



UTAH STATE SENATE

UTAH STATE CAPITOL COMPLEX • 320 STATE CAPITOL
P.O. BOX 145115 • SALT LAKE CITY, UTAH 84114-5115 • (801) 538-1035

February 2, 2021

Mr. President,

The Health and Human Services Committee recommends **S.B. 27**, PHYSICIAN ASSISTANT ACT AMENDMENTS, by Senator C. S. Bramble, be replaced and reports a favorable recommendation on **1st Sub. S.B. 27**, PHYSICIAN ASSISTANT ACT AMENDMENTS with 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:*

Bill Number



SB0027S01

Action Class



S

Action Code



SCRSUBAMD

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.

Respectfully,

Michael S. Kennedy
Chair

Voting: 7-1-0