

Requested by Representative MITCHELL (at the request of Oregon Society of Physician Assistants)

**PROPOSED AMENDMENTS TO
HOUSE BILL 4081**

1 On page 1 of the printed bill, line 2, after “ORS” delete the rest of the
2 line and delete lines 3 and 4 and insert “677.495, 677.510, 677.511, 677.515 and
3 677.518; and declaring an emergency.”.

4 Delete lines 6 through 28 and delete pages 2 through 10 and insert:

5 **“SECTION 1.** ORS 677.495 is amended to read:

6 “677.495. As used in ORS 677.495 to 677.535[, *unless the context requires*
7 *otherwise*]:

8 “(1) ‘Physician assistant’ means a person who is licensed in accordance
9 with ORS 677.505 to 677.525.

10 “(2) ‘Practice agreement’ means a written agreement between a physician
11 assistant and a supervising physician or supervising physician organization
12 that describes the manner in which the services of the physician assistant
13 will be used.

14 “(3) ‘Supervising physician’ means a physician licensed under ORS 677.100
15 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805
16 to 677.840, who supervises a physician assistant.

17 “(4) ‘Supervising physician organization’ means a group of supervising
18 physicians that collectively supervises a physician assistant.

19 “(5) ‘Supervision’ means the acts of overseeing and accepting responsibil-
20 ity for the medical services provided by a physician assistant in accordance
21 with a practice agreement[, *including regular and routine oversight and chart*

1 review].

2 **“SECTION 2.** ORS 677.510 is amended to read:

3 *“677.510. [(1) A person licensed to practice medicine under this chapter may*
4 *not use the services of a physician assistant without the prior approval of the*
5 *Oregon Medical Board.]*

6 *“[(2) A supervising physician or a supervising physician organization may*
7 *apply to the board to use the services of a physician assistant. The application*
8 *must:]*

9 *“[(a) If the applicant is not a supervising physician organization, state the*
10 *name and contact information of the supervising physician;]*

11 *“[(b) If the applicant is a supervising physician organization:]*

12 *“[(A) State the names and contact information of all supervising physi-*
13 *cians; and]*

14 *“[(B) State the name of the primary supervising physician required by*
15 *subsection (5) of this section;]*

16 *“[(c) Generally describe the medical services provided by each supervising*
17 *physician;]*

18 *“[(d) Contain a statement acknowledging that each supervising physician*
19 *has reviewed statutes and rules relating to the practice of physician assistants*
20 *and the role of a supervising physician; and]*

21 *“[(e) Provide such other information in such a form as the board may re-*
22 *quire.]*

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

28 *“[(4) A supervising physician organization shall provide the board with a*
29 *list of the supervising physicians in the supervising physician organization.*
30 *The supervising physician organization shall continually update the list and*

1 *notify the board of any changes.]*

2 *“(5) A supervising physician organization shall designate a primary*
3 *supervising physician and notify the board in the manner prescribed by the*
4 *board.]*

5 *“(6)(a) A physician assistant may not practice medicine until the physician*
6 *assistant enters into a practice agreement with a supervising physician or*
7 *supervising physician organization whose application has been approved under*
8 *subsection (3) of this section. The practice agreement must:]*

9 *“(A) Include the name, contact information and license number of the*
10 *physician assistant and each supervising physician.]*

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

16 *“(C) Generally describe the medical duties delegated to the physician as-*
17 *stantant.]*

18 *“(D) Describe the services or procedures common to the practice or spe-*
19 *cialty that the physician assistant is not permitted to perform.]*

20 *“(E) Describe the prescriptive and medication administration privileges*
21 *that the physician assistant will exercise.]*

22 *“(F) Provide the list of settings and licensed facilities in which the phy-*
23 *sician assistant will provide services.]*

