



# House of Representatives

**File No. 623**

General Assembly

February Session, 2006

**(Reprint of File No. 393)**

Substitute House Bill No. 5477  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
April 24, 2006

## **AN ACT CONCERNING THE SUPERVISION OF PHYSICIAN ASSISTANTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subdivision (7) of section 20-12a of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective*  
3 *October 1, 2006*):

4 (7) (A) "Supervision" in hospital settings means the exercise by the  
5 supervising physician of oversight, control and direction of the  
6 services of a physician assistant. Supervision includes but is not  
7 limited to: [(A)] (i) Continuous availability of direct communication  
8 either in person or by radio, telephone or telecommunications between  
9 the physician assistant and the supervising physician; [(B)] (ii) active  
10 and continuing overview of the physician assistant's activities to  
11 ensure that the supervising physician's directions are being  
12 implemented and to support the physician assistant in the  
13 performance of his or her services; [(C)] (iii) personal review by the  
14 supervising physician of the physician assistant's practice at least  
15 weekly or more frequently as necessary to ensure quality patient care;

16 [(D)] (iv) review of the charts and records of the physician assistant on  
17 a regular basis as necessary to ensure quality patient care; [(E)] (v)  
18 delineation of a predetermined plan for emergency situations; and [(F)]  
19 (vi) designation of an alternate licensed physician registered with the  
20 department pursuant to section 20-12c, as amended by this act, in the  
21 absence of the supervising physician.

22 (B) "Supervision" in settings other than hospital settings means the  
23 exercise by the supervising physician of oversight, control and  
24 direction of the services of a physician assistant. Supervision includes,  
25 but is not limited to: (i) Continuous availability of direct  
26 communication either in person or by radio, telephone or  
27 telecommunications between the physician assistant and the  
28 supervising physician; (ii) active and continuing overview of the  
29 physician assistant's activities to ensure that the supervising  
30 physician's directions are being implemented and to support the  
31 physician assistant in the performance of his or her services; (iii)  
32 personal review by the supervising physician of the physician  
33 assistant's services through a face-to-face meeting with the physician  
34 assistant, at least weekly or more frequently as necessary to ensure  
35 quality patient care, at a facility or practice location where the  
36 physician assistant or supervising physician performs services; (iv)  
37 review of the charts and records of the physician assistant on a regular  
38 basis as necessary to ensure quality patient care and written  
39 documentation by the supervising physician of such review at the  
40 facility or practice location where the physician assistant or  
41 supervising physician performs services; (v) delineation of a  
42 predetermined plan for emergency situations; and (vi) designation of  
43 an alternate licensed physician registered with the department  
44 pursuant to section 20-12c, as amended by this act, in the absence of  
45 the supervising physician.

46 Sec. 2. Subsection (b) of section 20-12c of the 2006 supplement to the  
47 general statutes is repealed and the following is substituted in lieu  
48 thereof (*Effective October 1, 2006*):

49 (b) A physician may function as a supervising physician for as many  
50 physician assistants as is medically appropriate under the  
51 circumstances, provided (1) the supervision is active and direct, [and  
52 at the specific location in which the physician assistant is practicing,]  
53 and (2) the physician is supervising not more than six full-time  
54 physician assistants concurrently, or the part-time equivalent thereof.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2006</i>	20-12a(7)
Sec. 2	<i>October 1, 2006</i>	20-12c(b)

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

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**OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

**Explanation**

No fiscal impact will result in response to passage of this bill.

House "A" makes changes that result in no fiscal impact.

**The Out Years**

**State Impact:** None

**Municipal Impact:** None

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**OLR Bill Analysis****sHB 5477 (as amended by House "A")\******AN ACT CONCERNING THE SUPERVISION OF PHYSICIAN ASSISTANTS.*****SUMMARY:**

This bill revises the supervision requirements for physician assistants (PAs) by (1) making a distinction between supervision in a hospital versus other settings and (2) eliminating a requirement that the supervision in any setting be at the specific location where the PA is practicing. By law, each PA must have a clearly identified supervising physician, registered with the Department of Public Health (DPH), who has final responsibility for patient care and the PA's performance. A physician may supervise up to six full-time PAs concurrently or the equivalent part-time number, if medically appropriate.

Current law requires the supervising physician to personally review the PA's practice at least weekly or more frequently as needed to ensure quality care. In settings other than hospitals, the bill requires (1) that this review be done through a face-to-face meeting, at least weekly or more frequently as necessary to ensure quality care, at a facility or location where the PA or supervising physician practices and (2) that the supervising physician document in writing his already-required regular review of the PA's charts and records at the facility or practice location of the PA or physician.

The bill also specifies that, in any setting, a physician designated as the PA's alternate supervising physician in the absence of his regular supervising physician must be registered with DPH.

\*House Amendment "A" makes the distinction between hospital and nonhospital setting supervision and corresponding requirements, and adds the registration language for alternate supervising physicians.

EFFECTIVE DATE: October 1, 2006

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 24 Nay 2 (03/20/2006)