

April 23, 1970

Mr. Gordon Duffy  
California Legislature  
Room 5163 State Capitol  
Sacramento, California

Dear Mr. Duffy:

I appreciate your giving me the opportunity to review the draft of your bill for licensure of physician's assistants in California. I recognize the fact that licensure has been the traditional mode of accommodating new groups into the health care system and that California has adhered strictly to this approach -- currently licensing more health personnel categories than any other state. Although my personal predisposition is against licensure because of the needless rigidities it often introduces, I can certainly understand why this approach may be necessary in your particular situation. Despite my reservations about licensure in general, I do feel that the draft you sent is good. It significantly preserves more flexibility than most licensure laws, by virtue of its vesting great discretion in the Board of Medical Examiners with respect to establishment of program approval criteria, inceptorship guidelines, and scopes of practice for the various types of physician's assistants. More than any other body, the Board is likely to have the necessary expertise for effecting these controls and can be more immediately responsive to changing conditions and needs.

Several points in the draft, however, trouble me somewhat. First, I would prefer that no scope of practice be specified for the various types of assistants. The needs of physicians, even within a given specialty area, are likely to vary greatly -- as is their willingness to devote time to increasing the skills of their individual assistants. I believe there is no single task performed regularly by a physician which cannot, after proper training, be performed by an assistant. The critical factor, demanding the physician's unique talents, is determining when the particular procedure is indicated. Presumably, the physician will be ultimately responsible for the actions of his assistant, and I feel this would provide adequate incentive for him to exercise caution in delegation of tasks. If the physician and his assistant are willing to devote time to development of additional skills in the assistant, it is my feeling that they should not be hampered by a defined scope of practice geared necessarily to the skills of those who have only recently completed the basic training program and an inceptorship.

Also, I am not clear as to the types of currently existing personnel who would have to seek licensure under such a statute. Is it intended that no person shall be allowed to perform any of the tasks falling within the scopes of practice established by the Board for the various types of assistants

unless he is licensed under this or another statute? Article IV(2) seems to indicate that this is the case. If so, will this not present problems for physicians who have informally-trained assistants who are skillfully performing a very narrow set of tasks but without the broader knowledge and skills necessary to pass the licensing examination?

Finally, I am interested in how your Board of Medical Examiners has reacted to the prospect of having to assume these significant additional duties. In North Carolina, we have been considering a regulatory scheme which also would center in the Board and, although the duties we visualize the Board's performing are less onerous than those you propose, there has been much discussion as to whether the Board could realistically be expected to assume the additional functions.

Thank you very much for sending me the draft of your bill. I wish you the best of luck in your efforts to resolve this difficult problem.

Sincerely,

Eugene A. Stead, Jr., M.D.

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CALIFORNIA LEGISLATURE

Assembly Committee  
on  
Health and Welfare

GORDON DUFFY  
CHAIRMAN

April 3, 1970

Dr. Eugene Stead  
Physician's Assistant Program  
Duke University Medical Center  
Durham, North Carolina 27706

Dear Dr. Stead:

Enclosed is a draft of a bill which sets up a framework for the licensure of physician's assistants in California.

Because of your expertise in the area of allied health manpower, I would appreciate any comments you can make on this approach to the licensure of physician's assistants, the bill itself or alternatives you can suggest.

Very truly yours,

  
GORDON DUFFY

GD:ct

Enclosure

July 31, 1970

Mr. Brad Byers  
National Academy of Sciences  
2101 Constitution Avenue  
Washington, D.C.

Dear Mr. Byers:

I think you have done well in writing up the content of the report. I am sending along to you some of my own feelings about why it is important to the Board on Medicine to raise its voice at this time.

Sincerely,

Eugene A. Stead, Jr., M.D.



For Mr. Byers  
July 30, 1970

Your press release is accurate with the exceptions I noted over the phone. I <sup>note below</sup> ~~have included~~ some background material which can be used to help your reporters.

The public and the press have great difficulty knowing what is really happening in the health care field. Public officials have emphasized the desirability of developing new careers in the health field. Look and Life magazines have publicized the development of physician's assistants at Duke and at the University of Washington. Doctors acting as individuals have published articles in the Journal of the American Medical Association, the New England Medical Journal and the New York Times about the desirability of new careers in the health field. A great deal of lip service has been given to the concept of upward movement from one level to another. So much has been said that many people believe real movement is occurring in the health field.

The public does not know that the Council on Health Manpower of the American Medical Association has not approved the education and use of broadly-trained assistants capable of working effectively with the doctor. The Council on Health Manpower has not informed the Council on Medical Education that assistants capable of collecting data and making judgments are really needed. This determination must be made by the Council on Health Manpower before the Council on Medical Education will begin to determine the educational requirements for schools which will educate the assistants.

The public does not know the scarcity of funds for initiating programs to train new categories of health manpower. The Medex program in the State of Washington is federally funded, and is this year educating 15 persons. The Duke program, as of June 1, 1970, had no Federal funds.

