

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

A N A C T

RELATING TO BUSINESSES AND PROFESSIONS - PHYSICIAN ASSISTANTS

Introduced By: Senators Valverde, Lawson, Miller, and DiMario

Date Introduced: March 10, 2022

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, 5-54-27 and 5-54-28 of the General Laws in  
2 Chapter 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 in solo practice or, physician~~ medical-practice group practice as defined in §  
3 5-37-1, and or the credentialing and privileging systems of a ~~licensed hospital, health center, or~~  
4 ~~ambulatory care center~~ health care facility licensed pursuant to the provisions of chapter 17 of title  
5 23, or health-maintenance organization licensed pursuant to the provisions of chapter 17 of title 23  
6 or chapter 41 of title 27. A physician must be accessible at all times for consultation by the  
7 physician assistant.

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

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

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

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

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

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

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

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

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

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

22 (iv) Abandonment of a patient;

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

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

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

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

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

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

34 (xi) Practicing with an unlicensed physician or physician assistant or aiding or abetting

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

25 **5-54-22. Continuing medical education.**

26 ~~Every physician assistant licensed to practice within the state shall be required to have~~  
27 ~~satisfactorily completed twenty five (25) hours of approved continuing medical education~~  
28 ~~annually. The annual period for accumulation of continuing education hours commences on the~~  
29 ~~first day of October and runs through the last day of September beginning in 1996. Beginning with~~  
30 ~~the annual renewal period commencing the first day of October 1997, the administrator shall not~~  
31 ~~renew the certificate of licensure until satisfactory evidence of the completion of the required~~  
32 ~~continuing medical education is provided to the division.~~

33 Effective beginning in calendar year 2023, every physician assistant licensed to practice  
34 within this state shall, in connection with biennial license renewal, on or before the first day of June

1 [in each odd-numbered year, provide satisfactory evidence to the board for physician assistants that](#)  
2 [in the preceding two \(2\) years the physician assistant has completed fifty \(50\) hours of a approved](#)  
3 [continuing medical education. The board may extend for one six \(6\) month period these educational](#)  
4 [requirements if the board is satisfied that the applicant has suffered hardship that prevented meeting](#)  
5 [the educational requirement.](#)

6 **5-54-27. Participation in disaster and emergency care.**

7 A person licensed under the provisions of this chapter or members of the same profession  
8 licensed to practice in other states of the United States or members of the same profession  
9 credentialed by a federal employer who voluntarily and gratuitously, and other than in the ordinary  
10 course of his or her employment or practice, renders emergency medical assistance during an  
11 emergency or a state or local disaster may render such care without collaboration as set forth in §  
12 5-54-2(5), or with such ~~supervision~~ [collaboration](#) as is available.

13 **5-54-28. Participation in charitable and voluntary care.**

14 A physician assistant licensed in this state, or licensed or authorized to practice in any other  
15 U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure requirements  
16 of his or her requisite federal agency as a physician assistant may volunteer to render such care that  
17 he or she is able to provide at a children's summer camp or for a public or community event or in a  
18 licensed ambulatory health center providing free care [without collaboration as set forth in §5-54-](#)  
19 [2\(5\), or with such collaboration as is available.](#) Such care must be rendered without compensation  
20 or remuneration. It is the obligation of the physician assistant to assure adequate and appropriate  
21 professional liability coverage.

22 SECTION 2. Section 16-91-3 of the General Laws in Chapter 16-91 entitled "School and  
23 Youth Programs Concussion Act" is hereby amended to read as follows:

24 **16-91-3. School district's guidelines to be developed and implemented.**

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

32 (b) School districts are required to use training materials made available by the United  
33 States Center for Disease Control and Prevention entitled "Heads Up: Concussion in the High  
34 School Sports/Concussion in Youth Sports" and any updates or amendments thereto, or training

1 materials substantively and substantially similar thereto. The department of education shall post  
2 training materials made available by the Center for Disease Control and Prevention and the Rhode  
3 Island Interscholastic League on its website. All coaches and volunteers involved in a youth sport  
4 or activity covered by this chapter must complete a training course and a refresher course annually  
5 thereafter in concussions and traumatic brain injuries. All school nurses must complete a training  
6 course and an annual refresher course in concussions and traumatic brain injuries. Teachers and  
7 teachers' aides are strongly encouraged to complete the training course in concussions and traumatic  
8 brain injuries. Training may consist of videos, classes, and any other generally accepted mode and  
9 medium of providing information.

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

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

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

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

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

25 **16-91.1-3. School districts' guidelines to be developed and implemented.**

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

32 (b) School districts may use training materials made available at no cost to the school  
33 district by organizations such as Simon's Fund, Parent Heart Watch, Sudden Arrhythmia Death  
34 Syndromes Foundation, or training materials substantively and substantially similar thereto. The

1 department of education shall post links to training materials on its website. All coaches and  
2 volunteers involved in a youth sport program or activity covered by this chapter must complete a  
3 training course that may be completed online about the nature and warning signs of sudden cardiac  
4 arrest, including the risks associated with continuing to play or practice after experiencing  
5 symptoms including: fainting or seizures during exercise, unexplained shortness of breath, chest  
6 pains, dizziness, racing heart rate and extreme fatigue. Training may consist of videos, classes, and  
7 any other generally accepted mode and medium of providing information.

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

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

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

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

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

24 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

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- 1           This act would change the definition of collaboration as it pertains to physician assistants.  
2   Also, this act would change the continuing medical education requirements for physician assistants  
3   from twenty-five (25) to fifty (50) hours of continuing medical education. Additionally, this act  
4   would allow physician assistants and nurse practitioners to evaluate youth who are removed from  
5   athletic play within the School and Youth Concussion Act.  
6           This act would take effect upon passage.

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