



HB 2464

Removal of the Supervising Physician Ratio

Sponsored by Rep. Beth Coulson

SUPPORT

Removal of the ratio that allows a physician to supervise only two physician assistants.

Improve access to healthcare by allowing the physician to determine how many PAs he/she can supervise. In rural and underserved areas, physicians would like to utilize the services of more PAs, particularly PAs working on a part-time basis.

NEED

As the healthcare industry expands, the PA profession expands. Single PAs and groups of PAs are now supervised by single physicians or groups of physicians in every medical and surgical specialty. Physicians may utilize the PA in rural or underserved areas. Southern Illinois is a prime example where there are fewer physicians. The PA may be the only healthcare provider within sixty miles. One physician may own five or six clinics in a rural setting. If the physician could hire five or six PAs, each clinic would be staffed on a full time basis, and the physician may travel to each of them providing greater care to his/her patients.

Part-time employment of healthcare providers is being utilized by more healthcare organizations. A supervising physician can only supervise two PAs, whether the PA is full-time or part-time. Removing the ratio would offer the supervising physician the option to hire more PAs providing greater care for his/her patients.

In today's healthcare industry, flexibility is key. The removal of the ratio would allow the physician to choose how many PAs they can appropriately supervise. Specialties and practices vary from one to another. The ratio is prohibiting many physicians from customizing their care depending upon their specialty, setting and patient population.

BACKGROUND

Currently, Illinois law reflects a supervising physician can supervise two PAs. The ratio has been 1:2 for ten years. Seven states do not have a supervisory ratio requirement for physicians and PAs.

In 1996, the American Academy of Family Physicians removed the ratio provision from its guidelines on the supervision of midlevel practitioners. In 1998, the American Medical Association adopted the recommendation: "The appropriate ratio of physician to physician extenders should be determined by physicians at the practice level, consistent with good medical practice, and state law where relevant."