
This act summary is provided for the convenience of the public and members of the General Assembly. It is intended to provide a general summary of the act and may not be exhaustive. It has been prepared by the staff of the Office of Legislative Counsel without input from members of the General Assembly. It is not intended to aid in the interpretation of legislation or to serve as a source of legislative intent.

Act No. 123 (S.128). Health; Professions and occupations; Board of Medical Practice; physician assistants

An act relating to physician assistant licensure

This act makes changes to the physician assistant (PA) licensure statutes to move the profession from a supervised model, in which a physician delegates duties to a PA who is under the physician's supervision pursuant to a delegation agreement, to a collaborative practice model, in which a physician, either independently or on behalf of a group practice or health care facility, enters into a practice agreement with a PA. It lists the required elements for a practice agreement, including processes for physician communication, availability, decision making, and periodic joint evaluation of services; an agreement that the PA's scope of practice will be medical care within the PA's education, training, and experience; and a plan to have a physician available for consultation at all times when the PA is practicing medicine.

The act specifies that PAs are responsible for their own medical decision making and that the existence of a practice agreement alone does not make a participating physician legally liable for the PA's actions or inactions. The act also specifies that a PA is to be considered a primary care provider when practicing in one or more specialties for which a physician would be considered a primary care provider. The act repeals a statute requiring a physician, clinic, or hospital to post a notice if it uses PAs. It requires health insurers and, to the extent permitted under federal law, Medicaid to reimburse PAs for services if the same services would be covered when delivered by a physician; allows PAs to bill for and receive direct payment for their services; and prohibits health insurers from imposing practice, education, or collaboration requirements inconsistent with or more restrictive than those in State law. The act also directs the Department of Health to amend the Board of Medical Practice rules on PAs by July 1, 2021 in accordance with the changes made by the act.

Multiple effective dates, beginning on July 1, 2020