

HOUSE No. 1862

The Commonwealth of Massachusetts

PRESENTED BY:

Gerard J. Cassidy

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to promote team based health care.

PETITION OF:

NAME:

DISTRICT/ADDRESS:

Gerard J. Cassidy

9th Plymouth

Michael D. Brady

Second Plymouth and Bristol

HOUSE No. 1862

By Mr. Cassidy of Brockton, a petition (accompanied by bill, House, No. 1862) of Gerard J. Cassidy and Michael D. Brady relative to multidisciplinary health care teams and further regulating advanced practice nurses. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 2437 OF 2017-2018.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

An Act to promote team based health care.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Section 1

2 Chapter 112 of the Massachusetts General Laws is hereby amended at the end thereof by
3 inserting after section 5N the following new section:

4 Section 5O – Team Based Care

5 Definitions:

6 A. “Patient care team” means a multidisciplinary team of health care providers actively
7 functioning as a unit with the management and leadership of one or more patient care team
8 physicians for the purposes of providing and delivering health care to a patient or group of
9 patients.

10 B. “Patient care team physician” means a physician who is actively licensed to practice
11 medicine in the commonwealth by the board of registration in medicine, and who provides
12 management and leadership in the care of all patients as part of a patient care team.

13 C. “Collaboration” means the communication and decision-making process among
14 members of a physician-led patient care team related to the treatment and care of a patient and
15 includes (i) communication of data and information about the treatment and care of a patient,
16 including exchange of clinical observations and assessments; and (ii) development of an
17 appropriate plan of care, including decisions regarding the health care provided, accessing and
18 assessment of appropriate additional resources or expertise, and arrangement of appropriate
19 referrals, testing, or studies.

20 D. “Consultation” means a process whereby an advance practice nurse seeks the advice
21 or opinion of a physician or another health care practitioner.

22 E. “Advanced practice nurse” means a registered nurse who holds authorization as a
23 nurse practicing under an expanded role under section 80B of this chapter and regulations under
24 said section; and includes, but is not limited to, nurse practitioners, psychiatric nurse mental
25 health clinical specialists, certified nurse specialists , and nurse anesthetists as provided in
26 section 80H of this chapter. Advanced practice nurse does not, for the purpose of this section,
27 mean a certified nurse midwife as provided in section 80C of this section.

28 F. “Physician assistant” means a physician assistant who holds authorization to perform
29 medical services under section 9E of this chapter.

30 Section 2. Requirements – Licensure and practice of advanced practice nurses.

31 Chapter 112 of the Massachusetts General Laws is hereby amended at the end thereof by
32 inserting at the end of line 44 of section 80B the following new text:

33 Advance practice nursing regulations shall dictate that advanced practice nurses only
34 practice as part of a physician-led patient care team. Each member of a physician-led patient
35 care team shall have specific responsibilities related to the care of the patient or patients and shall
36 provide health care services within the scope of his or her usual professional activities and legal
37 scope of practice. Advance practice nurses practicing as part of a physician-led patient care team
38 shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic
39 practice agreement including individually developed prescribing guidelines, with at least one
40 patient care team physician. Advance practice nurses who are certified registered nurse
41 anesthetists shall practice in collaboration and consultation with a physician, consistent with
42 Section 80H of Chapter 112, but also not exceeding the scope laid out in this paragraph. Practice
43 of patient care teams in all settings shall include the periodic review of patient charts or
44 electronic health records and may include visits to the site where health care is delivered in the
45 manner and at the frequency determined by the physician led patient care team.

46 B. An advance practice nurse shall be required to be covered by a professional liability
47 insurance policy which meets the same statutory and regulatory levels required of physician team
48 members. Service on or leadership of a patient care team by a physician-led patient care team
49 member or leader shall not, by the existence of such service or leadership alone, establish or
50 create liability for the actions or inactions of other team members.

51 C. Physicians serving as a physician-led patient care team physician on a patient care
52 team shall comply with all requirements of the Board of Registration in Medicine, including

53 practicing with a number of advanced practice nurses that is consistent with the standards of care
54 of the given specialty.

