



General Assembly

February Session, 2018

Raised Bill No. 300

LCO No. 1543



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING COLLABORATIVE ARRANGEMENTS
BETWEEN PHYSICIAN ASSISTANTS AND PHYSICIANS.***

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

1 Section 1. Subdivision (1) of subsection (a) of section 20-8a of the
2 general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective October 1, 2018*):

4 (a) There shall be within the Department of Public Health a
5 Connecticut Medical Examining Board.

6 (1) Said board shall consist of twenty-one members, thirteen of
7 whom are physicians, one of whom is a physician assistant and seven
8 of whom are public members, all of whom are appointed by the
9 Governor, subject to the provisions of section 4-1a, as follows: Three
10 physicians of any specialty; three physicians who are specialists in
11 internal medicine; one physician who is a psychiatrist; one physician
12 who is a surgeon; one physician who is an obstetrician-gynecologist;
13 one physician who is a pediatrician; one physician who is an
14 emergency medical physician; one physician who is a [supervising

15 physician for] collaborating physician with one or more physician
16 assistants; one physician who is a graduate of a medical education
17 program accredited by the American Osteopathic Association; one
18 physician assistant licensed pursuant to section 20-12b, as amended by
19 this act; and seven public members.

20 Sec. 2. Subsection (b) of section 20-9 of the general statutes is
21 repealed and the following is substituted in lieu thereof (*Effective*
22 *October 1, 2018*):

23 (b) The provisions of this chapter shall not apply to:

24 (1) Dentists while practicing dentistry only;

25 (2) Any person in the employ of the United States government while
26 acting in the scope of his employment;

27 (3) Any person who furnishes medical or surgical assistance in cases
28 of sudden emergency;

29 (4) Any person residing out of this state who is employed to come
30 into this state to render temporary assistance to or consult with any
31 physician or surgeon who has been licensed in conformity with the
32 provisions of this chapter;

33 (5) Any physician or surgeon residing out of this state who holds a
34 current license in good standing in another state and who is employed
35 to come into this state to treat, operate or prescribe for any injury,
36 deformity, ailment or disease from which the person who employed
37 such physician, or the person on behalf of whom such physician is
38 employed, is suffering at the time when such nonresident physician or
39 surgeon is so employed, provided such physician or surgeon may
40 practice in this state without a Connecticut license for a period not to
41 exceed thirty consecutive days;

42 (6) Any person rendering service as (A) an advanced practice
43 registered nurse if such service is rendered in accordance with section
44 20-87a, or (B) an advanced practice registered nurse maintaining

45 classification from the American Association of Nurse Anesthetists if
46 such service is under the direction of a licensed physician;

47 (7) Any nurse-midwife practicing nurse-midwifery in accordance
48 with the provisions of chapter 377;

49 (8) Any podiatrist licensed in accordance with the provisions of
50 chapter 375;

51 (9) Any Christian Science practitioner who does not use or prescribe
52 in his practice any drugs, poisons, medicines, chemicals, nostrums or
53 surgery;

54 (10) Any person licensed to practice any of the healing arts named
55 in section 20-1, who does not use or prescribe in his practice any drugs,
56 medicines, poisons, chemicals, nostrums or surgery;

57 (11) Any graduate of any school or institution giving instruction in
58 the healing arts who has been issued a permit in accordance with
59 subsection (a) of section 20-11a and who is serving as an intern,
60 resident or medical officer candidate in a hospital;

61 (12) Any student participating in a clinical clerkship program who
62 has the qualifications specified in subsection (b) of section 20-11a;

63 (13) Any person, otherwise qualified to practice medicine in this
64 state except that he is a graduate of a medical school located outside of
65 the United States or the Dominion of Canada which school is
66 recognized by the American Medical Association or the World Health
67 Organization, to whom the Connecticut Medical Examining Board,
68 subject to such regulations as the Commissioner of Public Health, with
69 advice and assistance from the board, prescribes, has issued a permit
70 to serve as an intern or resident in a hospital in this state for the
71 purpose of extending his education;

72 (14) Any person rendering service as [a physician assistant licensed
73 pursuant to section 20-12b,] a registered nurse, a licensed practical
74 nurse or a paramedic, as defined in subdivision (15) of section 19a-175,

75 acting within the scope of regulations adopted pursuant to section 19a-
76 179, if such service is rendered under the supervision, control and
77 responsibility of a licensed physician;

78 (15) Any person rendering service as a physician assistant, as
79 defined in section 20-12a, as amended by this act, acting in accordance
80 with the provisions of chapter 370;

81 ~~[(15)]~~ (16) Any student enrolled in an accredited physician assistant
82 program or paramedic program approved in accordance with
83 regulations adopted pursuant to section 19a-179, who is performing
84 such work as is incidental to his course of study;

