

MAINE STATE LEGISLATURE

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129th MAINE LEGISLATURE

FIRST REGULAR SESSION-2019

Legislative Document

No. 1660

S.P. 537

In Senate, April 30, 2019

An Act To Improve Access to Physician Assistant Care

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

A handwritten signature in black ink, appearing to read 'D M Grant'.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator SANBORN, L. of Cumberland.
Cosponsored by Representative STEWART of Presque Isle and
Senators: CLAXTON of Androscoggin, DOW of Lincoln, GRATWICK of Penobscot,
President JACKSON of Aroostook, Representatives: BROOKS of Lewiston, MASTRACCIO
of Sanford, MEYER of Eliot, PERRY of Calais.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 32 MRSA §2561**, as amended by PL 2013, c. 101, §1, is further amended
3 to read:

4 **§2561. Membership; qualifications; tenure; vacancies**

5 The Board of Osteopathic Licensure, as established by Title 5, section 12004-A,
6 subsection 29, and in this chapter called the "board," consists of ~~40~~ 11 members
7 appointed by the Governor. Members must be residents of this State. Six members must
8 be graduates of a school or college of osteopathic medicine approved by the American
9 Osteopathic Association and must be, at the time of appointment, actively engaged in the
10 practice of the profession of osteopathic medicine in the State for a period of at least 5
11 years. ~~One member~~ Two members must be ~~a~~ physician assistant ~~assistants~~ licensed
12 under this chapter who ~~has~~ have been actively engaged in ~~that member's~~ the profession of
13 physician assistant in this State for at least 5 years preceding appointment to the board.
14 Three members must be public members. Consumer groups may submit nominations to
15 the Governor for the members to be appointed to represent the interest of consumers. A
16 full term of appointment is for 5 years. Appointment of members must comply with
17 section 60. A member of the board may be removed from office for cause by the
18 Governor.

19 **Sec. 2. 32 MRSA §2594-A**, as amended by PL 2013, c. 33, §1, is repealed and the
20 following enacted in its place:

21 **§2594-A. Physician assistants**

22 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
23 following terms have the following meanings.

24 A. "Competent" means possessing the requisite cognitive, noncognitive and
25 communicative qualities to perform effectively within a scope of practice while
26 adhering to professional and ethical standards.

27 B. "Insurer" has the same meaning as in Title 24-A, section 4 and includes any 3rd-
28 party payor.

29 C. "Physician" means a person licensed as a physician under this chapter or chapter
30 48.

31 D. "Physician assistant" means a person licensed under section 2594-E or 3270-E.

32 E. "Practice agreement" means an agreement between a physician assistant who
33 owns a practice and a physician that states the physician will be available to the
34 physician assistant for collaboration or consultation.

35 F. "Prescription or legend drug" has the same meaning as in section 13702-A,
36 subsection 30 and includes schedule II to schedule V drugs or other substances under
37 the federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

38 G. "Primary care" means regular appointments, wellness care and general health care
39 provided by a health care professional or provider with whom the patient has initial

1 contact for a health issue, not including an urgent care or emergency health issue, and
2 by whom the patient may be referred to a specialist.

3 **2. Scope of practice.** A physician assistant may provide any medical service for
4 which the physician assistant has been prepared by education, training and experience
5 and is competent to perform, including, but not limited to:

6 A. Medical services, including, but not limited to:

7 (1) Obtaining a comprehensive health history and performing a physical
8 examination;

9 (2) Evaluating, diagnosing and managing a health condition and providing
10 medical treatment for that condition;

11 (3) Ordering, performing and diagnosing a diagnostic study or therapeutic
12 treatment;

13 (4) Educating a patient on health promotion and disease prevention;

14 (5) Providing medical consultation upon request;

15 (6) Writing a medical order regarding the treatment of a health condition of a
16 patient, including prescribing a prescription or legend drug, procedure, patient
17 instructions or a standing order that can be exercised by another health care
18 professional or provider when a predetermined condition has been met; and

19 (7) Surgical services;

20 B. Obtaining informed consent from a patient or other authorized individual;

21 C. Supervising the performance of or delegating or assigning therapeutic or
22 diagnostic measures to other medical personnel;

