

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2051

Session of
2007

INTRODUCED BY SEIP, 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 AND PETRONE, DECEMBER 4, 2007

AS REPORTED FROM COMMITTEE ON PROFESSIONAL LICENSURE, HOUSE OF
REPRESENTATIVES, AS AMENDED, DECEMBER 12, 2007

AN ACT

1 Amending the act of October 5, 1978 (P.L.1109, No.261), entitled
2 "An act requiring the licensing of practitioners of
3 osteopathic medicine and surgery; regulating their practice;
4 providing for certain funds and penalties for violations and
5 repeals," further providing for physician assistants and for
6 respiratory care practitioners; and making inconsistent
7 repeals.

8 The General Assembly of the Commonwealth of Pennsylvania
9 hereby enacts as follows:

10 ~~Section 1. Section 10 of the act of October 5, 1978~~ <—
11 ~~(P.L.1109, No.261), known as the Osteopathic Medical Practice~~
12 ~~Act, is amended by adding a subsection to read:~~

13 SECTION 1. SECTION 3 OF THE ACT OF OCTOBER 5, 1978 <—
14 (P.L.1109, NO.261), KNOWN AS THE OSTEOPATHIC MEDICAL PRACTICE
15 ACT, AMENDED JULY 2, 2004 (P.L.486, NO.56), IS AMENDED TO READ:
16 SECTION 3. PRACTICE OF OSTEOPATHIC MEDICINE AND SURGERY WITHOUT
17 LICENSE PROHIBITED.

18 (A) IT SHALL BE UNLAWFUL FOR ANY PERSON TO ENGAGE IN THE

1 PRACTICE OF OSTEOPATHIC MEDICINE AND SURGERY, OR PRETEND TO A
2 KNOWLEDGE OF ANY BRANCH OR BRANCHES OF OSTEOPATHIC MEDICINE AND
3 SURGERY, OR TO HOLD HIMSELF OUT AS A PRACTITIONER IN OSTEOPATHIC
4 MEDICINE AND SURGERY, OR TO ASSUME THE TITLE OF DOCTOR OF
5 OSTEOPATHIC MEDICINE AND SURGERY OR DOCTOR OF ANY SPECIFIC
6 DISEASE, OR TO DIAGNOSE DISEASES OR TO TREAT DISEASES BY THE USE
7 OF OSTEOPATHIC MEDICINE AND SURGERY OR BY ANY OTHER MEANS, OR TO
8 SIGN ANY BIRTH OR DEATH CERTIFICATE UNLESS OTHERWISE AUTHORIZED
9 BY LAW, OR TO HOLD HIMSELF OUT AS ABLE TO DO SO, UNLESS HE HAS
10 RECEIVED A CERTIFICATE OF LICENSURE OR PERMISSION FROM THE BOARD
11 WHICH LICENSE SHALL BE RECORDED IN THE OFFICE OF THE BOARD.

12 (B) NOTHING IN THIS ACT SHALL BE CONSTRUED TO PROHIBIT
13 SERVICES AND ACTS RENDERED BY A QUALIFIED PHYSICIAN ASSISTANT,
14 TECHNICIAN OR OTHER ALLIED MEDICAL PERSON IF SUCH SERVICES AND
15 ACTS ARE RENDERED UNDER THE SUPERVISION, DIRECTION OR CONTROL OF
16 A LICENSED PHYSICIAN. IT SHALL BE UNLAWFUL FOR ANY PERSON TO
17 PRACTICE AS A PHYSICIAN ASSISTANT UNLESS LICENSED AND APPROVED
18 BY THE BOARD. IT SHALL ALSO BE UNLAWFUL FOR ANY PHYSICIAN
19 ASSISTANT TO RENDER MEDICAL CARE AND SERVICES EXCEPT UNDER THE
20 SUPERVISION AND DIRECTION OF THE SUPERVISING PHYSICIAN. A
21 PHYSICIAN ASSISTANT MAY USE THE TITLE PHYSICIAN ASSISTANT OR AN
22 APPROPRIATE ABBREVIATION FOR THAT TITLE, SUCH AS "P.A.-C."

23 SECTION 2. SECTION 10(F) OF THE ACT, AMENDED JULY 2, 2004
24 (P.L.486, NO.56), IS AMENDED AND THE SECTION IS AMENDED BY
25 ADDING SUBSECTIONS TO READ:

26 Section 10. Licenses; exemptions; nonresident practitioners;
27 graduate students; biennial registration and
28 continuing medical education.

29 * * *

30 (F) THE BOARD SHALL GRANT LICENSURE TO PHYSICIAN ASSISTANTS

1 WHICH LICENSURE SHALL BE SUBJECT TO BIENNIAL RENEWAL BY THE
2 BOARD. AS PART OF BIENNIAL RENEWAL, A PHYSICIAN ASSISTANT SHALL
3 COMPLETE CONTINUING MEDICAL EDUCATION AS REQUIRED BY THE
4 NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS.
5 THE BOARD SHALL GRANT LICENSURE TO APPLICANTS WHO HAVE FULFILLED
6 THE FOLLOWING CRITERIA:

7 (1) SATISFACTORY PERFORMANCE ON A PROFICIENCY
8 EXAMINATION APPROVED BY THE BOARD.

9 (2) SATISFACTORY COMPLETION OF A CERTIFIED PROGRAM FOR
10 THE TRAINING AND EDUCATION OF PHYSICIAN ASSISTANTS APPROVED
11 BY THE BOARD.

