

CHAPTER 94
(SB 116)

AN ACT relating to physician assistants.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔Section 1. KRS 311.840 is amended to read as follows:

As used in KRS 311.840 to 311.862:

- (1) "Board" means the Kentucky Board of Medical Licensure;
- (2) "Complaint" means a formal administrative pleading that sets forth charges against a physician assistant and commences a formal disciplinary proceeding;
- (3) "Physician assistant" means a person licensed under KRS 311.840 to 311.862 who:
 - (a) Has graduated from a physician assistant or surgeon assistant program accredited by the Accreditation Review Commission on Education for Physician Assistants or its predecessor or successor agencies and has passed the certifying examination administered by the National Commission on Certification of Physician Assistants or its predecessor or successor agencies; or
 - (b) Possesses a current physician assistant certificate issued by the board prior to July 15, 2002;
- (4) "Supervising physician" means a physician licensed by the board who supervises one (1) or more physician assistants;
- (5) "Supervising physician in anesthesia" means a physician licensed by the board who has completed postgraduate training in anesthesiology at an anesthesiology program accredited by the Accreditation Council for Graduate Medical Education or its equivalent; and
- (6) "Supervision":
 - (a) Means overseeing the activities ~~of and accepting of responsibility for the~~ medical services rendered by a physician assistant. Each team of physicians and physician assistants shall ensure that the ~~approved~~~~delegation of~~ medical tasks ~~are~~~~is~~ appropriate to the physician assistant's level of training and experience, that the identifications of and access to the supervising physician are clearly defined, and that a process for evaluation of the physician assistant's performance is established; **and**
 - (b) ***Does not require the physical presence of a supervising physician when medical services are rendered by a physician assistant.***

➔Section 2. KRS 311.844 is amended to read as follows:

- (1) To be licensed by the board as a physician assistant, an applicant shall:
 - (a) Submit a completed application form with the required fee;
 - (b) Be of good character and reputation;
 - (c) Be a graduate of an approved program; and
 - (d) Have passed an examination approved by the board within three (3) attempts, ***or have been granted a waiver by the board.***
- (2) A physician assistant who is authorized to practice in another state and who is in good standing may apply for licensure by endorsement from the state of his or her credentialing if that state has standards substantially equivalent to those of this Commonwealth.
- (3) A physician assistant's license shall be valid for two (2) years and shall be renewed by the board upon fulfillment of the following requirements:
 - (a) The holder shall be of good character and reputation;
 - (b) The holder shall provide evidence of completion, during the previous two (2) years, of a minimum of one hundred (100) hours of continuing education approved by the American Medical Association, the

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American Osteopathic Association, the American Academy of Family Physicians, the American Academy of Physician Assistants, or by another entity approved by the board. The one hundred (100) hours of continuing education required by this paragraph shall include:

1. During the first two (2) years of licensure or prior to the first licensure renewal:
 - a. One and one-half (1.5) hours of continuing education in the prevention and recognition of pediatric abusive head trauma, as defined in KRS 620.020, except that graduating physician assistant students may apply pediatric abusive head trauma curriculum taught in their physician assistant graduate education to count towards the required one and one-half (1.5) hours; and
 - b. As a part of the continuing education requirements that the board adopts to ensure continuing competency of present and future licensees and the evolving needs of the growing senior population, the board shall ensure physician assistants licensed under KRS Chapter 311 complete a one (1) time course of one (1) hour of continuing education approved by the board. The course shall be completed one (1) time and count towards the current number of required continuing education hours, except that graduating student physician assistants may submit Alzheimer's and other forms of dementia course curriculum taught in their programs of study towards the required one (1) hour for approval. The course topics shall include but not be limited to:
 - i. The warning signs and symptoms of Alzheimer's disease and other forms of dementia;
 - ii. The importance of early detection, diagnosis, and appropriate communication techniques for discussion of memory concerns with the patient and his or her caregiver;
 - iii. Cognitive assessment and care planning billing codes;
 - iv. The variety of tools used to assess a patient's cognition; and
 - v. Current treatments that may be available to the patient; and
2. If the license holder is authorized, pursuant to ~~KRS 311.858(4)~~~~[KRS 311.858(5)]~~, to prescribe and administer Schedule *II*, III, IV, or V controlled substances, a minimum of seven and one-half (7.5) hours of approved continuing education relating to controlled substance diversion, pain management, addiction disorders, use of the electronic system for monitoring controlled substances established in KRS 218A.202, or any combination of two (2) or more of these subjects; and
- (c) The holder shall provide proof of current certification with the National Commission on Certification of Physician Assistants.

