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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

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A N A C T

RELATING TO BUSINESSES AND PROFESSIONS -- PHYSICIAN ASSISTANTS

Introduced By: Senators Valverde, and Lauria

Date Introduced: March 07, 2025

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1           SECTION 1. Sections 5-54-2, 5-54-22 and 5-54-28 of the General Laws in Chapter 5-54  
2   entitled "Physician Assistants" are hereby amended to read as follows:

3           **5-54-2. Definitions.**

4           As used in this chapter, the following words have the following meanings:

5           (1) "Administrator" means the administrator, division of professional regulation.

6           (2) "Approved program" means a program for the education and training of physician  
7   assistants formally approved by the American Medical Association's (A.M.A.'s) Committee on  
8   Allied Health, Education and Accreditation, its successor, the Commission on Accreditation of  
9   Allied Health Education Programs (CAAHEP) or its successor.

10          (3) "Approved program for continuing medical education" means a program for continuing  
11   education approved by the American Academy of Physician Assistants (AAPA) or the  
12   Accreditation Council for Continuing Medical Education of the American Medical Association  
13   (AMA), or the American Academy of Family Physicians (AAPFP) or the American Osteopathic  
14   Association Committee on Continuing Medical Education (AOACCME) or any other board-  
15   approved program.

16          (4) "Board" means the board of licensure of physician assistants.

17          (5) "Collaboration" means the physician assistant shall, as indicated by the patient's  
18   condition, the education, competencies, and experience of the physician assistant, and the standards  
19   of care, consult with or refer to an appropriate physician or other healthcare professional. The

1 degree of collaboration shall be determined by the practice and includes decisions made by a  
2 physician ~~employer, physician group~~ affiliated with the practice, ~~and~~ or the credentialing and  
3 privileging systems of a ~~licensed hospital, health center, or ambulatory care center~~ healthcare  
4 facility licensed pursuant to chapter 17 of title 23 or a health maintenance organization licensed  
5 pursuant to chapter 17 of title 23 or chapter 41 of title 27. A physician must be accessible at all  
6 times for consultation by the physician assistant.

7 (6) "Director" means the director of the department of health.

8 (7) "Division" means the division of professional regulation, department of health.

9 (8) [Deleted by P.L. 2013, ch. 320, § 1 and P.L. 2013, ch. 420, § 1.]

10 (9) "Physician" means a person licensed under the provisions of chapter 29 or 37 of this  
11 title.

12 (10) "Physician assistant" or "PA" means a person who is qualified by academic and  
13 practical training to provide medical and surgical services in collaboration with physicians.

14 (11) "Unprofessional conduct" includes, but is not limited to, the following items or any  
15 combination and may be defined by regulations established by the board with prior approval of the  
16 director:

17 (i) Fraudulent or deceptive procuring or use of a license;

18 (ii) Representation of himself or herself as a physician;

19 (iii) Conviction of a felony; conviction of a crime arising out of the practice of medicine.

20 All advertising of medical business that is intended or has a tendency to deceive the public;

21 (iv) Abandonment of a patient;

22 (v) Dependence upon a controlled substance, habitual drunkenness, or rendering  
23 professional services to a patient while intoxicated or incapacitated by the use of drugs;

24 (vi) Promotion of the sale of drugs, devices, appliances, or goods or services provided for  
25 a patient in a manner that exploits the patient for the financial gain of the physician assistant;

26 (vii) Immoral conduct of a physician assistant in the practice of medicine;

27 (viii) Willfully making and filing false reports or records;

28 (ix) Willful omission to file or record or willfully impeding or obstructing a filing or  
29 recording, or inducing another person to omit to file or record medical or other reports as required  
30 by law;

31 (x) Agreeing with clinical or bioanalytical laboratories to accept payments from these  
32 laboratories for individual tests or test series for patients;

33 (xi) Practicing with an unlicensed physician or physician assistant or aiding or abetting  
34 these unlicensed persons in the practice of medicine;

(xii) Offering, undertaking, or agreeing to cure or treat a disease by a secret method, procedure, treatment, or medicine;

(xiii) Professional or mental incompetence;

(xiv) Surrender, revocation, suspension, limitation of privilege based on quality of care provided, or any other disciplinary action against a license or authorization to practice in another state or jurisdiction; or surrender, revocation, suspension, or any other disciplinary action relating to membership on any medical staff or in any medical professional association, or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as stated in this chapter;

(xv) Any adverse judgment, settlement, or award arising from a medical liability claim related to acts or conduct that would constitute grounds for action as stated in this chapter;

(xvi) Failure to furnish the board, the administrator, investigator, or representatives, information legally requested by the board;

(xvii) Violation of any provisions of this chapter or the rules and regulations promulgated by the director or an action, stipulation, or agreement of the board;

(xviii) Cheating or attempting to subvert the certifying examination;

(xix) Violating any state or federal law or regulation relating to controlled substances;

(xx) Medical malpractice;

(xxi) Sexual contact between a physician assistant and patient during the existence of the physician assistant/patient relationship;

(xxii) Providing services to a person who is making a claim as a result of a personal injury, who charges or collects from the person any amount in excess of the reimbursement to the physician assistant by the insurer as a condition of providing or continuing to provide services or treatment.

