GENERAL ASSEMBLY
COMMONWEALTH OF KENTUCKY

2016 REGULAR SESSION

SENATE BILL NO. 154

TUESDAY, FEBRUARY 23, 2016

The following bill was reported to the House from the Senate and ordered to be printed.

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ALISON LUNDERGAN GRIMES
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
BY K. Adler

1 AN ACT relating to physician assistants.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 311.854 is amended to read as follows:

4 (1) A physician shall not supervise a physician assistant without approval of the board.
5 Failure to obtain board approval as a supervising physician or failure to comply
6 with the requirements of KRS 311.840 to 311.862 or related administrative
7 regulations shall be considered unprofessional conduct and shall be subject to
8 disciplinary action by the board that may include revocation, suspension, restriction,
9 or placing on probation the supervising physician's right to supervise a physician
10 assistant.

11 (2) To be approved by the board as a supervising physician, a physician shall:

12 (a) Be currently licensed and in good standing with the board;

13 (b) Maintain a practice primarily within this Commonwealth. The board in its
14 discretion may modify or waive this requirement;

15 (c) Submit a completed application and the required fee to the board. The
16 application shall include but is not limited to:

17 1. A description of the nature of the physician's practice;

18 2. A statement of assurance by the supervising physician that the scope of
19 medical services and procedures described in the application or in any
20 supplemental information shall not exceed the normal scope of practice
21 of the supervising physician;

22 3. A description of the means by which the physician shall maintain
23 communication with the physician assistant when they are not in the
24 same physical location;

25 4. The name, address, and area of practice of one (1) or more physicians
26 who agree in writing to accept responsibility for supervising the
27 physician assistant in the absence of the supervising physician;~~[and]~~

1 5. A description of the scope of medical services and procedures to be
2 performed by the physician assistant for which the physician assistant
3 has been trained in an approved program***; and***
4 ***6. An outline of the specific parameters for review of countersignatures***.
5 (3) Prior to a physician assistant performing any service or procedure beyond those
6 described in the initial application submitted to the board under subsection (2)(c) of
7 this section, the supervising physician shall supplement that application with
8 information that includes but is not limited to:
9 (a) A description of the additional service or procedure;
10 (b) A description of the physician assistant's education, training, experience, and
11 institutional credentialing;
12 (c) A description of the level of supervision to be provided for the additional
13 service or procedure;~~[and]~~
14 (d) The location or locations where the additional service or procedure will be
15 provided***; and***
16 ***(e) Any changes to the specific parameters for review of countersignatures***.
17 The initial and supplemental applications required under this section may be
18 submitted to the board at the same time.
19 (4) A physician who has been supervising a physician assistant prior to July 15, 2002,
20 may continue supervision and the physician assistant may continue to perform all
21 medical services and procedures that were provided by the physician assistant prior
22 to July 15, 2002. The supervising physician shall submit the initial application and
23 any supplemental application as required in this section by October 15, 2002.
24 (5) A physician may enter into supervision agreements with no more than four (4)
25 physician assistants and shall not supervise more than four (4) physician assistants
26 at any one (1) time. Application for board approval to be a supervising physician
27 shall be obtained individually for each physician assistant.

1 (6) The board may impose restrictions on the scope of practice of a physician assistant
2 or on the methods of supervision by the supervising physician upon consideration of
3 recommendations of the Physician Assistant Advisory Committee established in
4 KRS 311.842 after providing the applicant with reasonable notice of its intended
5 action and after providing a reasonable opportunity to be heard.
6 ➔Section 2. KRS 311.856 is amended to read as follows:
7 A supervising physician shall:
8 (1) Restrict the services of a physician assistant to services within the physician
9 assistant's scope of practice and to the provisions of KRS 311.840 to 311.862;
10 (2) Prohibit a physician assistant from prescribing or dispensing controlled substances;
11 (3) Inform all patients in contact with a physician assistant of the status of the physician
12 assistant;
13 (4) Post a notice stating that a physician assistant practices medicine or osteopathy in
14 all locations where the physician assistant may practice;
15 (5) Require a physician assistant to wear identification that clearly states that he or she
16 is a physician assistant;
17 (6) Prohibit a physician assistant from independently billing any patient or other payor
18 for services rendered by the physician assistant;
19 (7) If necessary, participate with the governing body of any hospital or other licensed
20 health care facility in a credentialing process established by the facility;
21 (8) Not require a physician assistant to perform services or other acts that the physician
22 assistant feels incapable of carrying out safely and properly;
23 (9) Maintain adequate, active, and continuous supervision of a physician assistant's
24 activities to assure that the physician assistant is performing as directed and
25 complying with the requirements of KRS 311.840 to 311.862 and all related
26 administrative regulations;
27 (10) Review and countersign a sufficient number of overall medical notes written by the

1 physician assistant to ensure quality of care provided by the physician assistant ***and***
2 ***outline the specific parameters for review of countersignatures in the application***
3 ***required by Section 1 of this Act. Countersignature requirements shall be***
4 ***determined by the supervising physician, practice, or institution. As used in this***
5 ***subsection:***
6 ***(a) "Practice" means a medical practice composed of two (2) or more***
7 ***physicians organized to provide patient care services, regardless of its legal***
8 ***form or ownership; and***
9 ***(b) "Institution" means all or part of any public or private facility, place,***
10 ***building, or agency, whether organized for profit or not, that is used,***
11 ***operated, or designed to provide medical diagnosis, treatment, nursing,***
12 ***rehabilitative, or preventive care***[~~but, at a minimum, a supervising physician~~
13 ~~shall review and countersign at least ten percent (10%) of these overall~~
14 ~~medical notes every thirty (30) days. A countersignature shall not be required~~
15 ~~prior to orders being executed~~];
16 (11) (a) Reevaluate the reliability, accountability, and professional knowledge of a
17 physician assistant two (2) years after the physician assistant's original
18 licensure in this Commonwealth and every two (2) years thereafter; and
19 (b) Based on the reevaluation, recommend approval or disapproval of licensure or
20 renewal to the board; and
21 (12) Notify the board within three (3) business days if the supervising physician:
22 (a) Ceases to supervise or employ the physician assistant; or
23 (b) Believes in good faith that a physician assistant violated any disciplinary rule
24 of KRS 311.840 to 311.862 or related administrative regulations.

President of Senate

Speaker-House of Representatives

Attest: Chief Clerk of Senate

Approved Governor

Date 9 APRIL 2016