

Senator Curtis S. Bramble proposes the following substitute bill:

PHYSICIAN ASSISTANT ACT AMENDMENTS

2021 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Curtis S. Bramble

House Sponsor: James A. Dunnigan

LONG TITLE

General Description:

This bill amends provisions relating to the practice of a physician assistant.

Highlighted Provisions:

This bill:

- ▶ amends the scope of practice for a physician assistant;
 - ▶ removes the requirement that a physician assistant maintain a specific relationship with a physician or any other health care provider;
 - ▶ enacts and amends provisions relating to practice as a physician assistant;
 - ▶ creates requirements for newly graduated physician assistants;
 - ▶ permits a physician assistant to respond during a health care emergency or disaster;
- and
- ▶ makes technical and corresponding changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:



- 26 **58-70a-102**, as last amended by Laws of Utah 2017, Chapter 309
- 27 **58-70a-201**, as last amended by Laws of Utah 2010, Chapter 37
- 28 **58-70a-302**, as last amended by Laws of Utah 2020, Chapter 339
- 29 **58-70a-305**, as last amended by Laws of Utah 2019, Chapter 349
- 30 **58-70a-306**, as last amended by Laws of Utah 2020, Chapter 339
- 31 **58-70a-501**, as last amended by Laws of Utah 2017, Chapter 309
- 32 **58-70a-502**, as last amended by Laws of Utah 2014, Chapter 72
- 33 **58-70a-503**, as last amended by Laws of Utah 2020, Chapter 25

34 ENACTS:

- 35 **58-70a-307**, Utah Code Annotated 1953
- 36 **58-70a-507**, Utah Code Annotated 1953

37

38 *Be it enacted by the Legislature of the state of Utah:*

39 Section 1. Section **58-70a-102** is amended to read:

40 **58-70a-102. Definitions.**

41 In addition to the definitions in Section **58-1-102**, as used in this chapter:

- 42 (1) "Board" means the Physician Assistant Licensing Board created in Section
- 43 **58-70a-201**.
- 44 ~~[(2) (a) "Delegation of services agreement" means written criteria jointly developed by~~
- 45 ~~a physician assistant's supervising physician and substitute supervising physicians and the~~
- 46 ~~physician assistant, that permits a physician assistant, working under the direction or review of~~
- 47 ~~the supervising physician, to assist in the management of common illnesses and injuries.]~~
- 48 ~~[(b) The agreement defines the working relationship and delegation of duties between~~
- 49 ~~the supervising physician and the physician assistant as specified by division rule and shall~~
- 50 ~~include:]~~
- 51 ~~[(i) the prescribing of controlled substances;]~~
- 52 ~~[(ii) the degree and means of supervision;]~~
- 53 ~~[(iii) the frequency and mechanism of quality review, including the mechanism for~~
- 54 ~~review of patient data and documentation of the review, as determined by the supervising~~
- 55 ~~physician and the physician assistant;]~~
- 56 ~~[(iv) procedures addressing situations outside the scope of practice of the physician~~

57 assistant; and]

58 [~~(v) procedures for providing backup for the physician assistant in emergency~~
59 situations.]

60 [~~(3) "Direct supervision" means the supervising physician is:]~~

61 [~~(a) physically present at the point of patient treatment on site where the physician~~
62 assistant he is supervising is practicing; and]

63 [~~(b) immediately available for consultation with the physician assistant.]~~

64 (2) "Competence" means possessing the requisite cognitive, non-cognitive, and
65 communicative abilities and qualities to perform effectively within the scope of practice of the
66 physician assistant's practice while adhering to professional and ethical standards.

67 (3) "Health care facility" means the same as that term is defined in Section [26-21-2](#).

68 (4) "Physician" means the same as that term is defined in Section [58-67-102](#).

69 (5) "Physician assistant" means an individual who is licensed to practice under this
70 chapter.

71 [~~(4)~~] (6) "Practice as a physician assistant" means~~[(a)]~~ the professional activities and
72 conduct of a physician assistant, also known as a PA, in diagnosing, treating, advising, or
73 prescribing for any human disease, ailment, injury, infirmity, deformity, pain, or other
74 condition~~[, dependent upon and under the supervision of a supervising physician or substitute~~
75 ~~supervising physician in accordance with a delegation of services agreement; and]~~ under the
76 provisions of this chapter.

