

**CHAPTER 30****( HB 361 )**

AN ACT relating to the Kentucky Board of Medical Licensure.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔Section 1. KRS 311.530 is amended to read as follows:

- (1) There is hereby created in state government an independent board to be known as the State Board of Medical Licensure which shall exercise all medical and osteopathic licensure functions heretofore exercised by the State Board of Health. The offices of the board shall be maintained at such place as is designated by the board.
- (2) The board shall consist of ~~sixteen~~~~fifteen~~ (16)~~(15)~~ members, including:
  - (a) The commissioner of public health *or designee from the Department for Public Health who is a licensed physician pursuant to KRS Chapter 311;*~~;~~
  - (b) The dean of the University of Kentucky College of Medicine *or designee from the University of Kentucky College of Medicine who is a licensed physician pursuant to KRS Chapter 311;*~~;~~
  - (c) The vice dean for clinical affairs of the University of Louisville School of Medicine *or designee from the University of Louisville School of Medicine who is a licensed physician pursuant to KRS Chapter 311;*~~;~~
  - (d) The dean of the University of Pikeville ~~College~~~~School~~ of Osteopathic Medicine *or designee from the University of Pikeville College of Osteopathic Medicine who is a licensed physician pursuant to KRS Chapter 311;*~~;~~
  - (e) *The chair of the Physician Assistant Advisory Committee established pursuant to Section 2 of this Act who shall serve as an ex officio nonvoting member;* and
  - (f) Eleven (11) members appointed by the Governor.
- (3) Of the Governor's appointees:
  - (a) One (1) member shall be a licensed osteopathic physician and shall be appointed from a list of three (3) names submitted by the Kentucky Osteopathic Medical Association;
  - (b) Seven (7) members shall be licensed medical physicians and shall be appointed from a list of three (3) names submitted for each position by the Kentucky Medical Association; and
  - (c) Three (3) members shall be citizens at large who are representatives of any recognized consumer advocacy groups with an interest in the delivery of health care and are not associated with or financially interested in the practice or business regulated.

➔Section 2. KRS 311.842 is amended to read as follows:

- (1) The board shall promulgate administrative regulations in accordance with KRS Chapter 13A relating to the licensing and regulation of physician assistants, including but not limited to:
  - (a) Temporary licensing;
  - (b) Professional standards for prescribing and administering controlled substances; and
  - (c) Professional standards for prescribing or administering Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone.
- (2) The board shall establish a nine (9) member Physician Assistant Advisory Committee that shall review and make recommendations to the board regarding all matters relating to physician assistants that come before the board, including but not limited to:
  - (a) Applications for physician assistant licensing;
  - (b) Licensing renewal requirements;
  - (c) Approval of supervising physicians;

- (d) Disciplinary actions; and
  - (e) Promulgation and revision of administrative regulations.
- (3) Members of the Physician Assistant Advisory Committee shall be appointed by the board for four (4) year terms and shall consist of:
- (a) Five (5) practicing physician assistants, *each selected from a list of three (3) names submitted for each position by the Kentucky Academy of Physician Assistants*;
  - (b) Two (2) supervising physicians;
  - (c) One (1) member of the board; and
  - (d) One (1) citizen at large.
- (4) The chairperson of the committee shall be *a practicing physician assistant* elected by a majority vote of the committee members and shall be responsible for presiding over meetings that shall be held on a regular basis.
- (5) Members shall receive reimbursement for expenditures relating to attendance at committee meetings consistent with state policies for reimbursement of travel expenses for state employees.
- (6) *Members shall not serve more than two (2) consecutive terms.*
- ~~(7)(6)~~ Nothing in this chapter shall be construed to require licensing of a physician assistant student enrolled in a physician assistant or surgeon assistant program accredited by the Accreditation Review Commission on Education for Physician Assistants or its successor agencies or of a physician assistant employed in the service of the federal government while performing duties relating to that employment.

→Section 3. KRS 311.854 is amended to read as follows:

- (1) A physician shall not supervise a physician assistant without approval of the board. Failure to obtain board approval as a supervising physician or failure to comply with the requirements of KRS 311.840 to 311.862 or related administrative regulations shall be considered unprofessional conduct and shall be subject to disciplinary action by the board that may include revocation, suspension, restriction, or placing on probation the supervising physician's right to supervise a physician assistant.
- (2) To be approved by the board as a supervising physician, a physician shall:
  - (a) Be currently licensed and in good standing with the board;
  - (b) Maintain a practice primarily within this Commonwealth. The board in its discretion may modify or waive this requirement;
  - (c) Submit a completed application and the required fee to the board. The application shall include but is not limited to:
    - 1. A description of the nature of the physician's practice;
    - 2. A statement of assurance by the supervising physician that the scope of medical services and procedures described in the application or in any supplemental information shall not exceed the normal scope of practice of the supervising physician;
    - 3. A description of the means by which the physician shall maintain communication with the physician assistant when they are not in the same physical location;
    - 4. ~~The name, address, and area of practice of one (1) or more physicians who agree in writing to accept responsibility for supervising the physician assistant in the absence of the supervising physician;~~
    - 5. A description of the scope of medical services and procedures to be performed by the physician assistant for which the physician assistant has been trained in an approved program; and
    - 5~~6~~. An outline of the specific parameters for review of countersignatures.
- (3) Prior to a physician assistant performing any service or procedure beyond those described in the initial application submitted to the board under subsection (2)(c) of this section, the supervising physician shall supplement that application with information that includes but is not limited to:
  - (a) A description of the additional service or procedure;

- (b) A description of the physician assistant's education, training, experience, and institutional credentialing;
- (c) A description of the level of supervision to be provided for the additional service or procedure;
- (d) The location or locations where the additional service or procedure will be provided; and
- (e) Any changes to the specific parameters for review of countersignatures.

