SLS 15RS-395 ENGROSSED

2015 Regular Session

1

SENATE BILL NO. 115

BY SENATORS MILLS, LAFLEUR AND PEACOCK

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

HEALTH CARE. Provides with respect to the practice of physician assistants. (gov sig)

AN ACT

2	To amend and reenact R.S. 37:1360.21(A), (B), and (C), 1360.22(1), (5), (7), and (8),
3	1360.23(G), (H), and (I), 1360.24(A)(3), the introductory paragraph of 1360.29(A),
4	1360.31, and 1360.32, to enact R.S. 37:1360.29(A)(4) and 1360.38(A)(3) and (4),
5	and to repeal R.S. 37:1360.23(J), relative to physician assistants; to provide for
6	legislative intent; to amend definitions; to provide for the powers and duties of the
7	Louisiana State Board of Medical Examiners; to provide for licensure; to provide for
8	supervising physician qualifications and registration; to provide for services
9	performed by physician assistants; to provide for assumption of professional
10	liability; to provide for exemption; and to provide for related matters.
11	Be it enacted by the Legislature of Louisiana:
12	Section 1. R.S. 37:1360.21(A), (B), and (C), 1360.22(1), (5), (7), and (8),
13	1360.23(G), (H), and (I), 1360.24(A)(3), the introductory paragraph of 1360.29(A), 1360.31,
14	and 1360.32 are hereby amended and reenacted and R.S. 37:1360.29(A)(4) and
15	1360.38(A)(3) and (4) are hereby enacted to read as follows:
16	§1360.21. Legislative intent
17	A. Shortages of all skilled health personnel, particularly in rural and urban

1	medically underserved areas and in the field of primary care medicine, new
2	scientific and technological developments, and new methods of organizing health
3	services have made the question of new uses for allied health personnel the critical
4	issue to be resolved if our supply of health manpower is to be used effectively and
5	productively. In its concern with the growing shortage and geographic
6	maldistribution of health care services in Louisiana, the rising cost of health care
7	services in the state and nationally, and the need for primary health care by
8	thousands of Louisiana citizens, the legislature intends to establish in this Part a
9	framework for legal recognition and development of new categories of health
10	manpower to be known as physician assistants modernize the laws governing
11	physician assistant practice.
12	B. Physician assistants are skilled members of the health care profession who
13	work under the supervision of licensed physicians. They are qualified to take patient
14	histories, perform physical examinations, and order and interpret certain diagnostic
15	tests. A physician assistant may implement treatment plans as delegated by the
16	supervising physician and explain them to patients are health care professionals
17	qualified by academic and clinical education and licensed by the Louisiana State
18	Board of Medical Examiners to provide health care services at the direction and
19	under the supervision of a physician or a group of physicians approved by the
20	board as a supervising physician.
21	C. It is the intent of this Part to permit the more effective utilization of the
22	skills of physicians, particularly in the primary care setting, by enabling them to
23	delegate certain health care tasks <u>medical services</u> to qualified physician assistants
24	when such delegation is consistent with the patient's health and welfare.
25	* * *
26	§1360.22. Definitions
27	As used in this Part:

(1) "Approved program" means a program for the education and training of

physician assistants which has been formally approved by the Committee on Allied

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Health Education and Accreditation, its predecessors, or its successors.

* * *

(5) "Physician assistant" or "assistant" means a person who is a graduate of a program accredited by the Committee on Allied Health Education and Accreditation or its successors and who has successfully passed the national certificate examination administered by the National Commission on the Certification of Physicians' Assistants or its predecessors and who is approved and licensed by the Louisiana State Board of Medical Examiners to perform medical services under the supervision of a physician or group of physicians who are licensed by and registered with the board to supervise such assistant means a health professional qualified by academic and clinical education and licensed by the Louisiana State Board of Medical Examiners to provide health care services at the direction and under the supervision of a physician or a group of physicians approved by the board as a supervising physician.

