SENATE AMENDMENTS TO SENATE BILL 224

By COMMITTEE ON HEALTH CARE, HUMAN SERVICES AND RURAL HEALTH POLICY

April 22

On page 1 of the printed bill, line 24, after "agreement" insert ", including regular and routine 1 2 oversight and chart review". In line 30, after "services" insert "to the extent of a physician assistant's education and expe-3 4 rience". Delete line 31 and delete pages 2 and 3. 5 6 On page 4, delete lines 1 through 8 and insert: "SECTION 3. ORS 677.510, as amended by section 3, chapter 43, Oregon Laws 2010, is amended 7 8 to read: 9 "677.510. (1) A person licensed to practice medicine under this chapter [shall] may not use the 10 services of a physician assistant without the prior approval of the Oregon Medical Board. "(2) A supervising physician or a supervising physician organization may apply to the board to 11 use the services of a physician assistant. The application shall: 12 13 "(a) [State the name of the physician assistant] If the applicant is not a supervising physician organization, state the name and contact information of the supervising physician; 14 15 "(b) If the applicant is a supervising physician organization: "(A) State the names **and contact information** of all supervising physicians; and 16 "(B) State the name of the primary supervising physician required by subsection (5) of this sec-1718 tion; "[(c) Describe the manner and extent to which the physician assistant's services would be used and 19 supervised:] 2021"[(d) Include a practice description that provides for the maintenance of direct, verbal communi-22cation between the physician assistant and one or more supervising physicians either in person or by means described in ORS 677.515 (4);] 23"[(e) State the education, training and experience of the physician assistant; and] 24 "(c) Generally describe the medical services provided by each supervising physician; 2526 "(d) Contain a statement acknowledging that each supervising physician has reviewed statutes and rules relating to the practice of physician assistants and the role of a super-2728 vising physician; and 29 "[(f)] (e) Provide such other information in such a form as the board may require. "(3) The board [may] shall approve or reject an application within seven working days after 30 the board receives the application, unless the board is conducting an investigation of the 31 32supervising physician or of any of the supervising physicians in a supervising physician organization applying to use the services of a physician assistant. [, or it may modify the proposed 33 use of the services of the physician assistant and approve the application as modified. The board may 3435 not require that a supervising physician be physically present at all times.]

1 "(4) A supervising physician organization shall provide the board with a list of the supervising 2 physicians in the supervising physician organization. The supervising physician organization shall 3 continually update the list and notify the board of any changes.

4 "(5) A supervising physician organization shall designate a primary supervising physician and 5 notify the board in the manner prescribed by the board.

6 "[(6) When it appears to the board that the services of a physician assistant are being used in a 7 manner inconsistent with the approval granted, the board may withdraw its approval. If a hearing is 8 requested by the supervising physician, the supervising physician organization or the physician assist-9 ant upon the rejection of an application or upon the withdrawal of an approval, a hearing shall be 10 conducted in accordance with ORS 677.200.]

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"[(7) A supervising physician may have a different specialty from the physician assistant.]

12 "(6)(a) A physician assistant may not practice medicine until the physician assistant en-13 ters into a practice agreement with a supervising physician or supervising physician organ-14 ization whose application has been approved under subsection (3) of this section. The practice 15 agreement must:

"(A) Include the name, contact information and license number of the physician assistant
 and each supervising physician.

(B) Describe the degree and methods of supervision that the supervising physician or supervising physician organization will use. The degree of supervision, whether general, direct or personal, must be based on the level of competency of the physician assistant as judged by the supervising physician.

22 "(C) Generally describe the medical duties delegated to the physician assistant.

"(D) Describe the services or procedures common to the practice or specialty that the
 physician assistant is not permitted to perform.

"(E) Describe the prescriptive and medication administration privileges that the physi cian assistant will exercise.

"(F) Provide the list of settings and licensed facilities in which the physician assistant
will provide services.

29 "(G) State that the physician assistant and each supervising physician is in full compli-30 ance with the laws and regulations governing the practice of medicine by physician assist-31 ants, supervising physicians and supervising physician organizations and acknowledge that 32 violation of laws or regulations governing the practice of medicine may subject the physician 33 assistant and supervising physician or supervising physician organization to discipline.

"(H) Be signed by the supervising physician or the primary supervising physician of the
 supervising physician organization and by the physician assistant.

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"(I) Be updated at least every two years.

