

NMAPA Report: 2015 Legislative Session

Larry Horan

The 2015 legislative session has come and gone. The 60 day session began on January 20th at noon and recessed on March 21st at noon. Following the end of the legislative session, the Governor has twenty days to act on legislation that passed. She can choose to sign or veto legislation presented. If the Governor fails to act on a particular piece of legislation when the twenty days are over, the legislation is considered to be “pocket vetoed”. In 2015, the signing period ended on April 10th at noon.

During a sixty day session, legislators can introduce legislation through the thirtieth day, the half way point of the session. Compared to previous sessions, the amount of legislation that was introduced was less than normal. A total of 726 pieces of legislation were introduced in the Senate (this total does not include memorials, joint memorials, resolutions or joint resolutions) and 639 bills were introduced in the House.

One factor that will impact the amount of legislation introduced is how much “new money” is available in the budget. The falling price of oil has dramatically reduced the new revenue available for the state’s general fund budget. In August 2014 the budget projections estimated approximately \$240 million in “new revenue” would be available. Because of the drop in oil prices (for every \$1.00 drop in price for a barrel of oil, the state loses approximately \$7.5 million in revenue), the new money available has been drastically reduced. Based upon the latest revenue estimates, there will be approximately \$80-88 million in new money available in the general fund budget for FY16. With less money available, less legislation is proposed which may have a fiscal impact to the state.

SB615: AN ACT RELATING TO THE PRACTICE OF MEDICINE; PROVIDING FOR COLLABORATION BETWEEN A PHYSICIAN ASSISTANT AND PHYSICIAN.

The main focus of this past session was the effort to pass legislation to change the relationship between a physician assistant and a physician from “supervision” to “collaboration”. This effort began during the late summer and fall of 2014. The legislative committee put in many hours of work to help come up with a piece of legislation to be introduced during the session. Attached to this report is a copy of the legislation that was presented during the session along with the fiscal impact report which was prepared to describe the legislation.

The work involved in attempting to pass legislation is tremendous and often has many unforeseen snags and pit falls. Our effort was no exception. I would like to thank the members of the legislative committee for the hard work they put in to the effort to pass SB615. Prior to the session, we met with the NM Medical Society and the Greater Albuquerque Medical Association. Both groups indicated that they would support our efforts to make it easier for PAs to practice in New Mexico. Once both groups reviewed our proposed legislation, they had some concerns with how the bill was drafted. But, an even more significant development occurred when the NM Medical Society received word from the contractor that processes Medicare and Medicaid payments in New Mexico that there if we proceeded with the proposed statutory change, physicians and PAs in

New Mexico may have some Medicaid and Medicare claims denied payment. Needless to say, this caused a significant delay in our work to pass the legislation. The Legislative Committee and Adam Peer from the American Academy of Physician Assistants worked very hard to attempt to obtain approval from CMS of our proposed statutory change to ensure that if we were able to pass the legislation, physicians and PAs will still be able to obtain payment from Medicare and Medicaid. We were not able to obtain the approval from CMS until the last week of the legislative session.

Unfortunately, the delay caused by the payment problem made it impossible to pass the bill in 2015. However, we were able to have a committee hearing on the legislation. Dan Otero and Mikal Smoker attended and served as expert witnesses for the testimony on the bill. It was passed out of the Senate Public Affairs Committee with a vote of Do Pass Without Recommendation. Although the bill did not make it through both houses before the session ended, it was important to have a hearing on the bill to gauge how legislators and other parties involved will view our efforts in the future.

I encourage you all to reach out to the members of the legislative committee and thank them for their work. Trying to change state law as well as how people view the PA profession is a huge undertaking. The members of the committee dedicated hours of hard work on top of their “day jobs” to move the PA profession forward. I would like to thank them for all the help they provided.

