

1 **PHYSICIAN ASSISTANT AMENDMENTS**

2 2017 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Brian E. Shiozawa**

5 House Sponsor: Michael S. Kennedy

7 **LONG TITLE**

8 **General Description:**

9 This bill amends the Physician Assistant Act.

10 **Highlighted Provisions:**

11 This bill:

- 12 ▶ amends the requirements of a delegation of services agreement;
- 13 ▶ removes the requirement that a physician assistant obtain a co-signature on a chart
- 14 medical record of a prescription from the supervising physician to prescribe certain
- 15 controlled substances;
- 16 ▶ amends requirements for licensure; and
- 17 ▶ makes technical changes.

18 **Money Appropriated in this Bill:**

19 None

20 **Other Special Clauses:**

21 None

22 **Utah Code Sections Affected:**

23 AMENDS:

24 **58-70a-102**, as enacted by Laws of Utah 1997, Chapter 229

25 **58-70a-301**, as enacted by Laws of Utah 1997, Chapter 229

26 **58-70a-302**, as last amended by Laws of Utah 2010, Chapter 37

27 **58-70a-501**, as last amended by Laws of Utah 1998, Chapter 38

28 **58-70a-503**, as last amended by Laws of Utah 2014, Chapter 72

29

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

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

32 **58-70a-102. Definitions.**

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

34 (1) "Board" means the Physician Assistant Licensing Board created in Section
35 **58-70a-201**.

36 (2) (a) "Delegation of services agreement" means written criteria jointly developed by a
37 physician assistant's supervising physician and ~~[any]~~ substitute supervising physicians and the
38 physician assistant, that permits a physician assistant, working under the direction or review of
39 the supervising physician, to assist in the management of common illnesses and injuries.

40 (b) The agreement defines the working relationship and delegation of duties between
41 the supervising physician and the physician assistant as specified by division rule and shall
42 include:

43 (i) the prescribing of controlled substances;

44 (ii) the degree and means of supervision;

45 (iii) the frequency and mechanism of ~~[chart review]~~ quality review, including the
46 mechanism for review of patient data and documentation of the review, as determined by the
47 supervising physician and the physician assistant;

48 (iv) procedures addressing situations outside the scope of practice of the physician
49 assistant; and

50 (v) procedures for providing backup for the physician assistant in emergency situations.

51 (3) "Direct supervision" means the supervising physician is:

52 (a) physically present at the point of patient treatment on site where the physician
53 assistant he is supervising is practicing; and

54 (b) immediately available for consultation with the physician assistant.

55 (4) "Practice as a physician assistant" means:

56 (a) the professional activities and conduct of a physician assistant, also known as a PA,
57 in diagnosing, treating, advising, or prescribing for any human disease, ailment, injury, infirmity,

58 deformity, pain, or other condition, dependent upon and under the supervision of a supervising
59 physician or substitute supervising physician in accordance with a delegation of services
60 agreement; and

61 (b) the physician assistant acts as the agent of the supervising physician or substitute
62 supervising physician when acting in accordance with a delegation of services agreement.

63 (5) "Substitute supervising physician" means an individual who meets the requirements
64 of a supervising physician under this chapter and acts as the supervising physician in the absence
65 of the supervising physician.

66 (6) "Supervising physician" means an individual who:

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

69 (b) acts as the primary supervisor of a physician assistant and takes responsibility for the
70 professional practice and conduct of a physician assistant in accordance with this chapter; and

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

72 (7) "Supervision" means the supervising physician is available for consultation with the
73 physician assistant, either personally or by other means permitting direct verbal communication
74 between the physician and the physician assistant.

75 (8) "Unlawful conduct" is as defined in Sections 58-1-501 and 58-70a-502.

76 (9) "Unprofessional conduct" is as defined in Sections 58-1-501 and 58-70a-503 and as
77 may be further defined by rule.

78 Section 2. Section 58-70a-301 is amended to read:

79 **58-70a-301. Licensure required -- License classifications.**

80 (1) A license is required to engage in practice as a physician assistant, except as
81 specifically provided in Section 58-70a-305 or 58-1-307.