37 "(b) The supervising physician or supervising physician organization shall provide the 38 board with a copy of the practice agreement within 10 days after the physician assistant begins practice with the supervising physician or supervising physician organization. The 39 40 supervising physician or supervising physician organization shall keep a copy of the practice 41 agreement at the practice location and make a copy of the practice agreement available to the board on request. The practice agreement is not subject to board approval, but the board 42may request a meeting with a supervising physician or supervising physician organization 43 44 and a physician assistant to discuss a practice agreement.

45 "(7) A physician assistant's supervising physician shall ensure that the physician assist-

ant is competent to perform all duties delegated to the physician assistant. The supervising
 physician or supervising physician organization and the physician assistant are responsible
 for ensuring the competent practice of the physician assistant.

4 "(8) A supervising physician or the agent of a supervising physician must be competent 5 to perform the duties delegated to the physician assistant by the supervising physician or 6 by a supervising physician organization.

"(9) The board may not require that a supervising physician be physically present at all
times when the physician assistant is providing services, but may require that:

9 "(a) The physician assistant have access to personal or telephone communication with a 10 supervising physician when the physician assistant is providing services; and

"(b) The proximity of a supervising physician and the methods and means of supervision
 be appropriate to the practice setting and the patient conditions treated in the practice set ting.

14 "[(8)(a)] (10)(a) A supervising physician organization may supervise any number of physician 15 assistants. The board may not adopt rules limiting the number of physician assistants that a super-16 vising physician organization may supervise.

"(b) A physician assistant who is supervised by a supervising physician organization may be supervised by any of the supervising physicians in the supervising physician organization.

"[(9)] (11) If a physician assistant is not supervised by a supervising physician organization, the physician assistant may be supervised by no more than four supervising physicians[.], unless the board approves a request from the physician assistant, or from a supervising physician, for the physician assistant to be supervised by more than four supervising physicians.

"(12) A supervising physician who is not acting as part of a supervising physician organization may supervise four physician assistants[.], unless the board approves a request from the supervising physician or from a physician assistant for the supervising physician to supervise more than four physician assistants.

"(13) 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 "[(10) The board may review and approve applications from physicians serving federally designated ³¹ underserved populations, or physicians in federally designated health professional shortage areas, ³² federally designated medically underserved areas or areas designated as medically disadvantaged and ³³ in need of primary health care providers by the Director of the Oregon Health Authority or the Office ³⁴ of Rural Health to supervise more than four physician assistants, and applications from physician as-³⁵ sistants to be supervised by more than four physicians.]

"(14) A physician assistant may render services in [an emergency room and other hospital set tings, a nursing home, a corrections institution and any site] any setting included in the practice
 [description] agreement.

³⁹ "[(11)] (15) A [licensed] physician assistant may [make application] apply to the board for emer-⁴⁰ gency drug dispensing authority. The board shall consider the criteria adopted by the Physician ⁴¹ Assistant Committee under ORS 677.545 (4) in reviewing the application. [Such emergency dispensing ⁴² shall be of] A physician assistant with emergency drug dispensing authority may dispense only ⁴³ drugs that have been prepared or prepackaged by a licensed pharmacist, manufacturing drug outlet ⁴⁴ or wholesale drug outlet authorized to do so under ORS chapter 689.

45 "[(12)] (16) A physician assistant for whom an application under this section has been approved

1 by the board on or after January 2, 2006, shall submit to the board, within 24 months after the ap-

2 proval, documentation of completion of:

"(a) A pain management education program approved by the board and developed in conjunction
with the Pain Management Commission established under ORS 409.500; or

"(b) An equivalent pain management education program, as determined by the board.

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"SECTION 4. ORS 677.512 is amended to read:

677.512. (1) A person seeking licensure as a physician assistant shall complete an application form provided by the Oregon Medical Board and submit the form to the board, accompanied by nonrefundable fees for the application and for the license in amounts determined by rule of the board.

11 "(2) [Upon application,] The board may issue a license to a physician assistant who [meets the 12 requirements for licensure under ORS 677.495 and 677.505 to 677.525]:

"(a) Submits an application as required by the board by rule;

"(b) Pays the application fee established by the board by rule;

"(c) Has completed an educational program accredited by a nationally recognized ac creditation organization for physician assistant educational programs;

"(d) Has passed the initial national examination required of physician assistants to be come nationally certified;

19 "(e) Is mentally and physically able to engage safely in practice as a physician assistant;

20 "(f) Has not had been disciplined by a physician assistant licensing board in another 21 state, unless the board considers the discipline and determines that the person is competent

22 to practice as a physician assistant; and

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"(g) Is of good moral character as determined by the board.

