
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1997 Session of
2020

INTRODUCED BY SONNEY, BARRAR, BERNSTINE, DeLUCA, DIAMOND, FRITZ,
HARKINS, HARRIS, IRVIN, JOZWIAK, M. K. KELLER, MASSER,
METCALFE, PICKETT, PYLE, QUINN, SANKEY, TOPPER, WARNER AND
WHEELAND, JANUARY 17, 2020

REFERRED TO COMMITTEE ON PROFESSIONAL LICENSURE,
JANUARY 17, 2020

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 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. Section 3(a) and (b) of the act of December 20,
14 1985 (P.L.457, No.112), known as the Medical Practice Act of
15 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

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

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

29 * * *

30 Section 2. Section 13(d), (d.1) and (e) of the act, amended

1 July 2, 2019 (P.L.413, No.68), are amended to read:

2 Section 13. Physician assistants.

3 * * *

4 (d) Supervision.--[A physician assistant shall not perform a
5 medical service without the supervision and personal direction
6 of an approved physician. The board shall promulgate regulations
7 which define the supervision and personal direction required by
8 the standards of acceptable medical practice embraced by the
9 medical doctor community in this Commonwealth.

10 (d.1) Patient record review.--

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

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

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

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

28 (2) In the case of a physician assistant who is not
29 subject to 100% review of the physician assistant's patient
30 records pursuant to paragraph (1), the approved physician

1 shall personally review on a regular basis a selected number
2 of the patient records completed by the physician assistant.
3 The approved physician shall select patient records for
4 review on the basis of written criteria established by the
5 approved physician and the physician assistant. The number of
6 patient records reviewed shall be sufficient to assure
7 adequate review of the physician assistant's scope of
8 practice.] The supervising physician shall be responsible for
9 the medical services that a physician assistant renders.
10 Supervision shall not require the onsite presence or personal
11 direction of the supervising physician.

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

16 (1) Identifies and is signed by [each physician the
17 physician assistant will be assisting] the primary
18 supervising physician.

19 (2) Describes the [manner in which the physician
20 assistant will be assisting each named physician. The written
21 agreement and description may be prepared and submitted by
22 the primary supervising physician, the physician assistant or
23 a delegate of the primary supervising physician and the
24 physician assistant. It shall not be a defense in any
25 administrative or civil action that the physician assistant
26 acted outside the scope of the board-approved description or
27 that the supervising physician utilized the physician
28 assistant outside the scope of the board-approved description
29 because the supervising physician or physician assistant
30 permitted another person to represent to the board that the

1 description had been approved by the supervising physician or
2 physician assistant] physician assistant's scope of practice.

3 (3) Describes the nature and degree of supervision [and
4 direction each named physician will provide the physician
5 assistant, including, but not limited to, the number and
6 frequency of the patient record reviews required by
7 subsection (d.1) and the criteria for selecting patient
8 records for review when 100% review is not required] the
9 supervising physician will provide the physician assistant.

10 (4) Designates one [of the named] physicians as having
11 the primary responsibility for supervising [and directing]
12 the physician assistant.

13 [(5) Has been approved by the board as satisfying the
14 foregoing and as consistent with the restrictions contained
15 in or authorized by this section. Upon submission of the
16 application, board staff shall review the application only
17 for completeness and shall issue a letter to the supervising
18 physician providing the temporary authorization for the
19 physician assistant to begin practice. If the application is
20 not complete, including, but not limited to, required
21 information or signatures not being provided or the fee not
22 being submitted, a temporary authorization for the physician
23 assistant to begin practicing shall not be issued. The
24 temporary authorization, when issued, shall provide a period
25 of 120 days during which the physician assistant may practice
26 under the terms set forth in the written agreement as
27 submitted to the board. Within 120 days the board shall
28 notify the supervising physician of the final approval or
29 disapproval of the application. If approved, a final approval
30 of the written agreement shall be issued to the supervising

1 physician. If there are discrepancies that have not been
2 corrected within the 120-day period, the temporary
3 authorization to practice shall expire.]

4 (5.1) Is maintained by the supervising physician at the
5 practice or health care facility and available to the board
6 upon request. The written agreement shall be supplied to the
7 board within 30 days of a request.

8 A physician assistant shall [not assist a physician in a manner
9 not described in the agreement or without the nature and degree
10 of supervision and direction described in the agreement. There
11 shall be no more than four physician assistants for whom a
12 physician has responsibility or supervises pursuant to a written
13 agreement at any time. In health care facilities licensed under
14 the act of July 19, 1979 (P.L.130, No.48), known as the Health
15 Care Facilities Act, a physician assistant shall be under the
16 supervision and direction of a physician or physician group
17 pursuant to a written agreement, provided that a physician
18 supervises no more than four physician assistants at any time. A
19 physician may apply for a waiver to employ or supervise more
20 than four physician assistants at any time under this section
21 for good cause, as determined by the board.] provide medical

22 services in a manner as described in the agreement. A
23 supervising physician shall determine the number of physician
24 assistants supervised at any one time.

25 * * *

26 Section 3. The State Board of Medicine shall promulgate
27 rules and regulations necessary to carry out this act within 180
28 days of the effective date of this section.

29 Section 4. This act shall take effect in 60 days.