23 D. Certifying the health or disability of a person required by a local, state or federal
24 entity or program;

25 E. Authenticating a document with the physician assistant's signature, certification,
26 stamp, verification, affidavit or endorsement if the document may be authenticated by
27 a physician's signature, certification, stamp, verification, affidavit or endorsement;

28 F. Ordering or prescribing a nonpharmacological intervention as a therapeutic
29 regimen, including durable medical equipment, nutrition, a blood or blood product or
30 diagnostic support service, including home health care, placement in a hospice or
31 physical or occupational therapy;

32 G. Services in a health care facility or program, including a hospital, nursing facility,
33 assisted living facility or hospice; and

34 H. If the physician assistant is registered with the federal Department of Justice,
35 Drug Enforcement Administration, prescribing, dispensing, ordering, administering
36 and procuring a medical device or a prescription or legend drug, including requesting,
37 receiving, signing for and distributing to a patient a professional sample of a
38 prescription or legend drug.

1 **3. Dispensing drugs.** Except for distributing a professional sample of a prescription
2 or legend drug under subsection 2, paragraph H, a physician assistant who dispenses a
3 prescription or legend drug pursuant to subsection 2, paragraph H:

4 A. Shall comply with all relevant federal regulations and state rules; and

5 B. May only dispense the prescription or legend drug when:

6 (1) A pharmacy service is not reasonably available;

7 (2) Dispensing the drug is in the best interests of the patient; or

8 (3) An emergency exists.

9 **4. Consultation or collaboration.** A physician assistant shall, as indicated by a
10 patient's condition, the education, competencies and experience of the physician assistant
11 and the standards of care, consult with, collaborate with or refer the patient to an
12 appropriate physician or other health care professional. The level of consultation or
13 collaboration under this subsection is determined by the practice setting, including a
14 physician employer, physician group practice, private practice or the credentialing and
15 privileging systems of a health care facility. A physician must be accessible to the
16 physician assistant at all times for consultation. Consultation or collaboration may be
17 achieved electronically or through telecommunication.

18 **5. Practice agreement.** A physician assistant who owns a part or all of a medical
19 practice that does not include a physician as a partner shall enter into and maintain a
20 practice agreement with at least one physician. Consultation under the practice
21 agreement may occur through electronic means and does not require the physical
22 presence of the physician at the time or place that the medical services are provided. The
23 practice agreement must be kept on file at the main location of the physician assistant's
24 practice and be made available to the board or the board's representative upon request.

25 **6. Primary care provider.** Notwithstanding any other provision of law to the
26 contrary, a physician assistant may be considered a primary care provider if the physician
27 assistant is practicing in a medical specialty required for a physician to be a primary care
28 provider.

29 **7. Immunity providing medical services during an emergency or disaster.** A
30 physician assistant or person with a current compatible license from another jurisdiction
31 or credentialed as a physician assistant by a federal employer that provides voluntary and
32 gratuitous medical services during a state, county or municipal disaster under Title 37-B,
33 chapter 13 or other emergency requiring medical services is not liable for civil damages
34 for any personal injuries that may result from acts or omissions that may constitute
35 ordinary negligence. This subsection does not apply to:

36 A. Medical services provided in the ordinary course of the physician assistant's scope
37 of practice or employment;

38 B. An emergency that occurs in the physician assistant's practice or place of
39 employment; or

40 C. Acts or omissions that constitute gross, willful or wanton negligence.

1 **8. Payment for services; insurer requirements.** Payment by an insurer for a
2 medical service within the physician assistant's scope of practice provided by a physician
3 assistant to an enrollee of a plan of the insurer must be made when ordered or performed
4 in the same manner as if the service were ordered or performed by a physician and be
5 based on the service provided, not the health professional or provider who performed the
6 service. An insurer shall authorize a competent physician assistant to bill the insurer and
7 receive direct payment for a medically necessary service the physician assistant provides
8 to a client of the insurer and identify the physician assistant as the medical service
9 provider in the billing and claims process for payment of the service. An insurer may not
10 impose on a physician assistant a practice, education or collaboration requirement that is
11 inconsistent with or more restrictive than required by state law or board or agency rules.

