



IN THE GENERAL ASSEMBLY STATE OF \_\_\_\_\_

**An Act to Support Physician-Led Team Based Health Care**

1 Be it enacted by the People of the State of \_\_\_\_\_, represented in the General  
2 Assembly:

3 **Section 1. Title.** This act shall be known as and may be cited as the Team Based Health Care  
4 Act.

5 **Section 2. Purpose.** The Legislature hereby finds and declares that:

6 A. The ongoing success of integrated health care systems can be attributed to the  
7 physician leadership within organizational and administrative aspects of their respective health  
8 care system.

9 B. Increased use of physician-led health care teams has the potential to offset  
10 completely the increase in demand for physician services while improving access to care, thereby  
11 averting a primary care physician shortage.

12 C. According to survey data, a vast majority of patients believe that patients with one  
13 or more chronic conditions benefit when a physician leads the primary health care team.

14 D. Four out of five patients prefer a physician to have primary responsibility for  
15 leading and coordinating their health care.

16 **Section 3. Definitions.**

17 A. "Patient care team" means a multidisciplinary team of health care providers actively  
18 functioning as a unit with the management and leadership of one or more patient care team

1 physicians for the purposes of providing and delivering health care to a patient or group of  
2 patients.

3 B. “Patient care team physician” means a physician who is actively licensed to practice  
4 medicine in the State of \_\_\_\_\_, who regularly practice medicine in the State of  
5 \_\_\_\_\_, and who provides management and leadership in the care of all patients as  
6 part of a patient care team.

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

14 D. “Consultation” means a process whereby a nurse practitioner seeks the advice or  
15 opinion of a physician or another health care practitioner.

16 E. “Nurse practitioner” means an advanced practice registered nurse who is jointly  
17 licensed by the \_\_\_\_\_ Board of Nursing pursuant to § \_\_\_\_\_.

18 **Section 4. Requirements – Licensure and practice of nurse practitioners.**

19 A. A nurse practitioner shall only practice as part of a physician-led patient care team.  
20 Each member of a physician-led patient care team shall have specific responsibilities related to  
21 the care of the patient or patients and shall provide health care services within the scope of his  
22 usual professional activities. Nurse practitioners practicing as part of a physician-led patient care  
23 team shall maintain appropriate collaboration and consultation, as evidenced in a written or  
24 electronic practice agreement, with at least one patient care team physician. Nurse practitioners

1 who are certified registered nurse anesthetists shall practice under the supervision of a licensed  
2 doctor of medicine, osteopathy, podiatry, or dentistry. Collaboration and consultation among  
3 nurse practitioners and patient care team physicians may be provided through telemedicine as  
4 described in Section \_\_\_\_\_. Practice of patient care teams in all settings shall include the  
5 periodic review of patient charts or electronic health records and may include visits to the site  
6 where health care is delivered in the manner and at the frequency determined by the physician-  
7 led patient care team.

8 B. Physicians on physician-led patient care teams may require that a nurse practitioner be  
9 covered by a professional liability insurance policy with limits equal to the current limitation on  
10 damages set forth in Section \_\_\_\_\_. Service on a patient care team by a physician-led  
11 patient care team member shall not, by the existence of such service alone, establish or create  
12 liability for the actions or inactions of other team members.

13 C. Physicians shall not serve as a physician-led patient care team physician on a patient  
14 care team at any one time to more than \_\_\_ nurse practitioners.

15 D. The nurse practitioner shall disclose to the patient at the initial encounter that he or she  
16 is a licensed nurse practitioner. Any member of a physician-led patient care team shall disclose,  
17 upon request of a patient or his legal representative, the name of the physician-led patient care  
18 team physician and information regarding how to contact the patient care team physician.

19 E. The Board of Medicine and the Board of Nursing shall jointly promulgate regulations  
20 specifying collaboration and consultation among physicians and nurse practitioners working as  
21 part of physician-led patient care teams that shall include the development of, and periodic  
22 review and revision of, a written or electronic practice agreement; guidelines for availability and  
23 ongoing communications that define consultation among the collaborating parties and the  
24 patient; and periodic joint evaluation of the services delivered. Practice agreements shall include

1 a provision for appropriate physician input wherever needed, such as in complex clinical cases  
2 and patient emergencies and for referrals. Evidence of a practice agreement shall be maintained  
3 by a nurse practitioner and provided to the Boards upon request. For nurse practitioners  
4 providing care to patients within a hospital or health care system, the practice agreement may be  
5 included as part of documents delineating the nurse practitioner's clinical privileges or the  
6 electronic or written delineation of duties and responsibilities in collaboration and consultation  
7 with a patient care team physician.

8 **Section 5. Prescriptive Authority**

9 A. In accordance with the provisions of this section and pursuant to the requirements of  
10 Section \_\_\_\_\_, a licensed nurse practitioner shall have the authority to  
11 prescribe Schedule \_\_ through Schedule \_\_ controlled substances and devices as set forth in  
12 Section \_\_\_\_\_. Nurse practitioners shall have such prescriptive authority upon the  
13 provision to the Board of Medicine and the Board of Nursing of such evidence as they may  
14 jointly require that the nurse practitioner has entered into and is, at the time of writing a  
15 prescription, a party to a written or electronic practice agreement with a physician-led patient  
16 care team physician that clearly states the prescriptive practices of the nurse practitioner. Such  
17 written or electronic practice agreements shall include the controlled substances the nurse  
18 practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as  
19 described in the practice agreement. Evidence of a practice agreement shall be maintained by a  
20 nurse practitioner pursuant to Section \_\_\_\_\_. Practice agreements authorizing a  
21 nurse practitioner to prescribe controlled substances or devices pursuant to this section shall  
22 either be signed by the patient care team physician who is practicing as part of a patient care  
23 team with the nurse practitioner or shall clearly state the name of the patient care team physician  
24 who has entered into the practice agreement with the nurse practitioner.