24 *“(G) State that the physician assistant and each supervising physician is*
25 *in full compliance with the laws and regulations governing the practice of*
26 *medicine by physician assistants, supervising physicians and supervising phy-*
27 *sician organizations and acknowledge that violation of laws or regulations*
28 *governing the practice of medicine may subject the physician assistant and*
29 *supervising physician or supervising physician organization to discipline.]*

30 *“(H) Be signed by the supervising physician or the primary supervising*

1 *physician of the supervising physician organization and by the physician as-*
2 *sistant.]*

3 *“(I) Be updated at least every two years.]*

4 *“(b) The supervising physician or supervising physician organization shall*
5 *provide the board with a copy of the practice agreement within 10 days after*
6 *the physician assistant begins practice with the supervising physician or*
7 *supervising physician organization. The supervising physician or supervising*
8 *physician organization shall keep a copy of the practice agreement at the*
9 *practice location and make a copy of the practice agreement available to the*
10 *board on request. The practice agreement is not subject to board approval, but*
11 *the board may request a meeting with a supervising physician or supervising*
12 *physician organization and a physician assistant to discuss a practice agree-*
13 *ment.]*

14 *“(7) A physician assistant’s supervising physician shall ensure that the*
15 *physician assistant is competent to perform all duties delegated to the physi-*
16 *cian assistant. The supervising physician or supervising physician organiza-*
17 *tion and the physician assistant are responsible for ensuring the competent*
18 *practice of the physician assistant.]*

19 *“(8) A supervising physician or the agent of a supervising physician must*
20 *be competent to perform the duties delegated to the physician assistant by the*
21 *supervising physician or by a supervising physician organization.]*

22 *“(9) The board may not require that a supervising physician be physically*
23 *present at all times when the physician assistant is providing services, but may*
24 *require that:]*

25 *“(a) The physician assistant have access to personal or telephone commu-*
26 *nication with a supervising physician when the physician assistant is provid-*
27 *ing services; and]*

28 *“(b) The proximity of a supervising physician and the methods and means*
29 *of supervision be appropriate to the practice setting and the patient conditions*
30 *treated in the practice setting.]*

1 “[(10)(a) A supervising physician organization may supervise any number
2 of physician assistants. The board may not adopt rules limiting the number
3 of physician assistants that a supervising physician organization may super-
4 vise.]

5 “[(b) A physician assistant who is supervised by a supervising physician
6 organization may be supervised by any of the supervising physicians in the
7 supervising physician organization.]

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

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

18 “[(13) A supervising physician who is not acting as part of a supervising
19 physician organization may designate a physician to serve as the agent of the
20 supervising physician for a predetermined period of time.]

21 “[(14) A physician assistant may render services in any setting included in
22 the practice agreement.]

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

26 “[(a) A pain management education program approved by the board and
27 developed in conjunction with the Pain Management Commission established
28 under ORS 413.570; or]

29 “[(b) An equivalent pain management education program, as determined by
30 the board.]

1 **“(1) A supervising physician may not use the services of a physician**
2 **assistant unless the supervising physician enters into a practice**
3 **agreement described in subsection (5) of this section.**

4 **“(2) A supervising physician may not enter into a practice agree-**
5 **ment if:**

6 **“(a) The supervising physician is the subject of an investigation**
7 **conducted by the Oregon Medical Board; or**

8 **“(b) An action of the board prohibits the supervising physician from**
9 **entering into a practice agreement.**

10 **“(3) A supervising physician organization may enter into a practice**
11 **agreement under this section. A supervising physician organization**
12 **shall designate in the practice agreement a primary supervising physi-**
13 **cian.**

14 **“(4) A physician assistant may not practice medicine unless the**
15 **physician assistant enters into a practice agreement with a supervising**
16 **physician or supervising physician organization under this section.**

17 **“(5) A practice agreement must:**

18 **“(a) Include the name, contact information and license number of**
19 **the physician assistant and each supervising physician.**

20 **“(b) Describe the degree and methods of supervision that the**
21 **supervising physician or supervising physician organization will use.**
22 **The degree of supervision, whether general, direct or personal, must**
23 **be based on the level of education, competencies and experience of the**
24 **physician assistant as determined by the supervising physician or**
25 **supervising physician organization.**