The initial and supplemental applications required under this section may be submitted to the board at the same time.

- (4) A physician who has been supervising a physician assistant prior to July 15, 2002, may continue supervision and the physician assistant may continue to perform all medical services and procedures that were provided by the physician assistant prior to July 15, 2002. The supervising physician shall submit the initial application and any supplemental application as required in this section by October 15, 2002.
- (5) A physician may enter into supervision agreements with no more than four (4) physician assistants and shall not supervise more than four (4) physician assistants at any one (1) time. Application for board approval to be a supervising physician shall be obtained individually for each physician assistant.
- (6) The board may impose restrictions on the scope of practice of a physician assistant or on the methods of supervision by the supervising physician upon consideration of recommendations of the Physician Assistant Advisory Committee established in KRS 311.842 after providing the applicant with reasonable notice of its intended action and after providing a reasonable opportunity to be heard.

➔Section 4. KRS 311.844 is amended to read as follows:

- (1) To be licensed by the board as a physician assistant, an applicant shall:
  - (a) Submit a completed application form with the required fee;
  - (b) Be of good character and reputation;
  - (c) Be a graduate of an approved program; and
  - (d) Have passed an examination approved by the board within three (3) attempts.
- (2) A physician assistant who is authorized to practice in another state and who is in good standing may apply for licensure by endorsement from the state of his or her credentialing if that state has standards substantially equivalent to those of this Commonwealth.
- (3) A physician assistant's license shall be valid for two (2) years and shall be renewed by the board upon fulfillment of the following requirements:
  - (a) The holder shall be of good character and reputation;
  - (b) The holder shall provide evidence of completion, during the previous two (2) years, of a minimum of one hundred (100) hours of continuing education approved by the American Medical Association, the American Osteopathic Association, the American Academy of Family Physicians, the American Academy of Physician Assistants, or by another entity approved by the board. The one hundred (100) hours of continuing education required by this paragraph shall include:
    - 1. During the first two (2) years of licensure or prior to the first licensure renewal, ~~one~~
      - a. ~~One (1) continuing education course on the human immunodeficiency virus and acquired immunodeficiency syndrome; and~~
      - b. ~~One~~ and one-half (1.5) hours of continuing education in the prevention and recognition of pediatric abusive head trauma, as defined in KRS 620.020, ***except that graduating physician assistant students may apply pediatric abusive head trauma curriculum taught in their physician assistant graduate education to count towards the required one and one-half (1.5) hours;*** and
    - 2. If the license holder is authorized, pursuant to KRS 311.858(5), to prescribe and administer Schedule III, IV, or V controlled substances, a minimum of seven and one-half (7.5) hours of approved continuing education relating to controlled substance diversion, pain management, addiction disorders, use of the electronic system for monitoring controlled substances established in KRS 218A.202, or any combination of two (2) or more of these subjects; and

- (c) The holder shall provide proof of current certification with the National Commission on Certification of Physician Assistants.

➔Section 5. KRS 311.601 is amended to read as follows:

- (1) The board may adopt reasonable rules and regulations to effectuate and implement the provisions of KRS 311.550 to 311.620, including but not limited to regulations designed to ensure the continuing professional competency of present and future licensees. As an adjunct to the power conferred upon the board by this section, the board may require licensees to submit to interrogation as to the nature and extent of their postgraduate medical education and to require licensees found to be deficient in their efforts to keep abreast of new methods and technology, to obtain additional instruction and training therein.
- (2) As part of the continuing medical education which the board adopts to ensure continuing professional competency of present and future licensees, the board shall ensure that:
- (a) Current practicing pediatricians, including those certified in medicine and pediatrics, radiologists, family practitioners, and those physicians practicing in an emergency medicine or urgent care setting, demonstrate completion of a one (1) time course of at least one (1) hour of continuing medical education approved by the board and covering the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020, prior to December 31, 2017; and
- (b) Future practicing pediatricians, including those certified in medicine and pediatrics, radiologists, family practitioners, and those physicians who will practice in an emergency medicine or urgent care setting, demonstrate completion of a one (1) time course of at least one (1) hour of continuing medical education, or its equivalent, approved by the board and covering the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020, within five (5) years of licensure. ***Future practicing pediatricians, including those certified in medicine and pediatrics, radiologists, family practitioners, and those physicians who will practice in an emergency medicine or urgent care setting may apply pediatric abusive head trauma curriculum taught in their medical school education to count towards the required one (1) hour of continuing medical education.***

**Signed by Governor April 4, 2024.**