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	PHYSICIAN ASSISTANT AMENDMENTS
	2017 GENERAL SESSION
	STATE OF UTAH
	Chief Sponsor: Brian E. Shiozawa
	House Sponsor: Michael S. Kennedy
]	LONG TITLE
(	General Description:
	This bill amends the Physician Assistant Act.
]	Highlighted Provisions:
	This bill:
	<ul> <li>amends the requirements of a delegation of services agreement;</li> </ul>
	removes the requirement that a physician assistant obtain a co-signature on a chart
1	medical record of a prescription from the supervising physician to prescribe certain
(	controlled substances;
	<ul><li>amends requirements for licensure; and</li></ul>
	<ul><li>makes technical changes.</li></ul>
I	Money Appropriated in this Bill:
	None
	Other Special Clauses:
	None
1	Utah Code Sections Affected:
1	AMENDS:
	58-70a-102, as enacted by Laws of Utah 1997, Chapter 229
	58-70a-301, as enacted by Laws of Utah 1997, Chapter 229
	58-70a-302, as last amended by Laws of Utah 2010, Chapter 37
	58-70a-501, as last amended by Laws of Utah 1998, Chapter 38
	58-70a-503, as last amended by Laws of Utah 2014, Chapter 72

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30	Be it enacted by the Legislature of the state of Utah:
31	Section 1. Section <b>58-70a-102</b> is amended to read:
32	<b>58-70a-102.</b> 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,

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

- (b) the physician assistant acts as the agent of the supervising physician or substitute supervising physician when acting in accordance with a delegation of services agreement.
- (5) "Substitute supervising physician" means an individual who meets the requirements of a supervising physician under this chapter and acts as the supervising physician in the absence of the supervising physician.
  - (6) "Supervising physician" means an individual who:

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- 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;
  - (b) acts as the primary supervisor of a physician assistant and takes responsibility for the professional practice and conduct of a physician assistant in accordance with this chapter; and
    - (c) is not an employee of the physician assistant [he] whom the individual supervises.
  - (7) "Supervision" means the supervising physician is available for consultation with the physician assistant, either personally or by other means permitting direct verbal communication between the physician and the physician assistant.
    - (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 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.
  - (1) A license is required to engage in practice as a physician assistant, except as 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.
- Section 3. Section **58-70a-302** is amended to read:
- 85 **58-70a-302.** Qualifications for licensure.

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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

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(c) provided under the supervision of a supervising physician and in accordance with a delegation of services agreement. (2) A physician assistant, in accordance with a delegation of services agreement, may prescribe or administer an appropriate controlled substance if: (a) the physician assistant holds a Utah controlled substance license and a DEA registration; and (b) the prescription or administration of the controlled substance is within the prescriptive practice of the supervising physician and also within the delegated prescribing stated in the delegation of services agreement[; and]. (c) the supervising physician cosigns any medical chart record of a prescription of a 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 identification badge showing [his] the physician assistant's license classification as a [practicing] physician assistant. (4) A physician assistant may not: (a) independently charge or bill a patient, or others on behalf of the patient, for services rendered; (b) identify himself or herself to any person in connection with activities allowed under 132 this chapter other than as a physician assistant; or (c) use the title "doctor" or "physician," or by any knowing act or omission lead or permit anyone to believe [he] the physician assistant is a physician. 135 Section 5. Section 58-70a-503 is amended to read: 58-70a-503. Unprofessional conduct. "Unprofessional conduct" includes: (1) violation of a patient confidence to any person who does not have a legal right and a professional need to know the information concerning the patient; (2) knowingly prescribing, selling, giving away, or directly or indirectly administering, or offering to prescribe, sell, furnish, give away, or administer any prescription drug except for a S.B. 162 Enrolled Copy

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

- (3) prescribing prescription drugs for [himself] oneself or administering prescription drugs to [himself] oneself, except those that have been legally prescribed for [him] the physician assistant by a licensed practitioner and that are used in accordance with the prescription order for the condition diagnosed;
- (4) failure to maintain at the practice site a delegation of services agreement that accurately reflects current practices;
- (5) failure to make the delegation of services agreement available to the division for review upon request;
- (6) in a practice that has physician assistant ownership interests, failure to allow the supervising physician the independent final decision making authority on patient treatment decisions, as set forth in the delegation of services agreement or as defined by rule; and
- (7) violating the dispensing requirements of Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, if applicable.