



House of Representatives

File No. 560

General Assembly

February Session, 2012

(Reprint of File No. 300)

Substitute House Bill No. 5515
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
April 20, 2012

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2 repealed and the following is substituted in lieu thereof (*Effective*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] on a
15 regular basis as necessary to ensure quality patient care in accordance

16 with a written delegation agreement, as described in subsection (a) of
17 section 20-12d, as amended by this act; (iv) review of the charts and
18 records of the physician assistant on a regular basis as necessary to
19 ensure quality patient care; (v) delineation of a predetermined plan for
20 emergency situations; and (vi) designation of an alternate licensed
21 physician in the 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 prescribing 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) a description of the manner in which, and the frequency with
79 which, the supervising physician intends to review the physician
80 assistant's prescription and administration of controlled substances in
81 schedule II or III. A supervising physician in a hospital setting shall
82 reference or include applicable hospital policies, protocols and
83 procedures in the written delegation agreement. The supervising

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

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 (DPH) associated with changes related to supervision requirements for physician assistants.

House "A" made technical and clarifying changes to the underlying bill and did not result in a fiscal impact to DPH.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5515 (as amended by House "A")******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. The bill instead requires the personal review to occur as necessary to ensure quality patient care in accordance with the written delegation agreement. It specifies that in hospital settings, the review must occur on a regular basis.

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.

*House Amendment "A" (1) adds the provision requiring the personal review in hospital settings to occur on a regular basis, (2) reinserts the reference to such personal review in hospitals occurring as needed to ensure quality patient care, (3) adds the requirement that delegation agreements describe the manner in which the supervising physician intends to review the PA's prescriptions and administration of controlled substances, and (4) makes minor and technical changes.

EFFECTIVE DATE: October 1, 2012

WRITTEN DELEGATION AGREEMENTS

Under current law, the functions that a supervising physician may delegate to a PA must 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 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 prescribing of controlled substances must be documented in patient medical records and
4. describe how the supervising physician will evaluate the PA's performance, including (a) how often the physician intends to

personally review the PA's practice and performance of delegated medical services and (b) how often, and in what manner, the physician intends to review the PA's prescription and administration of schedule II or III controlled substances.

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

The bill requires supervising physicians to review 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)