15 * * *

- (7) "Supervising physician" means a physician who has been approved by the board to supervise a physician assistant supervises a physician assistant.
- (8) "Supervision" means responsible direction and control, with the supervising physician assuming legal liability for the services rendered by the physician assistant in the course and scope of the physician assistant's employment. Such supervision shall not be construed in every case to require the physical presence of the supervising physician. However, the supervising physician and physician assistant must have the capability to be in contact with each other by either telephone or other telecommunications device. Supervision shall exist when the supervising physician responsible for the patient gives informed concurrence of the action of a physician assistant, whether given prior to or after the action, and when a medical treatment plan or action is made in accordance with written clinical practice guidelines or protocols set forth by the supervising physician. The level and method of supervision shall be at the physician and physician assistant

1	level, shall be documented and reviewed annually, and shall reflect the acuity
2	of the patient care and nature of the procedure.
3	* * *
4	§1360.23. Powers and duties of the board
5	* * *
6	G. The board shall report to the legislature no later than February 1, 1994,
7	and annually thereafter, as to:
8	(1) The number and types of programs which have been approved and a
9	description of each.
10	(2) The number of physician assistants who have been approved and licensed
11	under this Part and the number of physicians approved as supervising physicians
12	under this Part.
13	(3) An evaluation of the programs and the acceptance of them by the
14	community.
15	H.G. Approval may be given for a physician to be the primary supervising
16	physician for up to two physician assistants; however, nothing in this Part shall
17	prohibit a qualified supervising physician from acting as a supervising physician on
18	a locum tenens basis for any physician assistants in addition to the two physician
19	assistants for whom he is the primary supervising physician, provided that such
20	physician shall not act as supervising physician for more than four physician
21	assistants at any one time. In addition, a A physician, approved by the board as a
22	supervising physician, practicing in a private practice, group practice, partnership,
23	professional medical corporation, or employed by a hospital or other health care
24	organization or entity may be the primary supervising physician for up to two four
25	physician assistants. Physician assistants may be employed by a group practice or
26	partnership of physicians or a professional medical corporation duly qualified under
27	R.S. 12:901 et seq., as amended, or a hospital or other health care organization or
28	entity, as long as such physician assistants are being supervised by a qualified
29	supervising physician.

1	I.H. The board shall ensure that applicants for the program shall not be
2	discriminated against due to race, color, creed, age, sex, disability, as defined in R.S.
3	51:2232(11), or national origin.
4	J.I. Notwithstanding any other provision of this Part to the contrary, any
5	person who before and on June 16, 1993, is currently practicing as a physician
6	assistant under supervision of a licensed physician shall be licensed as a physician
7	assistant.
8	§1360.24. Licensure
9	A. Except as otherwise provided for in this Part, an individual shall be
10	licensed by the board before the individual may practice as a physician assistant. The
11	board may grant a license to a physician assistant applicant who:
12	* * *
13	(3) Has successfully completed an education program for physician assistants
14	accredited by the Committee on Allied Health Education and Accreditation, its
15	predecessors, or its successors and who has passed the physician assistant national
16	certifying examination administered by the National Commission on Certification
17	of Physicians' Assistants.
18	* * *
19	§1360.29. Supervising physician qualifications and registration
20	A. A physician applying to supervise supervising assistant must:
21	* * *
22	(4) Maintain a written agreement with the physician assistant in
23	compliance with R.S. 37:1360.22.8 that includes a statement that the physician
24	shall exercise supervision over the physician assistant in accordance with this
25	Part. The agreement shall be signed by the supervising physician and physician
26	assistant, updated annually, kept on file at the practice site, and available to the
27	board upon request.
28	* * *
29	§1360.31. Services performed by physician assistants

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- A.(1) A physician assistant performs medical services when such services are rendered under the supervision of a supervising physician. 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 board in accordance with the provisions of this Part. A physician assistant may perform those duties and responsibilities that are delegated to him by his supervising physician. 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 and interpretation of diagnostic and other medical services. 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. A physician assistant shall not practice without supervision except in life-threatening emergencies and in emergency situations such as man-made and natural disaster relief efforts.
- (2) A physician assistant may inject local anesthetic agents subcutaneously, including digital blocks or apply topical anesthetic agents when delegated to do so by a supervising physician. However, nothing in this Part shall otherwise permit a physician assistant to administer local anesthetics perineurally, pericurally, epidurally, intrathecally, or intravenously unless such physician assistant is a certified registered nurse anesthetist and meets the requirements in R.S. 37:930.
- B. The practice of a physician assistant shall include the performance of medical services within the scope of his education, training, and experience, which are delegated by the supervising physician. Medical services rendered by a physician assistant may include but are not 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

