

1 AN ACT relating to physician assistants.

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

3 ➔Section 1. KRS 311.844 is amended to read as follows:

- 4 (1) To be licensed by the board as a physician assistant, an applicant shall:
- 5 (a) Submit a completed application form with the required fee;
- 6 (b) Be of good character and reputation;
- 7 (c) Be a graduate of an approved program; and
- 8 (d) Have passed an examination approved by the board within three (3) attempts.
- 9 (2) A physician assistant who is authorized to practice in another state and who is in
- 10 good standing may apply for licensure by endorsement from the state of his or her
- 11 credentialing if that state has standards substantially equivalent to those of this
- 12 Commonwealth.
- 13 (3) A physician assistant's license shall be renewed **every two (2) years** upon fulfillment
- 14 of the following requirements:
- 15 (a) The holder shall be of good character and reputation;
- 16 (b) The holder shall provide evidence of completion during the previous two (2)
- 17 years of a minimum of one hundred (100) hours of continuing education
- 18 approved by the American Medical Association, the American Osteopathic
- 19 Association, the American Academy of Family Physicians, the American
- 20 Academy of Physician Assistants, or by another entity approved by the board;
- 21 (c) The holder shall provide evidence of completion **during the previous two (2)**
- 22 **years** of a continuing education course on the human immunodeficiency virus
- 23 and acquired immunodeficiency syndrome;
- 24 (d) As a part of the continuing education requirements that the board adopts to
- 25 ensure continuing competency of present and future licensees, the board shall
- 26 ensure that physician's assistants ~~shall~~ demonstrate completion of a one-time
- 27 training course of one and one-half (1.5) hours of training covering the

1 prevention and recognition of pediatric abusive head trauma, as defined in
 2 KRS 620.020. The one and one-half (1.5) hours of continuing education
 3 required under this section shall be included in the current number of required
 4 continuing education hours;~~and~~

5 (e) *The holder, if he or she is authorized to prescribe controlled substances*
 6 *under subsection (5) of Section 4 of this Act, shall provide evidence of*
 7 *completion during the previous two (2) years of a minimum of five (5) hours*
 8 *of continuing education in diversion training or best prescribing of*
 9 *controlled substances training, of which two (2) hours shall pertain to*
 10 *Kentucky-specific controlled substances issues. The training required by*
 11 *this paragraph shall be in addition to the one hundred (100) hours of*
 12 *continuing education required for licensure renewal under paragraph (b) of*
 13 *this subsection; and*

14 (f) The holder shall provide proof of current certification with the National
 15 Commission on Certification of Physician Assistants.

16 ➔Section 2. KRS 311.854 is amended to read as follows:

- 17 (1) A physician shall not supervise a physician assistant without approval of the board.
 18 Failure to obtain board approval as a supervising physician or failure to comply
 19 with the requirements of KRS 311.840 to 311.862 or related administrative
 20 regulations shall be considered unprofessional conduct and shall be subject to
 21 disciplinary action by the board that may include revocation, suspension, restriction,
 22 or placing on probation the supervising physician's right to supervise a physician
 23 assistant.
- 24 (2) To be approved by the board as a supervising physician, a physician shall:
- 25 (a) Be currently licensed and in good standing with the board;
- 26 (b) Maintain a practice primarily within this Commonwealth. The board in its
 27 discretion may modify or waive this requirement;

- 1 (c) Submit a completed application and the required fee to the board. The
2 application shall include but is not limited to:
- 3 1. A description of the nature of the physician's practice;
 - 4 2. A statement of assurance by the supervising physician that the scope of
5 medical services and procedures described in the application or in any
6 supplemental information shall not exceed the normal scope of practice
7 of the supervising physician;
 - 8 3. A description of the means by which the physician shall maintain
9 communication with the physician assistant when they are not in the
10 same physical location;
 - 11 4. The name, address, and area of practice of one (1) or more physicians
12 who agree in writing to accept responsibility for supervising the
13 physician assistant in the absence of the supervising physician;
 - 14 5. A description of the scope of medical services and procedures to be
15 performed by the physician assistant for which the physician assistant
16 has been trained in an approved program; and
 - 17 6. An outline of the specific parameters for review of countersignatures.
- 18 (3) Prior to a physician assistant performing any service or procedure beyond those
19 described in the initial application submitted to the board under subsection (2)(c) of
20 this section, the supervising physician shall supplement that application with
21 information that includes but is not limited to:
- 22 (a) A description of the additional service or procedure;
 - 23 (b) A description of the physician assistant's education, training, experience, and
24 institutional credentialing;
 - 25 (c) A description of the level of supervision to be provided for the additional
26 service or procedure;
 - 27 (d) The location or locations where the additional service or procedure will be

