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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2016

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A N A C T

RELATING TO BUSINESSES AND PROFESSIONS - PHYSICIAN ASSISTANTS

Introduced By: Senators Doyle, Nesselbush, Satchell, DiPalma, and P Fogarty

Date Introduced: February 25, 2016

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 5-54-1, 5-54-2, 5-54-3, 5-54-4, 5-54-5, 5-54-6, 5-54-7, 5-54-8, 5-
2 54-9, 5-54-10, 5-54-11, 5-54-11.1, 5-54-13, 5-54-13.1, 5-54-14, 5-54-16, 5-54-22, 5-54-23, 5-54-
3 24, 5-54-25, 5-54-26 and 5-54-27 of the General Laws in Chapter 5-54 entitled "Physician
4 Assistants" are hereby amended to read as follows:

5 **5-54-1. Declaration of policy.** -- (a) The general assembly intends to establish by this
6 chapter a framework for ~~the development of a new~~ category of health personnel to be known as
7 the physician assistant ([PA](#)).

8 (b) The purpose of this chapter is to [provide for an adequate supply of qualified medical](#)
9 [providers to meet the needs of the citizens of Rhode Island and protect the public safety by](#)
10 [establishing criteria for licensure and regulation of physician assistants \(PAs\).](#) ~~encourage the~~
11 ~~more effective utilization of the skills of physicians by enabling them to delegate health care tasks~~
12 ~~including the writing of prescriptions and medical orders to qualified physician assistants where~~
13 ~~that delegation is consistent with the patient's health and welfare.~~

14 (c) Nothing in this chapter shall be construed to repeal or supersede existing laws
15 relating to other paramedical professions or services.

16 **5-54-2. Definitions.** -- As used in this chapter, the following words have the following
17 meanings:

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

19 (2) "Approved program" means a program for the education and training of physician

1 assistants formally approved by the American Medical Association's (A.M.A.'s) Committee on
2 Allied Health, Education and Accreditation, its successor, the Commission on Accreditation of
3 Allied Health Education Programs (CAAHEP) or its successor.

4 (3) "Approved program for continuing medical education" means a program for
5 continuing education approved by the American Academy of Physician Assistants (AAPA) or the
6 Accreditation Council for Continuing Medical Education of the American Medical Association
7 (AMA), or the American Academy of Family Physicians (AAPFP) or the American Osteopathic
8 Association Committee on Continuing Medical Education (AOACCME) or any other board
9 approved program.

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

11 (5) "Collaboration" means the physician assistant (PA) and physician deliver appropriate
12 medical services within the scope of the physician assistant's (PA's) skill, education, training and
13 experience. Collaboration shall be continuous but shall not be construed to require the physical
14 presence of a physician at the time and place that services are rendered. A collaborating physician
15 must be accessible at all times for consultation by the physician assistant (PA).

16 ~~(5)(6)~~ "Director" means the director of the department of health.

17 ~~(6)(7)~~ "Division" means the division of professional regulation, department of health.

18 ~~(7)(8)~~ [Deleted by P.L. 2013, ch. 320, § 1 and P.L. 2013, ch. 420, § 1].

19 ~~(8)(9)~~ "Physician" means a person licensed under the provisions of chapter 29 or 37 of
20 this title.

21 ~~(9)(10)~~ "Physician assistant" or "PA" means a person who is qualified by academic and
22 practical training to ~~provide those certain patient services under the supervision, control,~~
23 ~~responsibility and direction of a licensed~~ practice medicine in collaboration with physician
24 physicians.