26 **“(c) Generally describe the medical duties within the physician**
27 **assistant’s scope of practice.**

28 **“(d) State that the physician assistant and each supervising physi-**
29 **cian is in compliance with the laws and rules of this state that govern**
30 **the practice of medicine by physician assistants, supervising physi-**

1 cians and supervising physician organizations, and acknowledge that
2 violations of the laws or rules described in this paragraph may subject
3 the physician assistant and supervising physician or supervising phy-
4 sician organization to discipline.

5 “(e) Be signed by the supervising physician, or the primary super-
6 vising physician designated under subsection (3) of this section, and
7 the physician assistant.

8 “(6) The practice agreement must be kept current, maintained at
9 the physician assistant’s primary practice location and made available
10 to the board upon request.

11 “(7)(a) A supervising physician or supervising physician organiza-
12 tion shall ensure that the physician assistant with whom the super-
13 vising physician has entered into a practice agreement under this
14 section is competent to perform all duties described in the practice
15 agreement. The supervising physician, or supervising physician or-
16 ganization, and the physician assistant are responsible for ensuring
17 the competent practice of the physician assistant.

18 “(b) The supervising physician, or primary supervising physician
19 designated by the supervising physician organization, must be compe-
20 tent to perform the duties within the scope of practice of the physician
21 assistant.

22 “(8) The board may not require a minimum number of hours during
23 which a supervising physician be physically present while the physi-
24 cian assistant is providing services.

25 “(9) The physician assistant, while providing services, must have
26 appropriate access to a supervising physician:

27 “(a) As indicated by the condition of the patient, the education,
28 competencies and experience of the physician assistant and the com-
29 munity standard of care; and

30 “(b) Through synchronous or asynchronous technology.

1 “(10)(a) A supervising physician organization may supervise any
2 number of physician assistants. The board may not adopt rules to limit
3 the number of physician assistants that a supervising physician or-
4 ganization may supervise.

5 “(b) A physician assistant supervised by a supervising physician
6 organization may be supervised by any of the supervising physicians
7 in the supervising physician organization.

8 “(c) A supervising physician organization shall provide to the board
9 a list of the names of the supervising physicians in the supervising
10 physician organization.

11 “(11) A supervising physician who enters into a practice agreement
12 under this section shall review the laws and rules of this state that
13 relate to the practice of physician assistants and to the role of a
14 supervising physician.

15 “(12) A physician assistant that enters into a practice agreement
16 under this section on or after January 2, 2006, shall submit to the
17 board, within 24 months after entering into the practice agreement,
18 documentation of completion of:

19 “(a) A pain management education program approved by the board
20 and developed in conjunction with the Pain Management Commission
21 under ORS 413.570; or

22 “(b) An equivalent pain management education program, as deter-
23 mined by the board.

24 “SECTION 3. ORS 677.511 is amended to read:

25 “677.511. [(1)(a) A supervising physician or supervising physician organ-
26 ization may apply to the Oregon Medical Board for authority for a physician
27 assistant to dispense drugs specified by the supervising physician or supervis-
28 ing physician organization.]

29 “[(b) Notwithstanding paragraph (a) of this subsection, and except as per-
30 mitted under ORS 677.515 (4), a physician assistant may not dispense con-

1 *trolled substances classified in Schedule I or II under the federal Controlled*
2 *Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035.]*

3 *“(2) The board shall adopt rules establishing standards and qualifications*
4 *for physician assistants with dispensing authority. The rules must require:]*

5 *“(a) A physician assistant seeking dispensing authority to complete a drug*
6 *dispensing training program; and]*

7 *“(b) The supervising physician or supervising physician organization that*
8 *applies for dispensing authority for a physician assistant to:]*

9 *“(A) Provide the board with a plan for drug delivery and control;]*

10 *“(B) Submit an annual report to the board on the physician assistant’s use*
11 *of dispensing authority;]*

