



House of Representatives

General Assembly

File No. 300

February Session, 2012

Substitute House Bill No. 5515

House of Representatives, April 5, 2012

The Committee on Public Health reported through REP. RITTER, E. of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING 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2 repealed and the following is substituted in lieu thereof (*Effective*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, 2012*):

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: (i) Continuous availability of direct communication either in
8 person or by radio, telephone or telecommunications between the
9 physician assistant and the supervising physician; (ii) active and
10 continuing overview of the physician assistant's activities to ensure
11 that the supervising physician's directions are being implemented and
12 to support the physician assistant in the performance of his or her
13 services; (iii) personal review by the supervising physician of the
14 physician assistant's practice [at least weekly or more frequently as
15 necessary to ensure quality patient care] in accordance with a written

16 delegation agreement, as described in subsection (a) of section 20-12d,
17 as amended by this act; (iv) review of the charts and records of the
18 physician assistant on a regular basis as necessary to ensure quality
19 patient care; (v) delineation of a predetermined plan for emergency
20 situations; and (vi) designation of an alternate licensed physician 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] at a facility
35 or practice location where the physician assistant or supervising
36 physician performs services, in accordance with a written delegation
37 agreement, as described in subsection (a) of section 20-12d, as
38 amended by this act, to ensure quality patient care; [, at a facility or
39 practice location where the physician assistant or supervising
40 physician performs services;] (iv) review of the charts and records of
41 the physician assistant on a regular basis as necessary to ensure quality
42 patient care and written documentation by the supervising physician
43 of such review at the facility or practice location where the physician
44 assistant or supervising physician performs services; (v) delineation of
45 a predetermined plan for emergency situations; and (vi) designation of
46 an alternate licensed physician in the absence of the supervising
47 physician.

48 Sec. 2. Subsection (a) of section 20-12d of the general statutes is
49 repealed and the following is substituted in lieu thereof (*Effective*

50 October 1, 2012):

51 (a) A physician assistant who has complied with the provisions of
52 sections 20-12b and 20-12c may perform medical functions delegated
53 by a supervising physician when: (1) The supervising physician is
54 satisfied as to the ability and demonstrated competency of the
55 physician assistant; (2) such delegation is consistent with the health
56 and welfare of the patient and in keeping with sound medical practice;
57 and (3) such functions are performed under the oversight, control and
58 direction of the supervising physician. The functions that may be
59 performed under such delegation are those that are within the scope of
60 the supervising physician's license, within the scope of such
61 physician's competence as evidenced by such physician's postgraduate
62 education, training and experience and within the normal scope of
63 such physician's actual practice. Delegated functions shall be
64 implemented in accordance with a written [protocols established by]
65 delegation agreement between the supervising physician and the
66 physician assistant. A supervising physician shall establish the terms
67 of a written delegation agreement that shall include, but not be limited
68 to: (A) A description of the professional relationship between the
69 supervising physician and the physician assistant; (B) identification of
70 the medical services that the physician assistant may perform; (C) a
71 description of the manner in which the physician assistant's
72 prescription of controlled substances shall be documented in the
73 patient's medical record; and (D) a description of the process for the
74 supervising physician to evaluate the physician assistant's
75 performance, including, but not limited to (i) the frequency with which
76 the supervising physician intends to personally review the physician
77 assistant's practice and performance of delegated medical services, and
78 (ii) the frequency with which the supervising physician intends to
79 review the physician assistant's prescription and administration of
80 controlled substances in schedule II or III. A supervising physician in a
81 hospital setting shall include applicable hospital policies, protocols and
82 procedures in the written delegation agreement. The supervising
83 physician shall review his or her written delegation agreement not less
84 than annually and shall revise such written delegation agreement as