➔Section 3. KRS 311.850 is amended to read as follows:

- (1) The board may revoke, suspend, deny, decline to renew, limit, or restrict the license of a physician assistant, or may fine, reprimand or place a physician assistant on probation for no more than five (5) years upon proof that a physician assistant has:
 - (a) Knowingly made or presented or caused to be made or presented any false, fraudulent, or forged statement, writing, certificate, diploma, or other document relating to an application for licensure;
 - (b) Practiced, aided, or abetted in the practice of fraud, forgery, deception, collusion, or conspiracy relating to an examination for licensure;
 - (c) Been convicted of a crime as defined in KRS 335B.010, if in accordance with KRS Chapter 335B;
 - (d) Been convicted of a misdemeanor offense under KRS Chapter 510 involving a patient or a felony offense under KRS Chapter 510, KRS 530.064, or 531.310, or has been found by the board to have had sexual contact, as defined in KRS 510.010, with a patient while the patient was under the care of the physician assistant or the physician assistant's supervising physician;
 - (e) Become addicted to a controlled substance, as defined in KRS 311.550(26);
 - (f) Become a chronic or persistent alcoholic, as defined in KRS 311.550(25);

- (g) Been unable or is unable to practice medicine according to acceptable and prevailing standards of care by reason of mental or physical illness or other condition including but not limited to physical deterioration that adversely affects cognitive, motor, or perceptive skills, or by reason of an extended absence from the active practice of medicine;
 - (h) Knowingly made or caused to be made or aided or abetted in the making of a false statement in any document executed in connection with the practice of medicine or osteopathy;
 - (i) Performed any act or service as a physician assistant without a designated supervising physician;
 - (j) Exceeded the scope of medical services described by the supervising physician in the ~~agreement~~~~applications~~ required under KRS 311.854;
 - (k) Exceeded the scope of practice for which the physician assistant was credentialed by the governing board of a hospital or licensed health care facility under KRS 311.856 and 311.858;
 - (l) Aided, assisted, or abetted the unlawful practice of medicine or osteopathy or any healing art, including the unlawful practice of physician assistants;
 - (m) Willfully violated a confidential communication;
 - (n) Performed the services of a physician assistant in an unprofessional, incompetent, or grossly or chronically negligent manner;
 - (o) Been removed, suspended, expelled, or placed on probation by any health care facility or professional society for unprofessional conduct, incompetence, negligence, or violation of any provision of this section or KRS 311.858 or 311.862;
 - (p) Violated any applicable provision of administrative regulations relating to physician assistant practice;
 - (q) Violated any term of probation or other discipline imposed by the board;
 - (r) Failed to complete the required number of hours of approved continuing education;
 - (s) Engaged in dishonorable, unethical, or unprofessional conduct of character likely to deceive, defraud, or harm the public or any member thereof, as described in KRS 311.597; or
 - (t) As provided in KRS 311.824(2), been convicted of a violation of KRS 311.823(2).
- (2) All disciplinary proceedings against a physician assistant shall be conducted in accordance with the provisions of KRS 311.591, 311.592, 311.593, 311.599, and KRS Chapter 13B and related administrative regulations promulgated under KRS Chapter 311.

