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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Christopher D. Adams.

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DIGEST

SB 115 Original

2015 Regular Session

Mills

Present law provides legislative intent regarding the shortage of all skilled health personnel, particularly in rural areas.

Proposed law amends present law to include to the shortage areas of skilled health personnel the urban medically underserved areas of Louisiana.

Present law provides legislative intent regarding physician assistants and working under the supervision of a supervising physician.

Proposed law amends present law's legislative intent to provide physician assistants practice medicine as delegated by a physician.

Present law defines "approved program" to mean a program approved by the Committee on Allied Health Education and Accreditation or its successors.

Proposed law amends present law definition of "approved program" to include the predecessor entity of the Committee on Allied Health Education and Accreditation.

Present law defines "supervising physician" to mean a physician who has been approved by the Louisiana State Board of Medical Examiners (LSBME) to supervise a physician assistant.

Proposed law redefines "supervising physician" to mean a physician who supervises a physician assistant.

Present law defines "supervision".

Proposed law adds to the present law definition of "supervision" that the level and method of supervision shall be at the physician and physician assistant level, shall be documented and reviewed annually, and shall reflect the acuity of the patient care and nature of the procedure.

Present law provides the LSBME shall submit annual reports to the legislature regarding physician assistants in Louisiana.

Proposed law removes the reporting requirement.

Present law provides for a limit on the number of physician assistants a primary supervising physician may oversee. The limit is two physician assistants to one primary supervising physician.

Proposed law amends present law supervising limit from two to four physician assistants per primary supervising physician and clarifies that the physician must be approved by the board as a supervising physician.

Present law provides for the licensure of a physician assistant and the required education program accredited by the Committee on Allied Health Education and Accreditation or its successors.

Proposed law amends present law to include the predecessors to the Committee on Allied Health Education and Accreditation.

Proposed law adds to the supervising physician qualifications and registration to include the physician supervising the physician assistant shall maintain a written agreement with the physician assistant in compliance with R.S. 37:1360.22(8) that includes a statement that the physician shall exercise supervision over the physician assistant in accordance with present law. The agreement shall be signed by the supervising physician and physician assistant, updated annually, kept on file at the practice site, and available to the LSBME upon request.

Present law provides a physician assistant may have multiple supervising physicians in no more than five medical specialties or subspecialties, provided all of the physician assistant's supervising physicians are properly registered with the LSBME in accordance with the provisions of present law.

Proposed law removes this provision of present law.

Present law provides a physician assistant is considered to be and is deemed the agent of his supervising physician in the performance of all practice-related activities, including but not limited to assisting in surgery and the ordering of diagnostic and other medical services.

Proposed law amends present law to include "interpretation" of diagnostic and other medical services. Further, proposed law requires the level and method of supervision shall be at the physician and physician assistant level, shall be documented and reviewed annually, and shall reflect the acuity of the patient care and the nature of a procedure.

Present law provides for the injection of local anesthetic agents subcutaneously when delegated by supervising physician. Furthermore, present law prohibits a physician assistant from administering local anesthetics perineurally, pericurally, epidurally, intrathecally, or intravenously unless such physician assistant is a certified registered nurse anesthetist.

Proposed law removes this provision of present law.

Present law provides a list of medical services that may be rendered by a physician assistant to include but not be limited to:

- (1) Obtaining patient histories and performing physical examinations.
- (2) Ordering or performing diagnostic procedures as delegated by the supervising physician.

- (3) Developing and implementing a treatment plan in accordance with written clinical practice guidelines and protocols set forth by the supervising physician.
- (4) Monitoring the effectiveness of therapeutic intervention.
- (5) Suturing wounds as delegated by the supervising physician.
- (6) Offering counseling and education to meet patient needs.
- (7) Making appropriate referrals.
- (8) Prescribing certain drugs and medical devices to the extent delegated by the supervising physician, provided the physician assistant has completed a minimum of one year of clinical rotations during his training and has practiced for a minimum of one year under a supervising physician. Drugs prescribed may be those listed in Schedules III, IV, and V.

Proposed law removes this provision of present law.

Proposed law provides a physician assistant may prescribe, order, and administer drugs to the extent delegated by the supervising physician. Further, proposed law includes Schedule II drugs to the type of drugs that a physician assistant may prescribe, order, and administer.

Proposed law provides a physician assistant authorized to prescribe controlled substances shall register with the United States Drug Enforcement Administration.

Proposed law provides a graduate physician assistant shall have at least five hundred clinical hours of training prior to application for prescriptive authority.

Proposed law provides a physician assistant may request, receive, and sign for sample drugs and may distribute sample drugs to a patient.

Present law provides when a physician assistant is employed by a physician or group practice of physicians or a professional medical corporation or a hospital or other health care organization or entity, the physician assistant shall be supervised by and be the legal responsibility of the employing physician or group practice or professional medical corporation or other hospital or other health care organization or entity and the supervising physician.

Proposed law amends present law by replacing "employed" and "employing" with "supervised" and "supervising".

Proposed law adds to the exemptions of present law to include a physician assistant student enrolled in a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant and a physician assistant employed by the federal government while performing duties incidental to that employment.

Effective upon signature of the governor or lapse of time for gubernatorial action.

(Amends R.S. 37:1360.21(A), (B), and (C), 1360.22(1), (5), (7), and (8), 1360.23(G), (H), and (I), 1360.24(A)(3), 1360.29(A)(intro para), 1360.31, and 1360.32; adds R.S. 37:1360.29(A)(4) and 1360.38(A)(3) and (4); repeals R.S. 37:1360.23(J))