

**SENATE AMENDMENTS TO  
A-ENGROSSED HOUSE BILL 3036  
(INCLUDING AMENDMENTS TO RESOLVE CONFLICTS)**

By COMMITTEE ON HEALTH CARE

June 2

1 On page 7 of the printed A-engrossed bill, line 29, after the semicolon delete “or”.

2 Delete line 30 and insert:

3 “(b) A group medical practice that is part of a health system; or

4 “(c) A physician or podiatric physician who employs a physician assistant.”.

5 On page 10, line 3, after the second “assistant” insert “if the physician assistant is acting as  
6 an employee”.

7 In line 4, delete “to the degree” and insert “with the appropriate health care provider as indi-  
8 cated by the condition of the patient, the standard of care and the physician assistant’s education,  
9 experience and competence. The degree of collaboration must be”.

10 After line 28, insert:

11 “**SECTION 11a. If House Bill 2078 becomes law, section 11 of this 2021 Act (amending ORS  
12 677.510) is repealed and ORS 677.510, as amended by section 6, chapter \_\_, Oregon Laws 2021  
13 (Enrolled House Bill 2078), is amended to read:**

14 “677.510. [(1) A person licensed to practice medicine under this chapter may not use the services  
15 of a physician assistant without the prior approval of the Oregon Medical Board.]

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

18 “[ (a) If the applicant is not a supervising physician organization, state the name and contact in-  
19 formation of the supervising physician;]

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

21 “[ (A) State the names and contact information of all supervising physicians; and]

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

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

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

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

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

32 “[ (4) A supervising physician organization shall provide the board with a list of the supervising  
33 physicians in the supervising physician organization. The supervising physician organization shall  
34 continually update the list and notify the board of any changes.]

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

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

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

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

12       “(C) Generally describe the medical duties delegated to the physician assistant.]

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

15       “(E) Describe the prescriptive and medication administration privileges that the physician assistant  
16 will exercise.]

17       “(F) Provide the list of settings and licensed facilities in which the physician assistant will provide  
18 services.]

19       “(G) State that the physician assistant and each supervising physician is in full compliance with  
20 the laws and regulations governing the practice of medicine by physician assistants, supervising phy-  
21 sicians and supervising physician organizations and acknowledge that violation of laws or regulations  
22 governing the practice of medicine may subject the physician assistant and supervising physician or  
23 supervising physician organization to discipline.]

24       “(H) Be signed by the supervising physician or the primary supervising physician of the super-  
25 vising physician organization and by the physician assistant.]

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

27       “(b) The supervising physician or supervising physician organization shall provide the board with  
28 a copy of the practice agreement within 10 days after the physician assistant begins practice with the  
29 supervising physician or supervising physician organization. The supervising physician or supervising  
30 physician organization shall keep a copy of the practice agreement at the practice location and make  
31 a copy of the practice agreement available to the board on request. The practice agreement is not sub-  
32 ject to board approval, but the board may request a meeting with a supervising physician or supervis-  
33 ing physician organization and a physician assistant to discuss a practice agreement.]

34       “(7) A physician assistant’s supervising physician shall ensure that the physician assistant is  
35 competent to perform all duties delegated to the physician assistant. The supervising physician or  
36 supervising physician organization and the physician assistant are responsible for ensuring the com-  
37 petent practice of the physician assistant.]

38       “(8) A supervising physician or the agent of a supervising physician must be competent to perform  
39 the duties delegated to the physician assistant by the supervising physician or by a supervising physi-  
40 cian organization.]

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

43       “(a) The physician assistant have access to personal or telephone communication with a supervis-  
44 ing physician when the physician assistant is providing services; and]

45       “(b) The proximity of a supervising physician and the methods and means of supervision be ap-

1 *appropriate to the practice setting and the patient conditions treated in the practice setting.]*

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

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

7 *“(11) If a physician assistant is not supervised by a supervising physician organization, the phy-*  
8 *sician assistant may be supervised by no more than four supervising physicians, unless the board ap-*  
9 *proves a request from the physician assistant, or from a supervising physician, for the physician*  
10 *assistant to be supervised by more than four supervising physicians.]*

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

15 *“(13) A supervising physician who is not acting as part of a supervising physician organization*  
16 *may designate a physician to serve as the agent of the supervising physician for a predetermined period*  
17 *of time.]*

18 *“(14) A physician assistant may render services in any setting included in the practice*  
19 *agreement.]*

20 **“(1) A physician assistant is responsible for the care provided by the physician assistant**  
21 **if the physician assistant is acting as an employee.**

22 **“(2) A physician assistant shall engage in collaboration with the appropriate health care**  
23 **provider as indicated by the condition of the patient, the standard of care and the physician**  
24 **assistant’s education, experience and competence. The degree of collaboration must be de-**  
25 **termined at the physician assistant’s primary location of practice. The determination may**  
26 **include decisions made by a physician, podiatric physician or employer with whom the phy-**  
27 **sician assistant has entered into a collaboration agreement, or the group or hospital service**  
28 **and the credentialing and privileging systems of the physician assistant’s primary location**  
29 **of practice.**

30 **“(3)(a) A physician assistant may not provide care unless the physician assistant has**  
31 **entered into a collaboration agreement signed by a physician, podiatric physician or em-**  
32 **ployer. The collaboration agreement must include:**

33 **“(A) The physician assistant’s name, license number and primary location of practice;**

34 **“(B) A general description of the physician assistant’s process for collaboration with**  
35 **physicians or podiatric physicians;**

36 **“(C) If the physician assistant has fewer than 2,000 hours of post-graduate clinical expe-**  
37 **rience, a plan for the minimum number of hours per month during which the physician as-**  
38 **stant will collaborate, both in person and through technology, with a specified physician**  
39 **or podiatric physician; and**

40 **“(D) The performance assessment and review process, as described in subsection (5) of**  
41 **this section.**

42 **“(b) The physician assistant, or physician, podiatric physician or employer with whom the**  
43 **physician assistant has entered into the collaboration agreement, is responsible for tracking**  
44 **the hours described in paragraph (a) of this subsection.**

45 **“(4) The collaboration agreement must be kept on file at the physician assistant’s pri-**

1 **mary location of practice and made available to the Oregon Medical Board upon request.**

2 **“(5) Performance assessments and reviews of a physician assistant may be completed by**  
3 **the physician assistant’s employer in accordance with a performance assessment and review**  
4 **process established by the employer.**

5 *“(15) (6) A physician assistant [for whom an application under this section has been approved*  
6 *by the board on or after January 2, 2006,] shall submit to the board[, within 24 months after the ap-*  
7 *proval and] every 36 months [thereafter,] documentation of completion of:*

8 *“(a) A one-hour pain management education program approved by the board and developed*  
9 *based on recommendations of the Pain Management Commission; or*

10 *“(b) An equivalent pain management education program, as determined by the board.”.*

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