25 ~~(10) "Supervision" means overseeing the activities of, and accepting the responsibility~~
26 ~~for the medical services rendered by the physician assistants. Supervision is continuous, and~~
27 ~~under the direct control of a licensed physician expert in the field of medicine in which the~~
28 ~~physician assistants practice. The constant physical presence of the supervising physician or~~
29 ~~physician designee is not required. It is the responsibility of the supervising physician and~~
30 ~~physician assistant to assure an appropriate level of supervision depending on the services being~~
31 ~~rendered. Each physician or group of physicians, or other health care delivery organization~~
32 ~~excluding licensed hospital or licensed health care facilities controlled or operated by a licensed~~
33 ~~hospital employing physician assistants must have on file at the primary practice site a copy of a~~
34 ~~policy in the form of an agreement between the supervising physicians and physician assistants~~

1 ~~delineating:~~

2 ~~(i) The level of supervision provided by the supervising physician or designee with~~
3 ~~particular reference to differing levels of supervision depending on the type of patient services~~
4 ~~provided and requirements for communication between the supervising physician or designee and~~
5 ~~the physician assistant.~~

6 ~~(ii) A job description for the physician assistant listing patient care responsibilities and~~
7 ~~procedures to be performed by the physician assistant.~~

8 ~~(iii) A program for quality assurance for physician assistant services including~~
9 ~~requirements for periodic review of the physician assistant services.~~

10 ~~(iv) Requirements for supervision of physician assistants employed or extended medical~~
11 ~~staff privileges by licensed hospitals or other licensed health care facilities or employed by other~~
12 ~~health care delivery agencies shall be delineated by the medical staff by laws and/or applicable~~
13 ~~governing authority of the facility.~~

14 ~~(v) The supervising physician or physician designee must be available for easy~~
15 ~~communication and referral at all times.~~

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

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

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

21 (iii) Conviction of a crime involving moral turpitude; conviction of a felony; conviction
22 of a crime arising out of the practice of medicine. All advertising of medical business, which is
23 intended or has a tendency to deceive the public;

24 (iv) Abandonment of a patient;

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

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

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

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

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

- 1 (x) Agreeing with clinical or bioanalytical laboratories to accept payments from these
2 laboratories for individual tests or test series for patients;
- 3 (xi) Practicing with an unlicensed physician or physician assistant [\(PA\)](#) or aiding or
4 abetting these unlicensed persons in the practice of medicine;
- 5 (xii) Offering, undertaking or agreeing to cure or treat a disease by a secret method,
6 procedure, treatment or medicine;
- 7 (xiii) Professional or mental incompetence;
- 8 (xiv) Surrender, revocation, suspension, limitation of privilege based on quality of care
9 provided, or any other disciplinary action against a license or authorization to practice in another
10 state or jurisdiction; or surrender, revocation, suspension, or any other disciplinary action relating
11 to membership on any medical staff or in any medical professional association, or society while
12 under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to
13 acts or conduct which would constitute grounds for action as stated in this chapter;
- 14 (xv) Any adverse judgment, settlement, or award arising from a medical liability claim
15 related to acts or conduct, which would constitute grounds for action as stated in this chapter;
- 16 (xvi) Failure to furnish the board, the administrator, investigator or representatives,
17 information legally requested by the board;
- 18 (xvii) Violation of any provisions of this chapter or the rules and regulations
19 promulgated by the director or an action, stipulation, or agreement of the board;
- 20 (xviii) Cheating or attempting to subvert the certifying examination;
- 21 (xix) Violating any state or federal law or regulation relating to controlled substances;
- 22 (xx) Medical malpractice;
- 23 (xxi) Sexual contact between a physician assistant [\(PA\)](#) and patient during the existence
24 of the physician assistant [_PA](#)/patient relationship;
- 25 (xxii) Providing services to a person who is making a claim as a result of a personal
26 injury, who charges or collects from the person any amount in excess of the reimbursement to the
27 physician assistant [\(PA\)](#) by the insurer as a condition of providing or continuing to provide
28 services or treatment.

29 **5-54-3. Exemptions.** -- The provisions of this chapter do not apply to services performed
30 in any of the following areas:

- 31 (1) The practice of dentistry or dental hygiene as defined in chapter 31.1 of this title.
32 (2) The practice of chiropractic medicine.
33 (3) The practice of optometry as defined in chapter 35 of this title.
34 (4) A physician assistant [\(PA\)](#) student enrolled in a physician assistant [\(PA\)](#) ~~or surgeon~~

1 ~~assistant~~ educational program while performing duties in conjunction with a formal training
2 program clinical rotation under the auspices of a recognized degree granting institution.