We were interested in a nurse-practitioner training program. Dr. Henry Silver at the University of Colorado has spearheaded this development. I asked him a few weeks ago if he could identify any source of money which would support development of more nurse-practitioner programs. His answer was "no".

The public does not know that a nurse with a good educational background and a rich experience in caring for sick persons cannot become a doctor without beginning over at the bottom of the ladder.

This report of the Board on Medicine was designed as an attempt to cut through some of these inertial forces paralyzing the development of health manpower. A group of responsible doctors and lay colleagues knowledgeable in the health field have written a report and made clear the following:

1. Broadly-trained assistants for the doctor are needed, and mechanisms for educating them should be set up now.
2. The American Medical Association and the Association of American Medical Colleges should determine standards for establishing schools and should devise a mechanism for accrediting them. If they cannot move quickly, other ways of accomplishing this must be devised.
3. Money to support the new educational programs is essential. The foundations interested in health care have financed the pilot studies. No major change on a nation-wide basis will occur until public funds are available.
4. The concept of upward mobility is too important to be buried in words. Now is the time to build this into newly-created careers.

This report of the Board on Medicine of the National Academy of Sciences is a call for action.

August 27, 1970

Dr. Henry T. Ricketts  
American Medical Association  
535 North Dearborn Street  
Chicago 60610

Dear Henry:

This is a good overview of some of our long-range problems. The authors, not being actually involved, are somewhat more detached than the rest of us.

In 1964 we surveyed the field and looked at the questions of institutional innovations, including prepractice plans, man-machine mixes relying heavily on technology, and the education of our broadly trained assistants. We concluded that the development of the assistants was the only step that could help in the near future. In North Carolina we have systems that are collapsing. One of our PA students is taking one of his clinical rotations with a doctor near the coast. The nearest doctor is 34 miles away. The preceptor has had an acute myocardial infarction. The doctor 34 miles away urges us to leave the PA student there and supervise him by telephone. The State medical society officials agree that this is the best course. We cannot even find a graduate PA to send. They are too few and too much in demand.

Your authors have no sense of urgency. They don't know that, in spite of all the talk, very few persons are being educated. The AMA has not yet set up guidelines for the education of broadly trained assistants. The Federal government has funded only a few programs. There are fewer than 200 graduate from all the programs.

Parenthetically, we are working on some of the man-machine systems. These have as much difficulty in finding financial support as do the PA programs. I also wanted to start a nurse-practitioner program and called Henry Silver to see if he knew of any funding sources. "Nary a one", said he.

I believe the publication of articles of this type are going more harm than good. They delude the lay public into thinking that highly inertial systems are moving when, in fact, nothing is being done. We have here a classical example of analysis paralysis.

Sincerely,

Eugene A. Stead, Jr., M.D.



September 14, 1970

Mr. J. W. Penfold  
IZAAK WALTON LEAGUE OF AMERICA  
719 - 13th Street, N.W.  
Washington, D.C. 20005

Dear Mr. Penfold:

Any publicity you can give the report will be helpful.

There are fewer than 100 Type A physician's assistants in school at the present time.

The American Medical Association has not approved this new type of health worker. It has not set educational guidelines for accrediting schools. The Federal government is supporting only a few programs.

The public has read a great deal about these new health workers. Many articles have been published about them in the Journal of the American Medical Association and other professional journals. The officials of the public health services have referred to them repeatedly in their speeches and in the reports of their conferences. Many articles have appeared in popular magazines and newspapers. The public believes that a great deal of movement is occurring. They do not realize that the opinions expressed are those of independent authors. These opinions have to be translated into action, and that requires action by the American Medical Association, the U.S. Public Health Service, the Veterans Administration and the Department of Defense.

I visited Walter Reed for a few days last Spring. They have an excellent staff of doctors and have built in a good clinical support system for the doctors. I am glad you live in an area where help can be given by moonlighting corpsmen. It would not be available in most of our country.

Sincerely,

Eugene A. Stead, Jr., M.D.





# The Izaak Walton League of America

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Dr. Eugene A. Stead, Jr.  
Duke University Medical Center  
Durham, North Carolina

Dear Dr. Stead:

The National Academy of Sciences' release on "New Members of the Physician's Health Team" was read with deep interest. As a hemodialysis patient the past couple of years, with an artificial kidney at home, I've been assisted by several military corpsman, moon-lighting their jobs at Walter Reed. I have found them to be uniformly dedicated, conscientious and entirely professional. They are highly skilled in the machines and their use, more so actually than the M.D.'s — from constant practice. Moreover, they recognize clearly the line to be drawn between their area of competence and that of the fully qualified doctor.

Implementation of your Board's conclusions would result in expanding greatly the opportunity for renal patients to receive the treatment they require and lower costs which are now prohibitive for most people. — Maybe there is some way I can help in getting this accomplished — which is really the purpose of this letter.

