

AN ACT relating to physician assistants.

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

➔Section 1. 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;~~and~~

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**

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; ~~and~~
- (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 2. KRS 311.856 is amended to read as follows:

A supervising physician shall:

- (1) Restrict the services of a physician assistant to services within the physician assistant's scope of practice and to the provisions of KRS 311.840 to 311.862;
- (2) Prohibit a physician assistant from prescribing or dispensing controlled substances;
- (3) Inform all patients in contact with a physician assistant of the status of the physician assistant;
- (4) Post a notice stating that a physician assistant practices medicine or osteopathy in all locations where the physician assistant may practice;
- (5) Require a physician assistant to wear identification that clearly states that he or she is a physician assistant;
- (6) Prohibit a physician assistant from independently billing any patient or other payor for services rendered by the physician assistant;
- (7) If necessary, participate with the governing body of any hospital or other licensed health care facility in a credentialing process established by the facility;
- (8) Not require a physician assistant to perform services or other acts that the physician assistant feels incapable of carrying out safely and properly;
- (9) Maintain adequate, active, and continuous supervision of a physician assistant's activities to assure that the physician assistant is performing as directed and complying with the requirements of KRS 311.840 to 311.862 and all related administrative regulations;
- (10) Review and countersign a sufficient number of overall medical notes written by the

physician assistant to ensure quality of care provided by the physician assistant and outline the specific parameters for review of countersignatures in the application required by Section 1 of this Act. Countersignature requirements shall be determined by the supervising physician, practice, or institution. As used in this subsection:

(a) "Practice" means a medical practice composed of two (2) or more physicians organized to provide patient care services, regardless of its legal form or ownership; and

(b) "Institution" means all or part of any public or private facility, place, building, or agency, whether organized for profit or not, that is used, operated, or designed to provide medical diagnosis, treatment, nursing, rehabilitative, or preventive care ~~[but, at a minimum, a supervising physician shall review and countersign at least ten percent (10%) of these overall medical notes every thirty (30) days. A countersignature shall not be required prior to orders being executed];~~

- (11) (a) Reevaluate the reliability, accountability, and professional knowledge of a physician assistant two (2) years after the physician assistant's original licensure in this Commonwealth and every two (2) years thereafter; and
- (b) Based on the reevaluation, recommend approval or disapproval of licensure or renewal to the board; and
- (12) Notify the board within three (3) business days if the supervising physician:
- (a) Ceases to supervise or employ the physician assistant; or
- (b) Believes in good faith that a physician assistant violated any disciplinary rule of KRS 311.840 to 311.862 or related administrative regulations.