It is enacted by the General Assembly as follows:

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

5-54-2. Definitions.

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

(1) “Administrator” means the administrator, division of professional regulation.

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

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

(4) “Board” means the board of licensure of physician assistants.

(5) “Collaboration” means the physician assistant shall, as indicated by the patient’s condition, the education, competencies, and experience of the physician assistant, and the standards of care, consult with or refer to an appropriate physician or other healthcare professional. The
degree of collaboration shall be determined by the practice and includes decisions made by a
physician affiliated with the practice, or physician group practice as defined in § 5-37-1, and the credentialing and privileging systems of a licensed hospital, health center, or ambulatory care center, healthcare facility licensed pursuant to the provisions of chapter 17 of title 23, or health maintenance organization licensed pursuant to the provisions of chapter 17 of title 23 or chapter 41 of title 27. A physician must be accessible at all times for consultation by the physician assistant.

(6) “Director” means the director of the department of health.

(7) “Division” means the division of professional regulation, department of health.

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

(9) “Physician” means a person licensed under the provisions of chapter 29 or 37 of this title.

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

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

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

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

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

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

(iv) Abandonment of a patient;

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

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

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

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

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

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

(xi) Practicing with an unlicensed physician or physician assistant or aiding or abetting 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;
(x) Medical malpractice;
(xi) Sexual contact between a physician assistant and patient during the existence of the physician assistant/patient relationship;
(xii) 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.

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

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

SECTION 2. Chapter 5-54 of the General Laws entitled “Physician Assistants” is hereby amended by adding thereto the following section:
5-54-29. Restrictive covenants.

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

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

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

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

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

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

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

16-91-3. School district’s guidelines to be developed and implemented.

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

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

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

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

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

(f) All school districts are encouraged to have an athletic trainer, or similarly trained 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, certified registered nurse practitioner, or cardiologist.

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

SECTION 5. Section 23-1.7-5 of the General Laws in Chapter 23-1.7 entitled "Rhode Island Program to Address Alzheimer’s Disease" is hereby amended to read as follows:

23-1.7-5. Medical professional training.

(a) All physicians licensed pursuant to chapter 37 of title 5, physician assistants licensed pursuant to chapter 54 of title 5, and nurses licensed pursuant to chapter 34 of title 5, shall, no later than October 1, 2023, complete a one-time course of training consisting of a minimum of one hour of instruction on the diagnosis, treatment, and care of patients with cognitive impairments including, but not limited to, Alzheimer’s disease and related disorders.

(b) The department of health shall promulgate rules to implement the training requirement of subsection (a).

SECTION 6. This act shall take effect upon passage.
This act would expand participation in charitable and voluntary care to allow a physician assistant licensed in this state to provide free care without a collaborating physician; prohibit any agreement whereby a physician assistant is restricted in his or her right to practice in a certain geographic area, assist or provide treatment or establish a professional relationship with any other employer; and establish the right of the physician assistant to solicit or seek to establish a professional relationship with any current patient of the employer. This restriction would not apply with the purchase and sale of a practice which includes a restriction or non-compete clause within five (5) years, and would allow physician assistants to clear students to participate in athletic activities at school and evaluate and clear a young student athlete who has been removed from play due to injury.

This act would take effect upon passage.