1 provided; and

2 (e) Any changes to the specific parameters for review of countersignatures.

3 The initial and supplemental applications required under this section may be
4 submitted to the board at the same time.

5 (4) A physician who has been supervising a physician assistant prior to July 15, 2002,
6 may continue supervision and the physician assistant may continue to perform all
7 medical services and procedures that were provided by the physician assistant prior
8 to July 15, 2002. The supervising physician shall submit the initial application and
9 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)
11 physician assistants and shall not supervise more than four (4) physician assistants
12 at any one (1) time. Application for board approval to be a supervising physician
13 shall be obtained individually for each physician assistant.

14 (6) The board may impose restrictions on the scope of practice of a physician assistant
15 or on the methods of supervision by the supervising physician upon consideration of
16 recommendations of the Physician Assistant Advisory Committee established in
17 KRS 311.842 after providing the applicant with reasonable notice of its intended
18 action and after providing a reasonable opportunity to be heard.

19 **(7) The board shall review and approve or deny an initial or supplemental**
20 **application submitted under this section within thirty (30) calendar days of**
21 **receiving the completed application.**

22 ➔Section 3. KRS 311.856 is amended to read as follows:

23 A supervising physician shall:

24 (1) Restrict the services of a physician assistant to services within the physician
25 assistant's scope of practice and to the provisions of KRS 311.840 to 311.862;

26 (2) Prohibit a physician assistant from prescribing or dispensing controlled substances,
27 **except as provided in subsection (5) of Section 4 of this Act;**

- 1 (3) Inform all patients in contact with a physician assistant of the status of the physician
2 assistant;
- 3 (4) Post a notice stating that a physician assistant practices medicine or osteopathy in
4 all locations where the physician assistant may practice;
- 5 (5) Require a physician assistant to wear identification that clearly states that he or she
6 is a physician assistant;
- 7 (6) Prohibit a physician assistant from independently billing any patient or other payor
8 for services rendered by the physician assistant;
- 9 (7) If necessary, participate with the governing body of any hospital or other licensed
10 health care facility in a credentialing process established by the facility;
- 11 (8) Not require a physician assistant to perform services or other acts that the physician
12 assistant feels incapable of carrying out safely and properly;
- 13 (9) Maintain adequate, active, and continuous supervision of a physician assistant's
14 activities to assure that the physician assistant is performing as directed and
15 complying with the requirements of KRS 311.840 to 311.862 and all related
16 administrative regulations;
- 17 (10) Review and countersign a sufficient number of overall medical notes written by the
18 physician assistant to ensure quality of care provided by the physician assistant and
19 outline the specific parameters for review of countersignatures in the application
20 required by KRS 311.854. Countersignature requirements shall be determined by
21 the supervising physician, practice, or institution. As used in this subsection:
 - 22 (a) "Practice" means a medical practice composed of two (2) or more physicians
23 organized to provide patient care services, regardless of its legal form or
24 ownership; and
 - 25 (b) "Institution" means all or part of any public or private facility, place, building,
26 or agency, whether organized for profit or not, that is used, operated, or
27 designed to provide medical diagnosis, treatment, nursing, rehabilitative, or

1 preventive care;

2 (11) (a) Reevaluate the reliability, accountability, and professional knowledge of a
3 physician assistant two (2) years after the physician assistant's original
4 licensure in this Commonwealth and every two (2) years thereafter; and

5 (b) Based on the reevaluation, recommend approval or disapproval of licensure or
6 renewal to the board; and

7 (12) Notify the board within three (3) business days if the supervising physician:

8 (a) Ceases to supervise or employ the physician assistant; or

9 (b) Believes in good faith that a physician assistant violated any disciplinary rule
10 of KRS 311.840 to 311.862 or related administrative regulations.