24 "(3) The board may issue a license by reciprocity to a person who is licensed as a physi-25 cian assistant in another state and meets the requirements of subsection (2)(c) and (d) of 26 this section.

"[(3)] (4) The board shall adopt necessary and proper rules to govern the renewal of licenses issued under this section.".

In line 19, after "service" insert ", including prescribing and administering controlled substances in schedules II through V under the federal Controlled Substances Act".

31 In line 27, after "is" insert "generally described in and".

32 In line 29, after "677.097" insert ", if informed consent is required".

33 Delete lines 37 through 44.

34 In line 45, delete "(5)" and insert "(4)".

35 On page 5, line 10, delete "(6)" and insert "(5)".

36 In line 12, delete "(7)" and insert "(6)".

37 Delete lines 25 through 45.

38 On page 6, delete lines 1 through 5 and insert:

39 "<u>SECTION 7.</u> ORS 677.545, as amended by section 7, chapter 43, Oregon Laws 2010, is amended 40 to read:

41 "677.545. The Physician Assistant Committee shall:

42 "[(1) Review all applications for physician assistants' licensure and for renewal thereof.]

43 "(1) Review and make recommendations to the Oregon Medical Board regarding all mat-

44 ters relating to physician assistants, including but not limited to:

45 "(a) Applications for licensure;

1 "(b) Disciplinary proceedings; and

2 "(c) Renewal requirements.

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3 "(2) Review applications of physician assistants for dispensing privileges.

4 "(3) Recommend approval or disapproval of applications submitted under subsection (1) or (2) 5 of this section to the [Oregon Medical] board.

"(4) Recommend criteria to be used in granting dispensing privileges under ORS 677.515.

7 "(5) [Recommend the formulary] Review the criteria for prescriptive privileges that may include 8 all or parts of Schedules II, III, IV and V controlled substances and the procedures for physician 9 assistants, supervising physicians and supervising physician organizations to follow in exercising the 10 prescriptive privileges.

11 "[(6) Recommend the approval, disapproval or modification of the application for prescriptive privileges for any physician assistant. An application for] A statement regarding Schedule II con-1213trolled substances prescriptive privileges must be [submitted to the Oregon Medical Board by the physician assistant's supervising physician or supervising physician organization and must be accom-14 15panied by] included in the practice [description of the physician assistant] agreement. The Schedule 16 II controlled substances prescriptive privileges of a physician assistant shall be limited by the practice [description approved by the board] agreement and may be restricted further by the 1718 supervising physician or supervising physician organization at any time. The supervising physician 19 or supervising physician organization shall notify the physician assistant and the board of any ad-20ditional restrictions imposed by the supervising physician or supervising physician organization[, 21and the practice description on file with the board shall be amended to reflect the additional restrictions 22imposed]. To be eligible for Schedule II controlled substances prescriptive privileges, a physician 23assistant must be certified by the National Commission on Certification of Physician Assistants and must complete all required continuing medical education coursework.". 24

25 Delete lines 21 through 30 and insert:

26 "<u>SECTION 9.</u> Notwithstanding the amendments to ORS 677.097, 677.495, 677.500, 677.510,
 27 677.512, 677.515, 677.535 and 677.545 by sections 1 to 8 of this 2011 Act:

"(1) A physician assistant practicing under a practice description approved by the Oregon Medical Board under ORS 677.510 as in effect immediately before the operative date of the amendments to ORS 677.510 by section 3 of this 2011 Act may continue to practice in accordance with the practice description and is not required to enter into a practice agreement under ORS 677.510.

"(2) A physician assistant licensed under ORS 677.512 as in effect immediately before the
 operative date of the amendments to ORS 677.512 by section 4 of this 2011 Act may renew
 the physician assistant's license without meeting the requirements of ORS 677.512 (2)(c) and
 (d).

37 "SECTION 10. (1) The amendments to ORS 677.097, 677.495, 677.500, 677.510, 677.512,
 38 677.515, 677.535 and 677.545 by sections 1 to 8 of this 2011 Act become operative on January
 39 1, 2012.

"(2) The Oregon Medical Board may take any action on or before the operative date
specified in subsection (1) of this section that is necessary to enable the board to exercise,
on and after the operative date specified in subsection (1) of this section, all of the duties,
functions and powers conferred on the board by the amendments to ORS 677.097, 677.495,
677.500, 677.510, 677.512, 677.515, 677.535 and 677.545 by sections 1 to 8 of this 2011 Act.

45 "<u>SECTION 11.</u> This 2011 Act being necessary for the immediate preservation of the public

- 1 peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect
- 2 on its passage.".

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