12 **Sec. 3. 32 MRSA §2594-E**, as amended by PL 2017, c. 288, Pt. A, §33, is further
13 amended to read:

14 **§2594-E. Licensure of physician assistants**

15 **1. License required.** A physician assistant may not render medical services ~~under~~
16 ~~the supervision of an osteopathic physician or an allopathic physician pursuant to a plan~~
17 ~~of supervision~~ until the physician assistant has applied for and obtained from either the
18 Board of Osteopathic Licensure or the Board of Licensure in Medicine:

19 A. A license, which must be renewed biennially with the board that issued the initial
20 license; ~~and~~.

21 ~~B. A certificate of registration.~~

22 ~~Applications~~ An application for licensure ~~and certificate of registration~~ as a physician
23 ~~assistant must be made to the board that licenses the physician assistant's primary~~
24 ~~supervising physician at the time the applications for initial licensure and certificate of~~
25 ~~registration are filed. A physician assistant who applies for licensure without a~~
26 ~~designated primary supervising physician may submit the application submitted~~ to either
27 the Board of Osteopathic Licensure or the Board of Licensure in Medicine. A license
28 granted by either the Board of Osteopathic Licensure or the Board of Licensure in
29 Medicine authorizes the physician assistant to render medical services under ~~the~~
30 ~~supervision of an osteopathic or allopathic physician regardless of which board issued the~~
31 ~~license to the physician assistant~~ section 2594-A or 3270-A.

32 **2. Qualification for licensure.** The board may issue to an individual a license to
33 practice as a physician assistant under the following conditions:

34 A. A license may be issued to an individual who:

35 (1) Graduated from a physician assistant program approved by the board;

36 (2) Passed a physician assistant national certifying examination administered by
37 the National Commission on Certification of Physician Assistants or its successor
38 organization;

39 (3) Demonstrates current clinical competency;

- 1 (4) Does not have a license or certificate of registration that is the subject of
2 disciplinary action such as probation, restriction, suspension, revocation or
3 surrender;
- 4 (5) Completes an application approved by the board; and
- 5 (6) Pays an application fee of up to ~~\$250~~ \$300; and
- 6 ~~(7) Passes an examination approved by the board.~~
- 7 B. No grounds exist as set forth in section 2591-A to deny the application.

8 ~~**3. Certificate of registration.** A physician assistant may not render medical
9 services until issued a certificate of registration by the board. The board may issue a
10 certificate of registration to a physician assistant under the following requirements:~~

11 ~~A. The physician assistant shall:~~

12 ~~(1) Submit an application on forms approved by the board. The application must
13 include:~~

14 ~~(a) A written statement by the proposed supervising physician taking
15 responsibility for all medical activities of the physician assistant; and~~

16 ~~(b) A written statement by the physician assistant and proposed supervising
17 physician that a written plan of supervision has been established; and~~

18 ~~(2) Pays an application fee of up to \$50.~~

19 ~~B. A proposed supervising physician must hold an active license to practice
20 medicine in the State and be in good standing.~~

21 **4. Delegation by physician assistant.** A physician assistant may delegate medical
22 acts to a medical assistant or another person employed by the physician assistant or by an
23 employer of the physician assistant as long as that delegation is permitted in the plan of
24 supervision established by the physician assistant and the supervising physician.

25 **5. Rules.** The Board of Osteopathic Licensure is authorized to adopt rules regarding
26 the ~~training and licensure~~ and practice of physician assistants ~~and the agency relationship~~
27 ~~between the physician assistant and the supervising physician.~~ These rules, which must
28 be adopted jointly with the Board of Licensure in Medicine, may pertain to, but are not
29 limited to, the following matters:

30 A. Information to be contained in the application for a license ~~and certificate of~~
31 ~~registration;~~

32 B. Information that is required on the application for a certificate of registration filed
33 by the proposed supervising physician;

34 C. ~~Training and education~~ Education requirements ~~and scope of permissible clinical~~
35 ~~medical procedures of~~ for the physician assistant ~~and the manner and methods by~~
36 ~~which the supervising physician must supervise the physician assistant's medical~~
37 ~~services;~~