11 ➔Section 4. KRS 311.858 is amended to read as follows:

12 (1) A physician assistant may perform medical services and procedures within the
13 scope of medical services and procedures described in the initial or any
14 supplemental application received by the board under KRS 311.854.

15 (2) A physician assistant shall be considered an agent of the supervising physician in
16 performing medical services and procedures described in the initial application or
17 any supplemental application received by the board under KRS 311.854.

18 (3) A physician assistant may initiate evaluation and treatment in emergency situations
19 without specific approval.

20 (4) A physician assistant may prescribe and administer all nonscheduled legend drugs
21 and medical devices to the extent~~[as]~~ delegated by the supervising physician. A
22 physician assistant who is delegated prescribing authority may request, receive, and
23 sign for professional samples of nonscheduled legend drugs and may distribute
24 professional samples~~[sample drugs]~~ to patients.

25 (5) (a) A physician assistant who has been approved by the board pursuant to
26 paragraph (b) of this subsection may prescribe and administer non-narcotic
27 Schedule II controlled substances, and all Schedules III through V

1 controlled substances as described in KRS Chapter 218A to the extent
2 delegated by the supervising physician and as permitted under paragraphs
3 (c), (d), and (e) of this subsection.

4 (b) Before a physician assistant engages in prescribing or administering
5 controlled substances, the physician assistant shall:

6 1. Submit to the board a completed application for prescriptive authority
7 for controlled substances signed by the physician assistant's
8 supervising physician in accordance with Section 2 of this Act;

9 2. Provide evidence of completion of at least thirty (30) contact hours in
10 clinical pharmacology;

11 3. Receive from the board a notice that the application for prescriptive
12 authority has been approved by the board. The board shall review and
13 approve or deny an application for prescriptive authority within thirty
14 (30) calendar days of receiving the completed application; and

15 4. Obtain a Controlled Substance Registration Certificate through the
16 United States Drug Enforcement Administration and register with
17 Kentucky All Schedule Prescription Electronic Reporting (KASPER)
18 and any other applicable state controlled substance regulatory
19 authority.

20 (c) Prescriptions issued by a physician assistant for non-narcotic Schedule II
21 controlled substances and Schedule III controlled substances classified
22 under KRS 218A.060 and 218A.080 shall be limited to a thirty (30) day
23 supply without any refill.

24 (d) Prescriptions issued by a physician assistant for Schedules IV and V
25 controlled substances classified under KRS 218A.100 and 218A.120 shall be
26 limited to the original prescription and refills not to exceed a six (6) month
27 supply.

1 (e) Notwithstanding paragraph (d) of this subsection, prescriptions issued by a
2 physician assistant for Diazepam, Clonazepam, Lorazepam, Alprazolam,
3 and Carisoprodol are limited to a thirty (30) day supply without any refills.

4 (6) A physician assistant shall not submit direct billing for medical services and
5 procedures performed by the physician assistant.

6 ~~(7)~~~~(6)~~ A physician assistant may perform local infiltrative anesthesia under the
7 provisions of subsection (1) of this section, but a physician assistant shall not
8 administer or monitor general or regional anesthesia unless the requirements of
9 KRS 311.862 are met.

10 ~~(8)~~~~(7)~~ A physician assistant may perform services in the offices or clinics of the
11 supervising physician. A physician assistant may also render services in hospitals or
12 other licensed health care facilities only with written permission of the facility's
13 governing body, and the facility may restrict the physician assistant's scope of
14 practice within the facility as deemed appropriate by the facility.

15 ~~(9)~~~~(8)~~ A physician assistant shall not practice medicine or osteopathy independently.
16 Each physician assistant shall practice under supervision as defined in KRS
17 311.840.