



General Assembly

January Session, 2019

Raised Bill No. 6942

LCO No. 3474



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING A COLLABORATIVE RELATIONSHIP
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2 general statutes is repealed and the following is substituted in lieu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, 2019*):

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

16 physician assistant licensed pursuant to section 20-12b, as amended by
17 this act; and seven public members.

18 Sec. 2. Subsection (b) of section 20-9 of the general statutes is
19 repealed and the following is substituted in lieu thereof (*Effective*
20 *October 1, 2019*):

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

22 (1) Dentists while practicing dentistry only;

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

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

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

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

40 (6) Any person rendering service as (A) an advanced practice
41 registered nurse if such service is rendered in accordance with section
42 20-87a, or (B) an advanced practice registered nurse maintaining
43 classification from the American Association of Nurse Anesthetists if
44 such service is under the direction of a licensed physician;

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

47 (8) Any podiatrist licensed in accordance with the provisions of
48 chapter 375;

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

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

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

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

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

70 (14) Any person rendering service as [a physician assistant licensed
71 pursuant to section 20-12b,] a registered nurse, a licensed practical
72 nurse or a paramedic, as defined in subdivision (15) of section 19a-175,
73 acting within the scope of regulations adopted pursuant to section 19a-
74 179, if such service is rendered under the supervision, control and

75 responsibility of a licensed physician;

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

79 ~~[(15)]~~ (16) Any student enrolled in an accredited physician assistant
80 program or paramedic program approved in accordance with
81 regulations adopted pursuant to section 19a-179, who is performing
82 such work as is incidental to his course of study;

83 ~~[(16)]~~ (17) Any person who, on June 1, 1993, has worked
84 continuously in this state since 1979 performing diagnostic radiology
85 services and who, as of October 31, 1997, continued to render such
86 services under the supervision, control and responsibility of a licensed
87 physician solely within the setting where such person was employed
88 on June 1, 1993;

89 ~~[(17)]~~ (18) Any person practicing athletic training, as defined in
90 section 20-65f;

91 ~~[(18)]~~ (19) When deemed by the Connecticut Medical Examining
92 Board to be in the public's interest, based on such considerations as
93 academic attainments, specialty board certification and years of
94 experience, to a foreign physician or surgeon whose professional
95 activities shall be confined within the confines of a recognized medical
96 school;

97 ~~[(19)]~~ (20) Any technician engaging in tattooing in accordance with
98 the provisions of section 20-266o or 20-266p and any regulations
99 adopted thereunder;

100 ~~[(20)]~~ (21) Any person practicing perfusion, as defined in section 20-
101 162aa;

102 ~~[(21)]~~ (22) Any foreign physician or surgeon (A) participating in
103 supervised clinical training under the direct supervision and control of
104 a physician or surgeon licensed in accordance with the provisions of

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

112 [(22)] (23) Any person practicing as a nuclear medicine technologist,
113 as defined in section 20-74uu, while performing under the supervision
114 and direction of a physician licensed in accordance with the provisions
115 of this chapter.

116 Sec. 3. Section 20-12a of the general statutes is repealed and the
117 following is substituted in lieu thereof (*Effective October 1, 2019*):

118 As used in sections 20-12a to 20-12g, inclusive, as amended by this
119 act:

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

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

129 (3) "Department" means the Department of Public Health.

130 (4) "National commission" means the National Commission on
131 Certification of Physician Assistants or a successor organization for the
132 certification or recertification of physician assistants that may be
133 approved by the department.

134 (5) "Physician assistant" means an individual who: (A) Functions in

135 [a dependent relationship] collaboration with [a physician] one or
136 more physicians licensed pursuant to this chapter; and (B) is licensed
137 pursuant to section 20-12b, as amended by this act, to provide patient
138 services [under the supervision, control, responsibility and direction of
139 said physician] in collaboration with one or more physicians licensed
140 pursuant to this chapter.

141 [(6) "Supervising physician" means a physician licensed pursuant to
142 this chapter who assumes responsibility for the supervision of services
143 rendered by a physician assistant.