Now what? We have a piece of legislation which has been approved by CMS for the purposes of Medicaid and Medicare reimbursement. During the interim legislative period, we need to reconvene the legislative committee and sit down with the other stakeholders to see if we can reach agreement on a final piece of legislation. Our work must continue. I will work with the legislative committee to set meetings with the NM Medical Society and the Greater Albuquerque Medical Association to work on the issues this summer and fall. Then we will try to pass the bill in 2016. Below is a summary of the legislation taken from the fiscal impact report.

“Senate Public Affairs Committee Substitute for Senate Bill 615 amends the Medical Practices Act which governs the relationship between physicians and physician assistants. SB 615 removes the requirement that physician assistants have a direct “supervising” physician and instead requires “collaboration” between physician assistants and physicians. “Collaboration” is defined as the process by which physicians and physician assistants jointly contribute to the health care and medical treatment of patients within their respective scopes of practice and that does not require the physical presence of the physician while services are being rendered. The bill allows physician assistants to prescribe, administer, and distribute drugs other than Schedule 1 controlled substances in collaboration with a licensed physician. Current statute allows physician assistants to prescribe, administer, and distribute drugs under the direction of a supervising licensed physician.

The bill strikes the subsection of the Medical Practices Act requiring physician assistants to ensure that their supervising licensed physician is registered with the Medical Board. Also, the bill strikes the requirement that physician assistants renew their registration of supervision biennially.”

SB220: CREDENTIALING REQUIREMENTS FOR PROVIDER

During the work we were doing relating to our legislation, it became clear that one of the issues PAs in New Mexico are facing relates to how long it takes insurance companies to credential PAs. This causes significant delay in PAs getting paid. Senator Cliff Pirtle (R) from Roswell introduced legislation to deal with this issue. The legislation requires that insurance companies develop and utilize a standard credentialing application form. Once an insurance company receives a credentialing application, they have forty five days to either approve or deny the provider credentialing. If they fail to act on the application, then the insurance company will be required to pay the provider for services rendered. This will streamline the credentialing process and eliminate some of the delays in payments some PAs are experiencing. I worked closely on this issue with the bill sponsor and the NM Medical Society to help pass the legislation. The bill was passed and signed into law.

CONCLUSION

The 2015 session was a busy and exciting one for the NM Academy of Physician Assistants. During 2015, our work continues to change and modernize NM Statutes to allow PAs to provide increased access to health care for all New Mexicans. ■

SENATE PUBLIC AFFAIRS COMMITTEE SUBSTITUTE FOR
SENATE BILL 615

52ND LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2015

AN ACT

RELATING TO THE PRACTICE OF MEDICINE; PROVIDING FOR
COLLABORATION BETWEEN A PHYSICIAN ASSISTANT AND PHYSICIAN.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 61-6-6 NMSA 1978 (being Laws 1973,
Chapter 361, Section 1, as amended) is amended to read:

"61-6-6. DEFINITIONS.--As used in Chapter 61, Article 6
NMSA 1978:

A. "approved postgraduate training program" means a
program approved by the accrediting council ~~[on]~~ for graduate
medical education of the American medical association or by the
board;

B. "board" means the New Mexico medical board;

C. "collaboration" means the process by which
physicians and physician assistants jointly contribute to the

1 health care and medical treatment of patients within their
2 respective scopes of practice and that does not require the
3 physical presence of the physician while services are being
4 rendered;

5 [G.] D. "licensed physician" means a medical doctor
6 licensed under the Medical Practice Act to practice medicine in
7 New Mexico;

8 [D.] E. "licensee" means a medical doctor,
9 physician assistant, polysomnographic technologist,
10 anesthesiologist assistant or naprapath licensed by the board
11 to practice in New Mexico;

12 [E.] F. "medical college or school in good
13 standing" means a board-approved medical college or school that
14 has as high a standard as that required by the association of
15 American medical colleges and the council on medical education
16 of the American medical association;

17 [F.] G. "medical student" means a student enrolled
18 in a board-approved medical college or school in good standing;