77 [~~(b) the physician assistant acts as the agent of the supervising physician or substitute~~
78 ~~supervising physician when acting in accordance with a delegation of services agreement.]~~

79 [~~(5) "Substitute supervising physician" means an individual who meets the~~
80 requirements of a supervising physician under this chapter and acts as the supervising physician
81 in the absence of the supervising physician.]

82 [~~(6) "Supervising physician" means an individual who:]~~

83 [~~(a) is currently licensed to practice under Title 58, Chapter 67, Utah Medical Practice~~
84 ~~Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;]~~

85 [~~(b) acts as the primary supervisor of a physician assistant and takes responsibility for~~
86 ~~the professional practice and conduct of a physician assistant in accordance with this chapter;~~
87 and]

88 ~~[(c) is not an employee of the physician assistant whom the individual supervises.]~~

89 ~~[(7) "Supervision" means the supervising physician is available for consultation with~~
90 ~~the physician assistant, either personally or by other means permitting direct verbal~~
91 ~~communication between the physician and the physician assistant.]~~

92 ~~[(8)] (7) "Unlawful conduct" means the same as that term is [as] defined in Sections~~
93 ~~58-1-501 and 58-70a-502.~~

94 ~~[(9)] (8) "Unprofessional conduct" [is] means "unprofessional conduct":~~

95 ~~(a) as defined in Sections 58-1-501 and 58-70a-503; and [as may be further defined by~~
96 ~~rule.]~~

97 ~~(b) as further defined by the division by rule.~~

98 Section 2. Section **58-70a-201** is amended to read:

99 **58-70a-201. Board.**

100 (1) There is created the Physician Assistant Licensing Board, which consists of seven
101 members:

102 (a) three licensed physicians~~[, at least two of whom are individuals who are supervising~~
103 ~~or who have supervised a physician assistant] who currently work or have previously worked~~
104 ~~collaboratively with a physician assistant;~~

105 (b) three physician assistants, one of whom is involved in the administration of an
106 approved physician assistant education program within the state; and

107 (c) one person from the general public.

108 (2) The board shall be appointed and serve in accordance with Section 58-1-201.

109 (3) (a) The duties and responsibilities of the board are in accordance with Sections
110 58-1-202 and 58-1-203. ~~[In addition, the]~~

111 ~~(b) The~~ board shall designate one of its members on a permanent or rotating basis to:

112 ~~[(a)] (i)~~ assist the division in reviewing complaints concerning the unlawful or
113 unprofessional conduct of a licensee; and

114 ~~[(b)] (ii)~~ advise the division in ~~[its] the division's~~ investigation of these complaints.

115 (4) (a) A board member who has, under Subsection (3), reviewed a complaint or
116 advised in its investigation may be disqualified from participating with the board when the
117 board serves as a presiding officer in an adjudicative proceeding concerning the complaint.

118 (b) The board member described in Subsection (4)(a) may be disqualified:

119 ~~[(a)]~~ (i) on the member's own motion, due to actual or perceived bias or lack of
120 objectivity; or

121 ~~[(b)]~~ (ii) upon challenge for cause raised on the record by any party to the adjudicative
122 proceeding.

123 Section 3. Section **58-70a-302** is amended to read:

124 **58-70a-302. Qualifications for licensure.**

125 Each applicant for licensure as a physician assistant shall:

126 (1) submit an application in a form prescribed by the division;

127 (2) pay a fee determined by the department under Section [63J-1-504](#);

128 (3) have successfully completed a physician assistant program accredited by ~~[the]~~:

129 (a) the Accreditation Review Commission on Education for the Physician Assistant; or

130 (b) if prior to January 1, 2001, either the:

131 (i) Committee on Accreditation of Allied Health Education Programs; or

132 (ii) Committee on Allied Health Education and Accreditation;

133 (4) have passed the licensing examinations required by division rule made in
134 collaboration with the board; and

135 (5) meet with the board and representatives of the division, if requested, for the
136 purpose of evaluating the applicant's qualifications for licensure~~[-and]~~.