85 ~~[(16)]~~ (17) Any person who, on June 1, 1993, has worked
86 continuously in this state since 1979 performing diagnostic radiology
87 services and who, as of October 31, 1997, continued to render such
88 services under the supervision, control and responsibility of a licensed
89 physician solely within the setting where such person was employed
90 on June 1, 1993;

91 ~~[(17)]~~ (18) Any person practicing athletic training, as defined in
92 section 20-65f;

93 ~~[(18)]~~ (19) When deemed by the Connecticut Medical Examining
94 Board to be in the public's interest, based on such considerations as
95 academic attainments, specialty board certification and years of
96 experience, to a foreign physician or surgeon whose professional
97 activities shall be confined within the confines of a recognized medical
98 school;

99 ~~[(19)]~~ (20) Any technician engaging in tattooing in accordance with
100 the provisions of section 20-266o or 20-266p and any regulations
101 adopted thereunder;

102 ~~[(20)]~~ (21) Any person practicing perfusion, as defined in section 20-
103 162aa;

104 ~~[(21)]~~ (22) Any foreign physician or surgeon (A) participating in

105 supervised clinical training under the direct supervision and control of
106 a physician or surgeon licensed in accordance with the provisions of
107 this chapter, and (B) whose professional activities are confined to a
108 licensed hospital that has a residency program accredited by the
109 Accreditation Council for Graduate Medical Education or that is a
110 primary affiliated teaching hospital of a medical school accredited by
111 the Liaison Committee on Medical Education. Such hospital shall
112 verify that the foreign physician or surgeon holds a current valid
113 license in another country; or

114 [(22)] (23) Any person practicing as a nuclear medicine technologist,
115 as defined in section 20-74uu, while performing under the supervision
116 and direction of a physician licensed in accordance with the provisions
117 of this chapter.

118 Sec. 3. Section 20-12a of the general statutes is repealed and the
119 following is substituted in lieu thereof (*Effective October 1, 2018*):

120 As used in sections 20-12a to 20-12g, inclusive:

121 (1) "Accredited physician assistant program" means a physician
122 assistant program accredited, at the time of the applicant's graduation,
123 by the Committee on Allied Health Education and Accreditation of the
124 American Medical Association, the Commission on Accreditation of
125 Allied Health Education Programs or such successor organization for
126 the accreditation of physician assistant programs as may be approved
127 by the department.

128 (2) "Board" means the Connecticut Medical Examining Board,
129 established pursuant to section 20-8a, as amended by this act.

130 (3) "Collaboration" means the continuous process by which a
131 physician assistant and one or more physicians who have training or
132 experience related to the work of such physician assistant jointly
133 contribute to the provision of health care services and medical
134 treatment to a patient. "Collaboration" includes a reasonable and
135 appropriate level of consultation and referral, coverage by the

136 physician in the absence of the physician assistant, review of patient
137 outcomes, disclosure of the collaborative relationship to the patient
138 and exercise of prescriptive authority by the physician assistant,
139 provided the physician expresses, in writing, the (A) type of schedule
140 II and III controlled substances that the physician assistant may
141 prescribe, and (B) methods by which the physician and physician
142 assistant will review medical therapeutics, corrective measures,
143 laboratory tests and other diagnostic procedures that the physician
144 assistant may prescribe, dispense and administer.

145 [(3)] (4) "Department" means the Department of Public Health.

146 [(4)] (5) "National commission" means the National Commission on
147 Certification of Physician Assistants or a successor organization for the
148 certification or recertification of physician assistants that may be
149 approved by the department.

150 [(5)] (6) "Physician assistant" means an individual who: (A)
151 Functions in a [dependent] collaborative relationship with [a
152 physician] one or more physicians licensed pursuant to this chapter;
153 and (B) is licensed pursuant to section 20-12b, as amended by this act,
154 to provide patient services [under the supervision, control,
155 responsibility and direction of said physician] in collaboration with
156 one or more physicians licensed pursuant to this chapter.

157 [(6)] "Supervising physician" means a physician licensed pursuant to
158 this chapter who assumes responsibility for the supervision of services
159 rendered by a physician assistant.

160 (7) (A) "Supervision" in hospital settings means the exercise by the
161 supervising physician of oversight, control and direction of the
162 services of a physician assistant. Supervision includes but is not
163 limited to: (i) Continuous availability of direct communication either in
164 person or by radio, telephone or telecommunications between the
165 physician assistant and the supervising physician; (ii) active and
166 continuing overview of the physician assistant's activities to ensure
167 that the supervising physician's directions are being implemented and

168 to support the physician assistant in the performance of his or her
169 services; (iii) personal review by the supervising physician of the
170 physician assistant's practice on a regular basis as necessary to ensure
171 quality patient care in accordance with a written delegation agreement,
172 as described in subsection (a) of section 20-12d, as amended by this act;
173 (iv) review of the charts and records of the physician assistant on a
174 regular basis as necessary to ensure quality patient care; (v) delineation
175 of a predetermined plan for emergency situations; and (vi) designation
176 of an alternate licensed physician in the absence of the supervising
177 physician.

