
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)