137 ~~[(6)(a) if the applicant desires to practice in Utah, complete a form provided by the
138 division indicating:]~~

139 ~~[(i) the applicant has completed a delegation of services agreement signed by the
140 physician assistant and the supervising physician; and]~~

141 ~~[(ii) the agreement is on file at the Utah practice sites; or]~~

142 ~~[(b) complete a form provided by the division indicating the applicant is not practicing
143 in Utah and, prior to practicing in Utah, the applicant will meet the requirements of Subsection
144 (6)(a).]~~

145 Section 4. Section **58-70a-305** is amended to read:

146 **58-70a-305. Exemptions from licensure.**

147 (1) In addition to the exemptions from licensure in Section [58-1-307](#),~~[the following~~
148 persons] an individual described in Subsection (2) may engage in acts included within the
149 definition of practice as a physician assistant, subject to the stated circumstances and

150 limitations, without being licensed under this chapter[;].

151 [(+) (2) Subsection (1) applies to a student enrolled in an accredited physician
152 assistant education program while engaged in activities as a physician assistant:

- 153 (a) that are a part of the education program;
- 154 (b) that are conducted at an affiliated medical facility under the direct supervision of a:
- 155 (i) physician associated with the program; or
- 156 (ii) licensed physician assistant associated with the medical faculty; and
- 157 (c) for which the program accepts in writing the responsibility for the student[; ~~and~~].

158 [~~(2) a "medical assistant," as defined in Sections 58-67-102 and 58-68-102, who:~~

159 [~~(a) does not diagnose, advise, independently treat, or prescribe to or on behalf of any
160 person; and]~~

161 [~~(b) for whom the supervising physician accepts responsibility.]~~

162 Section 5. Section **58-70a-306** is amended to read:

163 **58-70a-306. Temporary license.**

164 (1) An applicant for licensure as a physician assistant who has met all qualifications for
165 licensure except passing an examination component as required in Section **58-70a-302**, may
166 apply for and be granted a temporary license to practice under Subsection (2).

167 (2) (a) The applicant shall submit to the division evidence of completion of a physician
168 assistant program as defined in Subsection **58-70a-302**(3).

169 (b) (i) The temporary license shall be issued for a period not to exceed 120 days to
170 allow the applicant to pass the Physician Assistant National Certifying Examination.

171 (ii) The temporary license may not be renewed or extended.

172 [~~(c) A physician assistant holding a temporary license may work only under the direct
173 supervision of an approved supervising or substitute supervising physician in accordance with
174 a delegation of services agreement, and all patient charts shall be reviewed and countersigned
175 by the supervising or substitute supervising physician.]~~

176 (c) A temporary license holder shall work under the direct supervision of a physician.

177 Section 6. Section **58-70a-307** is enacted to read:

178 **58-70a-307. Collaboration requirements -- Clinical practice experience --**

179 **Requirements for independent practice in a new specialty.**

180 (1) As used in this section, "collaboration" means the interaction and relationship that a

181 physician assistant has with one or more physicians in which:

182 (a) the physician assistant and physician are cognizant of the physician assistant's
183 qualifications and limitations in caring for patients;

184 (b) the physician assistant, while responsible for care that the physician assistant
185 provides, consults with the physician or physicians regarding patient care; and

186 (c) the physician or physicians give direction and guidance to the physician assistant.

187 (2) A physician assistant with less than 10,000 hours of post-graduate clinical practice
188 experience shall:

189 (a) practice under written policies and procedures established at a practice level that:

190 (i) describe how collaboration will occur in accordance with this section and

191 Subsections [58-70a-501](#)(2) and (3);

192 (ii) describe methods for evaluating the physician assistant's competency, knowledge,
193 and skills;

194 (b) provide a copy of the written policies and procedures and documentation of
195 compliance with this Subsection (2) to the board upon the board's request; and

196 (c) engage in collaboration with a physician for the first 4,000 hours of the physician
197 assistant's post-graduate clinical practice experience.

198 (3) (a) A physician assistant who has more than 4,000 hours of practice experience and
199 less than 10,000 hours of practice experience shall enter into a written collaborative agreement
200 with:

201 (i) a physician; or

202 (ii) a licensed physician assistant with more than 10,000 hours of practice experience in
203 the same specialty as the physician assistant.

204 (b) The collaborative agreement described in Subsection (3)(a) shall:

205 (i) describe how collaboration under this section and Subsections [58-70a-501](#)(2) and
206 (3) will occur;

207 (ii) be kept on file at the physician assistant's practice location; and

208 (iii) be provided by the physician assistant to the board upon the board's request.

209 (4) A physician assistant who wishes to change specialties to another specialty in
210 which the PA has less than 4,000 hours of experience shall engage in collaboration for a
211 minimum of 4,000 hours with a physician who is trained and experienced in the specialty to

212 which the physician assistant is changing.