19 [G.] H. "physician assistant" means a health
20 professional who is licensed by the board to practice as a
21 physician assistant and who provides services to patients
22 [~~under the supervision and direction of~~] in collaboration with
23 a licensed physician;

24 [H.] I. "intern" means a first-year postgraduate
25 student upon whom a degree of doctor of medicine and surgery or

1 equivalent degree has been conferred by a medical college or
2 school in good standing;

3 ~~[F.]~~ J. "resident" means a graduate of a medical
4 college or school in good standing who is in training in a
5 board-approved and accredited residency training program in a
6 hospital or facility affiliated with an approved hospital and
7 who has been appointed to the position of "resident" or
8 "fellow" for the purpose of postgraduate medical training;

9 ~~[G.]~~ K. "the practice of medicine" consists of:

10 (1) advertising, holding out to the public or
11 representing in any manner that one is authorized to practice
12 medicine in this state;

13 (2) offering or undertaking to administer,
14 dispense or prescribe a drug or medicine for the use of another
15 person, except as authorized pursuant to a professional or
16 occupational licensing statute set forth in Chapter 61 NMSA
17 1978;

18 (3) offering or undertaking to give or
19 administer, dispense or prescribe a drug or medicine for the
20 use of another person, except as directed by a licensed
21 physician;

22 (4) offering or undertaking to perform an
23 operation or procedure upon a person;

24 (5) offering or undertaking to diagnose,
25 correct or treat in any manner or by any means, methods,

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1 devices or instrumentalities any disease, illness, pain, wound,
2 fracture, infirmity, deformity, defect or abnormal physical or
3 mental condition of a person;

4 (6) offering medical peer review, utilization
5 review or diagnostic service of any kind that directly
6 influences patient care, except as authorized pursuant to a
7 professional or occupational licensing statute set forth in
8 Chapter 61 NMSA 1978; or

9 (7) acting as the representative or agent of a
10 person in doing any of the things listed in this subsection;

11 [~~K.~~] L. "the practice of medicine across state
12 lines" means:

13 (1) the rendering of a written or otherwise
14 documented medical opinion concerning diagnosis or treatment of
15 a patient within this state by a physician located outside this
16 state as a result of transmission of individual patient data by
17 electronic, telephonic or other means from within this state to
18 the physician or the physician's agent; or

19 (2) the rendering of treatment to a patient
20 within this state by a physician located outside this state as
21 a result of transmission of individual patient data by
22 electronic, telephonic or other means from within this state to
23 the physician or the physician's agent;

24 [~~L.~~] M. "sexual contact" means touching the primary
25 genital area, groin, anus, buttocks or breast of a patient or

1 allowing a patient to touch another's primary genital area,
 2 groin, anus, buttocks or breast in a manner that is commonly
 3 recognized as outside the scope of acceptable medical practice;

4 ~~[M.]~~ N. "sexual penetration" means sexual
 5 intercourse, cunnilingus, fellatio or anal intercourse, whether
 6 or not there is any emission, or introducing any object into
 7 the genital or anal openings of another in a manner that is
 8 commonly recognized as outside the scope of acceptable medical
 9 practice; and

10 ~~[N.]~~ O. "United States" means the fifty states, its
 11 territories and possessions and the District of Columbia."

12 **SECTION 2.** Section 61-6-7 NMSA 1978 (being Laws 1973,
 13 Chapter 361, Section 3, as amended) is amended to read:

14 "61-6-7. SHORT TITLE--LICENSURE AS A PHYSICIAN
 15 ASSISTANT--SCOPE OF PRACTICE--BIENNIAL REGISTRATION OF
 16 SUPERVISION--LICENSE RENEWAL--FEES.--

17 A. Sections 61-6-7 through 61-6-10 NMSA 1978 may be
 18 cited as the "Physician Assistant Act".

19 B. The board may license as a physician assistant a
 20 qualified person who has graduated from a physician assistant
 21 ~~[or surgeon assistant]~~ program accredited by the national
 22 accrediting body as established by rule and has passed a
 23 physician assistant national certifying examination as
 24 established by rule. The board may also license as a physician
 25 assistant a person who passed the physician assistant national

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1 certifying examination administered by the national commission
2 on certification of physician assistants prior to 1986.