178 (B) "Supervision" in settings other than hospital settings means the
179 exercise by the supervising physician of oversight, control and
180 direction of the services of a physician assistant. Supervision includes,
181 but is not limited to: (i) Continuous availability of direct
182 communication either in person or by radio, telephone or
183 telecommunications between the physician assistant and the
184 supervising physician; (ii) active and continuing overview of the
185 physician assistant's activities to ensure that the supervising
186 physician's directions are being implemented and to support the
187 physician assistant in the performance of his or her services; (iii)
188 personal review by the supervising physician of the physician
189 assistant's services at a facility or practice location where the physician
190 assistant or supervising physician performs services, in accordance
191 with a written delegation agreement, as described in subsection (a) of
192 section 20-12d, as amended by this act, to ensure quality patient care;
193 (iv) review of the charts and records of the physician assistant on a
194 regular basis as necessary to ensure quality patient care and written
195 documentation by the supervising physician of such review at the
196 facility or practice location where the physician assistant or
197 supervising physician performs services; (v) delineation of a
198 predetermined plan for emergency situations; and (vi) designation of
199 an alternate licensed physician in the absence of the supervising
200 physician.]

201 Sec. 4. Subsection (b) of section 20-12b of the general statutes is

202 repealed and the following is substituted in lieu thereof (*Effective*
203 *October 1, 2018*):

204 (b) The department may, upon receipt of a fee of one hundred fifty
205 dollars, issue a temporary permit to an applicant who (1) is a graduate
206 of an accredited physician assistant program; (2) has completed not
207 less than sixty hours of didactic instruction in pharmacology for
208 physician assistant practice approved by the department; and (3) if
209 applying for such permit on and after September 30, 1991, holds a
210 baccalaureate or higher degree in any field from a regionally
211 accredited institution of higher education. Such temporary permit shall
212 authorize the holder to practice as a physician assistant only in those
213 settings where [the supervising] a collaborating physician is physically
214 present on the premises and is immediately available to the physician
215 assistant when needed, but shall not authorize the holder to prescribe
216 or dispense drugs. Such temporary permit shall be valid for a period
217 not to exceed one hundred twenty calendar days after the date of
218 graduation and shall not be renewable. Such permit shall become void
219 and shall not be reissued in the event that the applicant fails to pass a
220 certification examination scheduled by the national commission
221 following the applicant's graduation from an accredited physician
222 assistant program. Violation of the restrictions on practice set forth in
223 this subsection may constitute a basis for denial of licensure as a
224 physician assistant.

225 Sec. 5. Section 20-12c of the general statutes is repealed and the
226 following is substituted in lieu thereof (*Effective October 1, 2018*):

227 (a) Each physician assistant [practicing in this state or] participating
228 in a resident physician assistant program shall have a clearly identified
229 supervising physician who maintains the final responsibility for the
230 care of patients and the performance of the physician assistant.

231 [(b) A physician may function as a supervising physician for as
232 many physician assistants as is medically appropriate under the
233 circumstances, provided (1) the supervision is active and direct, and

234 (2) the physician is supervising not more than six full-time physician
235 assistants concurrently, or the part-time equivalent thereof.]

236 [(c)] ~~(b)~~ Nothing in this chapter shall be construed to [prohibit the
237 employment of physician assistants in a hospital or other health care
238 facility where such physician assistants function under the direction of
239 a supervising physician] limit the employment arrangement of a
240 physician assistant.

241 [(d)] ~~(c)~~ Nothing in this chapter shall be construed to prohibit a
242 licensed physician assistant who is (1) part of the Connecticut Disaster
243 Medical Assistance Team or the Medical Reserve Corps, under the
244 auspices of the Department of Public Health, or the Connecticut Urban
245 Search and Rescue Team, under the auspices of the Department of
246 Emergency Services and Public Protection, and is engaged in officially
247 authorized civil preparedness duty or civil preparedness training
248 conducted by such team or corps, or (2) licensed in another state as a
249 physician assistant or its equivalent and is an active member of the
250 Connecticut Army or Air National Guard, from providing patient
251 services [under the supervision, control, responsibility and direction of
252 a licensed physician] with a collaborating physician.

