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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2004

A N A C T

RELATING TO PHYSICIAN ASSISTANTS

Introduced By: Senator Leo R. Blais

Date Introduced: February 11, 2004

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 5-54-2, 5-54-5 and 5-54-11 of the General Laws in Chapter 5-54
2 entitled "Physician Assistants" are hereby amended to read as follows:

3 **5-54-2. Definitions.** -- As used in this chapter, the following words have the following
4 meanings:

5 (1) "Administrator" means the administrator, division of professional regulation.

6 (2) "Approved program" means a program for the education and training of physician
7 assistants formally approved by the American medical association's (A.M.A.'s) committee on
8 allied health, education and accreditation, its successor, the Commission on Accreditation of
9 Allied Health Education Programs (CAAHEP) or its successor.

10 (3) "Board" means the board of licensure of physician assistants.

11 (4) "Director" means the director of the department of health.

12 (5) "Division" means the division of professional regulation, department of health.

13 (6) "Formulary committee" means a committee empowered to develop a list of
14 medications that physician assistants may prescribe.

15 (7) "Physician" means a person licensed under the provisions of chapter 29 or 37 of this
16 title.

17 (8) "Physician assistant" means a person ~~not a physician nor person holding a medical~~
18 ~~doctor or equivalent degree~~ who is qualified by academic and practical training to provide those
19 certain patient services under the supervision, control, responsibility and direction of a licensed

1 physician.

2 (9) "Supervision" means overseeing the activities of, and accepting the responsibility for
3 the medical services rendered by the physician assistants. Supervision is continuous, and under
4 the direct control of a licensed physician expert in the field of medicine in which the physician
5 assistants practice. The constant physical presence of the supervising physician or physician
6 designee is not required. It is the responsibility of the supervising physician and physician
7 assistant to assure an appropriate level of supervision depending on the services being rendered.
8 Each physician or group of physicians, or other health care delivery organization excluding
9 licensed hospital or licensed health care facilities controlled or operated by a licensed hospital
10 employing physician assistant(s) must have on file at the primary practice site a copy of a policy
11 in the form of an agreement between the supervising physician(s) and physician assistant(s)
12 delineating:

13 (i) The level of supervision provided by the supervising physician(s) or designee(s) with
14 particular reference to differing levels of supervision depending on the type of patient services
15 provided and requirements for communication between the supervising physician(s) or
16 designee(s) and the physician assistant.

17 (ii) A job description for the physician assistant listing patient care responsibilities and
18 procedures to be performed by the physician assistant.

19 (iii) A program for quality assurance for physician assistant services including
20 requirements for periodic review of the physician assistant services.

21 (iv) Requirements for supervision of physician assistant employed or extended medical
22 staff privileges by licensed hospitals or other licensed health care facilities or employed by other
23 health care delivery agencies are delineated by the medical staff bylaws and/or applicable
24 governing authority of the facility.

25 (v) The supervising physician or physician designee must be available for easy
26 communication and referral at all times.

27 (10) "Approved program for continuing medical education" means a program for
28 continuing education approved by the American Academy of Physician Assistants (AAPA) or the
29 Accreditation Council for Continuing Medical Education of the American Medical Association
30 (AMA), or the American Academy of Family Physicians (AAPFP) or the American Osteopathic
31 Association Committee on Continuing Medical Education (AOACCME) or any other board
32 approved program.

33 (11) "Unprofessional conduct" includes, but is not limited to, the following items or any
34 combination and may be defined by regulations established by the board with prior approval of

1 the director:

2 (i) Fraudulent or deceptive procuring or use of a license;

3 (ii) Representation of himself or herself as a physician;

4 (iii) Conviction of a crime involving moral turpitude; conviction of a felony; conviction
5 of a crime arising out of the practice of medicine. All advertising of medical business which is
6 intended or has a tendency to deceive the public;

7 (iv) Abandonment of a patient;

8 (v) Dependence upon a controlled substance, habitual drunkenness, or rendering
9 professional services to a patient while intoxicated or incapacitated by the use of drugs;

10 (vi) Promotion of the sale of drugs, devices appliances, or goods or services provided for
11 a patient in a manner that exploits the patient for the financial gain of the physician assistant;

12 (vii) Immoral conduct of a physician assistant in the practice of medicine;

13 (viii) Willfully making and filing false reports or records;

14 (ix) Willful omission to file or record or willfully impeding or obstructing a filing or
15 recording, or inducing another person to omit to file or record medical or other reports as required
16 by law;

17 (x) Agreeing with clinical or bioanalytical laboratories to accept payments from these
18 laboratories for individual tests or test series for patients;

19 (xi) Practicing with an unlicensed physician or physician assistant or aiding or abetting
20 these unlicensed persons in the practice of medicine;

21 (xii) Offering, undertaking or agreeing to cure or treat a disease by a secret method,
22 procedure, treatment or medicine;

23 (xiii) Professional or mental incompetence;

24 (xiv) Surrender, revocation, suspension, limitation of privilege based on quality of care
25 provided, or any other disciplinary action against a license or authorization to practice in another
26 state or jurisdiction; or surrender, revocation, suspension, or any other disciplinary action relating
27 to membership on any medical staff or in any medical professional association, or society while
28 under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to
29 acts or conduct which would constitute grounds for action as stated in this chapter;

30 (xv) Any adverse judgment, settlement, or award arising from a medical liability claim
31 related to acts or conduct which would constitute grounds for action as stated in this chapter;

32 (xvi) Failure to furnish the board, the administrator, investigator or representatives,
33 information legally requested by the board;

34 (xvii) Violation of any provision(s) of this chapter or the rules and regulations

- 1 promulgated by the director or an action, stipulation, or agreement of the board;
- 2 (xviii) Cheating or attempting to subvert the certifying examination;
- 3 (xix) Violating any state or federal law or regulation relating to controlled substances;
- 4 (xx) Medical malpractice;
- 5 (xxi) Sexual contact between a physician assistant and patient during the existence of the
- 6 physician assistant/patient relationship;
- 7 (xxii) Providing services to a person who is making a claim as a result of a personal
- 8 injury, who charges or collects from the person any amount in excess of the reimbursement to the
- 9 physician assistant by the insurer as a condition of providing or continuing to provide services or
- 10 treatment.

