

Although there is still some variation, most state laws have abandoned the concept that a medical board or other regulatory agency should micromanage physician-PA teams. Most state PA regulatory agencies have realized that having the board delineate scope of practice for PAs is not only inefficient, but it is also counterproductive to patient-centered care. Wyoming clearly articulates this in its regulations:

> "The board does not recognize or bestow any level of competency upon a physician assistant to carry out a specific task. Such recognition of skill is the responsibility of the supervising physician. However, a physician assistant is expected to perform with similar skill and competency and to be evaluated by the same standards as the physician in the performance of assigned duties."[4]

Facility Policy

Licensed health care facilities (hospitals, nursing homes, surgical centers and others) also have a role in determining the scope of practice for health care professionals who practice in their institutions. In general, PAs are credentialed by the medical staff and authorized through privileges



in a manner parallel to that used for physicians. Privileges are generally granted in accordance with community needs and norms. Any privileges granted by a facility, though, must conform to state law.

Delegatory Decisions Made by the Supervising Physician

To a very large extent, PA scope of practice is determined by the delegatory decisions made by the supervising physician. This allows for flexible and customized team function.

The physician has the ability to observe the PA's competency and performance and to ensure that the PA executes tasks and procedures in the manner preferred by the supervising physician. The physician is also in the best position to assess the acuity of patient problems seen in a particular setting. Within each type of medical setting, from family practice to surgical facilities, the supervising physician is able to plan for PA use in a manner that is consistent with the PA's abilities, the physician's delegatory style and the patients' needs.

The AMA recognized these concepts when its 1995 House of Delegates adopted the following Guidelines for Physician/Physician Assistant Practice:

- The physician is responsible for managing the health care of patients in all settings.
- Health care services delivered by physicians and physician assistants must be within the scope of each practitioner's authorized practice, as defined by state law.
- The physician is ultimately responsible for coordinating and managing the care of patients and, with the appropriate input of the physician assistant, ensuring the quality of health care provided to patients.
- The physician is responsible for the supervision of the physician assistant in all settings.
- The role of the physician assistant in the delivery of care should be defined through mutually agreed upon guidelines that are developed by the physician and the physician assistant and based on the physician's delegatory style.
- The physician must be available for consultation with the physician assistant at all times either in person or through telecommunication systems or other means.
- The extent of the involvement by the physician assistant in the assessment and implementation of treatment will depend on the complexity and acuity of the patient's condition and the training, experience and preparation of the physician assistant, as adjudged by the physician.
- Patients should be made clearly aware at all times whether they are being cared for by a physician or a physician assistant.
- The physician and physician assistant together should review all delegated patient services on a regular basis, as well as the mutually agreed-upon guidelines for practice.
- The physician is responsible for clarifying and familiarizing the physician assistant with his/her supervising methods and style of delegating patient care.[5]

Conclusion

Working as members of physician-directed teams, PAs now participate in the care of patients from the neonatal intensive care unit to long-term care facilities. While PAs still work in primary care, many work in specialties, including those dealing with acute medical and surgical problems. This change has been prompted by physician demand. As PAs have become well-known, many specialist physicians have realized that PAs can help extend care to patients in almost every medical and surgical setting.

What has not changed, though, is the PA profession's commitment to team

practice, with the physician as the team leader. Since the inception of the profession, this has remained a constant. PAs seek and embrace a physician-delegated scope of practice. This is unique; no other health profession sees itself as entirely complementary to the care provided by physicians. PAs have great respect for the depth of training physicians receive and acknowledge physicians as the best-educated and most comprehensive providers on the health care team.

PAs are now found in many settings, but the role they play in physician-directed care is identical to the vision of the physicians who created the profession. The efficiency and potential for creativity found in the physician-PA team may be "just what the doctor ordered" for the challenges of health care delivery in the 21st century.

For more information about the range of specialties in which PAs work, visit *www.aapa.org/advocacy-and-practice-resources/issue-briefs*. To find journal information about PA scope of practice, see AAPA's Resources page at *www.aapa.org/advocacy-and-practice-resources/state-advocacy/519-bibliography-additions-since-1999*, and scroll to the bibliography listing of your choice.

References

[1] Physician Assistant Education Association. (2007–2008). *Twenty-fourth annual report on physician assistant educational programs in the United States*. Alexandria, VA.

[2] Association of Physician Assistant Programs. (1994–1995). *Eleventh annual report on physician assistant educational programs in the United States*. Washington, DC.

