

1st Sub. S.B. 27
PHYSICIAN ASSISTANT ACT AMENDMENTS

Senator **Curtis S. Bramble** proposes the following amendments:

1. *Page 7, Lines 193 through 199:*

193 (c) The degree of collaboration under Subsection (1)(b) shall be determined at the
194 physician assistant's practice, including decisions made by ~~:~~
 (i) the physician assistant's:
195 ~~{(i)}~~ (A) employer;
196 ~~{(ii)}~~ (B) group;
197 ~~{(iii)}~~ (C) hospital service; or
198 ~~{(iv)}~~ (D) health care facility credentialing and privileging system ~~{-}~~ ; or
 (ii) a managed care organization with whom the physician assistant is a network provider.
 (d) A person described in Subsection (1)(c) may not require a clinical supervisory relationship
 between a physician assistant and another healthcare provider.
199 ~~{(d)}~~ (e) The services provided by a physician assistant includes, but is not limited to:

2. *Page 7, Line 208:*

208 ~~{(e)}~~ (f) A physician assistant may, within the physician assistant's scope of practice:

3. *Page 8, Lines 220 through 231:*

220 ~~{(f)}~~ (g) A physician assistant is responsible for the care that the physician assistant
221 provides.
222 ~~{(g) An insurer as defined in Section 31A-1-301 may not:~~
223 ~~—— (i) solely on the basis that a physician assistant is licensed as a physician assistant;~~
224 ~~—— (A) prohibit the physician assistant from billing and receiving direct payment for a~~
225 ~~medically necessary service that the physician assistant provides to the insurer's enrollee;~~
226 ~~—— (B) deny a claim for a medically necessary service that the physician assistant provides~~
227 ~~to the insurer's enrollee; or~~
228 ~~—— (C) prohibit a physician assistant from being listed as the provider in the billing and~~
229 ~~claims process for payment of the service; or~~
230 ~~—— (ii) impose a practice, education, or collaboration requirement on a physician assistant~~
231 ~~that is inconsistent with or more restrictive than the requirements in this title.}~~

4. *Page 9, Lines 255 through 262:*

255 (3) (a) A physician assistant with less than ~~{4,000}~~ 5,000 hours of post-graduate clinical
practice

256 experience shall :

(i) practice under written policies and procedures established at a practice level

257 that:

258 ~~{(a)}~~ (A) describe how collaboration will occur under Subsections (1)(b) and (c);

259 ~~{(b)}~~ (B) describe methods for evaluating the physician assistant's competency, knowledge,

260 and skills; ~~{and}~~

261 ~~{(c)}~~ (ii) provide a copy of the written policies and procedures and documentation of

262 compliance with this Subsection (3) to the board upon the board's request ~~{-}~~ ; and

(iii) collaborate with a physician for at least 1,000 hours.

(b) A physician assistant who wishes to change specialties to another specialty in which the PA has less than 2,000 hours of experience shall collaborate for a minimum of 2,000 hours with a physician who is trained and experienced in the specialty to which the physician assistant is changing.

5. Page 10, Lines 278 through 282:

278 (5) Notwithstanding any other provision of state law, a physician assistant may provide

279 ~~{mental health care and mental health therapy and treatment}~~ behavioral change support

services in a non-psychiatric practice setting

280 if the services are consistent with:

(a) the physician assistant's education, training, and experience;

281 ~~{(a)}~~ (b) customary and accepted practices in similar practice settings; and

282 ~~{(b)}~~ (c) applicable standards of care.