12 (3) FOR CANDIDATES FOR INITIAL LICENSURE AFTER JANUARY
13 1, 2005, OBTAINMENT OF A BACCALAUREATE OR HIGHER DEGREE FROM
14 A COLLEGE OR UNIVERSITY AND COMPLETION OF NOT FEWER THAN 60
15 CLOCK HOURS OF DIDACTIC INSTRUCTION IN PHARMACOLOGY OR OTHER
16 RELATED COURSES AS THE BOARD MAY APPROVE BY REGULATION.

17 IN THE EVENT THAT COMPLETION OF A FORMAL TRAINING AND
18 EDUCATIONAL PROGRAM IS A PREREQUISITE TO TAKING THE PROFICIENCY
19 EXAMINATION, THE BOARD SHALL HAVE THE POWER, IF IT DETERMINES
20 THAT THE EXPERIENCE OF THE APPLICANT IS OF SUCH MAGNITUDE AND
21 SCOPE SO AS TO RENDER FURTHER FORMAL TRAINING AND EDUCATION
22 NONESSENTIAL TO THE APPLICANT IN ASSISTING A PHYSICIAN IN THE
23 PROVISION OF MEDICAL CARE AND SERVICES, TO WAIVE THE TRAINING
24 AND EDUCATION REQUIREMENTS UNDER THIS SECTION.

25 * * *

26 (g.2) (1) Except as limited by paragraph (2), and in
27 addition to existing authority, a physician assistant shall
28 have authority to do all of the following, provided that the
29 physician assistant is acting within the supervision and
30 direction of the supervising physician:

- (i) Order home health and hospice care.
- (ii) Order durable medical equipment.
- (iii) Issue oral orders to the extent permitted by a health care facility's bylaws, rules, regulations or administrative policies and guidelines.
- (iv) Order physical therapy and dietitian referrals.
- (v) Order respiratory and occupational therapy referrals.
- (vi) Perform disability assessments for the program providing Temporary Assistance to Needy Families (TANF).
- (vii) Issue homebound schooling certifications.
- (viii) Perform and sign the initial assessment of methadone treatment evaluations, provided that any order for methadone treatment shall be made only by a physician.

(2) Nothing in this subsection shall be construed to:

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

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

(G.3) (1) A PHYSICIAN ASSISTANT LICENSED IN THIS COMMONWEALTH SHALL MAINTAIN A LEVEL OF PROFESSIONAL LIABILITY INSURANCE COVERAGE AS REQUIRED FOR A NONPARTICIPATING HEALTH CARE PROVIDER UNDER THE ACT OF MARCH 20, 2002 (P.L.154, NO.13), KNOWN AS THE MEDICAL CARE AVAILABILITY AND REDUCTION OF ERROR (MCARE) ACT, BUT SHALL NOT BE ELIGIBLE TO

<—

1 PARTICIPATE IN THE MEDICAL CARE AVAILABILITY AND REDUCTION OF
2 ERROR (MCARE) FUND.

3 (2) THE BOARD SHALL ACCEPT FROM A LICENSED PHYSICIAN
4 ASSISTANT AS SATISFACTORY EVIDENCE OF INSURANCE COVERAGE ANY
5 OF THE FOLLOWING:

6 (I) SELF-INSURANCE.

7 (II) PERSONALLY PURCHASED LIABILITY INSURANCE.

8 (III) PROFESSIONAL LIABILITY INSURANCE COVERAGE
9 PROVIDED BY THE LICENSEE'S EMPLOYER.

10 (IV) SIMILAR INSURANCE COVERAGE ACCEPTABLE TO THE
11 BOARD.

12 (3) A LICENSED PHYSICIAN ASSISTANT NEED NOT BE
13 SEPARATELY INSURED IF THE LICENSEE'S EMPLOYER IS A HEALTH
14 CARE PROVIDER AS DEFINED BY THE MEDICAL CARE AVAILABILITY AND
15 REDUCTION OF ERROR (MCARE) ACT THAT MAINTAINS INSURANCE AS
16 REQUIRED BY THE MEDICAL CARE AVAILABILITY AND REDUCTION OF
17 ERROR (MCARE) ACT OR WHOSE EMPLOYER IS NOT A HEALTH CARE
18 PROVIDER AS DEFINED BY THE MEDICAL CARE AVAILABILITY AND
19 REDUCTION OF ERROR (MCARE) ACT, BUT WHO MAINTAINS INSURANCE
20 AT THE LEVEL REQUIRED OF A NONPARTICIPATING HEALTH CARE
21 PROVIDER UNDER THE MEDICAL CARE AVAILABILITY AND REDUCTION OF
22 ERROR (MCARE) ACT.

23 * * *

24 Section ~~2~~ 3. Section 10.1(d) of the act, added July 2, 1993 <—
25 (P.L.418, No.59), is amended to read:

26 Section 10.1. Respiratory care practitioners.

27 * * *

28 (d) A respiratory care practitioner certified by the board
29 may implement direct respiratory care to an individual being
30 treated by either a licensed medical doctor or a licensed doctor

1 of osteopathic medicine upon [physician] prescription or
2 referral by a physician, certified registered nurse practitioner
3 or physician assistant or under medical direction and approval
4 consistent with standing orders or protocols of an institution
5 or health care facility. This care may constitute indirect
6 services, such as consultation or evaluation of an individual,
7 and also includes, but is not limited to, the following
8 services:

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

23 * * *

24 Section ~~3~~ 4. The State Board of Osteopathic Medicine, the <—
25 Department of Public Welfare and the Department of Health shall
26 promulgate regulations to implement the addition of section
27 10(g.2) of the act within 18 months of the effective date of
28 this section.

29 Section ~~4~~ 5. The following acts are repealed insofar as they <—
30 are inconsistent with the addition of section 10(g.2) of the

1 act:

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

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

7 Section ~~5~~ 6. This act shall take effect in 60 days.

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