3 (5) Technicians, or other assistants or employees of physicians who perform delegated
4 tasks in the office of a physician but who are not rendering services as physician assistant ([PA](#)) or
5 identifying themselves as a physician assistant ([PA](#)).

6 **5-54-4. Board of licensure -- Creation. --** Within the division of professional regulation
7 established in the department of health pursuant to chapter 26 of this title there is a board of
8 registration for physician assistants ([PAs](#)) as provided by §§ 5-54-5 -- 5-54-7.

9 **5-54-5. Board of licensure. --** (a) The director of the department of health, with the
10 approval of the governor, shall appoint a board consisting of ~~seven (7)~~ [nine \(9\)](#) persons, residents
11 of the state, to constitute a board of licensure for physician assistants ([PAs](#)) with the duties,
12 powers, and authority as stated in this chapter, and that board shall be composed of the following:

13 (1) Two (2) members shall be licensed physicians under the provisions of chapter 37 of
14 this title who have been actively engaged in the practice of medicine;

15 (2) One member is a chief executive officer of a health care facility located and licensed
16 in the state or his or her designee who is not licensed in any health care profession;

17 (3) Two (2) members who are representatives of the general public not employed in any
18 health-related field; and

19 (4) ~~Two (2)~~ [Four \(4\)](#) members shall be physician assistants ([PAs](#)).

20 (b) Members shall be appointed for terms of three (3) years each with no member
21 serving more than two (2) consecutive terms.

22 (c) In his or her initial appointment, the director shall designate the members of the
23 board of licensure for physician assistants ([PAs](#)) as follows: two (2) members to serve for terms
24 of three (3) years; two (2) members to serve for a term of two (2) years; and three (3) members to
25 serve for a term of one year. Any additional appointments shall serve for one year.

26 (d) The director of the department of health may remove any member of the board for
27 cause.

28 (e) Vacancies shall be filled for the unexpired portion of any term in the same manner as
29 the original appointment.

30 **5-54-6. Board of licensure -- Organization and meetings -- Compensation of**
31 **members. --** The board shall elect its own chairperson annually and shall meet at the call of the
32 administrator, the chairperson or upon the request of two (2) or more members of the board. A
33 quorum shall consist of at least ~~three (3)~~ [five \(5\)](#) members present. The board shall approve
34 programs for continuing medical education. Board members shall serve without compensation.

1 **5-54-7. Board of licensure -- Powers and duties.** -- (a) The board shall administer,
2 coordinate, and enforce the provisions of this chapter, evaluate the qualifications of applicants,
3 supervise any examination of applicants deemed necessary, recommend to the director the
4 commencement of disciplinary hearings in accordance with chapter 35 of title 42 and the
5 provisions of this chapter, and investigate persons engaging in practices which violate the
6 provisions of this chapter. This authority shall specifically encompass practicing physician
7 assistants ([PAs](#)), ~~supervisory~~ [collaborating](#) physicians, and those health care agencies employing
8 physician assistants ([PAs](#)). The board shall investigate all persons and agencies engaging in
9 practices which violate the provisions in this chapter.

10 (b) The board shall conduct hearings of a non-disciplinary nature and shall keep the
11 records and minutes that are necessary to an orderly dispatch of business.

12 (c) The board, with the approval of the director of the department of health, shall adopt
13 rules and regulations necessary to carry into effect the provisions of this chapter and may amend
14 or repeal them.

15 (d) Regular meetings of the board shall be held at any time and places that the board
16 prescribes and special meetings shall be held upon the call of the chairperson; provided, that at
17 least one regular meeting is held each year.

18 (e) The conferral or enumeration of specific powers in this chapter shall not be construed
19 as a limitation of the general powers conferred by this section.

20 (f) The board shall recommend to the director for registration those persons meeting the
21 criteria stated by this chapter.

22 (g) The board shall recommend to the director the revocation or suspension of the
23 ~~registration~~ [license](#) of any physician assistant ([PA](#)) who does not conform to the requirements of
24 this chapter or regulations adopted under this chapter.