213 Section 7. Section **58-70a-501** is amended to read:

214 **58-70a-501. Scope of practice.**

215 (1) A physician assistant may provide any medical services that are not specifically
216 prohibited under this chapter or rules adopted under this chapter, and that are~~[-(a)-]~~ within the
217 physician assistant's skills and scope of competence~~[;]~~.

218 ~~[(b) within the usual scope of practice of the physician assistant's supervising
219 physician; and]~~

220 ~~[(c) provided under the supervision of a supervising physician and in accordance with a
221 delegation of services agreement.]~~

222 (2) A physician assistant shall consult, collaborate with, and refer to appropriate
223 members of the health care team:

224 (a) as indicated by the patient's condition;

225 (b) based on the physician assistant's education, experience, and competencies;

226 (c) the applicable standard of care; and

227 (d) if applicable, in accordance with the requirements described in Section [58-70a-307](#).

228 (3) Subject to Section [58-70a-307](#), the degree of collaboration under Subsection (2):

229 (a) shall be determined at the physician assistant's practice, including decisions made
230 by the physician assistant's:

231 (i) employer;

232 (ii) group;

233 (iii) hospital service; or

234 (iv) health care facility credentialing and privileging system; and

235 (b) may also be determined by a managed care organization with whom the physician
236 assistant is a network provider.

237 (4) A physician assistant may only provide healthcare services:

238 (a) for which the physician assistant has been trained and credentialed, privileged, or
239 authorized to perform; and

240 (b) that are within the physician assistant's practice specialty.

241 (5) A physician assistant may authenticate through a signature, certification, stamp,
242 verification, affidavit, or endorsement any document that may be authenticated by a physician

243 and that is within the physician assistant's scope of practice.

244 (6) A physician assistant is responsible for the care that the physician assistant
245 provides.

246 (7) (a) As used in this Subsection (7):

247 (i) "ALS/ACLS certification" means a certification:

248 (A) in advanced life support by the American Red Cross;

249 (B) in advanced cardiac life support by the American Heart Association; or

250 (C) that is equivalent to a certification described in Subsection (7)(a)(i)(A) or (B).

251 (ii) "Minimal sedation anxiolysis" means creating a drug induced state:

252 (A) during which a patient responds normally to verbal commands;

253 (B) which may impair cognitive function and physical coordination; and

254 (C) which does not affect airway, reflexes, or ventilatory and cardiovascular function.

255 (b) Except as provided in Subsections (c) through (e), a physician assistant may not
256 administer general anesthetics.

257 (c) A physician assistant may perform minimal sedation anxiolysis if the procedure is
258 within the physician assistant's scope of practice.

259 (d) A physician assistant may perform rapid sequence induction for intubation of a
260 patient if:

261 (i) the procedure is within the physician assistant's scope of practice;

262 (ii) the physician assistant holds a valid ALS/ACLS certification and is credentialed
263 and privileged at the hospital where the procedure is performed; and

264 (iii) (A) a qualified physician is not available and able to perform the procedure; or

265 (B) the procedure is performed by the physician assistant under supervision of or
266 delegation by a physician.

267 (e) Subsection (7)(b) does not apply to anesthetics administered by a physician
268 assistant:

269 (i) in an intensive care unit of a hospital;

270 (ii) for the purpose of enabling a patient to tolerate ventilator support or intubation; and

271 (iii) under supervision of or delegation by a physician whose usual scope of practice
272 includes the procedure.

273 ~~[(2)]~~ (8) (a) A physician assistant[, in accordance with a delegation of services

274 ~~agreement,]~~ may prescribe or administer an appropriate controlled substance that is within the
 275 physician assistant's scope of practice if ~~[(a)]~~ the physician assistant holds a Utah controlled
 276 substance license and a DEA registration ~~[; and]~~.

277 ~~[(b) the prescription or administration of the controlled substance is within the~~
 278 ~~prescriptive practice of the supervising physician and also within the delegated prescribing~~
 279 ~~stated in the delegation of services agreement.]~~

280 (b) A physician assistant may prescribe, order, administer, and procure a drug or
 281 medical device that is within the physician assistant's scope of practice.

282 (c) A physician assistant may dispense a drug if dispensing the drug:

283 (i) is permitted under Title 58, Chapter 17b, Pharmacy Practice Act; and

284 (ii) is within the physician assistant's scope of practice.