38 D. ~~Scope of practice for physician assistants, including prescribing of controlled~~
39 ~~drugs;~~

- 1 E. Requirements for written plans of supervision;
- 2 F. Requirements for a physician assistant to notify the board regarding certain
3 circumstances, including but not limited to any change in address, ~~any change in the~~
4 ~~identity or address of the physician assistant's employer or in the physician assistant's~~
5 ~~employment status, any change in the identity or address of the supervising~~
6 ~~physician~~, the permanent departure of the physician assistant from the State, any
7 criminal convictions of the physician assistant and any discipline by other
8 jurisdictions of the physician assistant;
- 9 ~~G. Issuance of temporary physician assistant licenses and temporary registration of~~
10 ~~physician assistants;~~
- 11 H. Appointment of an advisory committee for continuing review of the physician
12 assistant ~~program and rules~~. The physician assistant ~~member~~ members of the board
13 pursuant to section 2561 must be a ~~member~~ members of the advisory committee;
- 14 I. Continuing education requirements as a precondition to continued licensure or
15 licensure renewal;
- 16 J. Fees for the application for an initial physician assistant license, which may not
17 exceed ~~\$250~~ \$300; and
- 18 ~~K. Fees for an initial certificate of registration, which may not exceed \$100;~~
- 19 ~~L. Fees for transfer of the certificate of registration by a physician assistant from one~~
20 ~~supervising physician to another, which may not exceed \$50; and~~
- 21 M. Fees for the biennial renewal of a physician assistant license in an amount not to
22 exceed \$250.

23 **Sec. 4. 32 MRSA §3263, first ¶**, as amended by PL 2013, c. 101, §5, is further
24 amended to read:

25 The Board of Licensure in Medicine, as established by Title 5, section 12004-A,
26 subsection 24, and in this chapter called the "board," consists of ~~10~~ 11 individuals who
27 are residents of this State, appointed by the Governor. Three individuals must be
28 representatives of the public. Six individuals must be graduates of a legally chartered
29 medical college or university having authority to confer degrees in medicine and must
30 have been actively engaged in the practice of their profession in this State for a
31 continuous period of 5 years preceding their appointments to the board. ~~One individual~~
32 Two individuals must be ~~a~~ physician assistant assistants licensed under this chapter who
33 ~~has~~ have been actively engaged in the practice of ~~that individual's~~ the profession of
34 physician assistant in this State for a continuous period of 5 years preceding appointment
35 to the board. A full-term appointment is for 6 years. Appointment of members must
36 comply with Title 10, section 8009. A member of the board may be removed from office
37 for cause by the Governor.

38 **Sec. 5. 32 MRSA §3270-A**, as amended by PL 2013, c. 33, §2, is repealed and the
39 following enacted in its place:

1 **§3270-A. Physician assistants**

2 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
3 following terms have the following meanings.

4 A. "Competent" means possessing the requisite cognitive, noncognitive and
5 communicative qualities to perform effectively within a scope of practice while
6 adhering to professional and ethical standards.

7 B. "Insurer" has the same meaning as in Title 24-A, section 4 and includes any 3rd-
8 party payor.

9 C. "Physician" means a person licensed as a physician under this chapter or chapter
10 36.

11 D. "Physician assistant" means a person licensed under section 2594-E or 3270-E.

12 E. "Practice agreement" means an agreement between a physician assistant who
13 owns a practice and a physician that states the physician will be available to the
14 physician assistant for collaboration or consultation.

15 F. "Prescription or legend drug" has the same meaning as in section 13702-A,
16 subsection 30 and includes schedule II to schedule V drugs or other substances under
17 the federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

18 G. "Primary care" means regular appointments, wellness care and general health care
19 provided by a health care professional or provider with whom the patient has initial
20 contact for a health issue, not including an urgent care or emergency health issue, and
21 by whom the patient may be referred to a specialist.

