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1		AN	ACT relating to physician assistants.
2	Be i	t enac	cted by the General Assembly of the Commonwealth of Kentucky:
3		⇒s	ection 1. KRS 311.530 is amended to read as follows:
4	(1)	The	re is hereby created in state government an independent board to be known as
5		the	State Board of Medical Licensure which shall exercise all medical and
6		oste	opathic licensure functions heretofore exercised by the State Board of Health.
7		The	offices of the board shall be maintained at such place as is designated by the
8		boa	rd.
9	(2)	The	board shall consist of <u>sixteen</u> [fifteen] (16)[(15)] members, including:
10		<u>(a)</u>	The commissioner of public health or designee from the Department for
11			Public Health who is a licensed physician pursuant to KRS Chapter 311;[,]
12		<u>(b)</u>	The dean of the University of Kentucky College of Medicine or designee
13			from the University of Kentucky College of Medicine who is a licensed
14			physician pursuant to KRS Chapter 311;[,]
15		<u>(c)</u>	The vice dean for clinical affairs of the University of Louisville School of
16			Medicine or designee from the University of Louisville School of Medicine
17			who is a licensed physician pursuant to KRS Chapter 311;[,]
18		<u>(d)</u>	The dean of the University of Pikeville <u>College</u> [School] of Osteopathic
19			Medicine or designee from the University of Pikeville College of Osteopathic
20			Medicine who is a licensed physician pursuant to KRS Chapter 311;[,]
21		<u>(e)</u>	The chair of the Physician Assistant Advisory Committee established
22			pursuant to Section 2 of this Act who shall serve as an ex officio nonvoting
23			<u>member;</u> and
24		<u>(f)</u>	Eleven (11) members appointed by the Governor.
25	(3)	Of t	he Governor's appointees:
26		(a)	One (1) member shall be a licensed osteopathic physician and shall be
27			appointed from a list of three (3) names submitted by the Kentucky

1		Order and the Martines Area sindian
1		Osteopathic Medical Association;
2		(b) Seven (7) members shall be licensed medical physicians and shall be
3		appointed from a list of three (3) names submitted for each position by the
4		Kentucky Medical Association; and
5		(c) Three (3) members shall be citizens at large who are representatives of any
6		recognized consumer advocacy groups with an interest in the delivery of
7		health care and are not associated with or financially interested in the practice
8		or business regulated.
9		→Section 2. KRS 311.842 is amended to read as follows:
10	(1)	The board shall promulgate administrative regulations in accordance with KRS
11		Chapter 13A relating to the licensing and regulation of physician assistants,
12		including but not limited to:
13		(a) Temporary licensing;
14		(b) Professional standards for prescribing and administering controlled
15		substances; and
16		(c) Professional standards for prescribing or administering Buprenorphine-Mono-
17		Product or Buprenorphine-Combined-with-Naloxone.
18	(2)	The board shall establish a nine (9) member Physician Assistant Advisory
19		Committee that shall review and make recommendations to the board regarding all
20		matters relating to physician assistants that come before the board, including but not
21		limited to:
22		(a) Applications for physician assistant licensing;
23		(b) Licensing renewal requirements;
24		(c) Approval of supervising physicians;
25		(d) Disciplinary actions; and
26		(e) Promulgation and revision of administrative regulations.
27	(3)	Members of the Physician Assistant Advisory Committee shall be appointed by the
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- board for four (4) year terms and shall consist of:
 (a) Five (5) practicing physician assistants, *each selected from a list of three (3) names submitted for each position by the Kentucky Academy of Physician* <u>Assistants;</u>
- 5 (b) Two (2) supervising physicians;
- 6 (c) One (1) member of the board; and
- 7 (d) One (1) citizen at large.

8 (4) The chairperson of the committee shall be *a practicing physician assistant* elected
9 by a majority vote of the committee members and shall be responsible for presiding
10 over meetings that shall be held on a regular basis.

11 (5) Members shall receive reimbursement for expenditures relating to attendance at
 12 committee meetings consistent with state policies for reimbursement of travel
 13 expenses for state employees.

14 (6) Members shall not serve more than two (2) consecutive terms.

15 <u>(7)</u>[(6)] Nothing in this chapter shall be construed to require licensing of a physician 16 assistant student enrolled in a physician assistant or surgeon assistant program 17 accredited by the Accreditation Review Commission on Education for Physician 18 Assistants or its successor agencies or of a physician assistant employed in the 19 service of the federal government while performing duties relating to that 20 employment.

21 → Section 3. 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

1		physician assistant.
2	(2)	To be approved by the board as a supervising physician, a physician shall:
3		(a) Be currently licensed and in good standing with the board;
4		(b) Maintain a practice primarily within this Commonwealth. The board in its
5		discretion may modify or waive this requirement;
6		(c) Submit a completed application and the required fee to the board. The
7		application shall include but is not limited to:
8		1. A description of the nature of the physician's practice;
9		2. A statement of assurance by the supervising physician that the scope of
10		medical services and procedures described in the application or in any
11		supplemental information shall not exceed the normal scope of practice
12		of the supervising physician;
13		3. A description of the means by which the physician shall maintain
14		communication with the physician assistant when they are not in the
15		same physical location;
16		4.[The name, address, and area of practice of one (1) or more physicians
17		who agree in writing to accept responsibility for supervising the
18		physician assistant in the absence of the supervising physician;
19		5.] A description of the scope of medical services and procedures to be
20		performed by the physician assistant for which the physician assistant
21		has been trained in an approved program; and
22		<u>5</u> [6]. An outline of the specific parameters for review of countersignatures.
23	(3)	Prior to a physician assistant performing any service or procedure beyond those
24		described in the initial application submitted to the board under subsection (2)(c) of
25		this section, the supervising physician shall supplement that application with
26		information that includes but is not limited to:
27		(a) A description of the additional service or procedure;