➔Section 4. KRS 311.854 is amended to read as follows:

- (1) A physician shall not supervise a physician assistant without approval of the board. Failure to obtain board approval as a supervising physician or failure to comply with the requirements of KRS 311.840 to 311.862 or related administrative regulations shall be considered unprofessional conduct and shall be subject to disciplinary action by the board that may include revocation, suspension, restriction, or placing on probation the supervising physician's right to supervise a physician assistant.
- (2) To be approved by the board as a supervising physician, a physician shall:
 - (a) Be currently licensed and in good standing with the board;
 - (b) Maintain a practice primarily within this Commonwealth. The board in its discretion may modify or waive this requirement;
 - (c) Submit a completed application and the required fee to the board. The application shall include but is not limited to:
 - 1. A description of the nature of the physician's practice; *and*
 - 2. A statement of assurance by the supervising physician that the scope of medical services and procedures *of the physician assistant*~~described in the application or in any supplemental information~~ shall not exceed the normal scope of practice of the supervising physician;
 - 3. ~~A description of the means by which the physician shall maintain communication with the physician assistant when they are not in the same physical location;~~

4. ~~A description of the scope of medical services and procedures to be performed by the physician assistant for which the physician assistant has been trained in an approved program; and~~
5. ~~An outline of the specific parameters for review of countersignatures].~~
- (3) ***A physician assistant shall not render any medical service or procedure unless the required supervision agreement is completed and signed by the supervising physician and physician assistant, and in effect. The supervision agreement shall include***~~[Prior to a physician assistant performing any service or procedure beyond those described in the initial application submitted to the board under subsection (2)(c) of this section, the supervising physician shall supplement that application with information that includes]~~ but is not limited to:
- (a) ***The scope of medical services and procedures approved by the supervising physician to be performed by the physician assistant;***
 - (b) ***The level and method of supervision to be provided by the supervising physician;***
 - (c) ***Any applicable requirements for review and countersignature of the physician assistant's medical notes, orders, or prescriptions;***
 - (d) ***Procedures governing communications and clinical decision-making between the supervising physician and the physician assistant;***
 - (e) ***The primary practice location and any additional sites where the physician assistant is authorized to provide services; and***
 - (f) ***Any alternate physician supervision arrangements authorized under KRS 311.840 to 311.862***~~[A description of the additional service or procedure;~~
 - ~~(b) A description of the physician assistant's education, training, experience, and institutional credentialing;~~
 - ~~(c) A description of the level of supervision to be provided for the additional service or procedure;~~
 - ~~(d) The location or locations where the additional service or procedure will be provided; and~~
 - ~~(e) Any changes to the specific parameters for review of countersignatures.~~
- ~~The initial and supplemental applications required under this section may be submitted to the board at the same time].~~
- (4) (a) ***The board shall develop and make available a standardized supervision agreement form to be used by supervising physicians and physician assistants.***
- (b) ***A copy of the completed and signed supervision agreement, and any subsequent amendments, shall be furnished to and maintained on file by the board and shall be maintained, in a readily accessible physical or electronic form, at the primary practice location where the physician assistant provides patient care.***
- (5) ***The supervision agreement may be amended at any time upon the mutual agreement of the supervising physician and physician assistant. All amendments shall be submitted to the board and maintained in accordance with this section.***
- (6) ***A licensed health care facility utilizing alternate supervising physicians may satisfy the filing requirements of this section through an alternative filing method approved by the board. Compliance with a board-approved alternative filing method shall be deemed compliant with the filing and amendment requirements of this section.***
- (7) ***A licensed health care facility may designate one (1) or more physicians to serve as alternate supervising physicians for the purpose of providing supervision to one (1) or more physician assistants when the primary supervising physician is unavailable. A health care facility's designation of alternate supervising physicians may be structured to allow for rotating, shift-based, or department-based supervision, provided that all supervising physicians:***
- (a) ***Are licensed and in good standing with the board;***
 - (b) ***Have been designated in the applicable supervision agreement described in this section; and***
 - (c) ***Fulfill the responsibilities of a supervising physician under this section and Section 5 of this Act.***