25 (h) In accordance with its authority under subsection (a) of this section the board shall
26 make recommendations to the director for discipline of ~~supervising~~ [collaborating](#) physicians and
27 employing health care agencies found wanting in their use of physician assistants ([PAs](#)).

28 (i) The board shall approve programs for continuing medical education.

29 **5-54-8. ~~Permitted health care practices by physician assistants.~~ -- Permitted health**
30 **care practices by physician assistants (PAs).** -- (a) Physician assistants ([PAs](#)) shall practice [in](#)
31 [collaboration](#) with ~~physician~~ [physicians](#) ~~supervision and shall be considered the agents of their~~
32 ~~supervising physicians in the performance of all practice-related activities.~~ [PAs may provide any](#)
33 [medical services that are within the PA's skills, education and training.](#) Whenever any provision
34 of general or public law, or regulation, requires a signature, certification, stamp, verification,

1 affidavit or endorsement by a physician, it shall be deemed to include a signature, certification,
2 stamp, verification, affidavit or endorsement by a physician assistant (PA); ~~provided, however,~~
3 ~~that nothing in this section shall be construed to expand the scope of practice of physician~~
4 ~~assistants.~~ Physician assistants (PAs) may perform those duties and responsibilities consistent
5 with the limitations of this section, including prescribing, administering, procuring and dispensing
6 of drugs and medical devices, ~~which are delegated by their supervising physician(s).~~ Physician
7 assistants (PAs) may request, receive, sign for and distribute professional samples of drugs and
8 medical devices to patients only within the limitations of this section. ~~Notwithstanding any other~~
9 ~~provisions of law, a physician assistant may perform health care services when those services are~~
10 ~~rendered under the supervision of a licensed physician.~~

11 ~~(b) Physician assistants, depending upon their level of professional training and~~
12 ~~experience, as determined by a supervising physician, may perform health care services~~
13 ~~consistent with their expertise and that of the supervising physician, who is a licensed physician~~
14 ~~in solo practice, in group practice, or in health care facilities.~~

15 ~~(e)(b)~~ Physician assistants may write prescriptions and medical orders to the extent
16 provided in this paragraph. When ~~employed by or~~ extended medical staff privileges by a licensed
17 hospital or other licensed health care facility a physician assistant (PA) may write medical orders
18 for inpatients as delineated by the medical staff bylaws of the facility in accordance with
19 subsection (d) of this section, ~~as well as its credentialing process and applicable governing~~
20 ~~authority.~~ Physician assistants (PAs) ~~employed directly by physicians, health maintenance~~
21 ~~organizations or other health care delivery organizations~~ may prescribe legend medications
22 including schedule II, III, IV and V medications under chapter 28 of title 21 of the Rhode Island
23 Uniform Controlled Substances Act, medical therapies, medical devices and medical diagnostics
24 ~~according to guidelines established by the employing physician, health maintenance organization~~
25 ~~or other health care delivery organization.~~

26 ~~(d)(c)~~ When ~~supervised by~~ collaborating with a physician licensed under chapter 29 of
27 this title, the service rendered by the physician assistant (PA) shall be limited to the foot. The
28 "foot" is defined as the pedal extremity of the human body and its articulations, and includes the
29 tendons and muscles of the lower leg only as they are involved in conditions of the foot.

30 ~~(e)(d)~~ Hospitals and other licensed health care facilities have discretion to grant
31 privileges to a physician assistant (PA) and to define the scope of privileges or services which a
32 physician assistant (PA) may deliver in a facility. ~~In no event shall those privileges, if granted,~~
33 ~~exceed the privileges granted to the supervising physician.~~

34 ~~**5-54-9. Criteria for licensure as a physician assistant.**~~ **Criteria for licensure as a**

1 **physician assistant (PA).** --The board shall recommend to the director for licensure as a
2 physician assistant (PA) an applicant who:

3 (1) Is of good character and reputation;

4 (2) Graduated from a physician assistant (PA) training program certified by the AMA's
5 Committee on Allied Health, Education, and Accreditation, its successor, the Commission on
6 Accreditation of Allied Health Education Programs (CAAHEP), its successor ~~or~~ the Accreditation
7 Review Commission on Education for the Physician Assistant (ARC-PA) or its successor.