11 **5-54-5. Board of licensure.** -- (a) The director of health, with the approval of the

12 governor, appoints a board consisting of ~~nine (9)~~ seven (7) persons, residents of the state, to

13 constitute a board of licensure for physician assistants with the duties, powers, and authority as

14 stated in this chapter, and that board is composed of the following:

- 15 (1) Two (2) members are licensed physicians under the provisions of chapter 37 of this
- 16 title who have been actively engaged in the practice of medicine;
- 17 (2) ~~Three (3)~~ One (1) members ~~are~~ is a chief executive officers of a health care facility
- 18 located and licensed in the state or ~~their~~ his or her designees who ~~are~~ is not licensed in any health
- 19 care profession;
- 20 (3) ~~Three~~ One (1) members who ~~are~~ is a representatives of the general public not
- 21 employed in any health-related field; and
- 22 (4) ~~Two (2)~~ Three (3) members are physician assistants.

23 (b) Members are appointed for terms of three (3) years each with no member serving

24 more than two (2) consecutive terms.

25 (c) In his or her initial appointment, the director designates the members of the board of

26 licensure for physician assistants as follows: two (2) members to serve for terms of three (3)

27 years; two (2) members to serve for a term of two (2) years; and three (3) members to serve for a

28 term of one year. Any additional appointments shall serve for one year.

29 (d) The director of health may remove any member of the board for cause.

30 (e) Vacancies are filled for the unexpired portion of any term in the same manner as the

31 original appointment.

32 **5-54-11. Issuance and annual renewal of certificates of licensure.** -- (a) The board

33 recommends to the director for registration those individuals who meet the criteria for licensure

34 as stated in this chapter. Upon that recommendation, the director issues a certificate of licensure

1 as a physician assistant.

2 (b) The certificate of licensure expires ~~annually~~ biannually on the thirtieth (30th) day of
3 June. On or before the first day of March in each year, the administrator mails an applic ation for
4 renewal certificate to every person licensed under the provisions of this chapter, and every person
5 who desires his or her certificate to be renewed files with the division the renewal application
6 together with a renewal fee of ~~sixty two dollars and fifty cents (\$62.50)~~ one hundred twenty-five
7 dollars (\$125) on or before the first day of June in ~~each~~ every other year. Upon receipt of the
8 renewal application and payment of fee, the accuracy of the application is verified and the
9 administrator grants a renewal certificate effective July 1st and expiring ~~the following~~ June 30th
10 two (2) years hence unless the certificate is sooner suspended for cause as provided in section 5-
11 54-12.

12 SECTION 2. Sections 5-54-5.1, 5-54-7.1 and 5-54-18 of the General Laws in Chapter 5-
13 54 entitled "Physician Assistants" are hereby repealed.

14 ~~**5-54-5.1. Formulary committee -- Composition -- Appointment -- Terms -- Removal**~~
15 ~~**of members. --- (a) The director shall establish a formulary committee to develop a formulary.**~~
16 ~~The committee consists of one registered physician assistant, one physician licensed under~~
17 ~~chapter 37 of this title who is currently practicing as the supervising physician for a physician~~
18 ~~assistant(s), and one registered pharmacist who is a current member of the Rhode Island board of~~
19 ~~pharmacy.~~

20 ~~(b) Members of the formulary committee are appointed by the director of the department~~
21 ~~of health for a term of three (3) years with no member serving more than two (2) consecutive~~
22 ~~terms. In his or her initial appointments the director designates the members of the formulary~~
23 ~~committee as follows: one member to serve for two (2) years and one member to serve for one~~
24 ~~year. The director may remove any member of the committee for cause. Vacancies are filled for~~
25 ~~the remainder of the unexpired portion of any term in the same manner as the original~~
26 ~~appointment.~~

27 ~~**5-54-7.1. Formulary committee -- Duties. ---**~~ The formulary committee develops a list of
28 medications which may be prescribed by physician assistants. This list applies only to nonhospital
29 settings. The committee submits a completed formulary to the director by June 1, 1992. The
30 formulary is updated annually by the formulary committee.

31 ~~**5-54-18. Physician assistant identification tags. ---**~~ The physician assistant shall at all
32 times while in the performance of his or her duties wear conspicuously on an outer garment a
33 name tag bearing the title "Physician Assistant".

1 SECTION 3. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO PHYSICIAN ASSISTANTS

1 This act would reduce the size of the board of licensure for physician assistants from nine
2 (9) to seven (7) members, and would change the makeup of that board. This act would also delete
3 the formulary committee, change registration requirements of physician assistants to a biannual
4 registration and delete the requirement for physician assistants to wear identification tags.

5 This act would take effect upon passage.

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