22 **2. Scope of practice.** A physician assistant may provide any medical service for
23 which the physician assistant has been prepared by education, training and experience
24 and is competent to perform, including, but not limited to:

25 A. Medical services, including, but not limited to:

26 (1) Obtaining a comprehensive health history and performing a physical
27 examination;

28 (2) Evaluating, diagnosing and managing a health condition and providing
29 medical treatment for that condition;

30 (3) Ordering, performing and diagnosing a diagnostic study or therapeutic
31 treatment;

32 (4) Educating a patient on health promotion and disease prevention;

33 (5) Providing medical consultation upon request;

34 (6) Writing a medical order regarding the treatment of a health condition of a
35 patient, including prescribing a prescription or legend drug, procedure, patient
36 instructions or a standing order that can be exercised by another health care
37 professional or provider when a predetermined condition has been met; and

38 (7) Surgical services;

- 1 B. Obtaining informed consent from a patient or other authorized individual;
2 C. Supervising the performance of or delegating or assigning therapeutic or
3 diagnostic measures to other medical personnel;
4 D. Certifying the health or disability of a person required by a local, state or federal
5 entity or program;
6 E. Authenticating a document with the physician assistant's signature, certification,
7 stamp, verification, affidavit or endorsement if the document may be authenticated by
8 a physician's signature, certification, stamp, verification, affidavit or endorsement;
9 F. Ordering or prescribing a nonpharmacological intervention as a therapeutic
10 regimen, including durable medical equipment, nutrition, a blood or blood product or
11 diagnostic support service, including home health care, placement in a hospice or
12 physical or occupational therapy;
13 G. Services in a health care facility or program, including a hospital, nursing facility,
14 assisted living facility or hospice; and
15 H. If the physician assistant is registered with the federal Department of Justice,
16 Drug Enforcement Administration, prescribing, dispensing, ordering, administering
17 and procuring a medical device or a prescription or legend drug, including requesting,
18 receiving, signing for and distributing to a patient a professional sample of a
19 prescription or legend drug.

20 **3. Dispensing drugs.** Except for distributing a professional sample of a prescription
21 or legend drug under subsection 2, paragraph H, a physician assistant who dispenses a
22 prescription or legend drug pursuant to subsection 2, paragraph H:

- 23 A. Shall comply with all relevant federal regulations and state rules; and
24 B. May only dispense the prescription or legend drug when:
25 (1) A pharmacy service is not reasonably available;
26 (2) Dispensing the drug is in the best interests of the patient; or
27 (3) An emergency exists.

28 **4. Consultation or collaboration.** A physician assistant shall, as indicated by a
29 patient's condition, the education, competencies and experience of the physician assistant
30 and the standards of care, consult with, collaborate with or refer the patient to an
31 appropriate physician or other health care professional. The level of consultation or
32 collaboration under this subsection is determined by the practice setting, including a
33 physician employer, physician group practice, private practice or the credentialing and
34 privileging systems of a health care facility. A physician must be accessible to the
35 physician assistant at all times for consultation. Consultation or collaboration may be
36 achieved electronically or through telecommunication.

37 **5. Practice agreement.** A physician assistant who owns a part or all of a medical
38 practice that does not include a physician as a partner shall enter into and maintain a
39 practice agreement with at least one physician. Consultation under the practice
40 agreement may occur through electronic means and does not require the physical

1 presence of the physician at the time or place that the medical services are provided. The
2 practice agreement must be kept on file at the main location of the physician assistant's
3 practice and be made available to the board or the board's representative upon request.

4 **6. Primary care provider.** Notwithstanding any other provision of law to the
5 contrary, a physician assistant may be considered a primary care provider if the physician
6 assistant is practicing in a medical specialty required for a physician to be a primary care
7 provider.