- (8) *A supervision agreement shall not be required to name an alternate supervising physician. Alternate supervising physician designations shall comply with administrative regulations promulgated by the board in accordance with KRS Chapter 13A and the supervision agreement.*
- (9)~~(4)~~ A physician who has been supervising a physician assistant prior to July 15, 2002, may continue supervision and the physician assistant may continue to perform all medical services and procedures that were provided by the physician assistant prior to July 15, 2002. The supervising physician shall submit the initial application and any supplemental application as required in this section by October 15, 2002.
- (10)~~(5)~~ A physician may enter into supervision agreements with no more than four (4) physician assistants and shall not supervise more than four (4) physician assistants at any one (1) time. Application for board approval to be a supervising physician shall be obtained individually for each physician assistant.
- (11) *The board shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement and enforce this section, including:*
- (a) *Procedures for the submission, review, modification, and renewal of supervision agreements; and*
- (b) *Alternative filing methods for licensed health care facilities to utilize alternate supervising physicians*~~(6) — The board may impose restrictions on the scope of practice of a physician assistant or on the methods of supervision by the supervising physician upon consideration of recommendations of the Physician Assistant Advisory Committee established in KRS 311.842 after providing the applicant with reasonable notice of its intended action and after providing a reasonable opportunity to be heard.~~

➔Section 5. KRS 311.856 is amended to read as follows:

A supervising physician shall:

- (1) Restrict the services of a physician assistant to services within the physician assistant's scope of practice and to the provisions of KRS 311.840 to 311.862;
- (2) Prohibit a physician assistant from dispensing controlled substances;
- (3) Prohibit a physician assistant from prescribing or administering controlled substances, except as provided in **KRS 311.858(4)**~~[KRS 311.858(5)]~~;
- (4) ~~[Inform all patients in contact with a physician assistant of the status of the physician assistant;~~
- (5) ~~Post a notice stating that a physician assistant practices medicine or osteopathy in all locations where the physician assistant may practice;~~
- (6) ~~Require a physician assistant to wear identification that clearly states that he or she is a physician assistant;~~
- (5)~~(7)~~ Prohibit a physician assistant from independently billing any patient or other payor for services rendered by the physician assistant;
- (6)~~(8)~~ If necessary, participate with the governing body of any hospital or other licensed health care facility in a credentialing process established by the facility;
- (7)~~(9)~~ Not require a physician assistant to perform services or other acts that the physician assistant feels incapable of carrying out safely and properly;
- (8)~~(10)~~ Maintain ~~[adequate, active, and continuous]~~ supervision *as outlined in the supervision agreement requirement described in Section 4 of this Act*~~[of a physician assistant's activities]~~ to *ensure*~~[assure]~~ that the physician assistant is performing as directed and complying with the *agreement*~~[requirements of KRS 311.840 to 311.862 and all related administrative regulations]~~;
- (11) ~~Review and countersign a sufficient number of overall medical notes written by the physician assistant to ensure quality of care provided by the physician assistant and outline the specific parameters for review of countersignatures in the application required by KRS 311.854. Countersignature requirements shall be determined by the supervising physician, practice, or institution. As used in this subsection:~~
 - (a) ~~"Practice" means a medical practice composed of two (2) or more physicians organized to provide patient care services, regardless of its legal form or ownership; and~~

- (b) ~~"Institution" means all or part of any public or private facility, place, building, or agency, whether organized for profit or not, that is used, operated, or designed to provide medical diagnosis, treatment, nursing, rehabilitative, or preventive care;~~
- (12) (a) ~~Reevaluate the reliability, accountability, and professional knowledge of a physician assistant two (2) years after the physician assistant's original licensure in this Commonwealth and every two (2) years thereafter; and~~
- (b) ~~Based on the reevaluation, recommend approval or disapproval of licensure or renewal to the board; and~~
- (9)~~(13)~~ Notify the board within three (3) business days if the supervising physician:
- (a) Ceases to supervise or employ the physician assistant; or
- (b) Believes in good faith that a physician assistant violated any disciplinary rule of KRS 311.840 to 311.862 or related administrative regulations.

