

KENTUCKY GENERAL ASSEMBLY AMENDMENT FORM
2019 REGULAR SESSION
Unofficial Document

Amend printed copy of **SB 132**

On page 15, after line 24, insert the following:

"(f) An advanced practice registered nurse who meets the requirements of this subsection and who opts to prescribe controlled substances without a CAPA-CS may prescribe Schedule II controlled substances as stipulated in subsection (8)(a)1. and (8)(a)2. of Section 1 of this Act for patients who are in hospice or palliative care, and advanced practice registered nurses certified in psychiatric-mental health may prescribe Schedule II controlled substances as stipulated in subsection (8)(a)3. of Section 1 of this Act, but shall otherwise be limited to prescribing Schedules III through V controlled substances."

On page 15, after line 24, insert the following:

"➔Section 3. 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 ~~prescribing or~~ dispensing controlled substances;
- (3) Inform all patients in contact with a physician assistant of the status of the physician assistant;
- (4) Post a notice stating that a physician assistant practices medicine or osteopathy in all

Amendment No. _____

Rep. Sen. Robert Stivers II

Committee Amendment _____

Signed: _____

Floor Amendment _____

LRC Drafter: McQueen, Melissa

Adopted: _____

Date: _____

Rejected: _____

Doc. ID: XXXX

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- locations where the physician assistant may practice;
- (5) Require a physician assistant to wear identification that clearly states that he or she is a physician assistant;
 - (6) Prohibit a physician assistant from independently billing any patient or other payor for services rendered by the physician assistant;
 - (7) If necessary, participate with the governing body of any hospital or other licensed health care facility in a credentialing process established by the facility;
 - (8) Not require a physician assistant to perform services or other acts that the physician assistant feels incapable of carrying out safely and properly;
 - (9) Maintain adequate, active, and continuous supervision of a physician assistant's activities to assure that the physician assistant is performing as directed and complying with the requirements of KRS 311.840 to 311.862 and all related administrative regulations;
 - (10) 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;
 - (11) (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
- (12) 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 4. 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 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.
- (4) A physician assistant may prescribe and administer all nonscheduled legend drugs and medical devices as delegated by the supervising physician. **A physician assistant may prescribe Schedule III, IV, or V controlled substances as delegated by the supervising physician.** A physician assistant who is delegated prescribing authority may request, receive, and distribute professional sample drugs to patients.
- (5) A physician assistant shall not submit direct billing for medical services and procedures performed by the physician assistant.
- (6) 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) 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) A physician assistant shall not practice medicine or osteopathy independently. Each physician assistant shall practice under supervision as defined in KRS 311.840."