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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

RELATING TO BUSINESSES AND PROFESSIONS -- PHYSICIAN ASSISTANTS

Introduced By: Senators Valverde, Lauria, Urso, Acosta, Ujifusa, Euer, Thompson,  
DiMario, Murray, and Gallo

Date Introduced: March 04, 2026

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 5-54-2, 5-54-8, 5-54-9 and 5-54-22 of the General Laws in Chapter  
2 5-54 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~~ affiliated with the practice, ~~physician~~ medical group practice as defined in § 5-  
3 37-1(15), ~~and or~~ the credentialing and privileging systems of a ~~licensed hospital, health center, or~~  
4 ~~ambulatory care center~~ healthcare facility licensed pursuant to chapter 17 of title 23, or a health  
5 maintenance organization licensed pursuant to chapter 17 of title 23 or chapter 41 of title 27. A  
6 physician must be accessible at all 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;

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

3 (xiii) Professional or mental incompetence;

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

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

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

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

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

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

18 (xx) Medical malpractice;

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

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

24 **5-54-8. Permitted healthcare practices by physician assistants.**

25 (a) Physician assistants shall practice ~~in~~ with collaboration ~~with physicians~~ as defined in §  
26 5-54-2(5). A physician assistant may provide any medical or surgical services that are within the  
27 physician assistant's skills, education, and training. Whenever any provision of general or public  
28 law or regulation requires a signature, certification, stamp, verification, affidavit, or endorsement  
29 by a physician, it shall be deemed to include a signature, certification, stamp, verification, affidavit,  
30 or endorsement by a physician assistant. Physician assistants may perform those duties and  
31 responsibilities consistent with the limitations of this section, including prescribing, administering,  
32 procuring, and dispensing of drugs and medical devices. Physician assistants may request, receive,  
33 sign for, and distribute professional samples of drugs and medical devices to patients only within  
34 the limitations of this section. ~~Notwithstanding any other provisions of law, a physician assistant~~

1 ~~may provide medical and surgical services when those services are rendered in collaboration with~~  
2 ~~a licensed physician.~~

3 (b) [Deleted by P.L. 2019, ch. 197, § 1 and P.L. 2019, ch. 230, § 1].

4 (c) Physician assistants may write prescriptions and medical orders to the extent provided  
5 in this paragraph. When extended medical staff privileges by a licensed hospital or other licensed  
6 healthcare facility in accordance with subsection (e) of this section, a physician assistant may write  
7 medical orders for inpatients as delineated by the medical staff bylaws of the facility as well as its  
8 credentialing process and applicable governing authority. Physician assistants may prescribe  
9 legend medications including Schedule II, III, IV, and V medications under chapter 28 of title 21  
10 of the Rhode Island uniform controlled substances act, medical therapies, medical devices, and  
11 medical diagnostics.

12 (d) When collaborating with a physician licensed under chapter 29 of this title, the service  
13 rendered by the physician assistant shall be limited to the foot. The “foot” is defined as the pedal  
14 extremity of the human body and its articulations, and includes the tendons and muscles of the  
15 lower leg only as they are involved in conditions of the foot.

16 (e) Hospitals and other licensed healthcare facilities have discretion to grant privileges to  
17 a physician assistant and to define the scope of privileges or services that a physician assistant may  
18 deliver in a facility.

19 (f) A physician assistant shall not undertake or represent that he or she is qualified to  
20 provide a medical or surgical care service that he or she knows or reasonably should know to be  
21 outside his or her competence or is prohibited by law.

22 (g) Notwithstanding any other provision of law or regulation, a physician assistant shall be  
23 considered to be a primary care provider when the physician assistant is practicing in the medical  
24 specialties required for a physician to be a primary care provider.

25 **5-54-9. Criteria for licensure as a physician assistant.**

26 The board shall recommend to the director for licensure as a physician assistant an  
27 applicant who:

28 (1) Is of good character and reputation;

29 (2) Graduated from a physician-assistant training program certified by the AMA’s  
30 Committee on Allied Health, Education, and Accreditation, its successor, the Commission on  
31 Accreditation of Allied Health Education Programs (CAAHEP), its successor, or the Accreditation  
32 Review Commission on Education for the Physician Assistant (ARC-PA), or its successor;

33 (3) Passed the National Commission on Certification of Physician Assistants physician  
34 assistant national certification examination or any other national exam approved by the board;

1 (4) Submitted a completed application together with the required fee as set forth in § 23-1-  
2 54; and

3 (5) After January 1, 2027, candidates for initial licensure and licensure renewal shall  
4 complete a criminal history records check. The board shall promulgate rules and regulations to  
5 fulfill this requirement.