85 the supervising physician deems necessary to reflect any change in the
86 professional relationship between the supervising physician and the
87 physician assistant, the medical services that the physician assistant is
88 authorized to perform or the process for the supervising physician to
89 evaluate the physician assistant's performance. All orders written by a
90 physician [assistants] assistant shall be followed by the signature of the
91 physician assistant and the printed name of the supervising physician.
92 A physician assistant may, as delegated by the supervising physician
93 within the scope of such physician's license, [(A)] (I) prescribe and
94 administer drugs, including controlled substances in schedule IV or V
95 in all settings, [(B)] (II) renew prescriptions for controlled substances in
96 schedule II, III, IV or V in all settings, [(C)] (III) prescribe and
97 administer controlled substances in schedule II or III in all settings,
98 provided in all cases where the physician assistant prescribes a
99 controlled substance in schedule II or III, the physician under whose
100 supervision the physician assistant is prescribing shall document such
101 physician's approval of the order in the patient's medical record [not
102 later than one calendar day thereafter] in the manner prescribed in the
103 written delegation agreement, and [(D)] (IV) prescribe and approve the
104 use of durable medical equipment. The physician assistant may, as
105 delegated by the supervising physician within the scope of such
106 physician's license, request, sign for, receive and dispense drugs to
107 patients, in the form of professional samples, as defined in section
108 20-14c, or when dispensing in an outpatient clinic as defined in the
109 regulations of Connecticut state agencies and licensed pursuant to
110 subsection (a) of section 19a-491 that operates on a not-for-profit basis,
111 or when dispensing in a clinic operated by a state agency or
112 municipality. Nothing in this subsection shall be construed to allow
113 the physician assistant to request, sign for, receive or dispense any
114 drug the physician assistant is not authorized under this subsection to
115 prescribe.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2012	20-12a(7)

Sec. 2	October 1, 2012	20-12d(a)
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Statement of Legislative Commissioners:

In section 2(a), in the introductory language before subparagraph (A), "but shall not be limited to" was changed to "but not be limited to" for conformity with the office's drafting conventions.

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

There is no fiscal impact to the Department of Public Health associated with changes related to supervision requirements for physician assistants.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

sHB 5515

AN ACT CONCERNING PHYSICIAN ASSISTANTS.

SUMMARY:

This bill revises the supervision requirements for physician assistants (PAs). By law, each PA must have a clearly identified supervising physician who has final responsibility for patient care and the PA's performance. The functions a physician may delegate to a PA he or she supervises must be implemented in accordance with written protocols the supervising physician establishes. The bill renames the written protocols the "written delegation agreement," and specifies their required contents.

The law requires a supervising physician's supervision of a PA to include, among other things, the physician's personal review of the PA's practice (in hospitals) or services (in other settings). The bill eliminates the requirement that the personal review be conducted at least weekly or more frequently as needed to ensure quality patient care. It also eliminates the current requirement that the personal review in non-hospital settings occur through face-to-face meetings. It instead requires the personal review, in both hospitals and other settings, to be in accordance with the written delegation agreement. For purposes of the personal review, it retains the reference to ensuring quality patient care for non-hospital settings, but not for hospitals.

Current law allows PAs to perform delegated medical functions when, among other requirements, the supervising physician is satisfied as to the PA's ability and competency. The bill specifies that the physician must be satisfied as to the PA's demonstrated competency.

The law allows PAs to prescribe and administer schedule II through V controlled substances, as delegated by their supervising physician. Under current law, when a PA issues an initial, but not renewal, prescription for a schedule II or III drug, the supervising physician must document his or her approval in the patient's medical record within one day after the prescription is issued. The bill instead requires the supervising physician to document his or her approval in the manner set forth in the written delegation agreement.

EFFECTIVE DATE: October 1, 2012

WRITTEN DELEGATION AGREEMENTS

Current law requires the functions a supervising physician may delegate to a PA to be implemented in accordance with written protocols established by the physician. The bill instead refers to a written delegation agreement between the physician and PA. The agreement's terms, which the supervising physician must establish, must:

1. describe the professional relationship between the supervising physician and the PA;
2. identify the medical services the PA may perform;
3. describe how the PA's controlled substances prescriptions must be documented in patient medical records; and
4. describe how the supervising physician will evaluate the PA's performance, including how often the physician intends to (a) personally review the PA's practice and performance of delegated medical services and (b) review the PA's prescription and administration of schedule II or III controlled substances.

Under the bill, supervising physicians in hospitals must also include in their written delegation agreements applicable hospital policies, protocols, and procedures.

The bill requires supervising physicians to review their written

delegation agreements at least annually. Supervising physicians must also revise the agreements as they deem necessary to reflect changes in (1) the physician's professional relationship with the PA, (2) the medical services the PA may perform, or (3) how the physician evaluates the PA.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 24 Nay 0 (03/23/2012)