144 (7) (A) "Supervision" in hospital settings means the exercise by the
145 supervising physician of oversight, control and direction of the
146 services of a physician assistant. Supervision includes but is not
147 limited to: (i) Continuous availability of direct communication either in
148 person or by radio, telephone or telecommunications between the
149 physician assistant and the supervising physician; (ii) active and
150 continuing overview of the physician assistant's activities to ensure
151 that the supervising physician's directions are being implemented and
152 to support the physician assistant in the performance of his or her
153 services; (iii) personal review by the supervising physician of the
154 physician assistant's practice on a regular basis as necessary to ensure
155 quality patient care in accordance with a written delegation agreement,
156 as described in subsection (a) of section 20-12d; (iv) review of the
157 charts and records of the physician assistant on a regular basis as
158 necessary to ensure quality patient care; (v) delineation of a
159 predetermined plan for emergency situations; and (vi) designation of
160 an alternate licensed physician in the absence of the supervising
161 physician.

162 (B) "Supervision" in settings other than hospital settings means the
163 exercise by the supervising physician of oversight, control and
164 direction of the services of a physician assistant. Supervision includes,
165 but is not limited to: (i) Continuous availability of direct
166 communication either in person or by radio, telephone or
167 telecommunications between the physician assistant and the

168 supervising physician; (ii) active and continuing overview of the
169 physician assistant's activities to ensure that the supervising
170 physician's directions are being implemented and to support the
171 physician assistant in the performance of his or her services; (iii)
172 personal review by the supervising physician of the physician
173 assistant's services at a facility or practice location where the physician
174 assistant or supervising physician performs services, in accordance
175 with a written delegation agreement, as described in subsection (a) of
176 section 20-12d, to ensure quality patient care; (iv) review of the charts
177 and records of the physician assistant on a regular basis as necessary to
178 ensure quality patient care and written documentation by the
179 supervising physician of such review at the facility or practice location
180 where the physician assistant or supervising physician performs
181 services; (v) delineation of a predetermined plan for emergency
182 situations; and (vi) designation of an alternate licensed physician in the
183 absence of the supervising physician.]

184 (6) "Collaboration" means the continuous process by which (A) a
185 physician assistant and one or more physicians licensed pursuant to
186 this chapter jointly contribute, pursuant to a written agreement as
187 described in section 20-12d, as amended by this act, to the provision of
188 health care services to a patient, (B) the physician assistant engages in
189 an appropriate level of consultation with such physician or physicians,
190 and (C) the physician assistant provides care to a patient to the fullest
191 extent of his or her education, experience and skill level.

192 (7) "Collaborating physician" means a physician licensed pursuant
193 to this chapter who works in collaboration with a physician assistant.

194 Sec. 4. Subsection (b) of section 20-12b of the general statutes is
195 repealed and the following is substituted in lieu thereof (*Effective*
196 *October 1, 2019*):

197 (b) The department may, upon receipt of a fee of one hundred fifty
198 dollars, issue a temporary permit to an applicant who (1) is a graduate
199 of an accredited physician assistant program; (2) has completed not

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

218 Sec. 5. Section 20-12c of the general statutes is repealed and the
219 following is substituted in lieu thereof (*Effective October 1, 2019*):

220 (a) Each physician assistant practicing in this state or participating
221 in a resident physician assistant program shall have [a clearly
222 identified supervising physician who maintains the final responsibility
223 for the care of patients and the performance of the physician assistant]
224 one or more collaborating physicians.

225 (b) A physician may function as a [supervising physician for as
226 many physician assistants as is medically appropriate under the
227 circumstances, provided the supervision is active and direct]
228 collaborating physician for as many physician assistants as is
229 medically appropriate for the practice setting.

230 (c) Nothing in this chapter shall be construed to [prohibit the
231 employment of physician assistants in a hospital or other health care

232 facility where such physician assistants function under the direction of
233 a supervising physician] limit an employment arrangement for a
234 physician assistant.

