



House of Representatives

General Assembly

File No. 646

January Session, 2007

Substitute House Bill No. 7089

House of Representatives, April 30, 2007

The Committee on Finance, Revenue and Bonding reported through REP. STAPLES of the 96th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING SUPERVISING PHYSICIANS FOR PHYSICIAN ASSISTANTS.

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

1 Section 1. Subsection (a) of section 20-8a of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July*
3 *1, 2007*):

4 (a) There shall be within the Department of Public Health a
5 Connecticut Medical Examining Board. Said board shall consist of
6 fifteen members appointed by the Governor, subject to the provisions
7 of section 4-9a, in the manner prescribed for department heads in
8 section 4-7, as follows: Five physicians practicing in the state; one
9 physician who shall be a full-time member of the faculty of The
10 University of Connecticut School of Medicine; one physician who shall
11 be a full-time chief of staff in a general-care hospital in the state; one
12 physician who shall be [registered as] a supervising physician for one
13 or more physician assistants; one physician who shall be a graduate of

14 a medical education program accredited by the American Osteopathic
15 Association; one physician assistant licensed pursuant to section
16 20-12b and practicing in this state; and five public members. No
17 professional member of said board shall be an elected or appointed
18 officer of a professional society or association relating to such
19 member's profession at the time of appointment to the board or have
20 been such an officer during the year immediately preceding
21 appointment or serve for more than two consecutive terms.
22 Professional members shall be practitioners in good professional
23 standing and residents of this state.

24 Sec. 2. Subdivision (6) of section 20-12a of the general statutes is
25 repealed and the following is substituted in lieu thereof (*Effective July*
26 *1, 2007*):

27 (6) "Supervising physician" means a physician licensed pursuant to
28 this chapter [who is registered with the department pursuant to section
29 20-12c and] who assumes responsibility for the supervision of services
30 rendered by a physician assistant.

31 Sec. 3. Subdivision (7) of section 20-12a of the general statutes is
32 repealed and the following is substituted in lieu thereof (*Effective July*
33 *1, 2007*):

34 (7) (A) "Supervision" in hospital settings means the exercise by the
35 supervising physician of oversight, control and direction of the
36 services of a physician assistant. Supervision includes but is not
37 limited to: (i) Continuous availability of direct communication either in
38 person or by radio, telephone or telecommunications between the
39 physician assistant and the supervising physician; (ii) active and
40 continuing overview of the physician assistant's activities to ensure
41 that the supervising physician's directions are being implemented and
42 to support the physician assistant in the performance of his or her
43 services; (iii) personal review by the supervising physician of the
44 physician assistant's practice at least weekly or more frequently as
45 necessary to ensure quality patient care; (iv) review of the charts and
46 records of the physician assistant on a regular basis as necessary to

47 ensure quality patient care; (v) delineation of a predetermined plan for
48 emergency situations; and (vi) designation of an alternate licensed
49 physician [registered with the department pursuant to section 20-12c]
50 in the absence of the supervising physician.

51 (B) "Supervision" in settings other than hospital settings means the
52 exercise by the supervising physician of oversight, control and
53 direction of the services of a physician assistant. Supervision includes,
54 but is not limited to: (i) Continuous availability of direct
55 communication either in person or by radio, telephone or
56 telecommunications between the physician assistant and the
57 supervising physician; (ii) active and continuing overview of the
58 physician assistant's activities to ensure that the supervising
59 physician's directions are being implemented and to support the
60 physician assistant in the performance of his or her services; (iii)
61 personal review by the supervising physician of the physician
62 assistant's services through a face-to-face meeting with the physician
63 assistant, at least weekly or more frequently as necessary to ensure
64 quality patient care, at a facility or practice location where the
65 physician assistant or supervising physician performs services; (iv)
66 review of the charts and records of the physician assistant on a regular
67 basis as necessary to ensure quality patient care and written
68 documentation by the supervising physician of such review at the
69 facility or practice location where the physician assistant or
70 supervising physician performs services; (v) delineation of a
71 predetermined plan for emergency situations; and (vi) designation of
72 an alternate licensed physician [registered with the department
73 pursuant to section 20-12c] in the absence of the supervising physician.