Sincerely,



J. W. Penfold  
Conservation Director

JWP:fe

December 7, 1970

Mr. Hargrove Bowles  
Piedmont Building  
Greensboro, North Carolina

Dear Skipper:

I was very pleased to learn of your enthusiasm for the physician's assistant concept. Your hope that the appropriate governmental agencies and the organized medical profession will soon proceed beyond the stage of merely professing support is, of course, shared by those of us involved with the programs who have frequently been frustrated by the lack of any meaningful commitment at that level.

The most immediate manner in which you as a North Carolina Senator can indicate your endorsement of the concept is to lend your support to the effort which will be made at the 1971 Session of the General Assembly to establish a legal base for the activities of physician's assistants. At present the laws of North Carolina and most other states make no provision for personnel of this type. Because the other members of the health team are clearly authorized, through licensure laws, to participate in the process of health care delivery, some people have expressed a quite legitimate concern over the legal status of physician's assistants and physicians who employ them. The nature of the legal problems which could arise are discussed in some detail in the enclosed report on the model legislation project recently completed at Duke. Very briefly, because the assistant will be performing many tasks which have traditionally been performed by the physician himself, the question could arise as to whether the assistant is engaging in the unlicensed practice of medicine, with the physician aiding and abetting this criminal offense. Similarly, in a civil action as for malpractice, a patient, in trying to establish liability, may attempt to use the fact that the physician delegated to an unrecognized person. Concentrating on such things as lack of formal recognition may divert attention from the real issue, which is the actual competence of the assistant to perform the task he was delegated.

Recognizing the uncertainties and dangers of the current legal situation, we conducted a project here at Duke to determine the best means of insuring the legality of the assistant's performance. Project participants included North Carolina physicians, nurses, lawyers, educators and hospital administrators, and the enclosed report deals with the project in detail. You will notice that the basic approach agreed upon was for an exception to the medical practice act, making it clear that the physician can delegate tasks to an assistant as long as he exercises responsible supervision of the assistant's activities. This avoids many of the problems currently being presented by traditional licensure laws, chief among these being the

inflexibility created by the defined scope of practice which is characteristic of such laws. Under the recommended approach, the physician would have discretion in the use of his assistant, being allowed to delegate tasks which he judged to be within the competence of his particular assistant and which would be most helpful to him in his particular practice setting. Because he is legally liable for the acts of his assistant, the physician should have adequate incentive to exercise great caution as he delegates tasks to and supervises his assistant. The project participants felt that the organized medical profession should also have a voice in the regulation of assistants and recommended that the Board of Medical Examiners be charged with making an initial inquiry into the assistant's qualifications and with establishing certain operating guidelines for the use of assistants. These points are discussed more fully in the enclosed report.

I am enclosing a copy of the bill embodying this approach which will be presented to the 1971 General Assembly. It was initiated in the project which I have mentioned and has been endorsed by the Medical Society of the State of North Carolina and by the Legislative Research Commission, upon recommendation of the Subcommittee on Health, chaired by Representative Kenneth Royall. We feel that it is particularly important that this bill be enacted into law at this time. Because North Carolina institutions have pioneered in the development of the physician's assistant concept, other states quite naturally look to North Carolina for guidance in the resolution of associated problems. Were this law on the books here, it should be encouragement for other states to give similar clarification of the legal situation and should therefore help remove a significant obstacle to optimal utilization of assistants in this time of increased awareness of litigation dangers. Although Florida and California have recently enacted legislation in behalf of physician's assistants, these laws have not attracted the attention that we feel will focus on North Carolina's actions in this direction by virtue of this State's previous leadership in the field.

Because physician's assistants are intended as physician complements rather than physician substitutes, the need for increased numbers of physicians will continue. For this reason, the development of these assistants does not directly affect the question of whether a new medical school should be established at East Carolina. It will, however, increase the efficiency of physicians whether they graduate from medical school at Duke, University of North Carolina, Bowman Gray, or East Carolina.

Again, we are grateful for your concern and for your willingness to make a personal effort in behalf of promoting physician's assistants and good medical care in general.

Sincerely,

Eugene A. Stead, Jr., M.D.





North Carolina General Assembly  
Senate Chamber  
State Legislative Building  
Raleigh 27602

HARGROVE (SKIPPER) BOWLES  
PIEDMONT BUILDING  
GREENSBORO, NORTH CAROLINA

November 16, 1970

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Dr. Eugene A. Stead, Jr.  
School of Medicine  
Duke University  
Durham, North Carolina

Dear Dr. Stead:

I've just read the AP release of your comments on the experiment Duke and several other institutions are conducting on training "doctor's assistants". I do hope your putting the spotlight on them will move the federal agencies to put their money where their mouths are.

Is there any way I can be of help to you? What can the State of North Carolina do? How could this program possibly fit into the ambitions of East Carolina University in lieu of a full medical school?

Looking forward to hearing from you.

Best wishes.

Sincerely,

A handwritten signature in dark ink, appearing to read "Skipper".

HB/k