8 (3) Passed ~~a certifying examination approved by~~ the National Commission on
9 Certification of Physician Assistants, Physician Assistant National Certification Examination or
10 any other national ~~certifying~~ exam approved by the board.

11 (4) Submitted a completed application together with the required fee as set forth in § 23-
12 1-54.

13 **5-54-10. Registration based on previous practice.** -- The board shall recommend to the
14 director for registration as a physician assistant (PA) an applicant who:

15 (1) Is employed in this state as a physician assistant (PA) on July 1, 1982, and has
16 successfully passed the national qualifying exam prior to July 1, 1982;

17 (2) No person shall represent himself or herself or be registered as a physician assistant
18 (PA) after July 1, 1982 unless he or she has passed the certifying examination approved by the
19 board in § 5-54-9(3); and

20 (3) Submitted a completed application with the application fee.

21 **5-54-11. Issuance and annual renewal of certificates of licensure.** -- (a) The board
22 shall recommend to the director for registration those individuals who meet the criteria for
23 licensure as stated in this chapter. Upon that recommendation, the director shall issue a certificate
24 of licensure as a physician assistant (PA).

25 (b) The certificate of licensure shall expire biannually on the thirtieth (30th) day of June.
26 On or before the first day of March in each year, the administrator shall mail an application for a
27 renewal certificate to every person licensed under the provisions of this chapter, and every person
28 who desires his or her certificate to be renewed shall file with the division the renewal application
29 together with a renewal fee as set forth in § 23-1-54 on or before the first day of June in every
30 other year. Upon receipt of the renewal application and payment of fee, the accuracy of the
31 application shall be verified and the administrator shall grant a renewal certificate effective July
32 1st and expiring June 30th two years hence, unless the certificate is sooner suspended for cause as
33 provided in § 5-54-12.

34 **5-54-11.1. Inactive list.** -- A physician assistant (PA) licensed to practice who does not

1 intend to engage in the practice of his or her profession during any year, upon written request to
2 the board may have his or her name transferred to an inactive list, and shall not be required to
3 register annually or pay any renewal as long as he or she remains inactive. Any physician
4 assistant (PA) included in the inactive list as provided in this section shall be restored to active
5 status by the administrator upon filing of a written request accompanied by the renewal fee.

6 **5-54-13. Procedure for discipline.** -- (a) When a sworn complaint is filed with the board
7 charging a person with being guilty of any of the actions specified in § 5-54-12, the division of
8 professional regulation or the board shall immediately investigate those charges. In the event that
9 investigation reveals reasonable grounds for believing that the applicant or physician assistant
10 (PA) is guilty of the charges, and upon the recommendation of the board or the administrator, the
11 director shall fix a time and place for a hearing, and shall cause a copy of the charges together
12 with a notice of the time and the place fixed for the hearing to be served upon the accused at least
13 twenty (20) days prior to the time fixed for the hearing. At the hearing, the accused has the right
14 to appear personally or by counsel or both, to produce witnesses and evidence on his or her
15 behalf, to cross-examine witnesses and to have subpoenas issued by the administrator of
16 professional regulation. The attendance of witnesses and the production of books, documents, and
17 papers at the hearing may be compelled by subpoenas issued by the administrator which shall be
18 served in accordance with law. At the hearing, the director or his or her designee shall administer
19 oaths that may be necessary for the proper conduct of the hearing. The director of health or his or
20 her designee is not bound by the strict rules of procedure or by the laws of evidence in the
21 conduct of its proceedings but the determination shall be based upon sufficient legal evidence to
22 sustain it. If the accused is found guilty of the charges, the director may refuse to issue a
23 registration to the applicant or may revoke or suspend his or her certificate or discipline the
24 person.

25 (b) Upon the revocation or suspension of any certificate, the holder of the certificate
26 shall surrender the certificate to the administrator of professional regulation who shall strike the
27 name of the holder from the register of physician assistants (PAs).

