

Beaumont Hospital Physician's Assistant/Physician Practice Agreement

NOTE: One form is needed for each hospital. Only list one hospital on this form.

Hospital affiliation _____

Practice/Organization Name _____

Participating Physician Name _____

Participating Physician MI License Number _____

Practice/Organization Address _____

Physician's Assistant Name _____

Physician's Assistant MI License Number _____

Effective Date _____

- The Participating Physician (or an alternative Physician designated by the Participating Physician when he/she is unavailable) shall be available to the Physician's Assistant to ensure appropriate decision making at all times that the Physician's Assistant is providing medical treatment. The process for such availability and communication is:

- The designated alternative Physician when the Participating Physician is unavailable:

- The Participating Physician has verified the Physician's Assistant's credentials.
- The Participating Physician and Physician's Assistant agree to periodically review this practice agreement to evaluate medical protocols and verify credentials.
- The Participating Physician and Physician's Assistant agree to comply with corporate and hospital policies, Rules & Regulations and Bylaws of the Medical Staff, and State Laws regarding scope-of-practice and recognize the education, training and experience in determining the duties and responsibilities of the parties. More specific authorized scope of practice privileges are found in the current job description and/or delineation of privileges form, as checked below:

Job Description Delineation of Privileges form

Either party may terminate this Practice Agreement upon no less than thirty (30) day's written notice to the other party, with a copy to Medical Staff Affairs

Therefore, having accepted the above provisions, the parties sign as follows to attest to their having read and agreed to the conditions as set forth in this Practice Agreement.

Participating Physician Signature _____ Date _____

Physician's Assistant Signature _____ Date _____

THIS DOCUMENT COMPLIES WITH ALL STATUTORY REQUIREMENTS AS SET FORTH IN PA 379 OF 2016

PLEASE SEE REVERSE SIDE FOR ADDENDUM AND FURTHER INSTRUCTIONS

Holdover Provision for Prescribing Authority

Public Act 379 of 2016 defines a Physician's Assistant as an independent "prescriber." After the effective date of Public Act 379 of 2016 (**March 22, 2017**) and prior to the issuance of a Michigan Controlled Substance License in the Physician's Assistant's name, the Physician's Assistant is prescribing under the supervision and delegation of the Participating Physician and will include both his/her name and DEA number and the name and DEA number of the Participating Physician on any prescriptions. This temporary prescribing authority, based on the Participating Physician's supervision and delegation, will cease upon the issuance of the Physician's Assistant's MI Controlled Substance License and DEA registration. **Note that prescribing authority is based on hospital privileges or job description.**

Participating Physician Signature _____	Date _____
Physician's Assistant Signature _____	Date _____

Instructions

1. Fill out information as described in the Practice Agreement.
2. Each party should sign and retain a copy of this Practice Agreement on file. The Practice Agreement does not need to be filed with the State of Michigan, but must be readily available for inspection.
3. The Practice Agreement must be updated if the conditions of this Practice Agreement change. If updated, the Practice Agreement must reflect those changes and must be signed and dated by both the Physician's Assistant and Participating Physician. Any changes must be in compliance with the law.

Definition of Terms in PA 379

- **"Participating physician"**: means 'a physician, a physician designated by a group of physicians under section 333.17049 to represent that group, or a physician designated by a health facility or agency under section 333.20174 to represent that health facility or agency.'
- **"Practice Agreement"**: A Practice Agreement is a written, contractual agreement between a PA and a participating physician that is now required by law under Public Act 379. This 'Agreement' will generally define the process and protocols by which the PA and their participating physician will provide medical care to their patients. It is not intended to be a detailed or lengthy document, but rather, provide a general understanding of each professional's knowledge and skills that will be utilized in that particular practice setting. The Practice Agreement can also place limitations on specific duties, procedures or drugs, if the parties of the 'Agreement' choose to do so.
- **"Prescribers"**: The term "prescribers" is an exclusive designation in law that allows independent prescribing. Included in this designation is a licensed dentist, a licensed doctor of medicine, a licensed doctor of osteopathic medicine and surgery, a licensed doctor of podiatric medicine and surgery, a licensed optometrist certified under Part 174 to administer and prescribe therapeutic pharmaceutical agents, and a licensed veterinarian. Physician Assistants are now also designated as full "prescribers" under PA 379, limited only by agreed-upon restrictions listed within a Practice Agreement.

Effective Date & Additional Information

- **PA 379 will go into effect on March 22, 2017.** A physician's assistant and their participating physician must have a Practice Agreement in place by this date.

If you have questions, please visit the MI Department of Licensing and Regulatory Affairs website:

http://www.michigan.gov/lara/0,4601,7-154-72600_72603_27529_27550---,00.html