8 **7. Immunity providing medical services during an emergency or disaster.** A
9 physician assistant or person with a current compatible license from another jurisdiction
10 or credentialed as a physician assistant by a federal employer that provides voluntary and
11 gratuitous medical services during a state, county or municipal disaster under Title 37-B,
12 chapter 13 or other emergency requiring medical services is not liable for civil damages
13 for any personal injuries that may result from acts or omissions that may constitute
14 ordinary negligence. This subsection does not apply to:

15 A. Medical services provided in the ordinary course of the physician assistant's scope
16 of practice or employment;

17 B. An emergency that occurs in the physician assistant's practice or place of
18 employment; or

19 C. Acts or omissions that constitute gross, willful or wanton negligence.

20 **8. Payment for services; insurer requirements.** Payment by an insurer for a
21 medical service within the physician assistant's scope of practice provided by a physician
22 assistant to an enrollee of a plan of the insurer must be made when ordered or performed
23 in the same manner as if the service were ordered or performed by a physician and be
24 based on the service provided, not the health professional or provider who performed the
25 service. An insurer shall authorize a competent physician assistant to bill the insurer and
26 receive direct payment for a medically necessary service the physician assistant provides
27 to a client of the insurer and identify the physician assistant as the medical service
28 provider in the billing and claims process for payment of the service. An insurer may not
29 impose on a physician assistant a practice, education or collaboration requirement that is
30 inconsistent with or more restrictive than required by state law or board or agency rules.

31 **Sec. 6. 32 MRSA §3270-E**, as amended by PL 2017, c. 288, Pt. A, §34, is further
32 amended to read:

33 **§3270-E. Licensure of physician assistants**

34 **1. License required.** A physician assistant may not render medical services ~~under~~
35 ~~the supervision of an osteopathic physician or an allopathic physician pursuant to a plan~~
36 ~~of supervision~~ until the physician assistant has applied for and obtained from either the
37 Board of Licensure in Medicine or the Board of Osteopathic Licensure:

38 A. A license, which must be renewed biennially with the board that issued the initial
39 license; ~~and~~

40 ~~B. A certificate of registration.~~

1 ~~Applications~~ An application for licensure and ~~certificate of registration~~ as a physician
2 assistant must be made to the board that licenses the physician assistant's primary
3 supervising physician at the time the applications for initial licensure and certificate of
4 registration are filed. A physician assistant who applies for licensure without a
5 designated primary supervising physician may submit the application submitted to either
6 the Board of Osteopathic Licensure or the Board of Licensure in Medicine. A license
7 granted by either the Board of Osteopathic Licensure or the Board of Licensure in
8 Medicine authorizes the physician assistant to render medical services under the
9 supervision of an allopathic or osteopathic physician regardless of which board issued the
10 license to the physician assistant section 2594-A or 3270-A.

11 **2. Qualification for licensure.** The board may issue to an individual a license to
12 practice as a physician assistant under the following conditions:

13 A. A license may be issued to an individual who:

- 14 (1) Graduated from a physician assistant program approved by the board;
- 15 (2) Passed a physician assistant national certifying examination administered by
16 the National Commission on Certification of Physician Assistants or its successor
17 organization;
- 18 (3) Demonstrates current clinical competency;
- 19 (4) Does not have a license or certificate of registration that is the subject of
20 disciplinary action such as probation, restriction, suspension, revocation or
21 surrender;
- 22 (5) Completes an application approved by the board; and
- 23 (6) Pays an application fee of up to \$250 \$300; and
- 24 (7) ~~Passes an examination approved by the board; and~~

25 B. No grounds exist as set forth in section 3282-A to deny the application.

26 ~~**3. Certificate of registration.** A physician assistant may not render medical~~
27 ~~services until issued a certificate of registration by the board. The board may issue a~~
28 ~~certificate of registration to a physician assistant under the following requirements:~~

29 A. ~~The physician assistant shall:~~

- 30 (1) ~~Submit an application on forms approved by the board. The application must~~
31 ~~include:~~
- 32 (a) ~~A written statement by the proposed supervising physician taking~~
33 ~~responsibility for all medical activities of the physician assistant; and~~
- 34 (b) ~~A written statement by the physician assistant and proposed supervising~~
35 ~~physician that a written plan of supervision has been established; and~~
- 36 (2) Pays an application fee of up to \$50.

