
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1999 Session of
2007

INTRODUCED BY SEIP, J. EVANS, BENNINGTON, CALTAGIRONE, CASORIO,
HARHAI, JOSEPHS, KULA, MAHONEY, McCALL, MURT, MUSTIO, MYERS,
PETRARCA, SOLOBAY, WALKO, WATERS, YOUNGBLOOD, HARKINS,
SONNEY, CIVERA, HORNAMAN, MACKERETH, MILLARD, KILLION, HELM,
K. SMITH, PETRONE, FABRIZIO AND PASHINSKI, NOVEMBER 19, 2007

SENATOR TOMLINSON, CONSUMER PROTECTION AND PROFESSIONAL
LICENSURE, AS AMENDED, JUNE 10, 2008

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; providing penalties;
9 and making repeals," further providing for physician
10 assistants and for respiratory care practitioners.

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

13 Section 1. Section 13 of the act of December 20, 1985
14 (P.L.457, No.112), known as the Medical Practice Act of 1985, is
15 amended by adding subsections to read:

16 Section 13. Physician assistants.

17 * * *

18 (c.1) Except as limited by subsection (c.2), and in addition
19 to existing authority, a physician assistant shall have

1 authority to do all of the following, provided that the
2 physician assistant is acting within the supervision and
3 direction of the supervising physician:

4 (1) Order durable medical equipment.

5 (2) Issue oral orders to the extent permitted by a health
6 care facility's bylaws, rules, regulations or administrative
7 policies and guidelines.

8 (3) Order physical therapy and dietitian referrals.

9 (4) Order respiratory and occupational therapy referrals.

10 (5) Perform disability assessments for the program providing
11 Temporary Assistance to Needy Families (TANF).

12 (6) Issue homebound schooling certifications.

13 (7) Perform and sign the initial assessment of methadone
14 treatment evaluations IN ACCORDANCE WITH FEDERAL AND STATE LAW ←
15 AND REGULATIONS, provided that any order for methadone treatment
16 shall be made only by a physician.

17 (c.2) Nothing in this section shall be construed to:

18 (1) Supersede the authority of the Department of Health and
19 the Department of Public Welfare to regulate the types of health
20 care professionals who are eligible for medical staff membership
21 or clinical privileges.

22 (2) Restrict the authority of a health care facility to
23 determine the scope of practice and supervision or other
24 oversight requirements for health care professionals practicing
25 within the facility.

26 * * *

27 Section 2. Section 13.1(d) of the act, added July 2, 1993
28 (P.L.424, No.60), is amended to read:

29 Section 13.1. Respiratory care practitioners.

30 * * *

1 (d) Supervision and scope of practice.--A respiratory care
2 practitioner certified by the board may implement direct
3 respiratory care to an individual being treated by either a
4 licensed medical doctor or a licensed doctor of osteopathic
5 medicine, upon [physician] prescription or referral by a
6 physician, certified registered nurse practitioner or physician
7 assistant, or under medical direction and approval consistent
8 with standing orders or protocols of an institution or health
9 care facility. This care may constitute indirect services such
10 as consultation or evaluation of an individual and also
11 includes, but is not limited to, the following services:

- 12 (1) Administration of medical gases.
- 13 (2) Humidity and aerosol therapy.
- 14 (3) Administration of aerosolized medications.
- 15 (4) Intermittent positive pressure breathing.
- 16 (5) Incentive spirometry.
- 17 (6) Bronchopulmonary hygiene.
- 18 (7) Management and maintenance of natural airways.
- 19 (8) Maintenance and insertion of artificial airways.
- 20 (9) Cardiopulmonary rehabilitation.
- 21 (10) Management and maintenance of mechanical
22 ventilation.
- 23 (11) Measurement of ventilatory flows, volumes and
24 pressures.
- 25 (12) Analysis of ventilatory gases and blood gases.

26 * * *

27 Section 3. Section 36 of the act, amended December 9, 2002
28 (P.L.1344, No.160), is amended to read:

29 Section 36. Physician assistant license.

30 (a) General rule.--A physician assistant license empowers

1 the holder to assist a medical doctor in the provision of
2 medical care and services under the supervision and direction of
3 that medical doctor as provided in this act.

4 (b) Requirements.--No physician assistant license may be
5 issued to the applicant unless the requirements set forth by
6 this act and such rules and regulations issued by the board are
7 met, including requirements for the physician assistant training
8 and educational programs which shall be formulated by the board
9 in accordance with such national criteria as are established by
10 national organizations or societies as the board may accept.

11 (c) Criteria.--The board shall grant physician assistant
12 licenses to applicants who have fulfilled the following
13 criteria:

14 (1) Satisfactory performance on the proficiency
15 examination to the extent that a proficiency examination
16 exists.

17 (2) Satisfactory completion of a certified program for
18 the training and education of physician assistants.

19 (3) For candidates for initial licensure after January
20 1, 2004, obtainment of a baccalaureate or higher degree from
21 a college or university and completion of not less than 60
22 clock hours of didactic instruction in pharmacology or other
23 related courses as the board may approve by regulation.