(a) A description of the additional service

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1		(b)	A description of the physician assistant's education, training, experience, and
2			institutional credentialing;
3		(c)	A description of the level of supervision to be provided for the additional
4			service or procedure;
5		(d)	The location or locations where the additional service or procedure will be
6			provided; and
7		(e)	Any changes to the specific parameters for review of countersignatures.
8		The	initial and supplemental applications required under this section may be
9		subn	nitted to the board at the same time.
10	(4)	A pł	hysician who has been supervising a physician assistant prior to July 15, 2002,
11		may	continue supervision and the physician assistant may continue to perform all
12		med	ical services and procedures that were provided by the physician assistant prior
13		to Ju	aly 15, 2002. The supervising physician shall submit the initial application and
14		any	supplemental application as required in this section by October 15, 2002.
15	(5)	A pl	hysician may enter into supervision agreements with no more than four (4)
16		phys	sician assistants and shall not supervise more than four (4) physician assistants
17		at ar	ny one (1) time. Application for board approval to be a supervising physician
18		shall	be obtained individually for each physician assistant.
19	(6)	The	board may impose restrictions on the scope of practice of a physician assistant
20		or o	n the methods of supervision by the supervising physician upon consideration
21		of re	ecommendations of the Physician Assistant Advisory Committee established in
22		KRS	311.842 after providing the applicant with reasonable notice of its intended
23		actic	on and after providing a reasonable opportunity to be heard.
24		⇒S	ection 4. KRS 311.844 is amended to read as follows:
25	(1)	To b	e licensed by the board as a physician assistant, an applicant shall:
26		(a)	Submit a completed application form with the required fee;
27		(b)	Be of good character and reputation;

(b) Be of good character and reputation;

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1		(c) Be a graduate of an approved program; and		
2		(d) Have passed an examination approved by the board within three (3) attempts.		
3	(2)	A physician assistant who is authorized to practice in another state and who is in		
4		good standing may apply for licensure by endorsement from the state of his or her		
5		credentialing if that state has standards substantially equivalent to those of this		
6		Commonwealth.		
7	(3)	A physician assistant's license shall be valid for two (2) years and shall be renewed		
8		by the board upon fulfillment of the following requirements:		
9		(a) The holder shall be of good character and reputation;		
10		(b) The holder shall provide evidence of completion, during the previous two (2)		
11		years, of a minimum of one hundred (100) hours of continuing education		
12		approved by the American Medical Association, the American Osteopathic		
13		Association, the American Academy of Family Physicians, the American		
14		Academy of Physician Assistants, or by another entity approved by the board.		
15		The one hundred (100) hours of continuing education required by this		
16		paragraph shall include:		
17		1. During the first two (2) years of licensure or prior to the first licensure		
18		renewal <u>, one</u> [:		
19		a. One (1) continuing education course on the human immunodeficiency		
20		virus and acquired immunodeficiency syndrome; and		
21		b. One] and one-half (1.5) hours of continuing education in the prevention		
22		and recognition of pediatric abusive head trauma, as defined in KRS		
23		620.020, except that graduating physician assistant students may apply		
24		pediatric abusive head trauma curriculum taught in their physician		
25		assistant graduate education to count towards the required one and		
26		<u>one-half (1.5) hours;</u> and		
27		2. If the license holder is authorized, pursuant to KRS 311.858(5), to		

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1		prescribe and administer Schedule III, IV, or V controlled substances, a
2		minimum of seven and one-half (7.5) hours of approved continuing
3		education relating to controlled substance diversion, pain management,
4		addiction disorders, use of the electronic system for monitoring
5		controlled substances established in KRS 218A.202, or any combination
6		of two (2) or more of these subjects; and
7		(c) The holder shall provide proof of current certification with the National
8		Commission on Certification of Physician Assistants.
9		→Section 5. KRS 311.601 is amended to read as follows:
10	(1)	The board may adopt reasonable rules and regulations to effectuate and implement
11		the provisions of KRS 311.550 to 311.620, including but not limited to regulations
12		designed to ensure the continuing professional competency of present and future
13		licensees. As an adjunct to the power conferred upon the board by this section, the
14		board may require licensees to submit to interrogation as to the nature and extent of
15		their postgraduate medical education and to require licensees found to be deficient
16		in their efforts to keep abreast of new methods and technology, to obtain additional
17		instruction and training therein.
18	(2)	As part of the continuing medical education which the board adopts to ensure
19		continuing professional competency of present and future licensees, the board shall
20		ensure that:
21		(a) Current practicing pediatricians, including those certified in medicine and
22		pediatrics, radiologists, family practitioners, and those physicians practicing
23		in an emergency medicine or urgent care setting, demonstrate completion of a
24		one (1) time course of at least one (1) hour of continuing medical education
25		approved by the board and covering the recognition and prevention of
26		pediatric abusive head trauma, as defined in KRS 620.020, prior to December
27		31, 2017; and

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1	(b)	Future practicing pediatricians, including those certified in medicine and
2		pediatrics, radiologists, family practitioners, and those physicians who will
3		practice in an emergency medicine or urgent care setting, demonstrate
4		completion of a one (1) time course of at least one (1) hour of continuing
5		medical education, or its equivalent, approved by the board and covering the
6		recognition and prevention of pediatric abusive head trauma, as defined in
7		KRS 620.020, within five (5) years of licensure. <i>Future practicing</i>
8		pediatricians, including those certified in medicine and pediatrics,
9		radiologists, family practitioners, and those physicians who will practice in
10		an emergency medicine or urgent care setting may apply pediatric abusive
11		head trauma curriculum taught in their medical school education to count
12		towards the required one (1) hour of continuing medical education.