

S.128: An act relating to physician assistant licensure
Section-by-section summary as passed by Senate
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May 11, 2020

Sec. 1. 26 V.S.A. chapter 31 – Physician Assistants

- § 1731 – Revises policy and purpose statement to describe the role of physician assistants (PAs) as health care professionals, rather than as assistants to physicians.
- § 1732 – Adds, deletes, and amends definitions for the chapter, including:
 - Deleting definition of “**delegation agreement**,” which currently refers to a signed, detailed description of the duties and scope of practice delegated by a primary supervising physician to a PA.
 - Adding definition of “**collaboration**,” which would mean a PA’s consultation with or referral to an appropriate physician or other health care professional as indicated based on the patient’s condition; the PA’s education, competencies, and experience; and the applicable standards of care.
 - Adding definition of “**participating physician**,” which would mean a physician who is a sole practitioner, is designated by a group of physicians to represent their group, or is designated by a health care facility to represent the facility, who enters into a practice agreement with a PA.
 - Amending definition of “**physician assistant**” to describe PA’s licensure as allowing the PA to practice medicine in collaboration with one or more physicians, rather than as allowing the PA to provide care only with a physician’s direction and supervision.
 - Deleting definition of “**supervising physician**,” which currently means a Vermont-licensed physician who oversees and accepts responsibility for medical care provided by a PA.
- § 1733 – Deletes current requirement that a PA must have a signed delegation agreement with one or more supervising physicians in order to practice, with the original be filed with the Board of Medical Practice and copies kept on file at each of the PA’s practice sites.
- § 1734 – Makes nonsubstantive revisions regarding eligibility for PA licensure.
- § 1734b – Updates language on license renewal for PAs on extended military active duty.
- § 1735 – Adds exemption from practice agreement requirement for PAs responding to need for medical care created by a disaster or emergency (as defined in Emergency Management Assistance Compact).
- § 1735a – Replaces current “supervision” requirement with “practice agreement” requirement.
 - Would allow a PA to engage in practice as a PA in Vermont only if the PA has entered into a written practice agreement.
 - If the practice agreement is with a sole practitioner, the participating physician must have similar area of specialty; if the practice agreement is with a physician group or facility, at least one of the physicians must have similar area of specialty.
 - Lists required elements for 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.

- Allows a PA to practice for up to 30 days without a practice agreement if the participating physician was a sole practitioner who became seriously ill or died.
- Practice agreement must be filed with Board of Medical Practice.
- Allows a PA to prescribe, dispense, administer, and procure drugs and medical devices to the same extent as a physician can.
- **§ 1735b** – Specifies that a PA would be considered a primary care provider when practicing in one or more specialties for which a physician would be considered a primary care provider.
- **§ 1736** – Revises PA unprofessional conduct statute to reflect more independent role of PA contemplated by bill, including replacing references to supervision and delegation agreements.
- **§ 1738** – Makes nonsubstantive revisions regarding use of titles “physician assistant,” “PA,” and “PA-C.”
- **§ 1739** – Revises liability statute to specify 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 PAs actions or inactions. Under current law, the supervising physician delegating activities to a PA is legally liable for the PA’s activities and the PA is the physician’s agent. The bill also deletes language about a physician’s delegation of certain activities to other employees and adds in similar language in Sec. 3 of the bill.
- **§ 1739a** – Repeals statute regarding a physician’s inappropriate use of a PA’s services.
- **§ 1740** – Makes nonsubstantive revision regarding use of PA licensing fees.
- **§ 1741** – Repeals statute requiring a physician, clinic, or hospital to post notice if it uses PAs.
- **§ 1743** – Makes nonsubstantive revision regarding Medicaid reimbursement for PA services.
- **§ 1743a** – Requires health insurers and 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 the chapter.
- **§ 1744** – Repeals obsolete provision grandfathering PAs who were certified to practice prior to 2011 law changing certification to licensure; all affected PAs transitioned to licensure during the following licensure period.

Sec. 2. 26 V.S.A. § 1354 – Physician unprofessional conduct statute

- Repeals subdivision deeming physician’s inappropriate use of a PA’s services to be unprofessional conduct.

Sec. 3. 26 V.S.A. § 1444 – Physician liability for actions of agent

- Adds new section (language moved from § 1739 and revised) allowing a physician to delegate certain activities to a medical technician or other qualified assistant or employee and making the physician legally liable for the individual’s performance of those activities. It specifies that the section does not apply to licensed nurses or PAs.

Sec. 4. Rulemaking

- Directs the Department of Health to amend the Board of Medical Practice rules on PAs in accordance with the changes from the act; rulemaking must be completed by July 1, 2021.

Sec. 5. Effective Date

- Effective on July 1, 2020; applies to PA licenses issued or renewed on or after that date.