74 Sec. 4. Section 20-12c of the general statutes is repealed and the
75 following is substituted in lieu thereof (*Effective July 1, 2007*):

76 (a) Each physician assistant practicing in this state or participating
77 in a resident physician assistant program shall have a clearly identified
78 supervising physician who maintains the final responsibility for the
79 care of patients and the performance of the physician assistant. [No

80 physician assistant issued a license or temporary permit by the
81 department shall practice until such time as a supervising physician
82 has been registered with the department. An individual may register
83 with the department as a supervising physician provided the
84 individual: (1) Possesses a current unrestricted license to practice
85 medicine issued pursuant to this chapter; and (2) has submitted a
86 completed application, on such forms as the department may require,
87 with a fee of thirty-seven dollars and fifty cents. No physician shall
88 function as a supervising physician unless so registered with the
89 department. The department shall not register any applicant against
90 whom professional disciplinary action is pending or who is the subject
91 of an unresolved complaint in this or any other state or territory.]

92 (b) A physician may function as a supervising physician for as many
93 physician assistants as is medically appropriate under the
94 circumstances, provided (1) the supervision is active and direct, and
95 (2) the physician is supervising not more than six full-time physician
96 assistants concurrently, or the part-time equivalent thereof.

97 (c) Nothing in this chapter shall be construed to prohibit the
98 employment of physician assistants in a hospital or other health care
99 facility where such physician assistants function under the direction of
100 a supervising physician.

101 (d) A supervising physician shall notify the department, in writing,
102 [within] not later than thirty days [of] after termination of a
103 physician-physician assistant supervisory relationship. Nothing in this
104 subsection shall relieve a supervising physician of [his] the
105 responsibility to report pursuant to section 20-12e.

106 (e) [Notwithstanding the provisions of this section, a licensed
107 physician assistant may provide patient services under the
108 supervision, control, responsibility and direction of a licensed
109 physician who has not registered with the Department of Public
110 Health as a supervising physician pursuant to subsection (a) of this
111 section, provided the] Nothing in this chapter shall be construed to
112 prohibit a licensed physician assistant who is part of the Connecticut

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 chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 08 \$	FY 09 \$
Public Health, Dept.	GF - Revenue Loss	4,000 - 6,500	4,000 - 6,500

Note: GF=General Fund

Municipal Impact: None

Explanation

Eliminating the mandatory registration of supervising physicians will result in an estimated annual revenue loss of \$4,000-\$6,500. Collections in recent years are shown in the following table.

Fiscal Year	Registrants	Fees Paid
FY 03	111	\$4,162.50
FY 04	136	\$5,100.00
FY 05	169	\$6,337.50
FY 06	124	\$4,650.00

The Out Years

State Impact:

Agency Affected	Fund-Effect	FY 10 \$	FY 11 \$	FY 12 \$
Public Health, Dept.	GF - Revenue Loss	4,000 - 6,500	4,000 - 6,500	4,000 - 6,500

Note: GF=General Fund

Municipal Impact: None

OLR Bill Analysis

sHB 7089

***AN ACT CONCERNING SUPERVISING PHYSICIANS FOR
PHYSICIAN ASSISTANTS.***

SUMMARY:

This bill eliminates (1) the requirement that licensed physicians who supervise physician assistants (PAs) register with the Department of Public Health and (2) their \$37.50 registration fee. Each PA practicing in the state or participating in a resident PA program must continue to have a clearly identified supervising physician who has the final responsibility for the care of patients and the PA's performance.

The bill also specifies that licensed PAs who are part of the Connecticut Disaster Medical Assistance Team, the Medical Reserve Corps, or the Connecticut Urban Search and Rescue Team provide patient services under the supervision, control, responsibility, and direction of a licensed physician.

EFFECTIVE DATE: July 1, 2007

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute Change of Reference

Yea 22 Nay 5 (03/21/2007)

Finance, Revenue and Bonding Committee

Joint Favorable

Yea 53 Nay 0 (04/17/2007)