➔ Section 6. KRS 311.858 is amended to read as follows:

- (1) A physician assistant may perform medical services and procedures within the scope of medical services and procedures described in the *supervision agreement*~~[initial or any supplemental application received by the board]~~ under KRS 311.854.
- (2) ~~[A physician assistant shall be considered an agent of the supervising physician in performing medical services and procedures described in the initial application or any supplemental application received by the board under KRS 311.854.~~
- ~~(3)~~ A physician assistant may initiate evaluation and treatment in emergency situations without specific approval.
- (3)~~(4)~~ A physician assistant may prescribe and administer all nonscheduled legend drugs and medical devices to the extent *approved*~~[delegated]~~ by the supervising physician. A physician assistant who is *approved and has*~~[delegated]~~ prescribing authority may request, receive, sign for, and distribute professional samples of nonscheduled legend drugs to patients.
- (4)~~(5)~~ (a) A physician assistant who has been approved by the board pursuant to paragraph (b) of this subsection, may prescribe and administer Schedules **II**, III, IV, and V controlled substances, as described in KRS Chapter 218A, to the extent *approved*~~[delegated]~~ by the supervising physician and as permitted under paragraphs (c), (d), ~~and~~ (e), **and** (f) of this subsection.
- (b) Before a physician assistant engages in prescribing or administering controlled substances, the physician assistant shall:
1. Have at least one (1) year of experience as a licensed and practicing physician assistant;
 2. Submit to the board a completed application for prescriptive authority for controlled substances signed by the physician assistant's supervising physician in accordance with KRS 311.856;
 3. Receive from the board, or its executive director, a notice that the application for prescriptive authority has been approved; and
 4. Obtain a Controlled Substance Registration Certificate through the United States Drug Enforcement Administration and register with the electronic system for monitoring controlled substances established in KRS 218A.202 and any other applicable state controlled substance regulatory authority.
- (c) *Prescriptions issued by a physician assistant for narcotic Schedule II controlled substances classified under KRS 218A.060, except for hydrocodone combination products as defined in KRS 218A.010, shall be limited to a seventy-two (72) hour supply without any refill.*
- (d) Prescriptions issued by a physician assistant for *hydrocodone combination products as defined in KRS 218A.010, nonnarcotic Schedule II controlled substances, and* Schedule III controlled substances, as *defined*~~[described]~~ in KRS **218A.060 and** 218A.080, shall be limited to a thirty (30) day supply without any refill.
- (e)~~(d)~~ Prescriptions issued by a physician assistant for Schedule IV or V controlled substances, as *defined*~~[described]~~ in KRS 218A.100 and 218A.120, shall be limited to the original prescription and refills not to exceed a six (6) month supply.