28 **5-54-13.1. Non-disciplinary alternative.** -- The board may permit a licensee to enter
29 into a non-disciplinary alternative program. All records pertaining to the physician assistant's
30 (PA's) participation in the non-disciplinary program shall be confidential and shall not be subject
31 to discovery, subpoena, or public disclosure.

32 **5-54-14. Grounds for discipline without a hearing.** -- The director may temporarily
33 suspend the license of a physician assistant (PA) without a hearing if the director finds that the
34 evidence in his or her possession indicates that a physician assistant's (PA's) continuation in

1 practice would constitute a danger to the public. In the event that the director temporarily
2 suspends the license of a physician assistant without a hearing, a hearing by the board must be
3 held within ten (10) days after the suspension.

4 **5-54-16. Penalty for misrepresentation. --** No person who is not licensed as a physician
5 assistant (PA) may use the title of "Physician Assistant" or "(PA)" or hold himself or herself out
6 as a physician assistant (PA). Any person who violates the provisions of this section shall be
7 punished by a fine of not less than two hundred dollars (\$200) nor more than five hundred dollars
8 (\$500), nor more than one year imprisonment, or by both the fine and imprisonment.

9 **5-54-22. Continuing medical education. --** Every physician assistant (PA) licensed to
10 practice within the state shall be required to have satisfactorily completed ~~ten (10)~~ twenty-five
11 (25) hours of approved continuing medical education annually. The annual period for
12 accumulation of continuing education hours commences on the first day of October and runs
13 through the last day of September beginning in 1996. Beginning with the annual renewal period
14 commencing the first day of October 1997 the administrator shall not renew the certificate of
15 licensure until satisfactory evidence of the completion of the required continuing medical
16 education is provided to the division.

17 **5-54-23. Reports relating to professional conduct and capacity -- Regulations --**
18 **Confidentiality -- Immunity. --** In addition to the requirements of § 42-14-2.1:

19 (1) The board, with the approval of the director, shall adopt regulations requiring any
20 person, including, but not limited to, corporations, health care facilities, health maintenance
21 organizations, organizations and federal, state, or local governmental agencies, or peer review
22 boards to report to the board any: conviction, determination, or finding that a licensed physician
23 assistant (PA) has committed unprofessional conduct as defined in § 5-54-2, or to report
24 information which indicates that a licensed physician assistant (PA) may not be able to practice
25 with reasonable skill and safety to patients as the result of any mental or physical condition. The
26 regulations shall include the reporting requirements of subdivision (2)(i), (ii), (iii) of this section.

27 (2) The following reports, in writing, shall be filed with the board:

28 (i) Every insurer providing professional liability insurance to a physician assistant (PA)
29 licensed under the provisions of this chapter shall send a complete report to the board reporting
30 any formal notice of any claim, settlement of any claim or cause of action, or final judgment
31 rendered in any cause of action for damages for death or personal injury caused by a physician
32 assistant's (PA's) negligence, error or omission in practice or his or her rendering of unauthorized
33 professional services. The report shall be sent within thirty (30) days after service of the
34 complaint or notice, settlement, judgment, or arbitration award on the parties. All the reports

1 present an in-depth factual summary of the claim in question.

2 (ii) All hospital and licensed health care facilities including, but not limited to, nursing
3 homes and health maintenance organizations and the division of drug control must report within
4 thirty (30) days of this action, any action, disciplinary or otherwise, taken for any reason, which
5 limits, suspends, or revokes a physician assistant's [\(PA's\)](#) privilege to practice, either through
6 formal action by the institution or facility or through any voluntary agreement with the physician
7 assistant [\(PA\)](#).

8 (iii) Within ten (10) days after a judgment by a court of this state that a physician
9 assistant [\(PA\)](#) licensed under the provisions of this chapter has been convicted of a crime or is
10 civilly liable for any death or personal injury caused by his or her negligence, error or omission in
11 his or her practice or his or her rendering unauthorized professional services, the clerk of the
12 court which rendered the judgment shall report the judgment to the board.

