

House Bill 2695

Sponsored by Representative NOSSE, Senator BEYER; Representatives KENY-GUYER, SALINAS, SCHOUTEN
(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**.

Requires physician assistants who practice medicine full-time to receive eight hours of supervision each month. Requires physician assistants who practice medicine less than full-time to receive supervision on prorated basis.

Prohibits insurer offering health benefit plan from denying or discounting reimbursement for certain primary care or specialty service to certain licensed health care providers.

Takes effect on July 1, 2019.

A BILL FOR AN ACT

1
2 Relating to licensed health care providers; creating new provisions; amending ORS 677.510; and
3 prescribing an effective date.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. Section 2 of this 2019 Act is added to and made a part of ORS 677.495 to**
6 **677.535.**

7 **SECTION 2. (1) As used in this section:**

8 (a)(A) **“Digital supervision” means supervision offered through any electronic method.**

9 (B) **“Digital supervision” includes supervision in real time.**

10 (b) **“Full-time” means an average of at least 30 hours per week.**

11 (c) **“Real time” includes the use of technology that provides immediate and simultaneous**
12 **connection between users and includes telephone, video conferencing and text messaging.**

13 (2) **A physician assistant who practices medicine full-time must receive at least eight**
14 **hours each month of on-site supervision from the supervising physician or supervising phy-**
15 **sician organization.**

16 (3) **A physician assistant who practices medicine less than full-time must receive on-site**
17 **supervision on a prorated basis under rules established under subsection (8) of this section.**
18 **The physician assistant must receive at least two hours each month of supervision.**

19 (4) **A physician assistant who practices medicine under more than one practice agree-**
20 **ment, and practices for a total number of hours that equates to full-time, must receive**
21 **supervision from each of the physician assistant’s supervising physicians or supervising**
22 **physician organizations on a prorated basis. The physician assistant must receive at least**
23 **two hours each month of supervision from each supervising physician or supervising physi-**
24 **cian organization with which the physician assistant has a practice agreement.**

25 (5) **If supervision of a physician assistant is offered in real time by a physician, the phy-**
26 **sician assistant may receive digital supervision for:**

27 (a) **Up to four hours of the supervision required under subsection (2) of this section or**
28 **the prorated amount required under subsections (3) and (4) of this section until the physician**

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted.
New sections are in **boldfaced** type.

1 **assistant has practiced medicine for at least two consecutive years.**

2 **(b) All supervision required under subsections (2) to (4) of this section after the physician**
3 **assistant has practiced medicine for at least two consecutive years.**

4 **(6) If a physician assistant provides all services to patients through digital means, the**
5 **physician assistant may receive solely digital supervision.**

6 **(7) A physician assistant is responsible for tracking the physician assistant's required**
7 **number of supervision hours and required method of supervision.**

8 **(8) The Oregon Medical Board may adopt rules to carry out the provisions of this section,**
9 **including rules to establish a pro rata formula for supervision.**

10 **SECTION 3.** ORS 677.510 is amended to read:

11 677.510. (1) A person licensed to practice medicine under this chapter may not use the services
12 of a physician assistant without the prior approval of the Oregon Medical Board.

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

15 (a) If the applicant is not a supervising physician organization, state the name and contact in-
16 formation of the supervising physician;

17 (b) If the applicant is a supervising physician organization:

18 (A) State the names and contact information of all supervising physicians; and

19 (B) State the name of the primary supervising physician required by subsection (5) of this sec-
20 tion;

21 (c) Generally describe the medical services provided by each supervising physician;

22 (d) Contain a statement acknowledging that each supervising physician has reviewed statutes
23 and rules relating to the practice of physician assistants and the role of a supervising physician; and

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

25 (3) The board shall approve or reject an application within seven working days after the board
26 receives the application, unless the board is conducting an investigation of the supervising physician
27 or of any of the supervising physicians in a supervising physician organization applying to use the
28 services of a physician assistant.

29 (4) A supervising physician organization shall provide the board with a list of the supervising
30 physicians in the supervising physician organization. The supervising physician organization shall
31 continually update the list and notify the board of any changes.

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

34 (6)(a) A physician assistant may not practice medicine until the physician assistant enters into
35 a practice agreement with a supervising physician or supervising physician organization whose ap-
36 plication has been approved under subsection (3) of this section. The practice agreement must:

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

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

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

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

1 (E) Describe the prescriptive and medication administration privileges that the physician as-
 2 sistant will exercise.

3 (F) Provide the list of settings and licensed facilities in which the physician assistant will pro-
 4 vide services.