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

247 Sec. 6. Subsection (a) of section 20-12d of the general statutes is
248 repealed and the following is substituted in lieu thereof (*Effective*
249 *October 1, 2019*):

250 (a) A physician assistant who has complied with the provisions of
251 sections 20-12b and 20-12c, as amended by this act, [may perform
252 medical functions delegated by a supervising physician when: (1) The
253 supervising physician is satisfied as to the ability and demonstrated
254 competency of the physician assistant; (2) such delegation is consistent
255 with the health and welfare of the patient and in keeping with sound
256 medical practice; and (3) such functions are performed under the
257 oversight, control and direction of the supervising physician. The
258 functions that may be performed under such delegation are those that
259 are within the scope of the supervising physician's license, within the
260 scope of such physician's competence as evidenced by such physician's
261 postgraduate education, training and experience and within the
262 normal scope of such physician's actual practice. Delegated functions
263 shall be implemented in accordance with a written delegation
264 agreement between the supervising physician and the physician

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

300 prescribe and approve the use of durable medical equipment. The
301 physician assistant may, as delegated by the supervising physician
302 within the scope of such physician's license, request, sign for, receive
303 and dispense drugs to patients, in the form of professional samples, as
304 defined in section 20-14c, or when dispensing in an outpatient clinic as
305 defined in the regulations of Connecticut state agencies and licensed
306 pursuant to subsection (a) of section 19a-491 that operates on a not-for-
307 profit basis, or when dispensing in a clinic operated by a state agency
308 or municipality] may perform medical and surgical functions in all
309 settings in collaboration with one or more collaborating physicians as
310 delineated by a written agreement between the physician assistant and
311 such physicians. The written agreement shall include a description of
312 (1) the professional collaborative arrangement between the physician
313 assistant and collaborating physicians, (2) the services that the
314 physician assistant may provide, (3) the ability of the physician
315 assistant to sign all forms that a physician may sign, obtain informed
316 consent, prescribe and administer durable medical equipment and
317 drugs, including, but not limited to, controlled substances in schedules
318 II to V, inclusive, and (4) the ability of the physician assistant to
319 request, sign for, receive and dispense drugs, as defined in section 20-
320 14c, in the form of professional samples, as defined in section 20-14c, in
321 accordance with the provisions of sections 20-14d and 20-14e. Nothing
322 in this subsection shall be construed to allow the physician assistant to
323 request, sign for, receive or dispense any drug the physician assistant
324 is not authorized under this subsection to prescribe.

325 Sec. 7. Section 20-12h of the general statutes is repealed and the
326 following is substituted in lieu thereof (*Effective October 1, 2019*):

327 No person shall participate in a resident physician assistant
328 program until he has received a license or temporary permit issued
329 pursuant to section 20-12b, as amended by this act, or a training permit
330 issued by the department. The training permit shall be issued solely for
331 purposes of participation in postgraduate education as a resident
332 physician assistant in a short-term hospital, as defined in the
333 regulations of Connecticut state agencies and licensed pursuant to

334 subsection (a) of section 19a-491, that provides a postgraduate medical
 335 education program accredited by the Accreditation Council for
 336 Graduate Medical Education. No person shall receive a training permit
 337 until a statement has been filed with the department on his behalf by
 338 the hospital administrator certifying that such person is to be
 339 appointed a resident physician assistant in such hospital and that he
 340 has satisfied the requirements of subdivisions (1), (2) and (5) of
 341 subsection (a) of section 20-12b. Such training permit shall authorize
 342 the holder to participate in clinical educational activities only when the
 343 [supervising] collaborating physician is physically present on the
 344 premises and is immediately available to the physician assistant when
 345 needed, but shall not authorize the holder to prescribe or dispense
 346 drugs.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2019</i>	20-8a(a)(1)
Sec. 2	<i>October 1, 2019</i>	20-9(b)
Sec. 3	<i>October 1, 2019</i>	20-12a
Sec. 4	<i>October 1, 2019</i>	20-12b(b)
Sec. 5	<i>October 1, 2019</i>	20-12c
Sec. 6	<i>October 1, 2019</i>	20-12d(a)
Sec. 7	<i>October 1, 2019</i>	20-12h

Statement of Purpose:

To allow for a collaborative relationship between physician assistants and 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.]