285 (9) A physician assistant practicing independently may only perform or provide a
 286 health care service that:

287 (a) is appropriate to perform or provide outside of a health care facility; and

288 (b) the physician assistant has been trained and credentialed or authorized to provide or
 289 perform independently without physician supervision.

290 ~~[(3)]~~ (10) A physician assistant [shall], while practicing as a physician assistant[;]:

291 (a) shall wear an identification badge showing the physician assistant's license
 292 classification as a physician assistant[;];

293 ~~[(4) A physician assistant may not:]~~

294 ~~[(a) independently charge or bill a patient, or others on behalf of the patient, for~~
 295 ~~services rendered;]~~

296 ~~[(b) identify himself or herself]~~

297 (b) shall identify themselves to a patient as a physician assistant; and

298 (c) may not identify themselves to any person in connection with activities allowed
 299 under this chapter other than as a physician assistant[;] or PA.

300 ~~[(c) use the title "doctor" or "physician," or by any knowing act or omission lead or~~
 301 ~~permit anyone to believe the physician assistant is a physician.]~~

302 Section 8. Section **58-70a-502** is amended to read:

303 **58-70a-502. Unlawful conduct.**

304 ~~["Unlawful conduct" includes engaging in practice as a licensed physician assistant~~

305 while not under the supervision of a supervising physician or substitute supervising physician.]

306 Reserved.

307 Section 9. Section **58-70a-503** is amended to read:

308 **58-70a-503. Unprofessional conduct.**

309 (1) "Unprofessional conduct" includes:

310 (a) violation of a patient confidence to any person who does not have a legal right and a
311 professional need to know the information concerning the patient;

312 (b) knowingly prescribing, selling, giving away, or directly or indirectly administering,
313 or offering to prescribe, sell, furnish, give away, or administer any prescription drug except for
314 a legitimate medical purpose upon a proper diagnosis indicating use of that drug in the amounts
315 prescribed or provided;

316 (c) prescribing prescription drugs for oneself or administering prescription drugs to
317 oneself, except those that have been legally prescribed for the physician assistant by a licensed
318 practitioner and that are used in accordance with the prescription order for the condition
319 diagnosed;

320 [~~(d)~~ failure to maintain at the practice site a delegation of services agreement that
321 accurately reflects current practices;]

322 [~~(e)~~ failure to make the delegation of services agreement available to the division for
323 review upon request;]

324 [~~(f)~~ (d) in a practice that has physician assistant ownership interests, failure to allow
325 [~~the supervising~~] a physician the independent final decision making authority on [~~patient~~]
326 treatment decisions[~~, as set forth in the delegation of services agreement or as defined by rule~~]
327 for the physician's patient;

328 [~~(g)~~ (e) violating the dispensing requirements of Chapter 17b, Part 8, Dispensing
329 Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, if applicable; [~~or~~]
330 and

331 [~~(h)~~ (f) falsely making an entry in, or altering, a medical record with the intent to
332 conceal:

333 (i) a wrongful or negligent act or omission of an individual licensed under this chapter
334 or an individual under the direction or control of an individual licensed under this chapter; or

335 (ii) conduct described in Subsections (1)(a) through [~~(g)~~] (e) or Subsection

336 58-1-501(1).

337 (2) (a) "Unprofessional conduct" does not include, in accordance with Title 26, Chapter
338 61a, Utah Medical Cannabis Act, when registered as a qualified medical provider, as that term
339 is defined in Section 26-61a-102, recommending the use of medical cannabis.

340 [~~(3)~~] (b) Notwithstanding Subsection (2)(a), the division, in consultation with the board
341 and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, shall
342 define unprofessional conduct for a physician assistant described in Subsection (2)(a).

343 Section 10. Section 58-70a-507 is enacted to read:

344 **58-70a-507. Volunteer health care services.**

345 (1) A physician assistant may provide health care services as a volunteer for a
346 charitable organization or at a public or private event, including a religious event, youth camp,
347 community event, or health fair, if the physician assistant:

348 (a) receives no compensation for such services; and

349 (b) provides the health care services in a manner that is consistent with the physician
350 assistant's education, experience, and scope of practice.

351 (2) Notwithstanding Subsection 58-70a-501(8), a physician assistant who is providing
352 volunteer health services under this section may not issue a prescription to a patient for a
353 controlled substance.