1	written clinical practice guidelines and protocols set forth by the supervising
2	physician.
3	(4) Monitoring the effectiveness of therapeutic intervention.
4	(5) Suturing wounds as delegated by the supervising physician.
5	(6) Offering counseling and education to meet patient needs.
6	(7) Making appropriate referrals.
7	(8) C.(1) Prescribing certain drugs and medical devices to the extent
8	delegated by the supervising physician, provided the physician assistant has
9	completed a minimum of one year of clinical rotations during his training and has
10	practiced for a minimum of one year under a supervising physician. A physician
11	assistant may prescribe, order, and administer drugs to the extent delegated by
12	the supervising physician except as provided pursuant to R.S. 37:930. Drugs
13	which may be prescribed, ordered, and administered by a physician assistant or
14	a health care professional licensed pursuant to Chapter 12 of this Title are those
15	listed in Schedules II, III, IV, and V of R.S. 40:964 and legend drugs, which are
16	defined as any drug or drug product bearing on the label of the manufacturer or
17	distributor, as required by the Food and Drug Administration, the statement
18	"Caution: Federal law prohibits dispensing without a prescription". A physician
19	assistant authorized to prescribe controlled substances shall register with the
20	United States Drug Enforcement Administration.
21	(2) A graduate physician assistant shall have at least five hundred
22	clinical hours of training prior to application for prescriptive authority.
23	(3) A physician assistant may request, receive, and sign for sample drugs
24	and may distribute sample drugs to a patient.
25	$C. \underline{D.}$ The activities listed above may be performed in any setting authorized
26	by the supervising physician including: but not limited to clinics, hospitals,
27	ambulatory surgical centers, patient homes, nursing homes, other institutional
28	settings, and health manpower shortage areas.

§1360.32. Assumption of professional liability

1	When a physician assistant is employed supervised by a physician or group
2	practice of physicians or a professional medical corporation or a hospital or other
3	health care organization or entity, the physician assistant shall be supervised by and
4	be the legal responsibility of the employing supervising physician or group practice
5	or professional medical corporation or other hospital or other health care
6	organization or entity and the supervising physician. The legal responsibility for the
7	physician assistant's patient care activities, including care and treatment that is
8	provided in health care facilities, shall remain that of the supervising physician,
9	group practice of physicians, or a professional medical corporation or a hospital or
10	other health care organization or entity.
11	* * *
12	§1360.38. Exemptions
13	A. The provisions of this Part shall not apply to:
14	* * *
15	(3) A physician assistant student enrolled in a physician assistant
16	educational program accredited by the Accreditation Review Commission on
17	Education for the Physician Assistant.
18	(4) A physician assistant employed by the federal government while
19	performing duties incidental to that employment.
20	* * *
21	Section 2. R.S. 37:1360.23(J) is hereby repealed.
22	Section 3. This Act shall become effective upon signature by the governor or, if not
23	signed by the governor, upon expiration of the time for bills to become law without signature
24	by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
25	vetoed by the governor and subsequently approved by the legislature, this Act shall become

effective on the day following such approval.

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

DIGEST

SB 115 Engrossed

2015 Regular Session

Mills

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

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

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

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

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

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

<u>Present law</u> 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.

<u>Proposed law</u> redefines "supervising physician" to mean a physician who supervises a physician assistant.

Present law defines "supervision".

<u>Proposed law</u> adds to the <u>present law</u> 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.

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

<u>Proposed law</u> removes the reporting requirement.

<u>Present law</u> 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.

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

<u>Present law</u> 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.

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

<u>Proposed law</u> 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 <u>present law</u>. 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.

<u>Present law</u> 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.

<u>Present law</u> 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.

<u>Proposed law</u> amends <u>present law</u> to include "interpretation" of diagnostic and other medical services. Further, <u>proposed law</u> 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.

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

<u>Present law</u> 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.

<u>Proposed law</u> provides a physician assistant may prescribe, order, and administer drugs to the extent delegated by the supervising physician except as provided pursuant to <u>present law</u>. Further, <u>proposed law</u> includes Schedule II drugs to the type of drugs that a physician

assistant and an optometrist may prescribe, order, and administer.

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

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

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

<u>Present law</u> 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.

<u>Proposed law</u> amends <u>present law</u> by replacing "employed" and "employing" with "supervised" and "supervising".

<u>Proposed law</u> adds to the exemptions of <u>present law</u> 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))

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill

- 1. Redefines a physician assistant to mean a health care professional qualified by academic and clinical education and licensed by the LSBME to provide healthcare services at the direction and under the supervision of a physician or a group of physicians approved by the board as a supervising physician.
- 2. Puts back <u>present law</u> limitations as to certain procedures a physician assistant may do.
- 3. Provides for the drug schedules a physician assistant and optometrist may prescribe from.