
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, PETRONE AND PASHINSKI, DECEMBER 4, 2007

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

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 3 of the act of October 5, 1978
11 (P.L.1109, No.261), known as the Osteopathic Medical Practice
12 Act, amended July 2, 2004 (P.L.486, No.56), is amended to read:
13 Section 3. Practice of osteopathic medicine and surgery without
14 license prohibited.

15 (a) It shall be unlawful for any person to engage in the
16 practice of osteopathic medicine and surgery, or pretend to a
17 knowledge of any branch or branches of osteopathic medicine and
18 surgery, or to hold himself out as a practitioner in osteopathic

1 medicine and surgery, or to assume the title of Doctor of
2 Osteopathic Medicine and Surgery or doctor of any specific
3 disease, or to diagnose diseases or to treat diseases by the use
4 of osteopathic medicine and surgery or by any other means, or to
5 sign any birth or death certificate unless otherwise authorized
6 by law, or to hold himself out as able to do so, unless he has
7 received a certificate of licensure or permission from the board
8 which license shall be recorded in the office of the board.

9 (b) Nothing in this act shall be construed to prohibit
10 services and acts rendered by a qualified physician assistant,
11 technician or other allied medical person if such services and
12 acts are rendered under the supervision, direction or control of
13 a licensed physician. It shall be unlawful for any person to
14 practice as a physician assistant unless licensed and approved
15 by the board. It shall also be unlawful for any physician
16 assistant to render medical care and services except under the
17 supervision and direction of the supervising physician. A
18 physician assistant may use the title physician assistant or an
19 appropriate abbreviation for that title, such as "P.A.-C."

20 Section 2. Section 10(f) of the act, amended July 2, 2004
21 (P.L.486, No.56), is amended and the section is amended by
22 adding subsections to read:

23 Section 10. Licenses; exemptions; nonresident practitioners;
24 graduate students; biennial registration and
25 continuing medical education.

26 * * *

27 (f) The board shall grant licensure to physician assistants
28 which licensure shall be subject to biennial renewal by the
29 board. As part of biennial renewal, a physician assistant shall
30 complete continuing medical education as required by the

1 National Commission on Certification of Physician Assistants.

2 The board shall grant licensure to applicants who have fulfilled
3 the following criteria:

4 (1) Satisfactory performance on a proficiency
5 examination approved by the board.

6 (2) Satisfactory completion of a certified program for
7 the training and education of physician assistants approved
8 by the board.

9 (3) For candidates for initial licensure after January
10 1, 2005, obtainment of a baccalaureate or higher degree from
11 a college or university and completion of not fewer than 60
12 clock hours of didactic instruction in pharmacology or other
13 related courses as the board may approve by regulation.

14 In the event that completion of a formal training and
15 educational program is a prerequisite to taking the proficiency
16 examination, the board shall have the power, if it determines
17 that the experience of the applicant is of such magnitude and
18 scope so as to render further formal training and education
19 nonessential to the applicant in assisting a physician in the
20 provision of medical care and services, to waive the training
21 and education requirements under this section.

22 * * *

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

28 (i) Order durable medical equipment.

29 (ii) Issue oral orders to the extent permitted by a
30 health care facility's bylaws, rules, regulations or

administrative policies and guidelines.

(iii) Order physical therapy and dietitian referrals.

(iv) Order respiratory and occupational therapy referrals.

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

(vi) Issue homebound schooling certifications.

(vii) Perform and sign the initial assessment of methadone treatment evaluations IN ACCORDANCE WITH

FEDERAL AND STATE LAW, 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 participate in the Medical Care Availability and Reduction of Error (Mcare) Fund.~~

~~(2) The board shall accept from a licensed physician~~

~~assistant as satisfactory evidence of insurance coverage any
of the following:~~

~~(i) Self insurance.~~

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

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

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

~~(3) A licensed physician assistant need not be
separately insured if the licensee's employer is a health
care provider as defined by the Medical Care Availability and
Reduction of Error (Mcare) Act that maintains insurance as
required by the Medical Care Availability and Reduction of
Error (Mcare) Act or whose employer is not a health care
provider as defined by the Medical Care Availability and
Reduction of Error (Mcare) Act, but who maintains insurance
at the level required of a nonparticipating health care
provider under the Medical Care Availability and Reduction of
Error (Mcare) Act.~~

~~(G.3) PROFESSIONAL LIABILITY.--~~

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

~~(I) SELF-INSURANCE;~~

~~(II) PERSONALLY PURCHASED LIABILITY INSURANCE; OR~~

1 (III) PROFESSIONAL LIABILITY INSURANCE COVERAGE

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

4 (2) A LICENSE APPLICANT SHALL PROVIDE PROOF THAT THE
5 APPLICANT HAS OBTAINED PROFESSIONAL LIABILITY INSURANCE IN
6 ACCORDANCE WITH PARAGRAPH (1). IT IS SUFFICIENT IF THE
7 APPLICANT FILES WITH THE APPLICATION A COPY OF A LETTER FROM
8 THE APPLICANT'S PROFESSIONAL LIABILITY INSURANCE CARRIER
9 INDICATING THAT THE APPLICANT WILL BE COVERED AGAINST
10 PROFESSIONAL LIABILITY IN THE REQUIRED AMOUNTS EFFECTIVE UPON
11 THE ISSUANCE OF THE APPLICANT'S LICENSE TO PRACTICE AS A
12 PHYSICIAN ASSISTANT IN THIS COMMONWEALTH. UPON ISSUANCE OF
13 THE LICENSE, THE LICENSEE HAS 30 DAYS TO SUBMIT TO THE BOARD
14 THE CERTIFICATE OF INSURANCE OR A COPY OF THE POLICY
15 DECLARATION PAGE.

16 * * *

17 Section 3. Section 10.1(d) of the act, added July 2, 1993
18 (P.L.418, No.59), is amended to read:

19 Section 10.1. Respiratory care practitioners.

20 * * *

21 (d) A respiratory care practitioner certified by the board
22 may implement direct respiratory care to an individual being
23 treated by either a licensed medical doctor or a licensed doctor
24 of osteopathic medicine upon [physician] prescription or
25 referral by a physician, certified registered nurse practitioner
26 or physician assistant or under medical direction and approval
27 consistent with standing orders or protocols of an institution
28 or health care facility. This care may constitute indirect
29 services, such as consultation or evaluation of an individual,
30 and also includes, but is not limited to, the following

1 services:

2 (1) Administration of medical gases.

3 (2) Humidity and aerosol therapy.

4 (3) Administration of aerosolized medications.

5 (4) Intermittent positive pressure breathing.

6 (5) Incentive spirometry.

7 (6) Bronchopulmonary hygiene.

8 (7) Management and maintenance of natural airways.

9 (8) Maintenance and insertion of artificial airways.

10 (9) Cardiopulmonary rehabilitation.

11 (10) Management and maintenance of mechanical
12 ventilation.

13 (11) Measurement of ventilatory flows, volumes and
14 pressures.

15 (12) Analysis of ventilatory gases and blood gases.

16 * * *

17 Section 4. The State Board of Osteopathic Medicine, the
18 Department of Public Welfare and the Department of Health shall
19 promulgate regulations to implement the addition of section
20 10(g.2) of the act within 18 months of the effective date of
21 this section.

22 Section 5. The following acts are repealed insofar as they
23 are inconsistent with the addition of section 10(g.2) of the
24 act:

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

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

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