82 (2) The division shall issue to ~~[a person]~~ an individual who qualifies under this chapter a
83 license in the classification of physician assistant.

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

85 **58-70a-302. Qualifications for licensure.**

- 86 Each applicant for licensure as a physician assistant shall:
- 87 (1) submit an application in a form prescribed by the division;
- 88 (2) pay a fee determined by the department under Section 63J-1-504;
- 89 (3) be of good moral character;
- 90 (4) have successfully completed a physician assistant program accredited by the:
- 91 (a) Accreditation Review Commission on Education for the Physician Assistant; or
- 92 (b) if prior to January 1, 2001, either the:
- 93 (i) Committee on Accreditation of Allied Health Education Programs; or
- 94 (ii) Committee on Allied Health Education and Accreditation;
- 95 (5) have passed the licensing examinations required by division rule made in
- 96 collaboration with the board;
- 97 (6) meet with the board and representatives of the division, if requested, for the purpose
- 98 of evaluating the applicant's qualifications for licensure; and
- 99 (7) (a) if the applicant desires to practice in Utah, complete a form provided by the
- 100 division indicating:
- 101 (i) the applicant has completed a delegation of services agreement signed by the
- 102 physician assistant[;] and the supervising physician[~~and substitute supervising physicians~~]; and
- 103 (ii) the agreement is on file at the Utah practice sites; or
- 104 (b) complete a form provided by the division indicating the applicant is not practicing in
- 105 Utah and, prior to practicing in Utah, the applicant will meet the requirements of Subsection
- 106 (7)(a).

107 Section 4. Section **58-70a-501** is amended to read:

108 **58-70a-501. Scope of practice.**

- 109 (1) A physician assistant may provide any medical services that are not specifically
- 110 prohibited under this chapter or rules adopted under this chapter, and that are:
- 111 (a) within the physician assistant's skills and scope of competence;
- 112 (b) within the usual scope of practice of the physician assistant's supervising physician;
- 113 and

114 (c) provided under the supervision of a supervising physician and in accordance with a
115 delegation of services agreement.

116 (2) A physician assistant, in accordance with a delegation of services agreement, may
117 prescribe or administer an appropriate controlled substance if:

118 (a) the physician assistant holds a Utah controlled substance license and a DEA
119 registration; and

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

123 ~~[(c) the supervising physician cosigns any medical chart record of a prescription of a
124 Schedule 2 or Schedule 3 controlled substance made by the physician assistant.]~~

125 (3) A physician assistant shall, while practicing as a physician assistant, wear an
126 identification badge showing [~~his~~] the physician assistant's license classification as a [~~practicing~~]
127 physician assistant.

128 (4) A physician assistant may not:

129 (a) independently charge or bill a patient, or others on behalf of the patient, for services
130 rendered;

131 (b) identify himself or herself to any person in connection with activities allowed under
132 this chapter other than as a physician assistant; or

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

135 Section 5. Section **58-70a-503** is amended to read:

136 **58-70a-503. Unprofessional conduct.**

137 "Unprofessional conduct" includes:

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

140 (2) knowingly prescribing, selling, giving away, or directly or indirectly administering,
141 or offering to prescribe, sell, furnish, give away, or administer any prescription drug except for a

142 legitimate medical purpose upon a proper diagnosis indicating use of that drug in the amounts
143 prescribed or provided;

144 (3) prescribing prescription drugs for [~~himself~~] oneself or administering prescription
145 drugs to [~~himself~~] oneself, except those that have been legally prescribed for [~~him~~] the physician
146 assistant by a licensed practitioner and that are used in accordance with the prescription order
147 for the condition diagnosed;

148 (4) failure to maintain at the practice site a delegation of services agreement that
149 accurately reflects current practices;

150 (5) failure to make the delegation of services agreement available to the division for
151 review upon request;

152 (6) in a practice that has physician assistant ownership interests, failure to allow the
153 supervising physician the independent final decision making authority on patient treatment
154 decisions, as set forth in the delegation of services agreement or as defined by rule; and

155 (7) violating the dispensing requirements of Chapter 17b, Part 8, Dispensing Medical
156 Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, if applicable.