3 C. A person shall not perform, attempt to perform
4 or hold ~~[himself]~~ the person's own self out as a physician
5 assistant without first applying for and obtaining a license
6 from the board ~~[and without registering his supervising~~
7 ~~licensed physician in accordance with board rules]~~.

8 D. Physician assistants may prescribe, administer
9 and distribute dangerous drugs other than controlled substances
10 in Schedule I of the Controlled Substances Act pursuant to
11 rules adopted by the board after consultation with the board of
12 pharmacy if the prescribing, administering and distributing are
13 done ~~[under the direction of a supervising]~~ in collaboration
14 with a licensed physician ~~[and within the parameters of a~~
15 ~~board approved formulary and guidelines established under~~
16 ~~Subsection C of Section 61-6-9 NMSA 1978]~~. The distribution
17 process shall comply with state laws concerning prescription
18 packaging, labeling and recordkeeping requirements. ~~[Physician~~
19 ~~assistants shall not otherwise dispense dangerous drugs or~~
20 ~~controlled substances.]~~

21 E. A physician assistant shall perform ~~[only the~~
22 ~~acts and duties assigned to the physician assistant by a~~
23 ~~supervising licensed physician that are within the scope of~~
24 ~~practice of the supervising]~~ medical services in collaboration
25 with a licensed physician.

1 F. An applicant for licensure as a physician
2 assistant shall complete application forms supplied by the
3 board and shall pay a licensing fee as provided in Section
4 61-6-19 NMSA 1978.

5 G. A physician assistant shall biennially submit
6 proof of current certification by the national commission on
7 certification of physician assistants and shall renew the
8 license [~~and registration of supervision~~] of the physician
9 assistant with the board. Applications for licensure [~~or~~
10 ~~registration of supervision~~] shall include the applicant's
11 name, current address [~~the name and office address of the~~
12 ~~supervising licensed physician~~] and such other additional
13 information as the board deems necessary.

14 ~~[H. Before starting work, a physician assistant~~
15 ~~shall ensure that the supervising licensed physician of the~~
16 ~~physician assistant is registered by the board. The license of~~
17 ~~a physician assistant shall only be valid when the physician~~
18 ~~assistant works under the supervision of a board-registered~~
19 ~~licensed physician.~~

20 ~~I.]~~ H. Each biennial renewal of licensure shall be
21 accompanied by a fee as provided in Section 61-6-19 NMSA 1978."

22 **SECTION 3.** Section 61-6-9 NMSA 1978 (being Laws 1973,
23 Chapter 361, Section 5, as amended) is amended to read:

24 "61-6-9. PHYSICIAN ASSISTANTS--RULES.--The board may
25 adopt and enforce reasonable rules for:

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1 A. education, skill and experience for licensure of
2 a person as a physician assistant and providing forms and
3 procedures for biennial licensure [~~and registration of~~
4 ~~supervision by a licensed physician~~];

5 B. examining and evaluating an applicant for
6 licensure as a physician assistant as to skill, knowledge and
7 experience of the applicant in the field of medical care;

8 C. establishing when and for how long physician
9 assistants are permitted to prescribe, administer, dispense and
10 distribute dangerous drugs other than controlled substances in
11 Schedule I of the Controlled Substances Act pursuant to rules
12 adopted by the board after consultation with the board of
13 pharmacy;

14 ~~[D. allowing a supervising licensed physician to~~
15 ~~temporarily delegate supervisory responsibilities for a~~
16 ~~physician assistant to another licensed physician;~~

17 ~~E. allowing a physician assistant to temporarily~~
18 ~~serve under the supervision of a licensed physician other than~~
19 ~~the supervising licensed physician of record;]~~ and

20 [F.] D. carrying out all other provisions of the
21 Physician Assistant Act."

