Idaho Statute Permits Mid-level Practitioners to Hospitalize Patients

Across the country, advanced practice nurses and physician assistants have been increasingly assuming patient care duties that traditionally fell exclusively to doctors. However, hospital admissions have still usually fallen under the purview of physicians. That is set to change, at least in one state.

Effective July 1st, patients in Idaho may not have to wait for their doctor to admit them to a hospital. A new law grants hospital admitting privileges to advanced practice nurses and physician assistants, providing the healthcare facility allows non-physician admissions.

Specifically, the new Idaho law (§ 39-1396) stipulates that a healthcare facility or hospital may give admitting privileges to doctors, advanced practice nurses, or physician assistants under the following conditions: those privileges are recommended by the facility's medical staff; those privileges have met with approval by the facility's governing body; and those privileges fall under the admitting practitioner's scope of practice as allowed by his/her medical license.

Further, the hospital is to specifically outline how its medical staff and governing board will provide oversight (such as reviews of competency and credentials) to the individuals permitted to admit patients.

Physician must still be involved in patient care

Still, the new statute does not allow physicians to be out of the picture entirely. Rather, in the case of inpatient cases, hospital bylaws must "specify that every patient be under the care of a physician licensed by the Idaho State Board of Medicine." The Idaho Bureau of Facility Standards has explained this directive as requiring a doctor to have some involvement with a patient's care during the course of the hospital stay, and to show evidence of that involvement.

However, that relatively ambiguous and open-to-interpretation instruction fails to clarify what kind of involvement, exactly, or how much. And in the case of rural or remote facilities that may not have ready or reliable access to physicians, it may add a burden that, ostensibly, the new statute in one regard was on the road to removing. (It's likely that the Bureau will be pushed to clarify this stipulation as the law goes into effect.)

Medicare had already provided for non-physician admissions

The Idaho law is new in fact, but not unheard of in practice. For instance, Medicare conditions of participation

(CoP) typically give admitting permission to “mid-level practitioners” when that action does not conflict with state law.

Side by side, the Medicare CoPs seem less exacting than the state law when it comes to doctor oversight of midlevel admitting practitioners in that they do not require physician involvement in every inpatient instance. Rather, doctor involvement is required only when the specific care circumstances warrant it (including when the presenting condition — or one that develops later — is outside the bounds of the admitting practitioner’s scope of practice).

Inpatient hospital CoPs do require that the Medicare patient be under the care of a doctor of medicine or osteopathy, a doctor of dental medicine or surgery, a doctor of podiatric medicine, a doctor of optometry, a chiropractor, or a clinical psychologist.

Some of the qualifiers linked to this list defer ultimate authority to the specific professional governing body (“acting within the scope of his or her license”), and some include care limitations (i.e., “A chiropractor who is licensed by the State or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist”).

Medicare requires patient care to fall broadly under the umbrella of a doctor so that even if the patient is admitted to a hospital under the direction of a mid-level practitioner, a physician will be available if a medical situation develops that is beyond the expertise of the non-physician practitioner. But, unlike the new Idaho law, the CoP does not stipulate that each and every inpatient case include direct involvement by the doctor whose care the patient is under.

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