

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 895 Session of 2017

INTRODUCED BY RAFFERTY, ALLOWAY, YUDICHAK, GORDNER,  
RESCHENTHALER AND HUTCHINSON, SEPTEMBER 25, 2017

REFERRED TO CONSUMER PROTECTION AND PROFESSIONAL LICENSURE,  
SEPTEMBER 25, 2017

AN ACT

1 Amending the act of December 20, 1985 (P.L.457, No.112),  
2 entitled "An act relating to the right to practice medicine  
3 and surgery and the right to practice medically related acts;  
4 reestablishing the State Board of Medical Education and  
5 Licensure as the State Board of Medicine and providing for  
6 its composition, powers and duties; providing for the  
7 issuance of licenses and certificates and the suspension and  
8 revocation of licenses and certificates; provided penalties;  
9 and making repeals," further providing for the State Board of  
10 Medicine and for physician assistants.

11 The General Assembly of the Commonwealth of Pennsylvania  
12 hereby enacts as follows:

13 Section 1. Sections 3(a) and (b) and 13(d), (d.1) and (e) of  
14 the act of December 20, 1985 (P.L.457, No.112), known as the  
15 Medical Practice Act of 1985, are amended to read:

16 Section 3. State Board of Medicine.

17 (a) Establishment.--The State Board of Medicine shall  
18 consist of the commissioner or his designee, the Secretary of  
19 Health or his designee, two members appointed by the Governor  
20 who shall be persons representing the public at large and  
21 [seven] nine members appointed by the Governor, [six] eight of

1 whom shall be medical doctors with unrestricted licenses to  
2 practice medicine and surgery in this Commonwealth for five  
3 years immediately preceding their appointment, one who shall be  
4 a physician assistant and one who shall be a nurse midwife,  
5 [physician assistant, certified registered nurse practitioner,]  
6 respiratory therapist, licensed athletic trainer or perfusionist  
7 licensed or certified under the laws of this Commonwealth. All  
8 professional and public members of the board shall be appointed  
9 by the Governor, with the advice and consent of a majority of  
10 the members elected to the Senate.

11 (b) Terms of office.--The term of each professional and  
12 public member of the board shall be four years or until his or  
13 her successor has been appointed and qualified, but not longer  
14 than six months beyond the four-year period. In the event that  
15 any of said members shall die or resign or otherwise become  
16 disqualified during his or her term, a successor shall be  
17 appointed in the same way and with the same qualifications and  
18 shall hold office for the unexpired term. No member shall be  
19 eligible for appointment to serve more than two consecutive  
20 terms. The Governor shall assure that nurse midwives, [physician  
21 assistants, certified registered nurse practitioners,]  
22 perfusionists and respiratory therapists are appointed to four-  
23 year terms on a rotating basis so that, of every four  
24 appointments to a four-year term, one is a nurse midwife, [one  
25 is a physician assistant, one is a certified registered nurse  
26 practitioner and] one is a perfusionist and one is a respiratory  
27 therapist.

28 \* \* \*

29 Section 13. Physician assistants.

30 \* \* \*

1 (d) Supervision.--A physician assistant shall not perform a  
2 medical service without the supervision [and personal direction  
3 of an approved] of a licensed physician. [The board shall  
4 promulgate regulations which define the supervision and personal  
5 direction required by the standards of acceptable medical  
6 practice embraced by the medical doctor community in this  
7 Commonwealth.] Supervision shall not be construed as requiring  
8 the onsite presence of the supervising physician.

9 [(d.1) Patient record review.--

10 (1) The approved physician shall countersign 100% of the  
11 patient records completed by the physician assistant within a  
12 reasonable time, which shall not exceed ten days, during each  
13 of the following time periods:

14 (i) The first 12 months of the physician assistant's  
15 practice post graduation and after the physician  
16 assistant has fulfilled the criteria for licensure set  
17 forth in section 36(c).

18 (ii) The first 12 months of the physician  
19 assistant's practice in a new specialty in which the  
20 physician assistant is practicing.

21 (iii) The first six months of the physician  
22 assistant's practice in the same specialty under the  
23 supervision of the approved physician, unless the  
24 physician assistant has multiple approved physicians and  
25 practiced under the supervision of at least one of those  
26 approved physicians for six months.

27 (2) In the case of a physician assistant who is not  
28 subject to 100% review of the physician assistant's patient  
29 records pursuant to paragraph (1), the approved physician  
30 shall personally review on a regular basis a selected number

1 of the patient records completed by the physician assistant.  
2 The approved physician shall select patient records for  
3 review on the basis of written criteria established by the  
4 approved physician and the physician assistant. The number of  
5 patient records reviewed shall be sufficient to assure  
6 adequate review of the physician assistant's scope of  
7 practice.]

8 (e) Written agreement.--A physician assistant shall [not  
9 provide a medical service without] provide medical services  
10 according to a written agreement [with one or more physicians]  
11 which provides for all of the following:

12 (1) Identifies and is signed by [each] the primary  
13 supervising physician [the physician assistant will be  
14 assisting].

15 (2) Describes the physician [manner in which the  
16 physician assistant will be assisting each named physician]  
17 assistant's scope of practice.

18 (3) Describes the nature and degree of supervision [and  
19 direction each named physician] the supervising physician  
20 will provide the physician assistant[, including, but not  
21 limited to, the number and frequency of the patient record  
22 reviews required by subsection (d.1) and the criteria for  
23 selecting patient records for review when 100% review is not  
24 required].

25 (4) Designates one [of the named physicians] physician  
26 as having the primary responsibility for supervising [and  
27 directing] the physician assistant.

28 [(5) Has been approved by the board as satisfying the  
29 foregoing and as consistent with the restrictions contained  
30 in or authorized by this section. Upon submission of the

1 application, board staff shall review the application only  
2 for completeness and shall issue a letter to the supervising  
3 physician providing the temporary authorization for the  
4 physician assistant to begin practice. If the application is  
5 not complete, including, but not limited to, required  
6 information or signatures not being provided or the fee not  
7 being submitted, a temporary authorization for the physician  
8 assistant to begin practicing shall not be issued. The  
9 temporary authorization, when issued, shall provide a period  
10 of 120 days during which the physician assistant may practice  
11 under the terms set forth in the written agreement as  
12 submitted to the board. Within 120 days the board shall  
13 notify the supervising physician of the final approval or  
14 disapproval of the application. If approved, a final approval  
15 of the written agreement shall be issued to the supervising  
16 physician. If there are discrepancies that have not been  
17 corrected within the 120-day period, the temporary  
18 authorization to practice shall expire.]

19 (5.1) Is maintained at the practice or health care  
20 facility and available to the board upon request. The written  
21 agreement shall be supplied to the board within 30 days of  
22 request.

23 A physician assistant shall [not assist a physician] provide  
24 medical services in a manner [not described in the agreement or  
25 without the nature and degree of supervision and direction] as  
26 described in the agreement. There shall be no more than four  
27 physician assistants for whom a physician has responsibility or  
28 supervises pursuant to a written agreement at any time. In  
29 health care facilities licensed under the act of July 19, 1979  
30 (P.L.130, No.48), known as the Health Care Facilities Act, a

1 physician assistant shall be under the supervision [and  
2 direction] of a physician [or physician group] pursuant to a  
3 written agreement, provided that a physician supervises no more  
4 than four physician assistants at any time. A physician may  
5 apply for a waiver to employ or supervise more than four  
6 physician assistants at any time under this section for good  
7 cause, as determined by the board.

8 \* \* \*

9 Section 2. This act shall take effect in 60 days.