22 SECTION 4. Section 61-6-10 NMSA 1978 (being Laws 1973,
23 Chapter 361, Section 6, as amended) is amended to read:

24 "61-6-10. [~~SUPERVISING~~] LICENSED PHYSICIAN COLLABORATING
25 WITH A PHYSICIAN ASSISTANT--RESPONSIBILITY.--

1 A. ~~[As a condition of licensure, all physician~~
 2 ~~assistants practicing in New Mexico shall inform the board of~~
 3 ~~the name of the licensed physician under whose supervision they~~
 4 ~~will practice.] All [supervising] physicians collaborating with~~
 5 ~~a physician assistant shall be licensed under the Medical~~
 6 ~~Practice Act [and shall be approved by the board].~~

7 B. Every licensed physician ~~[supervising]~~
 8 collaborating with a licensed physician assistant shall be
 9 individually responsible and liable for the performance of the
 10 acts and omissions delegated to the physician assistant.
 11 Nothing in this section shall be construed to relieve the
 12 physician assistant of responsibility and liability for the
 13 acts and omissions of the physician assistant.

14 C. A physician assistant shall ~~[be supervised by]~~
 15 collaborate with a physician ~~[as approved by the board]."~~

16 SECTION 5. Section 61-6-17 NMSA 1978 (being Laws 1973,
 17 Chapter 361, Section 8, as amended) is amended to read:

18 "61-6-17. EXCEPTIONS TO ACT.--The Medical Practice Act
 19 shall not apply to or affect:

- 20 A. gratuitous services rendered in cases of
 21 emergency;
- 22 B. the domestic administration of family remedies;
- 23 C. the practice of midwifery as regulated in this
 24 state;
- 25 D. commissioned medical officers of the armed

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1 forces of the United States and medical officers of the United
2 States public health service or [~~the veterans administration~~
3 ~~of~~] the United States department of veterans affairs in the
4 discharge of their official duties or within federally
5 controlled facilities; provided that such persons who hold
6 medical licenses in New Mexico shall be subject to the
7 provisions of the Medical Practice Act and provided that all
8 such persons shall be fully licensed to practice medicine in
9 one or more jurisdictions of the United States;

10 E. the practice of medicine by a physician,
11 unlicensed in New Mexico, who performs emergency medical
12 procedures in air or ground transportation on a patient from
13 inside of New Mexico to another state or back, provided the
14 physician is duly licensed in that state;

15 F. the practice, as defined and limited under their
16 respective licensing laws, of:

- 17 (1) osteopathy;
- 18 (2) dentistry;
- 19 (3) podiatry;
- 20 (4) nursing;
- 21 (5) optometry;
- 22 (6) psychology;
- 23 (7) chiropractic;
- 24 (8) pharmacy;
- 25 (9) acupuncture and oriental medicine; or

1 (10) physical therapy;

2 G. an act, task or function performed by a
3 physician assistant [~~at the direction of and under the~~
4 ~~supervision of~~] in collaboration with a licensed physician,
5 when:

6 (1) the physician assistant is currently
7 licensed by the board;

8 (2) the act, task or function is performed [~~at~~
9 ~~the direction of and under the supervision of~~] in collaboration
10 with a licensed physician in accordance with rules promulgated
11 by the board; and

12 (3) the acts of the physician assistant are
13 [~~within the scope of duties assigned or delegated by the~~
14 ~~supervising~~] in collaboration with a licensed physician and the
15 acts are within the scope of the physician assistant's
16 training;

17 H. an act, task or function of laboratory
18 technicians or technologists, x-ray technicians, nurse
19 practitioners, medical or surgical assistants or other
20 technicians or qualified persons permitted by law or
21 established by custom as part of the duties delegated to them
22 by:

23 (1) a licensed physician or a hospital, clinic
24 or institution licensed or approved by the public health
25 division of the department of health or an agency of the

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1 federal government; or

2 (2) a health care program operated or financed
3 by an agency of the state or federal government;