13 (3) The board shall publicly report any change of privileges, of which it is aware, to the
14 board of trustees or other appropriate body of all licensed hospitals, licensed health care facilities,
15 health maintenance organizations and any other parties that the board deems appropriate, within
16 thirty (30) days; provided, that notwithstanding the provisions of this subdivision, the board may,
17 in instances where the change of privilege is not related to quality of patient care, elect not to
18 disseminate the report of changed privileges. This election may be made in executive session and
19 no decision not to disseminate shall be made except by the majority vote of the members present
20 at the meeting and only upon a finding of fact by the board after inquiry that the change was not
21 related to quality of patient care.

22 (4) The contents of any report file shall be confidential and exempt from public
23 disclosure, except that it may be reviewed:

24 (i) By the licensee involved or his or her counsel or authorized representative who
25 submits any additional exculpatory or explanatory statements or other information, which
26 statements or information shall be included in the file, or

27 (ii) By the chief administrative officer, a representative of the board or investigator of the
28 board, who shall be assigned to review the activities of a licensed physician assistant [\(PA\)](#).

29 (5) Upon determination that a report is without merit, the board's records shall be purged
30 of information relating to the report.

31 (6) If any person refuses to furnish a required report, the board may petition the superior
32 court of any county in which the person resides or is found, and the court shall issue to the person
33 an order to furnish the required report. Any failure to obey the order shall be punished by the
34 court as a civil contempt is punished.

1 (7) Every individual medical association, medical society, physician assistant (PA)
2 professional organization, health care facility, health maintenance organization, peer review
3 board, medical service bureau, health insurance carrier or agent, professional standards review
4 organization, and agency of the federal, state, or local government shall be immune from civil
5 liability, whether direct or derivative, for providing information in good faith to the board
6 pursuant to this statute or the regulations outlined in subdivision (1) or requirements of
7 subdivision (2) of this section.

8 (8) Nondisclosure agreements shall be prohibited insofar as they forbid parties from
9 making reports regarding competency and/or unprofessional conduct to the board.

10 **5-54-24. Requirements relating to professional conduct.** -- The board shall receive and
11 maintain a confidential file which shall be available to the board to precipitate or aid in their
12 investigations. The information shall also be available to licensed health care facilities including
13 health maintenance organizations in connection with the granting of staff privileges and to the
14 individual physician assistants (PAs) themselves. The file shall contain the following information:

15 (1) Cases of malpractice suits against physician assistants as reported to the board by
16 insurers and self-insurers;

17 (2) Cases of malpractice suits that result in allegations being dropped, a dismissal, a
18 settlement, or court judgment or arbitration award adverse to the physician assistant (PA);

19 (3) Reports by any hospital or state or local professional medical association/society of
20 disciplinary action taken against any physician assistant (PA). This should also include any
21 resignation of a physician assistant (PA) if related to unprofessional conduct as defined in law or
22 any withdrawal of an application for hospital privileges relating to unprofessional conduct;

23 (4) Reports by state and federal courts of physician assistants (PAs) found guilty of a
24 felony;

25 (5) Reports by professional review organizations and third party health insurers of
26 sanctions imposed on a physician assistant (PA);

27 (6) The file may contain any other data that the board by reasonable rule or regulation
28 deems appropriate.

29 **5-54-25. Communication of information among health care facilities.** -- Any licensed
30 health care facility, acting by and through its chief executive officer or his or her designee, may
31 upon the request of any other licensed health care facility, communicate to the chief executive
32 officer of the requesting facility or his or her designee any and all information available regarding
33 circumstances under which the privileges of any physician assistant (PA) were changed as
34 described in § 5-54-23(3). No health care facility, chief executive officer, or his or her designee,

1 communicating information under this section, shall have liability arising out of the
2 communication, unless the person making the communication is not acting in good faith.

