

SENATE APPROPRIATIONS COMMITTEE FISCAL NOTE

BILL NO. Senate Bill 398

PRINTER NO. 871

AMOUNT

No Fiscal Impact

FUND

Professional Licensure Augmentation Account

DATE INTRODUCED

March 11, 2021

PRIME SPONSOR

Senator Pittman

DESCRIPTION

Senate Bill 398 amends the Medical Practice Act of 1985 to provide for physician assistants.

Increases the membership of the State Board of Medicine ("Board") by two members, including one doctor (seven doctors total) and one physician assistant. Eliminates the physician assistant profession from serving on the board on a rotating basis with other health-related professions by giving the physician assistant a permanent seat. Removes certified registered nurse practitioner as a professional eligible to serve on the board. The rotating basis assures that every four appointments to a four-year term that one is a mid-wife, one is an athletic trainer, one is a perfusionist and one is a respiratory therapist.

Requires the primary supervising physician to be responsible for the medical services a physician assistant renders.

Permits a physician assistant to perform a medical service without the onsite presence or personal direction of the primary supervising physician and in accordance with the written agreement.

Permits the primary supervising physician to determine countersignature requirements for the review of physician assistant's patient records in a written agreement, except in the case of a new physician assistant where the primary supervising physician shall countersign 100% of patient records within ten days for the first 12 months of physician assistant's practice post graduation and after licensure criteria has been met.

Removes the requirement for 100% countersignature for the first 12 months of the physician assistant's practice in a new specialty and for the first six months in the same specialty, but under the supervision of a new physician.

Streamlines the written agreement by:

- Identifying the primary supervising physician and not each physician the physician assistant will be assisting.
- Describing the physician assistant's scope of practice and not the manner in which the physician assistant will be assisting the physicians.

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- Describing the nature and degree of supervision the primary supervising physician will provide the physician assistant and will no longer be required to include countersignature requirements.
- Removing the requirement for a written agreement to be approved by the Board. The written agreement will now become effective upon submission to the Board.

Permits the Board to develop audit procedures to ensure supervision and scope of practice protections are maintained in a written agreement in accordance with the act. The audit is limited to 10% of all written agreements on an annual basis. A written agreement subject to an audit remains in effect for two weeks after the Board notifies the primary supervising physician and the physician assistant with remedies, if necessary, on the outcome of the audit. At that time, a new written agreement must be submitted and becomes effective upon submission.

Increases the ratio of the number of physician assistants a physician can supervise from four to six. In a health care facility setting, the ratio is increased from four to seven. A waiver, subject to board approval, may be utilized in a health care facility to employ or supervise more physician assistants for good cause.

Deletes the word "directs" throughout the law to address how a physician "directs and supervises" a physician assistant to clarify that the physician "supervises" the physician assistant. Deletes the word "him" and phrase "Department of Public Welfare" in relevant sections of the law to address the individual the section pertains to and "Department of Human Services." Requires the Board to promulgate rules and regulations necessary to carry out this act within 180 days and requires the abrogation of specific inconsistent Board regulations.

Effective Date: 60 Days.

FISCAL IMPACT:

Senate Bill 398 has no fiscal impact on Commonwealth funds.