

WEISS



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Filling the physician gap.

That was the subject of Monday's blog post, **Advanced Practice Providers Aren't Necessarily the Grout For the Physician Gap**. You can follow the link to read the post online, or just keep reading.

Office-based physicians are in increasingly short supply, which is a recipe for trouble, especially for patients, or those who want to be one.

But nature abhors a vacuum, and so does healthcare. Enter advanced practice providers (APPs) like nurse practitioners (NPs) and physician assistants (PAs). They're stepping in to fill the gap—and good for them, and good for patients—at least when it works.

But here's the rub: the legal landscape surrounding APPs is still murky. Their scope of practice varies wildly from state to state. In some jurisdictions, NPs have full practice authority, while in others they require supervision by a physician. For PAs, it's often even more restrictive.

For physicians, the issues are far more complex than signing off on a protocol or supervision agreement. Paperwork isn't a magic shield against liability.

What happens when an APP steps beyond their legal scope of practice? It's not just a problem for them. It's a problem for you. Liability doesn't just stop with the person delivering the care—it rolls uphill to whoever is supposed to be supervising him or her, *i.e.*, *you*.

Supervisory requirements aren't just administrative niceties; they're the difference between compliant practice and a lawsuit waiting to happen. And, that's before considering the usual issues of entity liability, that is, the liability of the entity such as your professional corporation under which the practice conducts business.

What about delegation? When you delegate tasks to APPs, you're not delegating liability. In fact, improper delegation can open you up to professional liability claims, licensing board actions, and potentially, criminal charges.

The bottom line? If you're going to rely on APPs to fill the gaps left by physician shortages in your practice, you'd better know exactly what you're getting into.

Check the laws in your state, make sure your protocols are more than just paper decorations, and—just as importantly—monitor the execution. Because in healthcare, the devil is always in the details. If this resonates with you, it might make sense to chat.



The Latest on H.R. 2191 Revising Stark's Prohibitions on Physician Ownership of Hospitals

Here's the latest on H.R. 2191, the legislation to amend the Stark Law in regard to physician investment in or ownership of hospitals.

The resolution's text was just released. It's not as broad as I had hoped, but some relief from discrimination against physician investment in and ownership of hospitals is better than none.

If H.R. 2191 were to be enacted in its present form, we'd see a liberalization of the Stark Law's restrictions in two key ways:

First, rural hospitals would be carved out from Stark's self-referral ban.

And, second, there would no longer be a prohibition on the expansion of an existing physician-owned hospitals' capacity in terms of the number of operating rooms, procedure rooms, and beds.

Together, this could make physician investment in rural hospitals more feasible, allow existing physician-owned hospitals to expand, and, in general, revive the debate over singling out physicians in terms of prohibitions on hospital ownership and investment.

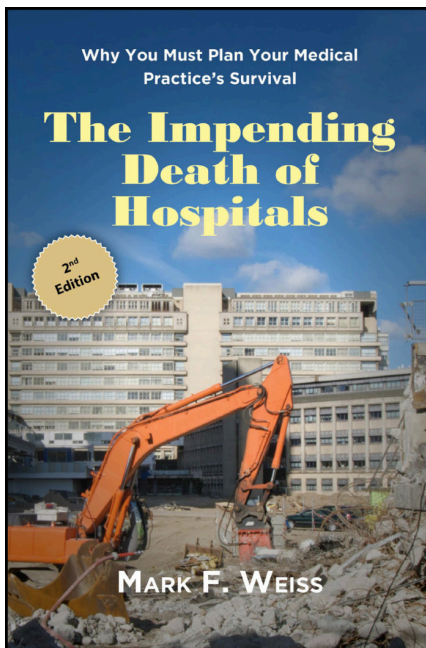
After all, Stark doesn't prohibit hospitals from essentially owning physicians. But even with the changes envisioned by H.R. 2191, there would still be restrictions on physician ownership of hospitals. That emperor has no clothes and to pretend it has is just some bullshit.

Keep an eye on blog.weisspc.com for updates as H.R. 2191 makes its way through the legislative process.



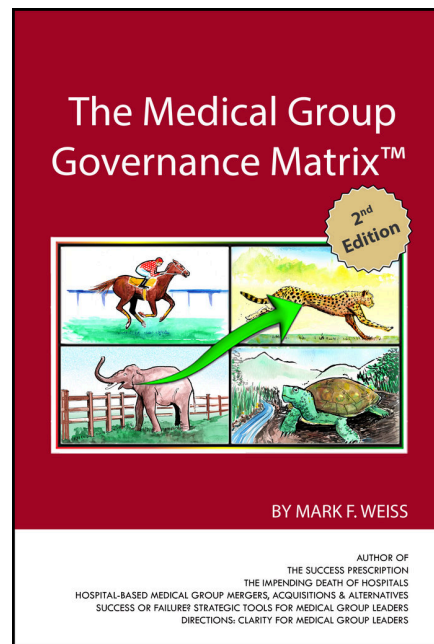
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