

A-Engrossed
Senate Bill 697

Ordered by the Senate March 21
Including Senate Amendments dated March 21

Sponsored by COMMITTEE ON HEALTH POLICY

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Makes **certain** temporary statutory changes related to physician assistants permanent.

A BILL FOR AN ACT

Relating to physician assistants; amending ORS 677.495, 677.510 and 677.515.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 677.495, as amended by section 4, chapter 744, Oregon Laws 2001, is amended to read:

677.495. As used in ORS 677.495 to 677.545, unless the context requires otherwise:

(1) "Committee" means the Physician Assistant Committee created in ORS 677.540.

(2) "Physician assistant" means a person who is licensed in accordance with ORS 677.505 to 677.525.

(3) "Supervision" means the routine direction and regular review by the supervising physician, as determined to be appropriate by the Board of Medical Examiners for the State of Oregon, of the medical services provided by the physician assistant. The practice description shall provide for the maintenance of direct, verbal communication either in person or by means described in ORS 677.515 [(4)(b)] **(4)(a)** but the description shall not require the physical presence at all times of the supervising physician.

SECTION 2. ORS 677.510, as amended by section 2, chapter 743, Oregon Laws 2001, and section 14a, chapter 987, Oregon Laws 2001, is amended to read:

677.510. (1) A person licensed to practice medicine under this chapter shall not use the services of a physician assistant without the prior approval of the Board of Medical Examiners. The application shall state the name of the physician assistant, describe the manner and extent to which the physician assistant's services would be used and supervised, state the education, training and experience of the physician assistant and provide such other information in such a form as the board may require.

(2) The board may approve or reject an application, or it may modify the proposed use of the services of the physician assistant and approve the application as modified. When it appears to the board that the services of a physician assistant are being used in a manner inconsistent with the approval granted, the board may withdraw its approval. If a hearing is requested by the physician or the physician assistant upon the rejection of an application, or upon the withdrawal of an approval, a hearing shall be conducted in accordance with ORS 677.200.

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 (3) The supervising physician may have a different specialty from the physician assistant. A
2 physician assistant may be supervised by no more than four physicians. A physician may supervise
3 [two] **four** physician assistants. [However, in population groups federally designated as underserved,
4 or in geographic areas of the state that are federally designated health professional shortage areas,
5 federally designated medically underserved areas or areas designated as medically disadvantaged and
6 in need of primary health care providers by the Director of Human Services or the Office of Rural
7 Health, a physician may supervise four physician assistants.] The board may review and approve ap-
8 plications from physicians serving federally designated underserved populations, or physicians in
9 federally designated health professional shortage areas, federally designated medically underserved
10 areas or areas designated as medically disadvantaged and in need of primary health care providers
11 by the Director of Human Services or the Office of Rural Health to supervise more than four phy-
12 sician assistants, and applications from physician assistants to be supervised by more than four
13 physicians. A physician assistant may render services in an emergency room and other hospital
14 settings, a nursing home, a corrections institution and any site included in the practice description.

15 (4) A licensed physician assistant may make application to the board for emergency drug dis-
16 pensing authority. The board shall consider the criteria adopted by the Physician Assistant Com-
17 mittee under ORS 677.545 (4) in reviewing the application. Such emergency dispensing shall be of
18 drugs prepared or prepackaged by a licensed pharmacist, manufacturing drug outlet or wholesale
19 drug outlet authorized to do so under ORS chapter 689.

20 (5) A physician assistant for whom an application under subsection (1) of this section has been
21 approved by the board on or after January 2, 2006, shall submit to the board, within 24 months after
22 the approval, documentation of completion of:

23 (a) A pain management education program approved by the board and developed in conjunction
24 with the Pain Management Commission established under ORS 409.500; or

25 (b) An equivalent pain management education program, as determined by the board.

26 **SECTION 3.** ORS 677.515, as amended by section 2, chapter 744, Oregon Laws 2001, is amended
27 to read:

28 677.515. (1) This chapter does not prohibit a person from rendering medical services:

29 (a) If the person has satisfactorily completed an educational program for physician assistants,
30 approved by the Board of Medical Examiners for the State of Oregon, for physician assistants;

31 (b) If the services are rendered under the supervision and control of a person licensed under this
32 chapter to practice medicine and the use of the physician assistant's services has been approved by
33 the board as provided by ORS 677.510; and

34 (c) If the person is licensed as a physician assistant as provided by ORS 677.495 and 677.505 to
35 677.525.

36 (2) This chapter does not prohibit a student enrolled in an approved program for educating
37 physician assistants from rendering medical services if the services are rendered in the course of
38 the program.

39 (3) Notwithstanding subsections (1) and (2) of this section, the degree of independent judgment
40 that a physician assistant may exercise shall be determined by the supervising physician and the
41 physician assistant in accordance with a practice description approved by the board.

42 (4) A physician assistant may provide medical services to [ambulatory] patients in a [medical
43 care] setting where a supervising physician does not regularly practice [only] if the following con-
44 ditions exist:

45 [(a) The medical care setting is located in population groups federally designated as underserved,

1 *or in geographic areas of the state that are federally designated health professional shortage areas,*
2 *federally designated medically underserved areas or areas designated as medically disadvantaged and*
3 *in need of primary health care providers by the Director of Human Services or the Office of Rural*
4 *Health;]*

5 [(b)] (a) Direct communication either in person or by telephone, radio, radiotelephone, television
6 or similar means is maintained; and

7 [(c)] (b) The medical services provided by the physician assistant are reviewed by a supervising
8 physician on a regularly scheduled basis as determined by the board.

9 (5) A supervising physician, upon the approval of the board and in accordance with the rules
10 established by the board, may delegate to the physician assistant the authority to administer and
11 dispense limited emergency medications and to prescribe medications pursuant to this section and
12 ORS 677.535 to 677.545. Neither the board nor the Physician Assistant Committee shall limit the
13 privilege of administering, dispensing and prescribing to population groups federally designated as
14 underserved, or to geographic areas of the state that are federally designated health professional
15 shortage areas, federally designated medically underserved areas or areas designated as medically
16 disadvantaged and in need of primary health care providers by the Director of Human Services or
17 the Office of Rural Health. All prescriptions written pursuant to this subsection shall bear the name,
18 office address and telephone number of the supervising physician.

19 (6) Nothing in this chapter is intended to require or prohibit a physician assistant from prac-
20 ticing in a hospital licensed pursuant to ORS 441.015 to 441.089.

21 (7) Prescriptions for medications prescribed by a physician assistant in accordance with this
22 section and ORS 475.005, 677.010, 677.500, 677.510 and 677.535 to 677.545 and dispensed by a licensed
23 pharmacist may be filled by the pharmacist according to the terms of the prescription, and the filling
24 of such a prescription shall not constitute evidence of negligence on the part of the pharmacist if
25 the prescription was dispensed within the reasonable and prudent practice of pharmacy.

26