3 **5-54-26. Hospital responsibility to take action based upon adverse information**

4 **received.** -- (a) Whenever a hospital receives information from the board pursuant to § 5-54-
5 23(3) that indicates that the privileges of a physician assistant (PA) or other health care
6 professional have been suspended, revoked, or limited at another hospital, the receiving hospital
7 shall within thirty (30) days initiate a preliminary inquiry into whether the privileges of the
8 affected physician assistant (PA) or other health care professional at the receiving hospital should
9 be suspended, revoked, or limited, based upon review of the exercise of privileges at the receiving
10 hospital, unless the information indicates that any adverse action with respect to privileges was
11 administrative in character.

12 (b) Any hospital receiving information described in subsection (a) of this section may
13 take any one or more of the following courses of action in addition to the action required in
14 subsection (a) of this section, any one of which shall discharge its responsibility under this
15 chapter to monitor the qualification and fitness of physician assistants (PAs) and other health care
16 professionals on its medical staff:

17 (1) In any case that has been referred to the board, to await final disposition of the board,
18 and to take further action that is consistent with sanctions, if any, imposed by the board;

19 (2) In any case in which the matter has resulted in the suspension, revocation, or
20 restriction of privileges at any other hospital, to adopt the factual findings of the other hospital,
21 and to impose the suspension, revocation, or restriction in privileges that the receiving hospital
22 deems appropriate, if any, in light of these factors; or

23 (3) In any case, to conduct a formal inquiry, in accordance with applicable procedural
24 requirements, to determine what action, if any, should be taken with respect to the privileges of
25 the physician assistant (PA) or other health care professional.

26 (c) No hospital, or officer, employee, physician assistant (PA) or other health care
27 professional associated with these shall be liable to any physician assistant (PA) or other health
28 care professional for any action taken in accordance with subsection (a) or (b) of this section
29 when the action was made in good faith.

30 **5-54-27. Participation in disaster and emergency care.** -- A person licensed under the

31 provisions of this chapter or members of the same profession licensed to practice in other states of
32 the United States or members of the same profession credentialed by a federal employer who
33 voluntarily and gratuitously, and other than in the ordinary course of his or her employment or
34 practice, renders emergency medical assistance during an emergency or a state or local disaster

1 may render such care without ~~supervision~~ collaboration as set forth in subdivision 5-54-2(10), or
2 with such ~~supervision~~ collaboration as is available. Any physician who ~~supervises~~ collaborates
3 with a physician assistant (PA) providing medical care in response to such an emergency or state
4 or local disaster shall not be required to meet the ~~supervising~~ collaborating physician
5 requirements set forth in subdivision 5-54-2(10).

6 SECTION 2. Section 5-54-12.1 of the General Laws in Chapter 5-54 entitled "Physician
7 Assistants" is hereby repealed.

8 ~~**5-54-12.1. Continuing medical education.** -- Every physician assistant licensed to
9 practice within the state shall be required to have satisfactorily completed ten (10) hours of
10 approved continuing medical education annually. The annual period for accumulation of
11 continuing medical education hours commences on the first day of September and runs through
12 the thirty first day of August beginning in 1996. Beginning with the annual renewal period
13 commencing the first day of August 1997 the administrator shall not renew the certificate of
14 licensure until satisfactory evidence of completion of the required continuing medical education
15 is provided to the division.~~

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

18 ~~**5-54-28. Participation in charitable and voluntary care.** --~~ A physician assistant (PA)
19 licensed in this state, or licensed or authorized to practice in any other federal or state jurisdiction,
20 or who is credentialed by a federal employer or meets the licensure requirements of a federal
21 agency as a physician assistant (PA) may volunteer to render such care that they are able to
22 provide at a children's summer camp or for a public or community event without a collaborating
23 physician or with such collaborating physician(s) as may be available. Such care must be
24 rendered without compensation or remuneration. It is the obligation of the physician assistant
25 (PA) to assure adequate and appropriate professional liability coverage.

26 SECTION 4. 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

1 This act would change various provisions of the laws regarding physician assistants
2 (PAs) to include collaboration with physicians in lieu of supervision, and would also allow
3 licensed physician assistants to volunteer their services at summer camps or public events without
4 the presence of a collaborating physician. The act would also repeal the continuing medical
5 education requirements for physician assistants.

6 This act would take effect upon passage.

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