[3] Sletten R. (1996, Winter) PA Supervision Requirements. [Editorial] *The Examiner* Newsletter. North Dakota State Board of Medical Examiners.

[4] Wyoming Board of Medicine Rules and Regulations (2007). Chapter 5, Section 4d. from *http://wyomedboard.state.wy.us/BOM%20Rules%20Clean%20Nov%202007.pdf*, page 41.

[5] American Medical Association. (2009). *Physician Assistants and Nurse Practitioners*. (Policy H-160-947) from *www.ama-assn.org/ad-com/polfind/Hlth-Ethics.pdf*, page 156.

American Academy of PHYSICIAN ASSISTANTS

950 North Washington Street | Alexandria, VA 22314 1552
P 703 836 2272 | F 703 684 1924
www.aapa.org

Scope of Practice for Nurse Practitioners

American Academy of Nurse Practitioners

PROFESSIONAL ROLE

Nurse Practitioners are licensed independent practitioners who practice in ambulatory, acute and long term care as primary and/or specialty care providers. According to their practice specialty they provide nursing and medical services to individuals, families and groups. In addition to diagnosing and managing acute episodic and chronic illnesses, nurse practitioners emphasize health promotion and disease prevention. Services include, but are not limited to ordering, conducting, supervising, and interpreting diagnostic and laboratory tests, and prescription of pharmacologic agents and non pharmacologic therapies. Teaching and counseling individuals, families and groups are a major part of nurse practitioner practice.

As licensed independent practitioners, nurse practitioners practice autonomously and in collaboration with health care professionals and other individuals to assess, diagnose, treat and manage the patient's health problems\needs. They serve as health care researchers, interdisciplinary consultants and patient advocates.

EDUCATION

Entry level preparation for nurse practitioner practice is at the master's, post master's or doctoral level. Didactic and clinical courses prepare nurses with specialized knowledge and clinical competency to practice in primary care, acute care and long term health care settings. Self-directed continued learning and professional development beyond the formal advanced education is essential to maintain clinical competency.

ACCOUNTABILITY

The autonomous nature of the nurse practitioner's advanced clinical practice requires accountability for health care outcomes. Insuring the highest quality of care requires national certification, periodic peer review, clinical outcome evaluations, a code for ethical practice, evidence of continuing professional development and maintenance of clinical skills. Nurse practitioners are committed to seeking and sharing knowledge that promotes quality health care and improves clinical outcomes. This is accomplished by leading and participating in both professional and lay health care forums, conducting research, and applying findings to clinical practice.

RESPONSIBILITY

The role of the nurse practitioner continues to evolve in response to changing societal and health care needs. As leaders in primary and acute health care, nurse practitioners combine the roles of provider, mentor, educator, researcher and administrator. Members of the profession are responsible for advancing the role of the nurse practitioner and insuring that the standards of the profession are maintained. This is accomplished through involvement in professional organizations and participation in health policy activities at the local, state, national, and international levels.

Administration
P.O. Box 12846
Austin, TX 78711
p 512.442.4262
f 512.442.6469
www.aanp.org

Office of Health Policy
P.O. Box 40130
Washington, DC 20016
p 202.966.6414
f 202.966.2856

TESTIMONY BILL #2293

1. Mr. Chairperson DeKrey and Judiciary Committee Members,

Good morning.

My name is Kate Larson. I am a practicing Physician Assistant for the past 16 years in Garrison, ND. I have practiced rural medicine and have encountered the problem that is present when unable to sign death certificates. I am here to support bill #2293 as the chairperson for the legislative committee for the North Dakota Academy of Physician Assistants.

As you know, PA's practice with physician supervision, and their scope of practice is derived from their supervising physician. PA's play a vital role in the delivery of patient care in this state, especially in rural and underserved areas. There are about 250 practicing PA's in this state. We care for patients from birth until their time of death. In some rural areas, PA's are the only medical provider available. After caring for families for many years, that have suffered a recent death, I am currently unable to the death certificates. This creates a hardship for families, the physician-physician assistant team and the post-mortem providers. If we are able to sign the death certificates, it would assure that they are completed by the medical provider actually providing the care to the patient and the timeliness needed to have the certificate signed .

The North Dakota Academy of Physician Assistants asks for you support of bill #2293.

Thanks to Jeff Brose for his support in this endeavor for the PA profession.

Thank you for your time today and the opportunity to speak. Also, thanks for your service to North Dakota and to the PA profession.

Kate Larson

North Dakota Academy of Physician Assistants