6 **5-54-22. Continuing medical education.**

7 Every physician assistant licensed to practice within the state shall be required to have  
8 satisfactorily completed ~~twenty five (25)~~ fifty (50) hours of approved continuing medical education  
9 ~~annually~~ biannually. The ~~annual~~ biannual period for accumulation of continuing-education hours  
10 commences on the first day of ~~October~~ June and runs through the last day of ~~September~~ May  
11 beginning in ~~1996~~ 2026. Beginning with the ~~annual~~ biannual renewal period commencing the first  
12 day of ~~October-1997~~ June 2027, the administrator shall not renew the certificate of licensure until  
13 satisfactory evidence of the completion of the required continuing medical education is provided  
14 to the division. The board may extend these educational requirements for only one six (6) month  
15 period if the board is satisfied that the applicant has suffered hardship that prevented the applicant  
16 from completing the educational requirements. No recertification to practice medicine in this state  
17 shall be refused, nor shall any certificate be suspended or revoked, except:

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

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

21 SECTION 2. Section 5-54-28 of the General Laws in Chapter 5-54 entitled "Physician  
22 Assistants" is hereby repealed.

23 **~~5-54-28. Participation in charitable and voluntary care.~~**

24 ~~A physician assistant licensed in this state, or licensed or authorized to practice in any other~~  
25 ~~U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure requirements~~  
26 ~~of his or her requisite federal agency as a physician assistant may volunteer to render such care that~~  
27 ~~he or she is able to provide at a children's summer camp or for a public or community event or in~~  
28 ~~a licensed ambulatory health center providing free care. Such care must be rendered without~~  
29 ~~compensation or remuneration. It is the obligation of the physician assistant to assure adequate and~~  
30 ~~appropriate professional liability coverage.~~

31 SECTION 3. Chapter 5-54 of the General Laws entitled "Physician Assistants" is hereby  
32 amended by adding thereto the following section:

33 **5-54-29. Restrictive covenants.**

34 (a) Any contract or agreement that creates or establishes the terms of a partnership,

1 employment, or any other form of professional relationship with a physician assistant licensed to  
2 practice pursuant to this chapter that includes any restriction of the right of such physician assistant  
3 to practice shall be void and unenforceable with respect to said restriction; provided, however, that  
4 nothing in this section shall render void or unenforceable the remaining provisions of any such  
5 contract or agreement.

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

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

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

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

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

17 SECTION 4. Section 16-91-3 of the General Laws in Chapter 16-91 entitled "School and  
18 Youth Programs Concussion Act" is hereby amended to read as follows:

19 **16-91-3. School district's guidelines to be developed and implemented.**

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

27 (b) School districts are required to use training materials made available by the United  
28 States Center for Disease Control and Prevention entitled "Heads Up: Concussion in the High  
29 School Sports/Concussion in Youth Sports" and any updates or amendments thereto, or training  
30 materials substantively and substantially similar thereto. The department of education shall post  
31 training materials made available by the Center for Disease Control and Prevention and the Rhode  
32 Island Interscholastic League on its website. All coaches and volunteers involved in a youth sport  
33 or activity covered by this chapter must complete a training course and a refresher course annually  
34 thereafter in concussions and traumatic brain injuries. All school nurses must complete a training

1 course and an annual refresher course in concussions and traumatic brain injuries. Teachers and  
2 teachers' aides are strongly encouraged to complete the training course in concussions and  
3 traumatic brain injuries. Training may consist of videos, classes, and any other generally accepted  
4 mode and medium of providing information.

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

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

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

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

18 SECTION 5. Section 16-91.1-3 of the General Laws in Chapter 16-91.1 entitled "The  
19 Sudden Cardiac Arrest Prevention Act" is hereby amended to read as follows:

20 **16-91.1-3. School districts' guidelines to be developed and implemented.**

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

27 (b) School districts may use training materials made available at no cost to the school  
28 district by organizations such as Simon's Fund, Parent Heart Watch, Sudden Arrhythmia Death  
29 Syndromes Foundation, or training materials substantively and substantially similar thereto. The  
30 department of education shall post links to training materials on its website. All coaches and  
31 volunteers involved in a youth sport program or activity covered by this chapter must complete a  
32 training course that may be completed online about the nature and warning signs of sudden cardiac  
33 arrest, including the risks associated with continuing to play or practice after experiencing  
34 symptoms including: fainting or seizures during exercise, unexplained shortness of breath, chest

1 pains, dizziness, racing heart rate and extreme fatigue. Training may consist of videos, classes, and  
2 any other generally accepted mode and medium of providing information.

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

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

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

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

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

19 SECTION 6. 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 increase continuing medical education requirements for physician assistants  
2 to fifty (50) hours biannually. The act also would remove restrictions of physician assistants to  
3 render charitable care provided they have liability coverage; permit physician assistants to render  
4 aid under The School and Youth Programs Concussion Act and “The Sudden Cardiac Arrest  
5 Prevention Act; and remove restrictive covenants and non-compete agreements.

6           This act would take effect upon passage.

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