Updated Sponsors

House Bill 3642

Sponsored by Representatives NATHANSON, GREENLICK; Representatives BARKER, BARNHART, BOONE, BUCKLEY, DEMBROW, DOHERTY, FREDERICK, HOLVEY, HOYLE, KOMP, KOTEK, MATTHEWS, NOLAN, ROBLAN, STIEGLER, TOMEI, VANORMAN, WITT (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Allows supervising physician organization to collectively supervise physician assistant. Defines "supervising physician organization." Declares emergency, effective on passage.

1	A BILL FOR AN ACT
2	Relating to physician assistants; amending ORS 409.565, 677.495, 677.500, 677.510, 677.515, 677.518,
3	677.535, 677.545 and 743A.044; and declaring an emergency.
4	Be It Enacted by the People of the State of Oregon:
5	SECTION 1. ORS 677.495 is amended to read:
6	677.495. As used in ORS 677.495 to 677.545, unless the context requires otherwise:
7	(1) "Agent" means a physician designated by the supervising physician of a physician assistant
8	who supervises the medical services of the physician assistant for a predetermined period of time.
9	(2) "Committee" means the Physician Assistant Committee created in ORS 677.540.
10	(3) "Physician assistant" means a person who is licensed in accordance with ORS 677.505 to
11	677.525.
12	(4) "Supervising physician" means a physician licensed to practice medicine under this
13	chapter who supervises a physician assistant.
14	(5) "Supervising physician organization" means a group of supervising physicians that
15	collectively supervises a physician assistant.
16	[(4)] (6) "Supervision" means the routine direction and regular review by the supervising phy-
17	sician or supervising physician organization, as determined to be appropriate by the Oregon
18	Medical Board, of the medical services provided by the physician assistant. [The practice description
19	shall provide for the maintenance of direct, verbal communication either in person or by means de-
20	scribed in ORS 677.515 (4)(a) but the description shall not require the physical presence at all times
21	of the supervising physician.]
22	SECTION 2. ORS 677.500 is amended to read:
23	677.500. It is the intent of the Legislative Assembly in requiring the licensure of physician as-
24	sistants that there be reasonable utilization of the physician assistant by the supervising physician
25	or supervising physician organization.
26	SECTION 3. ORS 677.510 is amended to read:
27	677.510. (1) A person licensed to practice medicine under this chapter shall not use the services
28	of a physician assistant without the prior approval of the Oregon Medical Board.

1 (2) A supervising physician or a supervising physician organization may apply to the 2 board to use the services of a physician assistant. The application shall:

(a) State the name of the physician assistant[,];

4 (b) Describe the manner and extent to which the physician assistant's services would be used 5 and supervised[,];

6 (c) Include a practice description that provides for the maintenance of direct, verbal 7 communication between the physician assistant and one or more supervising physicians ei-8 ther in person or by means described in ORS 677.515 (4);

9 (d) State the education, training and experience of the physician assistant; and

(e) Provide such other information in such a form as the board may require.

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11 [(2)] (3) The board may approve or reject an application, or it may modify the proposed use of 12 the services of the physician assistant and approve the application as modified. The board may not 13 require that a supervising physician be physically present at all times.

(4) When it appears to the board that the services of a physician assistant are being used in a manner inconsistent with the approval granted, the board may withdraw its approval. If a hearing is requested by the **supervising** physician, **the supervising physician organization** or the physician assistant upon the rejection of an application[,] or upon the withdrawal of an approval, a hearing shall be conducted in accordance with ORS 677.200.

19 [(3)(a)] (5) [The] A supervising physician may have a different specialty from the physician as 20 sistant.

(6) A supervising physician organization may supervise any number of physician assistants
 ants. The board may not adopt rules limiting the number of physician assistants that a
 supervising physician organization may supervise.

(7) If a physician assistant is not supervised by a supervising physician organization, the [A] physician assistant may be supervised by no more than four supervising physicians. A supervising physician who is not acting as part of a supervising physician organization may supervise four physician assistants. A supervising physician who is not acting as part of a supervising physician organization may designate a physician to serve as the agent of the supervising physician for a predetermined period of time.

30 [(b)] (8) The board may review and approve applications from physicians serving federally des-31 ignated underserved populations, or physicians in federally designated health professional shortage areas, federally designated medically underserved areas or areas designated as medically disadvan-32taged and in need of primary health care providers by the Director of the Oregon Health Authority 33 34 or the Office of Rural Health to supervise more than four physician assistants, and applications from 35 physician assistants to be supervised by more than four physicians. A physician assistant may render services in an emergency room and other hospital settings, a nursing home, a corrections institution 36 37 and any site included in the practice description.

[(4)] (9) A licensed physician assistant may make application to the board for emergency drug dispensing authority. The board shall consider the criteria adopted by the Physician Assistant Committee under ORS 677.545 (4) in reviewing the application. Such emergency dispensing shall be of drugs prepared or prepackaged by a licensed pharmacist, manufacturing drug outlet or wholesale drug outlet authorized to do so under ORS chapter 689.

[(5)] (10) A physician assistant for whom an application under [subsection (1) of] this section has
been approved by the board on or after January 2, 2006, shall submit to the board, within 24 months
after the approval, documentation of completion of:

(a) A pain management education program approved by the board and developed in conjunction 1 2 with the Pain Management Commission established under ORS 409.500; or 3 (b) An equivalent pain management education program, as determined by the board. SECTION 4. ORS 677.515 is amended to read: 4 5 677.515. (1) This chapter does not prohibit a person from rendering medical services: (a) If the person has satisfactorily completed an educational program for physician assistants[,] 6 approved by the Oregon Medical Board[, for physician assistants]; 7 (b) If the services are rendered under the supervision and control of a [person licensed under this 8 9 chapter to practice medicine] supervising physician or supervising physician organization and the use of the physician assistant's services has been approved by the board as provided by ORS 677.510; 10

11 and

(c) If the person is licensed as a physician assistant as provided by ORS 677.495 and 677.505 to
 677.525.