12 *“(C) Submit to the board a list of the drugs or classes of drugs that the*
13 *supervising physician or supervising physician organization proposes to au-*
14 *thorize the physician assistant to dispense; and]*

15 *“(D) Submit to the board documentation showing that the supervising*
16 *physician or supervising physician organization has registered the facility from*
17 *which the physician assistant will dispense drugs as a drug outlet with the*
18 *State Board of Pharmacy under ORS 689.305.]*

19 *“(3) The Oregon Medical Board and the State Board of Pharmacy shall*
20 *jointly develop a drug dispensing training program for physician assistants*
21 *and adopt that program by rule.]*

22 *“(4) A supervising physician or supervising physician organization that*
23 *supervises a physician assistant with dispensing authority shall comply with*
24 *rules adopted by the State Board of Pharmacy relating to registration, acqui-*
25 *sition, storage, integrity, security, access, dispensing and disposal of drugs,*
26 *record keeping and consultation with pharmacists.]*

27 *“(5) A physician assistant who dispenses a controlled substance classified*
28 *in Schedule III or IV under the federal Controlled Substances Act, 21 U.S.C.*
29 *811 and 812, as modified under ORS 475.035, shall report the dispensing of the*
30 *controlled substance to the Oregon Health Authority in a manner consistent*

1 *with the requirements for reporting by pharmacies as provided in ORS*
2 *431A.855 to 431A.900.]*

3 *“(6) Drugs dispensed by a physician assistant with dispensing authority*
4 *under this section must be personally dispensed by the physician assistant.]*

5 **“(1) Except as permitted under ORS 677.515, a physician assistant**
6 **may not dispense controlled substances classified in Schedule I or II**
7 **under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as**
8 **modified under ORS 475.035.**

9 **“(2) Prescription drugs dispensed by a physician assistant must be**
10 **personally dispensed by the physician assistant. Nonjudgmental dis-**
11 **persing functions may be delegated to staff assistants if the accuracy**
12 **and completeness of the prescription is first verified by the physician**
13 **assistant.**

14 **“(3) The dispensing physician assistant shall maintain records of**
15 **receipt and distribution of prescription drugs. The records shall be**
16 **readily accessible and subject to inspection by the Oregon Medical**
17 **Board.**

18 **“(4) The dispensing physician assistant shall label prescription**
19 **drugs with the following information:**

20 **“(a) The name of the patient;**

21 **“(b) The name and address of the dispensing physician assistant;**

22 **“(c) Date of dispensing;**

23 **“(d) Cautionary statements, if any, as required by law;**

24 **“(e) When applicable and as determined by the State Board of**
25 **Pharmacy, an expiration date after which the patient should not use**
26 **the drug; and**

27 **“(f) The name of the drug. If the dispensed drug does not have a**
28 **brand name, the prescription label must indicate the generic name of**
29 **the drug dispensed, the name of the drug distributor or manufacturer,**
30 **its quantity per unit and the directions for its use. If the drug is a**

1 **compound, the quantity per unit need not be stated.**

2 **“(5) Prescription drugs must be dispensed in containers complying**
3 **with the federal Poison Prevention Packaging Act unless the patient**
4 **requests a noncomplying container.**

5 **“SECTION 4.** ORS 677.515 is amended to read:

6 **“677.515. (1)** A physician assistant [*licensed under ORS 677.512*] may pro-
7 vide any medical service, including prescribing and administering controlled
8 substances in Schedules II through V under the federal Controlled Sub-
9 stances Act:

10 *“(a) That is delegated by the physician assistant’s supervising physician*
11 *or supervising physician organization;]*

12 *“(b) (a) That is within the scope of practice of the physician assistant;*
13 **and**

14 *“(c) That is within the scope of practice of the supervising physician or*
15 *supervising physician organization;]*

16 *“(d) That is provided under the supervision of the supervising physician*
17 *or supervising physician organization;]*

18 *“(e) That is generally described in and in compliance with the practice*
19 *agreement; and]*

20 *“(f) (b) For which the physician assistant has obtained informed consent*
21 *as provided in ORS 677.097, if informed consent is required.*

22 **“(2)** This chapter does not prohibit a student enrolled in a program for
23 educating physician assistants approved by the **Oregon Medical** Board from
24 rendering medical services if the services are rendered in the course of the
25 program.