**5-54-22. Continuing medical education.**

Every physician assistant licensed to practice within the state shall be required to have satisfactorily completed ~~twenty five (25)~~ fifty (50) hours of approved continuing medical education ~~annually~~ biannually. The ~~annual~~ biannual period for accumulation of continuing-education hours commences on the first day of ~~October~~ June and runs through the last day of ~~September beginning in 1996~~ May. Beginning with the ~~annual~~ biannual renewal period commencing the first day of ~~October 1997~~ June 2025, the administrator shall not renew the certificate of licensure until satisfactory evidence of the completion of the required continuing medical education is provided to the division. The board may extend for only one six (6) month period these educational requirements if the board is satisfied that the applicant has suffered hardship that prevented the applicant from meeting the educational requirement. No recertification to practice medicine in this

1 state shall be refused, nor shall any certificate be suspended or revoked, except:

2 (1) As provided for in this chapter; and

3 (2) For failure to provide satisfactory evidence of continuing medical education as provided  
4 for in this section.

5 **5-54-28. Participation in charitable and voluntary care.**

6 A physician assistant licensed in this state, or licensed or authorized to practice in any other  
7 U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure requirements  
8 of his or her requisite federal agency as a physician assistant may volunteer to render such care that  
9 he or she is able to provide at a children's summer camp or for a public or community event ~~or in~~  
10 ~~a licensed ambulatory health center providing free care~~ without a collaborating physician as it is  
11 defined in this chapter or with such collaborating physicians as may be available. Such care must  
12 be rendered without compensation or remuneration. It is the obligation of the physician assistant to  
13 assure adequate and appropriate professional liability coverage.

14 SECTION 2. Chapter 5-54 of the General Laws entitled "Physician Assistants" is hereby  
15 amended by adding thereto the following section:

16 **5-54-29. Restrictive covenants.**

17 (a) Any contract or agreement that creates or establishes the terms of a partnership,  
18 employment, or any other form of professional relationship with a physician assistant licensed to  
19 practice pursuant to this chapter that includes any restriction of the right of such physician assistant  
20 to practice shall be void and unenforceable with respect to said restriction; provided, however, that  
21 nothing herein shall render void or unenforceable the remaining provisions of any such contract or  
22 agreement.

23 (b) Restrictions rendered void under subsection (a) of this section shall include, but shall  
24 not be limited to, the following:

25 (1) The right to practice in any geographic area for any period of time after the termination  
26 of such partnership, employment, or professional relationship;

27 (2) The right of such physician assistant to provide treatment, advise, consult with or  
28 establish a professional relationship with any current patient of the employer; and

29 (3) The right of such physician assistant to solicit or seek to establish a professional  
30 relationship with any current patient of the employer.

31 (c) Notwithstanding the foregoing, the prohibition on physician assistant covenants shall  
32 not apply in connection with the purchase and sale of a practice; provided that, the restrictive  
33 covenant and/or non-compete covenant is for a period not more than five (5) years.

34 SECTION 3. Section 16-91-3 of the General Laws in Chapter 16-91 entitled "School and

1 Youth Programs Concussion Act" is hereby amended to read as follows:

2 **16-91-3. School district's guidelines to be developed and implemented.**

3 (a) The department of education and the department of health shall work in concert with  
4 the Rhode Island Interscholastic League to develop and promulgate guidelines to inform and  
5 educate coaches, teachers, school nurses, youth athletes, and their parents and/or guardians of the  
6 nature and risk of concussion and head injury, including continuing to play after concussion or head  
7 injury. A concussion and head injury information sheet shall be signed and returned by the youth  
8 athlete and the athlete's parent and/or guardian prior to the youth athlete's return to practice or  
9 competition.

10 (b) School districts are required to use training materials made available by the United  
11 States Center for Disease Control and Prevention entitled "Heads Up: Concussion in the High  
12 School Sports/Concussion in Youth Sports" and any updates or amendments thereto, or training  
13 materials substantively and substantially similar thereto. The department of education shall post  
14 training materials made available by the Center for Disease Control and Prevention and the Rhode  
15 Island Interscholastic League on its website. All coaches and volunteers involved in a youth sport  
16 or activity covered by this chapter must complete a training course and a refresher course annually  
17 thereafter in concussions and traumatic brain injuries. All school nurses must complete a training  
18 course and an annual refresher course in concussions and traumatic brain injuries. Teachers and  
19 teachers' aides are strongly encouraged to complete the training course in concussions and  
20 traumatic brain injuries. Training may consist of videos, classes, and any other generally accepted  
21 mode and medium of providing information.

