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Re: Comments on Proposed Amendments to 216-RICR-40-11 Licensing of Hospice Care

On behalf of the Rhode Island Academy of Physician Assistants (RIAPA), the professional organization representing over 850 PAs licensed in the State of Rhode Island, we respectfully submit these comments on the above referenced proposed amendments.

While we agree with the intent of and need for the amendments we believe that certain proposed language is in some instances superfluous, and/or vague and potentially confusing.

Specifically:

§ 11.3. (A) 1 in defining “attending provider” proposes that the following be added to the current definition:

*“...Attending practitioner **may** (emphasis added) also mean a physician assistant (who may or may not be on the hospice staff), as long as the physician assistant’s role is limited to providing medical and surgical services in collaboration with physicians, as set forth in the provisions of R.I. Gen. Laws Chapter 5-54”*

We find the use of “may” to be vague and confusing. This implies that there are circumstances which would preclude a PA from filling the role of attending provider, but, absent a precluding circumstance, a PA would be able to fill that role. This becomes confusing in light of the fact that the regulations do not define what specifically would be a precluding circumstance.

§11.3. (A) 1 also provides:

*“... as long as the physician assistant’s role is **limited** (emphasis added) providing medical and surgical services in collaboration with physicians, as set forth (emphasis added) in the provisions of R.I. Gen. Laws Chapter 5-54 to providing medical and surgical services in collaboration with physicians, as set forth in the provisions of R.I. Gen. Laws Chapter 5-54...” This same language can be found in the proposed amendments to § 11.5.8 (A).*

This statement is superfluous. Simply stated, it authorizes PAs to do what the licensing statute authorizes them to do. In other words, a PA can do what a PA can do. It should be noted that ALL providers, including physicians and nurse practitioners, in ALL settings are “limited” to what is allowed by their respective licensing acts.

In discussing various services §11.5.8 (A) 2. §11.5) 1. §11.5.8 (J) 1 and §11.5.8 (J) allow the service to be provided by physicians, certified nurse practitioners and/or as appropriate by a physician assistant. Exactly what this phrase is meant to allow is a mystery to us. The regulations are silent as to what would constitute appropriate or inappropriate. Further, in order to meet established standards of care the care must be appropriate

To resolve these concerns, we recommend amending the proposed regulations to read as follows:

§ 11.3. (A) 1 Attending Practitioner Services: Attending practitioner services shall be provided by a physician, licensed under the provisions of R.I. Gen. Laws Chapter 5-37, or a certified ~~registered~~ nurse practitioner, licensed under the provisions of R.I. Gen. Laws Chapter 5-34. or physician assistant, licensed under the provisions of R.I. Gen. Laws Chapter 5-54, to meet the general medical needs of patients for the management of the terminal illness and related conditions, through palliative and supportive care and in accordance with hospice policies.

§ 11.5. 8 (A) Attending Practitioner Services: Attending practitioner services shall be provided by a physician, licensed under the provisions of R.I. Gen. Laws Chapter 5-37, or a certified ~~registered~~, nurse practitioner, licensed under the provisions of R.I. Gen. Laws Chapter 5-34. or physician assistant, licensed under in the provisions of R.I. Gen. Laws Chapter 5-54, to meet the general medical needs of patients for the management of the terminal illness and related conditions, through palliative and supportive care and in accordance with hospice policies.

§ 11.5.8.1 Such policies shall include provisions governing the relationship of the attending physician or the certified registered nurse practitioner, or physician assistant, to the medical director, and the interdisciplinary team.

§ 11.5.8.2. In addition to palliation and management of terminal illness and related conditions, staff physician(s) and/or certified ~~registered~~ nurse practitioner(s) of the hospice program, including the physician member(s), and/or the certified ~~registered~~ nurse practitioner member(s), and/or, physician assistant member(s) of the interdisciplinary group shall also meet the general medical needs of the patients to the extent that these needs are not met by the attending physician, and/or the certified ~~registered~~ nurse practitioner and/or physician assistant.

§ 11.5.8 (J) 1 Administration of Drugs and Biologicals. Drugs and biologicals as prescribed by the physician or other practitioner working within the scope of his/her practice in the plan of care may be administered by the following individuals:

1. A licensed nurse, certified ~~registered~~-nurse practitioner, or physician, or physician assistant; **§11.5.9 (F) 1 (h)**. Consulting with attending physicians and/or certified ~~registered~~-nurse practitioner and/or physician assistant.

Thank you for the opportunity to comment on these important regulations and please contact us with any questions

Respectfully,

James Carney
Director of Advocacy and Government Relations