253 Sec. 6. Subsection (a) of section 20-12d of the general statutes is
254 repealed and the following is substituted in lieu thereof (*Effective*
255 *October 1, 2018*):

256 (a) A physician assistant who has complied with the provisions of
257 sections 20-12b, as amended by this act, and 20-12c, as amended by this
258 act, may [perform medical functions delegated by a supervising
259 physician when: (1) The supervising physician is satisfied as to the
260 ability and demonstrated competency of the physician assistant; (2)
261 such delegation is consistent with the health and welfare of the patient
262 and in keeping with sound medical practice; and (3) such functions are
263 performed under the oversight, control and direction of the
264 supervising physician. The functions that may be performed under
265 such delegation are those that are within the scope of the supervising

266 physician's license, within the scope of such physician's competence as
267 evidenced by such physician's postgraduate education, training and
268 experience and within the normal scope of such physician's actual
269 practice. Delegated functions shall be implemented in accordance with
270 a written delegation agreement between the supervising physician and
271 the physician assistant. A supervising physician shall establish the
272 terms of a written delegation agreement that shall include, but not be
273 limited to: (A) A description of the professional relationship between
274 the supervising physician and the physician assistant; (B) identification
275 of the medical services that the physician assistant may perform; (C) a
276 description of the manner in which the physician assistant's
277 prescribing of controlled substances shall be documented in the
278 patient's medical record; and (D) a description of the process for the
279 supervising physician to evaluate the physician assistant's
280 performance, including, but not limited to (i) the frequency with which
281 the supervising physician intends to personally review the physician
282 assistant's practice and performance of delegated medical services, and
283 (ii) a description of the manner in which, and the frequency with
284 which, the supervising physician intends to review the physician
285 assistant's prescription and administration of controlled substances in
286 schedule II or III. A supervising physician in a hospital setting shall
287 reference or include applicable hospital policies, protocols and
288 procedures in the written delegation agreement. The supervising
289 physician shall review the written delegation agreement not less than
290 annually and shall revise such written delegation agreement as the
291 supervising physician deems necessary to reflect any change in the
292 professional relationship between the supervising physician and the
293 physician assistant, the medical services that the physician assistant is
294 authorized to perform or the process for the supervising physician to
295 evaluate the physician assistant's performance. A physician assistant
296 may, as delegated by the supervising physician within the scope of
297 such physician's license, (I) prescribe and administer drugs, including
298 controlled substances in schedule IV or V in all settings, (II) renew
299 prescriptions for controlled substances in schedule II, III, IV or V in all
300 settings, (III) prescribe and administer controlled substances in

301 schedule II or III in all settings, provided in all cases where the
 302 physician assistant prescribes a controlled substance in schedule II or
 303 III, the physician under whose supervision the physician assistant is
 304 prescribing shall document such physician's approval of the order in
 305 the patient's medical record in the manner prescribed in the written
 306 delegation agreement, and (IV) prescribe and approve the use of
 307 durable medical equipment. The physician assistant may, as delegated
 308 by the supervising physician within the scope of such physician's
 309 license, request, sign for, receive and dispense drugs to patients, in the
 310 form of professional samples, as defined in section 20-14c, or when
 311 dispensing in an outpatient clinic as defined in the regulations of
 312 Connecticut state agencies and licensed pursuant to subsection (a) of
 313 section 19a-491 that operates on a not-for-profit basis, or when
 314 dispensing in a clinic operated by a state agency or municipality.
 315 Nothing in this subsection shall be construed to allow the physician
 316 assistant to request, sign for, receive or dispense any drug the
 317 physician assistant is not authorized under this subsection to
 318 prescribe] in all settings, as delineated by agreement and in
 319 collaboration with one or more physicians licensed pursuant to chapter
 320 370, (1) prescribe, dispense and administer medical and surgical
 321 therapeutics, corrective measures and medical devices, and (2) request,
 322 sign for, receive and dispense drugs in the form of professional
 323 samples in accordance with the provisions of sections 20-14c to 20-14e,
 324 inclusive. Nothing in this section, sections 20-12a to 20-12c, inclusive,
 325 as amended by this act, or sections 20-12e to 20-12i, inclusive, shall be
 326 construed to require the physical presence of such physician or
 327 physicians at the time and place at which the physician assistant
 328 performs the functions delineated in subdivisions (1) and (2) of this
 329 subsection.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2018</i>	20-8a(a)(1)
Sec. 2	<i>October 1, 2018</i>	20-9(b)
Sec. 3	<i>October 1, 2018</i>	20-12a

Sec. 4	<i>October 1, 2018</i>	20-12b(b)
Sec. 5	<i>October 1, 2018</i>	20-12c
Sec. 6	<i>October 1, 2018</i>	20-12d(a)

Statement of Purpose:

To allow physician assistants to collaborate with physicians.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]