24 (d) Biennial renewal.--A physician assistant license shall
25 be subject to biennial renewal by the board. As part of biennial
26 renewal, a physician assistant shall complete continuing medical
27 education as required by the National Commission on
28 Certification of Physician Assistants.

29 (e) Description of manner of assistance.--The application
30 shall include a written request from the applicant's supervising

1 medical doctor who shall file with the board a description of
2 the manner in which the physician assistant will assist the
3 supervising medical doctor, which description shall be subject
4 to the approval of the board.

5 ~~(f) Liability provision.~~ <—

6 ~~(1) A physician assistant licensed in this Commonwealth~~
7 ~~shall maintain a level of professional liability insurance~~
8 ~~coverage as required for a nonparticipating health care~~
9 ~~provider under the act of March 20, 2002 (P.L.154, No.13),~~
10 ~~known as the Medical Care Availability and Reduction of Error~~
11 ~~(Mcare) Act, but shall not be eligible to participate in the~~
12 ~~Medical Care Availability and Reduction of Error (Mcare)~~
13 ~~Fund.~~

14 ~~(2) The board shall accept from a licensed physician~~
15 ~~assistant as satisfactory evidence of insurance coverage any~~
16 ~~of the following:~~

17 ~~(i) Self insurance.~~

18 ~~(ii) Personally purchased liability insurance.~~

19 ~~(iii) Professional liability insurance coverage~~
20 ~~provided by the licensee's employer.~~

21 ~~(iv) Similar insurance coverage acceptable to the~~
22 ~~board.~~

23 ~~(3) A licensed physician assistant need not be~~
24 ~~separately insured if the licensee's employer is a health~~
25 ~~care provider as defined by the Medical Care Availability and~~
26 ~~Reduction of Error (Mcare) Act that maintains insurance as~~
27 ~~required by the Medical Care Availability and Reduction of~~
28 ~~Error (Mcare) Act or whose employer is not a health care~~
29 ~~provider as defined by the Medical Care Availability and~~
30 ~~Reduction of Error (Mcare) Act, but who maintains insurance~~

1 ~~at the level required of a nonparticipating health care~~
2 ~~provider under the Medical Care Availability and Reduction of~~
3 ~~Error (Mcare) Act.~~

4 (F) PROFESSIONAL LIABILITY.-- ←

5 (1) A LICENSED PHYSICIAN ASSISTANT IN THIS COMMONWEALTH
6 SHALL MAINTAIN A LEVEL OF PROFESSIONAL LIABILITY INSURANCE
7 COVERAGE IN THE MINIMUM AMOUNT OF \$1,000,000 PER OCCURRENCE
8 OR CLAIMS MADE. FAILURE TO MAINTAIN INSURANCE COVERAGE AS
9 REQUIRED SHALL SUBJECT THE LICENSEE TO DISCIPLINARY
10 PROCEEDINGS. THE BOARD SHALL ACCEPT FROM PHYSICIAN ASSISTANTS
11 AS SATISFACTORY EVIDENCE OF INSURANCE COVERAGE ANY OF THE
12 FOLLOWING:

13 (I) SELF-INSURANCE;

14 (II) PERSONALLY PURCHASED LIABILITY INSURANCE; OR

15 (III) PROFESSIONAL LIABILITY INSURANCE COVERAGE

16 PROVIDED BY THE PHYSICIAN ASSISTANT'S EMPLOYER OR SIMILAR
17 INSURANCE COVERAGE ACCEPTABLE TO THE BOARD.

18 (2) A LICENSE APPLICANT SHALL PROVIDE PROOF THAT THE
19 APPLICANT HAS OBTAINED PROFESSIONAL LIABILITY INSURANCE IN
20 ACCORDANCE WITH PARAGRAPH (1). IT IS SUFFICIENT IF THE
21 APPLICANT FILES WITH THE APPLICATION A COPY OF A LETTER FROM
22 THE APPLICANT'S PROFESSIONAL LIABILITY INSURANCE CARRIER
23 INDICATING THAT THE APPLICANT WILL BE COVERED AGAINST
24 PROFESSIONAL LIABILITY IN THE REQUIRED AMOUNTS EFFECTIVE UPON
25 THE ISSUANCE OF THE APPLICANT'S LICENSE TO PRACTICE AS A
26 PHYSICIAN ASSISTANT IN THIS COMMONWEALTH. UPON ISSUANCE OF
27 THE LICENSE, THE LICENSEE HAS 30 DAYS TO SUBMIT TO THE BOARD
28 THE CERTIFICATE OF INSURANCE OR A COPY OF THE POLICY
29 DECLARATION PAGE.

30 Section 4. The State Board of Medicine, the Department of

1 Public Welfare and the Department of Health shall promulgate
2 regulations to implement the addition of section 13(c.1) and
3 (c.2) of the act within 18 months of the effective date of this
4 section.

5 Section 5. The following acts are repealed insofar as they
6 are inconsistent with the addition of section 13(c.1) and (c.2)
7 of the act:

8 (1) Section 9(a) of the act of October 10, 1975
9 (P.L.383, No.110), known as the Physical Therapy Practice
10 Act.

11 (2) Section 14 of the act of June 15, 1982 (P.L.502,
12 No.140), known as the Occupational Therapy Practice Act.

13 Section 6. This act shall take effect in 60 days.