

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~~ medical services 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:

28 (1) "Approved program" means a program for the education and training of
 29 physician assistants which has been formally approved by the Committee on Allied

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

2 * * *

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

15 * * *

16 (7) "Supervising physician" means a physician who ~~has been approved by~~
 17 ~~the board to supervise a physician assistant **supervises a physician assistant.**~~

18 (8) "Supervision" means responsible direction and control, with the
 19 supervising physician assuming legal liability for the services rendered by the
 20 physician assistant in the course and scope of the physician assistant's employment.
 21 Such supervision shall not be construed in every case to require the physical
 22 presence of the supervising physician. However, the supervising physician and
 23 physician assistant must have the capability to be in contact with each other by either
 24 telephone or other telecommunications device. Supervision shall exist when the
 25 supervising physician responsible for the patient gives informed concurrence of the
 26 action of a physician assistant, whether given prior to or after the action, and when
 27 a medical treatment plan or action is made in accordance with written clinical
 28 practice guidelines or protocols set forth by the supervising physician. **The level**
 29 **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

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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 A.(1) A physician assistant performs medical services when such services
2 are rendered under the supervision of a supervising physician. ~~A physician assistant~~
3 ~~may have multiple supervising physicians in no more than five medical specialties~~
4 ~~or subspecialties, provided all of the physician assistant's supervising physicians are~~
5 ~~properly registered with the board in accordance with the provisions of this Part.~~ A
6 physician assistant may perform those duties and responsibilities that are delegated
7 to him by his supervising physician. A physician assistant is considered to be and
8 is deemed the agent of his supervising physician in the performance of all
9 practice-related activities, including but not limited to assisting in surgery and the
10 ordering **and interpretation** of diagnostic and other medical services. **The level**
11 **and method of supervision shall be at the physician and physician assistant**
12 **level, shall be documented and reviewed annually, and shall reflect the acuity**
13 **of the patient care and the nature of a procedure.** A physician assistant shall not
14 practice without supervision except in life-threatening emergencies and in
15 emergency situations such as man-made and natural disaster relief efforts.

16 (2) A physician assistant may inject local anesthetic agents subcutaneously,
17 including digital blocks or apply topical anesthetic agents when delegated to do so
18 by a supervising physician. However, nothing in this Part shall otherwise permit a
19 physician assistant to administer local anesthetics perineurally, pericurally,
20 epidurally, intrathecally, or intravenously unless such physician assistant is a
21 certified registered nurse anesthetist and meets the requirements in R.S. 37:930.

22 B. The practice of a physician assistant shall include the performance of
23 medical services within the scope of his education, training, and experience, which
24 are delegated by the supervising physician. ~~Medical services rendered by a~~
25 ~~physician assistant may include but are not limited to:~~

26 ~~(1) Obtaining patient histories and performing physical examinations.~~

27 ~~(2) Ordering or performing diagnostic procedures as delegated by the~~
28 ~~supervising physician.~~

29 ~~(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 ~~€~~ **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.

29 §1360.32. Assumption of professional liability

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.

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 except as provided pursuant to present law. Further, proposed law includes Schedule II drugs to the type of drugs that a physician

assistant and an optometrist 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))

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 present law limitations as to certain procedures a physician assistant may do.
3. Provides for the drug schedules a physician assistant and optometrist may prescribe from.