5 (G) State that the physician assistant and each supervising physician is in full compliance with
 6 the laws and regulations governing the practice of medicine by physician assistants, supervising
 7 physicians and supervising physician organizations and acknowledge that violation of laws or regu-
 8 lations governing the practice of medicine may subject the physician assistant and supervising phy-
 9 sician or supervising physician organization to discipline.

10 (H) Be signed by the supervising physician or the primary supervising physician of the super-
 11 vising physician organization and by the physician assistant.

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

13 **(J) Describe how the physician assistant will fulfill the requirements established under**
 14 **section 2 of this 2019 Act.**

15 (b) The supervising physician or supervising physician organization shall provide the board with
 16 a copy of the practice agreement within 10 days after the physician assistant begins practice with
 17 the supervising physician or supervising physician organization. The supervising physician or
 18 supervising physician organization shall keep a copy of the practice agreement at the practice lo-
 19 cation and make a copy of the practice agreement available to the board on request. The practice
 20 agreement is not subject to board approval, but the board may request a meeting with a supervising
 21 physician or supervising physician organization and a physician assistant to discuss a practice
 22 agreement.

23 (7) A physician assistant's supervising physician shall ensure that the physician assistant is
 24 competent to perform all duties delegated to the physician assistant. The supervising physician or
 25 supervising physician organization and the physician assistant are responsible for ensuring the
 26 competent practice of the physician assistant.

27 (8) A supervising physician or the agent of a supervising physician must be competent to per-
 28 form the duties delegated to the physician assistant by the supervising physician or by a supervising
 29 physician organization.

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

32 (a) The physician assistant have access to personal or telephone communication with a super-
 33 vising physician when the physician assistant is providing services; and

34 (b) The proximity of a supervising physician and the methods and means of supervision be ap-
 35 propriate to the practice setting and the patient conditions treated in the practice setting.

36 (10)(a) A supervising physician organization may supervise any number of physician assistants.
 37 The board may not adopt rules limiting the number of physician assistants that a supervising phy-
 38 sician organization may supervise.

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

41 (11) If a physician assistant is not supervised by a supervising physician organization, the phy-
 42 sician assistant may be supervised by no more than four supervising physicians, unless the board
 43 approves a request from the physician assistant, or from a supervising physician, for the physician
 44 assistant to be supervised by more than four supervising physicians.

45 (12) A supervising physician who is not acting as part of a supervising physician organization

1 may supervise four physician assistants, unless the board approves a request from the supervising
2 physician or from a physician assistant for the supervising physician to supervise more than four
3 physician assistants.

4 (13) A supervising physician who is not acting as part of a supervising physician organization
5 may designate a physician to serve as the agent of the supervising physician for a predetermined
6 period of time.

7 (14) A physician assistant may render services in any setting included in the practice agreement.

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

11 (a) A pain management education program approved by the board and developed in conjunction
12 with the Pain Management Commission established under ORS 413.570; or

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

14 **SECTION 4. Section 5 of this 2019 Act is added to and made a part of the Insurance Code.**

15 **SECTION 5. (1) An insurer offering a health benefit plan, as defined in ORS 743B.005, that**
16 **reimburses the cost of services provided to an insured by a physician assistant, nurse prac-**
17 **titioner or naturopathic physician may not:**

18 (a) **Deny reimbursement for a specialty service provided by a physician assistant, nurse**
19 **practitioner or naturopathic physician for the reason that the insurer reimbursed the cost**
20 **of a primary care service provided to the insured on the same day.**

21 (b) **Reimburse at less than the actual cost of a primary care service or specialty service**
22 **provided by a physician assistant, nurse practitioner or naturopathic physician during initial**
23 **or follow-up visits that occur on the same day.**

24 (2) **This section does not require an insurer to reimburse the cost of specialty care that**
25 **is not covered under the terms of the health benefit plan policy or certificate.**

26 **SECTION 6. Section 5 of this 2019 Act applies to services provided on or after the effec-**
27 **tive date of this 2019 Act.**

28 **SECTION 7. (1) Section 2 of this 2019 Act and the amendments to ORS 677.510 by section**
29 **3 of this 2019 Act become operative on January 1, 2020.**

30 (2) **The Oregon Medical Board may take any action before the operative date specified in**
31 **subsection (1) of this section that is necessary to enable the board to exercise, on or after**
32 **the operative date specified in subsection (1) of this section, all of the duties, functions and**
33 **powers conferred on the board by section 2 of this 2019 Act and the amendments to ORS**
34 **677.510 by section 3 of this 2019 Act.**

35 **SECTION 8. This 2019 Act takes effect on July 1, 2019.**

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