26 **“(3)** The degree of independent judgment that a physician assistant may
27 exercise shall be determined by the supervising physician, or supervising
28 physician organization, and the physician assistant [*in accordance with the*
29 *practice agreement*] **and must be within the physician assistant’s scope**
30 **of practice and generally described in the practice agreement entered**

1 **into under ORS 677.510.**

2 “(4) [A *supervising physician, upon the approval of the board and in ac-*
3 *cordance with the rules established by the board, may delegate to the physician*
4 *assistant the authority to administer and prescribe medications pursuant to*
5 *this section and ORS 677.535.](a) **A physician assistant may prescribe,***

6 **dispense and administer prescription drugs in accordance with this**
7 **section, ORS 677.511 and rules adopted by the board.**

8 “(b) The board may not limit the privilege of administering, dispensing
9 and prescribing **prescription drugs** to population groups federally desig-
10 nated as underserved, or to geographic areas of the state that are federally
11 designated health professional shortage areas, federally designated medically
12 underserved areas or areas designated as medically disadvantaged and in
13 need of primary health care providers by the Director of the Oregon Health
14 Authority or the Office of Rural Health. All prescriptions written pursuant
15 to this subsection must bear the name, office address and telephone number
16 of the [*supervising*] physician **assistant.**

17 “(5) This chapter does not require or prohibit a physician assistant from
18 practicing in a hospital licensed pursuant to ORS 441.015 to 441.087.

19 “(6) Prescriptions for medications prescribed by a physician assistant in
20 accordance with this section and ORS 475.005, 677.010, 677.500, [677.510]
21 **677.511** and 677.535 and dispensed by a licensed pharmacist may be filled by
22 the pharmacist according to the terms of the prescription, and the filling of
23 such a prescription does not constitute evidence of negligence on the part
24 of the pharmacist if the prescription was dispensed within the reasonable and
25 prudent practice of pharmacy.

26 “**SECTION 5.** ORS 677.518 is amended to read:

27 “677.518. A physician assistant[, *practicing under the supervision of a*
28 *supervising physician or a supervising physician organization, is authorized*
29 *to] **may** complete and sign reports of death. Reports of death signed by a
30 physician assistant shall [*be accepted as fulfilling*] **fulfill** all of the laws*

1 dealing with reports of death. A physician assistant who prepares a report
2 of death [*must*] **shall** comply with all provisions of ORS 432.133.

3 **“SECTION 6. A physician assistant practicing under a practice
4 agreement that was entered into or updated before the operative date
5 specified in section 7 of this 2020 Act may continue to practice under
6 the practice agreement until the date on which the practice agreement
7 must be updated.**

8 **“SECTION 7. (1) The amendments to ORS 677.495, 677.510, 677.511,
9 677.515 and 677.518 by sections 1 to 5 of this 2020 Act become operative
10 on January 1, 2021.**

11 **“(2) The Oregon Medical Board may take any action before the op-
12 erative date specified in subsection (1) of this section that is necessary
13 to enable the board to exercise, on and after the operative date speci-
14 fied in subsection (1) of this section, all of the duties, functions and
15 powers conferred on the board by the amendments to ORS 677.495,
16 677.510, 677.511, 677.515 and 677.518 by sections 1 to 5 of this 2020 Act.**

17 **“SECTION 8. This 2020 Act being necessary for the immediate
18 preservation of the public peace, health and safety, an emergency is
19 declared to exist, and this 2020 Act takes effect on its passage.”.**

20