4 I. a properly trained medical or surgical assistant
5 or technician or professional licensee performing under the
6 physician's employment and direct supervision or a visiting
7 physician or surgeon operating under the physician's direct
8 supervision a medical act that a reasonable and prudent
9 physician would find within the scope of sound medical judgment
10 to delegate if, in the opinion of the delegating physician, the
11 act can be properly and safely performed in its customary
12 manner and if the person does not hold [~~himself~~] the person's
13 own self out to the public as being authorized to practice
14 medicine in New Mexico. The delegating physician shall remain
15 responsible for the medical acts of the person performing the
16 delegated medical acts;

17 J. the practice of the religious tenets of a church
18 in the ministrations to the sick or suffering by mental or
19 spiritual means as provided by law; provided that the Medical
20 Practice Act shall not be construed to exempt a person from the
21 operation or enforcement of the sanitary and quarantine laws of
22 the state;

23 K. the acts of a physician licensed under the laws
24 of another state of the United States who is the treating
25 physician of a patient and orders home health or hospice

1 services for a resident of New Mexico to be delivered by a home
2 and community support services agency licensed in this state;
3 provided that a change in the condition of the patient shall be
4 physically reevaluated by the treating physician in the
5 treating physician's jurisdiction or by a licensed New Mexico
6 physician;

7 L. a physician licensed to practice under the laws
8 of another state who acts as a consultant to a New Mexico-
9 licensed physician on an irregular or infrequent basis, as
10 defined by rule of the board; and

11 M. a physician who engages in the informal practice
12 of medicine across state lines without compensation or
13 expectation of compensation; provided that the practice of
14 medicine across state lines conducted within the parameters of
15 a contractual relationship shall not be considered informal and
16 is subject to licensure and rule by the board."

17 **SECTION 6.** Section 61-6-19 NMSA 1978 (being Laws 1989,
18 Chapter 269, Section 15, as amended) is amended to read:

19 "61-6-19. FEES.--

20 A. The board shall impose the following fees:

21 (1) an application fee not to exceed four
22 hundred dollars (\$400) for licensure by endorsement as provided
23 in Section 61-6-13 NMSA 1978;

24 (2) an application fee not to exceed four
25 hundred dollars (\$400) for licensure by examination as provided

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1 in Section 61-6-11 NMSA 1978;

2 (3) a triennial renewal fee not to exceed four
3 hundred fifty dollars (\$450);

4 (4) a fee of twenty-five dollars (\$25.00) for
5 placing a physician's license or a physician assistant's
6 license on inactive status;

7 (5) a late fee not to exceed one hundred
8 dollars (\$100) for physicians who renew their license within
9 forty-five days after the required renewal date;

10 (6) a late fee not to exceed two hundred
11 dollars (\$200) for physicians who renew their licenses between
12 forty-six and ninety days after the required renewal date;

13 (7) a reinstatement fee not to exceed six
14 hundred dollars (\$600) for reinstatement of a revoked,
15 suspended or inactive license;

16 (8) a reasonable administrative fee for
17 verification and duplication of license or registration and
18 copying of records;

19 (9) a reasonable publication fee for the
20 purchase of a publication containing the names of all
21 practitioners licensed under the Medical Practice Act;

22 (10) an impaired physician fee not to exceed
23 one hundred fifty dollars (\$150) for a three-year period;

24 (11) an interim license fee not to exceed one
25 hundred dollars (\$100);

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1 (12) a temporary license fee not to exceed one
2 hundred dollars (\$100);

3 (13) a postgraduate training license fee not
4 to exceed fifty dollars (\$50.00) annually;

5 (14) an application fee not to exceed one
6 hundred fifty dollars (\$150) for physician assistants applying
7 for initial licensure;

8 (15) a licensure fee not to exceed one hundred
9 fifty dollars (\$150) for physician assistants biennial
10 licensing [~~and registration of supervising licensed physician~~];