55 D. The advanced practice nurse shall disclose to the patient at the initial encounter that he
56 or she is an advanced practice nurse. Any member of a physician-led patient care team shall
57 disclose, upon request of a patient or his legal representative, the name of the physician-led
58 patient care team physician and information regarding how to contact the patient care team
59 physician.

60 E. The board of registration in medicine and the board of registration in nursing shall
61 jointly promulgate regulations specifying collaboration and consultation among physicians and
62 an advance practice nurses working as part of physician-led patient care teams that shall include
63 the development of, and periodic review and revision of, a written or electronic practice
64 agreement; guidelines for availability and ongoing communications that define consultation
65 among the collaborating parties and the patient; and periodic joint evaluation of the services
66 delivered. Practice agreements shall include a provision for appropriate physician input wherever
67 needed, such as in complex clinical cases and patient emergencies and for referrals. The practice
68 agreement shall be maintained by the patient care team and provided to the Boards upon request.
69 For advance practice nurses providing care to patients within a hospital or health care system, the
70 practice agreement may be included as part of documents delineating the advance practice
71 nurse's clinical privileges or the electronic or written delineation of duties and responsibilities in
72 collaboration and consultation with a patient care team physician. These requirements shall be
73 consistent with provisions of Chapter 94 C Sections 7 and 9.

74 Section 3. Requirements – Licensure and practice of Physician assistants

75 Chapter 112 of the Massachusetts General Laws is hereby amended at the end thereof by
76 inserting at the end of section 9E the following new text:

77 Physician assistant regulations shall dictate that physician assistants only practice as part
78 of a physician-led patient care team. Each member of a physician-led patient care team shall
79 have specific responsibilities related to the care of the patient or patients and shall provide health
80 care services within the scope of his or her usual professional activities and legal scope of
81 practice. Physician assistants practicing as part of a physician-led patient care team shall
82 maintain appropriate collaboration and consultation, as evidenced in a written or electronic
83 practice agreement including individually developed prescribing guidelines, with at least one
84 patient care team physician. Practice of patient care teams in all settings shall include the
85 periodic review of patient charts or electronic health records and may include visits to the site
86 where health care is delivered in the manner and at the frequency determined by the physician
87 led patient care team.

88 B. Physicians serving as a physician-led patient care team physician on a patient care
89 team shall comply with all requirements of the Board of Registration in Medicine, including
90 practicing with a number of physician assistants that is consistent with the standards of care of
91 the given specialty.

92 C. The physician assistant shall disclose to the patient at the initial encounter that he or
93 she is a physician assistant. Any member of a physician-led patient care team shall disclose,
94 upon request of a patient or his legal representative, the name of the physician-led patient care
95 team physician and information regarding how to contact the patient care team physician.

96 D. The board of registration in medicine and the board of registration of physician
97 assistants shall jointly promulgate regulations specifying collaboration and consultation among
98 physicians and physician assistants working as part of physician-led patient care teams that shall
99 include the development of, and periodic review and revision of, a written or electronic practice
100 agreement; guidelines for availability and ongoing communications that define consultation
101 among the collaborating parties and the patient; and periodic joint evaluation of the services
102 delivered. Practice agreements shall include a provision for appropriate physician input wherever
103 needed, such as in complex clinical cases and patient emergencies and for referrals. The practice
104 agreement shall be maintained by the patient care team and provided to the Boards upon request.
105 For physicians assistants providing care to patients within a hospital or health care system, the
106 practice agreement may be included as part of documents delineating the physician assistant's
107 clinical privileges or the electronic or written delineation of duties and responsibilities in
108 collaboration and consultation with a patient care team physician. These requirements shall be
109 consistent with provisions of Chapter 94 C Sections 7 and 9.

110 Section 4. Prescriptive Authority

111 In accordance with the provisions of this section and pursuant to the limitations of
112 section 80C, 80E, and 80H of this chapter, of paragraph (g) of section 7 of Chapter 94C, of
113 section 9 of Chapter 94C, and of regulations developed subject to these statutes, an advance
114 practice nurse and a physician assistant shall have the authority to prescribe controlled
115 substances and devices and order tests and therapeutics.

116 Section 5. Severability. If any provision of this Act is held by a court to be invalid, such
117 invalidity shall not affect the remaining provisions of this Act, and to this end the provisions of
118 this Act are hereby declared severable.