37 B. ~~A proposed supervising physician must hold an active license to practice~~
38 ~~medicine in the State and be in good standing.~~

1 **4. Delegation by physician assistant.** A physician assistant may delegate medical
2 acts to a medical assistant or another person employed by the physician assistant or by an
3 employer of the physician assistant ~~as long as that delegation is permitted in the plan of~~
4 ~~supervision established by the physician assistant and the supervising physician.~~

5 **5. Rules.** The Board of Licensure in Medicine is authorized to adopt rules regarding
6 the ~~training and~~ licensure and practice of physician assistants ~~and the agency relationship~~
7 ~~between the physician assistant and the supervising physician.~~ These rules, which must be
8 adopted jointly with the Board of Osteopathic Licensure, may pertain to, but are not
9 limited to, the following matters:

10 A. Information to be contained in the application for a license ~~and certificate of~~
11 ~~registration;~~

12 ~~B. Information that is required on the application for a certificate of registration filed~~
13 ~~by the proposed supervising physician;~~

14 ~~C. Training and education~~ Education requirements and ~~scope of permissible clinical~~
15 ~~medical procedures of~~ for the physician assistant ~~and the manner and methods by~~
16 ~~which the supervising physician must supervise the physician assistant's medical~~
17 ~~services;~~

18 ~~D. Scope of practice for physician assistants, including prescribing of controlled~~
19 ~~drugs;~~

20 ~~E. Requirements for written plans of supervision;~~

21 F. Requirements for a physician assistant to notify the board regarding certain
22 circumstances, including but not limited to any change in address, ~~any change in the~~
23 ~~identity or address of the physician assistant's employer or in the physician assistant's~~
24 ~~employment status, any change in the identity or address of the supervising~~
25 ~~physician,~~ the permanent departure of the physician assistant from the State, any
26 criminal convictions of the physician assistant and any discipline by other
27 jurisdictions of the physician assistant;

28 ~~G. Issuance of temporary physician assistant licenses and temporary registration of~~
29 ~~physician assistants;~~

30 H. Appointment of an advisory committee for continuing review of the physician
31 assistant ~~program and~~ rules. The physician assistant ~~member~~ members of the board
32 pursuant to section ~~2561~~ 3263 must be a ~~member~~ members of the advisory
33 committee;

34 I. Continuing education requirements as a precondition to continued licensure or
35 licensure renewal;

36 J. Fees for the application for an initial physician assistant license, which may not
37 exceed ~~\$250~~ \$300; and

38 ~~K. Fees for an initial certificate of registration, which may not exceed \$100;~~

39 ~~L. Fees for transfer of the certificate of registration by a physician assistant from one~~
40 ~~supervising physician to another, which may not exceed \$50; and~~

1 M. Fees for the biennial renewal of a physician assistant license in an amount not to
2 exceed \$250.

3 **Sec. 7. 34-B MRSA §3801, sub-§4-B**, as enacted by PL 2009, c. 651, §5, is
4 amended to read:

5 **4-B. Medical practitioner.** "Medical practitioner" or "practitioner" means a
6 licensed physician, ~~registered~~ licensed physician assistant, certified psychiatric clinical
7 nurse specialist, certified nurse practitioner or licensed clinical psychologist.

8 **Sec. 8. Transition.** The license of a physician assistant under the Maine Revised
9 Statutes, Title 32, section 2594-E or section 3270-E that is current and not the subject of
10 disciplinary action on the effective date of this Act remains valid.

11 SUMMARY

12 This bill makes the following changes to the laws governing the licensing and scope
13 of practice of physician assistants.

14 1. It increases the membership of the Board of Osteopathic Licensure and the Board
15 of Licensure in Medicine from 10 to 11 members by changing the number of members on
16 each board who are physician assistants from 1 member to 2 members.

17 2. It establishes provisions for the scope of practice, insurance coverage of services
18 and immunity from liability for providing volunteer medical services during emergencies
19 or disasters and clarifies that physician assistants are primary care providers when
20 practicing in a medical specialty required for a physician to be a primary care provider.

21 3. It removes registration and physician supervisory requirements.

22 4. It establishes requirements for physician assistant collaboration and consultation
23 with physicians and other health care professionals.

24 5. It changes the initial licensing fee from \$250 to \$300.

25 6. It provides a transition provision for physician assistant licenses that are current
26 and not subject to disciplinary action.