22 (c) School districts are encouraged to have all student athletes perform baseline  
23 neuropsychological testing, computerized or otherwise. Parents and/or guardians shall be provided  
24 with information as to the risk of concussion and/or traumatic brain injuries prior to the start of  
25 every sport season and they shall sign an acknowledgement as to their receipt of such information.

26 (d) A youth athlete, who is suspected of sustaining a concussion or head injury in a practice  
27 or game, shall be removed from competition at that time.

28 (e) A youth athlete, who has been removed from play, may not return to play until the  
29 athlete is evaluated by a licensed physician, [physician assistant, or certified nurse practitioner](#) who  
30 may consult with an athletic trainer, all of whom shall be trained in the evaluation and management  
31 of concussions. The athlete must receive written clearance to return to play from that licensed  
32 physician, [physician assistant, or certified nurse practitioner](#).

33 (f) All school districts are encouraged to have an athletic trainer, or similarly trained  
34 person, at all recreational and athletic events addressed by this statute.

SECTION 4. Section 16-91.1-3 of the General Laws in Chapter 16-91.1 entitled "The Sudden Cardiac Arrest Prevention Act" is hereby amended to read as follows:

**16-91.1-3. School districts' guidelines to be developed and implemented.**

(a) The department of education and the department of health shall promulgate guidelines to inform and educate coaches, teachers, school nurses, youth athletes, and their parents and/or guardians about the nature and warning signs of sudden cardiac arrest, including the risks associated with continuing to play or practice after experiencing the following symptoms: fainting or seizures during exercise, unexplained shortness of breath, chest pains, dizziness, racing heart rate and extreme fatigue.

(b) School districts may use training materials made available at no cost to the school district by organizations such as Simon's Fund, Parent Heart Watch, Sudden Arrhythmia Death Syndromes Foundation, or training materials substantively and substantially similar thereto. The department of education shall post links to training materials on its website. All coaches and volunteers involved in a youth sport program or activity covered by this chapter must complete a training course that may be completed online about the nature and warning signs of sudden cardiac arrest, including the risks associated with continuing to play or practice after experiencing symptoms including: fainting or seizures during exercise, unexplained shortness of breath, chest pains, dizziness, racing heart rate and extreme fatigue. Training may consist of videos, classes, and any other generally accepted mode and medium of providing information.

(c) Parents and/or guardians shall be provided with information as to the nature and warning signs of sudden cardiac arrest prior to the start of every sport season.

(d)(1) A student who, as determined by a game official, coach from the student's team, certified athletic trainer, licensed physician, or other official designated by the student's school entity, exhibits signs or symptoms of sudden cardiac arrest while participating in an athletic activity shall be removed by the coach from participation at that time, subject to subsection (d)(3) of this section.

(2) If a student is known to have exhibited signs or symptoms of sudden cardiac arrest at any time prior to or following an athletic activity, the student shall be prevented from participating in an athletic activity, subject to subsection (d)(3) of this section.

(3) A student removed or prevented from participating in an athletic activity under subsections (d)(1) or (d)(2) of this section shall not return to participation until the student is evaluated and cleared for return to participation in writing by a licensed physician, [physician assistant, or](#) certified registered nurse practitioner, ~~or cardiologist~~.

(e) All school districts are encouraged to have an athletic trainer, or similarly trained

1 person, at all recreational and athletic events addressed by this statute.

2 SECTION 5. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO BUSINESSES AND PROFESSIONS -- PHYSICIAN ASSISTANTS

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1           This act would alter the continuing medical education requirements of physician assistants  
2   to fifty (50) credits submitted biannually. This act would also allow physician assistants to render  
3   charitable care without a collaborating physician when the physician assistant has appropriate  
4   professional liability insurance coverage. This act would alter “The School and Youth Programs  
5   Concussion Act” and “The Sudden Cardiac Arrest Prevention Act” to permit physician assistants  
6   to clear student athletes to return to athletic activities after being removed from such activities for  
7   evoking symptoms of a concussive or cardiac origin. This act would further prohibit restrictive  
8   covenants and non-compete agreements that would prohibit physician assistants from practicing in  
9   a certain geographic area, advising or treating a patient with whom a relationship was established  
10   while the physician assistant was employed by the party to the agreement, or establishing a  
11   relationship with another employer. The prohibition of the foregoing would not apply to  
12   agreements involving the purchase and sale of a practice.

13           This act would take effect upon passage.

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