(2) This chapter does not prohibit a student enrolled in an approved program for educating
 physician assistants from rendering medical services if the services are rendered in the course of
 the program.

(3) Notwithstanding subsections (1) and (2) of this section, the degree of independent judgment that a physician assistant may exercise shall be determined by the supervising physician, or supervising physician organization, and the physician assistant in accordance with a practice description approved by the board.

(4) A physician assistant may provide medical services to patients in a setting where a super vising physician does not regularly practice if the following conditions exist:

(a) Direct communication between the physician assistant and one or more supervising
 physicians either in person or by telephone, radio, radiotelephone, television or similar means is
 maintained; and

(b) The medical services provided by the physician assistant are reviewed by a supervising
 physician or supervising physician organization on a regularly scheduled basis as determined by
 the board.

(5) A supervising physician, upon the approval of the board and in accordance with the rules 2930 established by the board, may delegate to the physician assistant the authority to administer and 31 dispense limited emergency medications and to prescribe medications pursuant to this section and ORS 677.535 to 677.545. Neither the board nor the Physician Assistant Committee shall limit the 32privilege of administering, dispensing and prescribing to population groups federally designated as 33 34 underserved, or to geographic areas of the state that are federally designated health professional shortage areas, federally designated medically underserved areas or areas designated as medically 35 disadvantaged and in need of primary health care providers by the Director of the Oregon Health 36 37 Authority or the Office of Rural Health. All prescriptions written pursuant to this subsection shall 38 bear the name, office address and telephone number of the supervising physician.

(6) Nothing in this chapter is intended to require or prohibit a physician assistant from practicing in a hospital licensed pursuant to ORS 441.015 to 441.089.

(7) Prescriptions for medications prescribed by a physician assistant in accordance with this section and ORS 475.005, 677.010, 677.500, 677.510 and 677.535 to 677.545 and dispensed by a licensed pharmacist may be filled by the pharmacist according to the terms of the prescription, and the filling of such a prescription shall not constitute evidence of negligence on the part of the pharmacist if the prescription was dispensed within the reasonable and prudent practice of pharmacy.

SECTION 5. ORS 677.518 is amended to read: 1 2 677.518. A physician assistant, practicing under the supervision of a [person licensed to practice medicine under this chapter] supervising physician or a supervising physician organization, is 3 authorized to complete and sign death certificates. Death certificates signed by a physician assistant 4 shall be accepted as fulfilling all of the laws dealing with death certificates. A physician assistant 5 who signs a death certificate must comply with all provisions of ORS 432.307. 6 SECTION 6. ORS 677.535 is amended to read: 7 8 677.535. The Oregon Medical Board may grant a limited license to a physician assistant if: 9 (1) The applicant meets the qualifications of the board, the application file is complete and no derogatory information has been submitted but board approval is pending; or 10 11 (2) The physician assistant is changing employment or changing supervising physicians or 12 supervising physician organizations. SECTION 7. ORS 677.545 is amended to read: 13 677.545. The Physician Assistant Committee shall: 14 15 (1) Review all applications for physician assistants' licensure and for renewal thereof. 16 (2) Review applications of physician assistants for dispensing privileges. (3) Recommend approval or disapproval of applications submitted under subsection (1) or (2) of 17 18 this section to the Oregon Medical Board. 19 (4) Recommend criteria to be used in granting dispensing privileges under ORS 677.515. (5) Recommend the formulary for prescriptive privileges that may include all or parts of Sched-20ules II, III, IV and V controlled substances and the procedures for physician assistants [and], 2122supervising physicians and supervising physician organizations to follow in exercising the 23prescriptive privileges. (6) Recommend the approval, disapproval or modification of the application for prescriptive 24 25privileges for any physician assistant. An application for Schedule II controlled substances prescriptive privileges must be submitted to the Oregon Medical Board by the physician assistant's 2627supervising physician or supervising physician organization and must be accompanied by the practice description of the physician assistant. The Schedule II controlled substances prescriptive 28privileges of a physician assistant shall be limited by the practice description approved by the board 2930

and may be restricted further by the supervising physician or supervising physician organization 31 at any time. The supervising physician or supervising physician organization shall notify the physician assistant and the board of any additional restrictions imposed by the supervising physician 32

or supervising physician organization, and the practice description on file with the board shall 33 34 be amended to reflect the additional restrictions imposed. To be eligible for Schedule II controlled substances prescriptive privileges, a physician assistant must be certified by the National Commis-35 sion on Certification of Physician Assistants and must complete all required continuing medical ed-36 37 ucation coursework.

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SECTION 8. ORS 409.565 is amended to read:

409.565. A person required to complete one pain management education program established 39 40 under ORS 409.510 shall complete the program:

(1) Within 24 months of January 2, 2006; 41

42(2) Within 24 months of the first renewal of the person's license after January 2, 2006; or

(3) For a physician assistant for whom an application under ORS 677.510 [(1)] has been approved 43 before January 2, 2006, within 24 months after January 2, 2006. 44

SECTION 9. ORS 743A.044 is amended to read: 45

743A.044. (1) An insurer may not refuse a claim solely on the ground that the claim was submitted by a physician assistant rather than by [the] a supervising physician for the physician assistant.
(2) This section is exempt from ORS 743A.001.

5 <u>SECTION 10.</u> This 2010 Act being necessary for the immediate preservation of the public 6 peace, health and safety, an emergency is declared to exist, and this 2010 Act takes effect 7 on its passage.

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