11 (16) a late fee not to exceed fifty dollars
12 (\$50.00) for physician assistants who renew their licensure
13 within forty-five days after the required renewal date;

14 (17) a late fee not to exceed seventy-five
15 dollars (\$75.00) for physician assistants who renew their
16 licensure between forty-six and ninety days after the required
17 renewal date;

18 (18) a reinstatement fee not to exceed one
19 hundred dollars (\$100) for physician assistants who reinstate
20 an expired license;

21 [~~(19) a processing fee not to exceed fifty~~
22 ~~dollars (\$50.00) for each change of a supervising licensed~~
23 ~~physician for a physician assistant;~~

24 ~~(20)] (19) a fee not to exceed three hundred~~

25 dollars (\$300) annually for a physician supervising a clinical

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1 pharmacist;

2 ~~[(21)]~~ (20) an application and renewal fee for
3 a telemedicine license not to exceed four hundred dollars
4 (\$400);

5 ~~[(22)]~~ (21) a reasonable administrative fee,
6 not to exceed the current cost of application for a license,
7 that may be charged for reprocessing applications and renewals
8 that include minor but significant errors and that would
9 otherwise be subject to investigation and possible disciplinary
10 action; and

11 ~~[(23)]~~ (22) a reasonable fee as established by
12 the department of public safety for nationwide and statewide
13 criminal history screening of applicants and licensees.

14 B. All fees are nonrefundable and shall be used by
15 the board to carry out its duties efficiently."

underscored material = new
[bracketed material] = delete

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current and previously issued FIRs are available on the NM Legislative Website (www.nmlegis.gov) and may also be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

ORIGINAL DATE 3/20/15

SPONSOR SPAC LAST UPDATED _____ HB _____

SHORT TITLE Physician & Assistant Collaboration SB 615/SPACS

ANALYST Elkins

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		NFI	NFI			

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From
Medical Board (MB)

SUMMARY

Synopsis of Bill

Senate Public Affairs Committee Substitute for Senate Bill 615 amends the Medical Practices Act which governs the relationship between physicians and physician assistants. SB 615 removes the requirement that physician assistants have a direct “supervising” physician and instead requires “collaboration” between physician assistants and physicians. “Collaboration” is defined as the process by which physicians and physician assistants jointly contribute to the health care and medical treatment of patients within their respective scopes of practice and that does not require the physical presence of the physician while services are being rendered. The bill allows physician assistants to prescribe, administer, and distribute drugs other than Schedule 1 controlled substances in collaboration with a licensed physician. Current statute allows physician assistants to prescribe, administer, and distribute drugs under the direction of a supervising licensed physician.

The bill strikes the subsection of the Medical Practices Act requiring physician assistants to ensure that their supervising licensed physician is registered with the Medical Board. Also, the bill strikes the requirement that physician assistants renew their registration of supervision biennially.

FISCAL IMPLICATIONS

There are no identified fiscal implications.

SIGNIFICANT ISSUES

According to the American Academy of Physician Assistants:

Ideally, state laws should define supervision and include provisions that allow for customization of healthcare teams to best meet the needs of patients. Because of the diversity of settings and specialties in which PAs practice, a specific requirement for onsite presence of the physician will be unavoidably arbitrary. Certain requirements may be appropriate for some settings, but would be too restrictive or permissive in others. For example, state laws that require a physician to be on-site for a specified amount of time can be a barrier to care in some circumstances. A much more patient-sensitive approach is to allow the teams to match supervision to the specific needs of the practice.

A growing number of state laws are being modified to improve a physician's ability to extend access to care through PA teams. States are using language that defines supervision more broadly, authorizing communication by electronic means, and are repealing laws that require physicians to be present at their practices for a set number of hours or within a specified proximity.

State laws governing the physician-PA team should include provisions that require physician supervision, but allow for reasonable flexibility to allow doctors and PAs to provide patient care effectively and efficiently.

<https://www.aapa.org/WorkArea/DownloadAsset.aspx?id=635>