- ~~(f)(e)~~ Notwithstanding paragraph ~~(e)(d)~~ of this subsection, prescriptions issued by a physician assistant for benzodiazepines or Carisoprodol shall be limited to a thirty (30) day supply without any refill.
- ~~(5)(6)~~ A physician assistant shall not submit direct billing for medical services and procedures performed by the physician assistant.
- ~~(6)(7)~~ A physician assistant may perform local infiltrative anesthesia under the provisions of subsection (1) of this section, but a physician assistant shall not administer or monitor general or regional anesthesia unless the requirements of KRS 311.862 are met.
- ~~(7)(8)~~ A physician assistant may perform services in the offices or clinics of the supervising physician. A physician assistant may also render services in hospitals or other licensed health care facilities only with written permission of the facility's governing body, and the facility may restrict the physician assistant's scope of practice within the facility as deemed appropriate by the facility.
- ~~(8)(9)~~ A physician assistant shall not practice medicine or osteopathy independently. Each physician assistant shall practice under *a* supervision *agreement* as *described in Section 4 of this Act*~~(defined in KRS 311.840)~~.
- ➔Section 7. KRS 186.577 is amended to read as follows:
- (1) (a) The following persons shall submit to a test of visual acuity and visual field at the time of application or renewal:
 1. All persons applying for an initial or renewal operator's license;
 2. All persons applying for an initial or renewal instruction permit; and
 3. Any person required to complete an examination under KRS 186.635.
 - (2) Vision testing under this section shall be administered to any person:
 - (a) Applying for an initial operator's license, an initial instruction permit, or reinstatement of a license when vision must be tested as required in KRS 186.480:
 1. Prior to the time of application under subsection (5) of this section; or
 2. By *the Department of* Kentucky State Police at the time of application;
 - (b) Applying for operator's license renewal or instruction permit renewal:
 1. Prior to the time of application under subsection (5) of this section; or
 2. By the Transportation Cabinet at the time of application; or
 - (c) Identified in Kentucky administrative regulations promulgated by the Transportation Cabinet or the *Department of* Kentucky State Police as being required to undergo the exam required by KRS 186.480.
 - (3) (a) Persons whose visual acuity is 20/40 or better and who meet or exceed the visual field standard established by the Transportation Cabinet without corrective lenses shall not have a restriction placed on their driving privileges.
 - (b) Persons whose visual acuity is 20/40 or better and who meet or exceed the visual field standard established by the Transportation Cabinet with corrective lenses shall have their driving privileges restricted to mandate the use of the corrective lenses.
 - (c) If a person fails to meet a 20/40 visual acuity standard or the visual field standard established by the cabinet, the person shall be referred to a vision specialist for examination.
- (4) A person referred to a vision specialist under subsection (3) of this section whose visual acuity is 20/60 or better and who meets or exceeds the visual field standard established by the cabinet shall be eligible to test for an instruction permit or operator's license, or shall be eligible for operator's license renewal. If corrective lenses were prescribed by the vision specialist, the person's driving privileges shall be restricted to mandate the use of the corrective lenses.
 - (5) Vision tests administered under subsection (2)(a) of this section shall be deemed to meet the testing provisions outlined in subsection (3) or (4) of this section, if the person submits a driver vision testing form that complies with the provisions of subsection (6) of this section and the form has been completed by:

- (a) A vision specialist; or
 - (b) An osteopath, physician, *physician assistant*, or advanced practice registered nurse who is credentialed by the cabinet to perform vision testing under this section.
- (6) All driver vision testing forms completed under subsection (5) of this section shall:
- (a) Attest that the applicant meets or exceeds the visual acuity standard and visual field standard established by the cabinet;
 - (b) Only be valid if the vision specialist or the credentialed osteopath, credentialed physician, *credentialed physician assistant*, or credentialed advanced practice registered nurse signed and completed the vision testing form less than twelve (12) months prior to the date of application or renewal;
 - (c) State whether the driving privileges of the applicant shall be restricted to mandate the use of corrective lenses; and
 - (d) Clearly indicate that the vision testing under this section is a screening for minimum vision standards established in this section and is not a complete eye examination.
- (7) Any person seeking application or permit under subsection (1) of this section shall attest that he or she has submitted to and passed the visual acuity and visual field tests required under this section.
- (8) Any person renewing an operator's license under KRS 186.416 shall be exempt from the vision testing requirements outlined in this section.
- (9) Persons who meet the requirements of KRS 186.578 and are issued operator's licenses under KRS 186.579 shall:
- (a) Have their driving privileges restricted to the use of a bioptic telescopic device; and
 - (b) Be exempt from this section.
- (10) The Transportation Cabinet shall promulgate administrative regulations pursuant to KRS Chapter 13A to implement the provisions of this section, including but not limited to establishing visual field standards, the creation of a driver vision testing form, and establishing a credentialing process for osteopaths, physicians, *physician assistants*, and advanced practice registered nurses to conduct vision testing under this section.
- (11) The Transportation Cabinet may promulgate administrative regulations pursuant to KRS Chapter 13A to:
- (a) Implement a system for electronic transmission of driver vision testing forms and accompanying documentation; and
 - (b) Assess a fee to an applicant to cover the administrative costs of performing on-site vision testing. Any funds received from this fee shall be deposited into the photo license account established in KRS 174.056.

➔Section 8. The following KRS section is repealed:

311.860 Services performed in location separate from supervising physician -- Nonseparate location -- Definition and exceptions.

Signed by Governor April 10, 2026.