

# ARIZONA STATE SENATE

## RESEARCH STAFF



TO: MEMBERS OF THE SENATE  
HEALTH & HUMAN SERVICES  
COMMITTEE

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SUBJECT: Strike everything amendment to S.B. 1367 physician assistants; oversight; practice

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### Purpose

Effective January 1, 2023, permits qualified physician assistants to practice under the terms of a collaboration agreement with an employer that also employs a physician. Increases the scope of practice of physician assistants.

### Background

Physician assistants in Arizona are licensed and regulated by the Regulatory Board of Physician Assistants (Board). Physician assistants may work in physician offices, clinics, hospitals, surgical centers, patient homes, nursing homes or other health care institutions but must do so under the supervision of a licensed physician. Physician assistant duties include: 1) ordering, prescribing, dispensing or administering drugs and medical devices; 2) pronouncing and authenticating deaths; 3) obtaining patient histories; 4) performing physical examinations; 5) ordering and performing diagnostic and therapeutic procedures; 6) formulating diagnostic impressions; 7) developing and implementing treatment plans; 8) monitoring the effectiveness of therapeutic interventions; 9) assisting in surgery; 10) offering counseling and education; 11) making appropriate referrals; 12) prescribing schedule II, III, IV or V controlled substances; 13) performing minor surgery; and 14) performing other delegated nonsurgical health care tasks.

A physician supervising a physician assistant must: 1) meet Board requirements for supervision; 2) accept responsibility for all tasks and duties delegated to a physician assistant; 3) notify the Board and the physician assistant in writing if the physician assistant exceeds the scope of the delegated health care tasks; and 4) maintain a written agreement with the physician assistant that describes the physician assistant's scope of practice ([A.R.S. § 32-2531](#)).

There is no anticipated fiscal impact to the state General Fund associated with this legislation.

### Provisions

#### *Collaboration Agreements*

1. Permits a physician assistant that has completed at least 8,000 hours of supervised clinical practice over a 36-month period to either work:
  - a) within the scope of practice delegated by a supervising physician; or
  - b) under a collaboration agreement.
2. Permits physician assistants operating under a collaboration agreement to:
  - a) obtain comprehensive health histories and informed consent;
  - b) perform physical examinations;

- c) evaluate, diagnose, manage and provide patients with medical treatment and therapeutic interventions;
  - d) order, perform and interpret diagnostic studies and therapeutic procedures;
  - e) formulate diagnostic impressions;
  - f) develop and implement a treatment plan;
  - g) monitor the effectiveness of therapeutic interventions;
  - h) assist in surgery;
  - i) offer counseling and education to meet patient needs;
  - j) write medical orders and make appropriate referrals;
  - k) order, prescribe, dispense and administer drugs and medical devices;
  - l) prescribe prescription-only medication;
  - m) prescribe schedule II, III, IV or V controlled substances;
  - n) perform minor surgery;
  - o) certify the health or disability of a patient for purposes of a government program;
  - p) delegate and assign therapeutic and diagnostic measures to personnel;
  - q) perform other nonsurgical health care tasks and provide other medical services if the task or service is within the physician assistant's skills and scope of practice; and
  - r) pronounce and authenticate deaths.
3. Requires a collaboration agreement to:
- a) describe the physician assistant's scope of practice and consider the ability of the physician assistant to collaborate with, consult with or refer to a physician or other health care professional;
  - b) include the manner in which oversight is provided by the employer;
  - c) be signed by an authorized representative of the employer and the physician assistant;
  - d) be updated regularly, at least every two years; and
  - e) be kept on file at the main location of the physician assistant's practice and be made available to the Board upon request.
4. Prohibits a physician assistant who has completed at least 8,000 hours of supervised clinical practice over a 36-month period from performing any health care task until signing a:
- a) written supervision agreement with a physician; or
  - b) collaboration agreement.
5. Requires an employer subject to a collaboration agreement to notify the Board and the physician assistant in writing if the physician assistant exceeds the scope of practice outlined in the agreement.
6. Permits a physician assistant subject to a collaboration agreement to perform health care tasks in any setting authorized by the agreement, including physician offices, licensed clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes and other health care institutions.
7. Permits physician assistants to bill and receive direct payment for services if authorized by their employer.

8. Permits documentation of completed supervised hours by a physician assistant to include verification from a supervising physician or employer.
9. Allows the Board to count clinical supervised practice hours completed in another jurisdiction toward a physician assistant's total supervised hours.
10. States that a physician assistant is legally responsible and assumes all legal liability for health services provided under a collaboration agreement.
11. Declares it unprofessional conduct of a physician assistant subject to a collaboration agreement to perform health care tasks outside the scope of the agreement.
12. Requires any collaboration agreement requested by the Board to be shared with the Department of Health Services, the Arizona Medical Board (AMB) or the Arizona Board of Osteopathic Examiners (ABOE), if requested and if the supervising physician is part of a compliance audit or investigation.
13. Requires the Board to randomly audit at least five percent of collaboration agreements for compliance each year.
14. Defines *collaboration agreement* as a written or electronic signed agreement that describes a physician assistant's scope of practice between the physician assistant and the physician assistant's employer that also employs at least one physician that may provide oversight, including a physician employer, physician group practice, physician private practice or licensed health care institution.

#### *Supervision Agreements*

15. Requires a physician assistant that has completed less than 8,000 hours of supervised clinical practice, over a 36-month period, to work within the scope of practice delegated by a supervising physician.
16. Expands the scope of practice of supervised physician assistants to include:
  - a) obtaining comprehensive health histories and informed consent;
  - b) evaluating, diagnosing, managing and providing medical treatment and therapeutic interventions to patients;
  - c) writing medical orders;
  - d) ordering, prescribing, dispensing and administering drugs and medical devices;
  - e) prescribing prescription-only medication;
  - f) certifying a patients' health or disability for purposes of a government program; and
  - g) delegating and assigning therapeutic and diagnostic measures to personnel.
17. Prohibits a physician assistant who has completed less than 8,000 hours of supervised clinical practice over a 36-month period from performing any health care task until signing a written supervision agreement with a physician.

18. Requires any written supervision agreements requested by the Board to be shared with the AMB or the ABOE, if requested and if the supervising physician is part of a compliance audit or investigation.

*Miscellaneous*

19. Exempts physician assistants that have been licensed and in good standing for the five years immediately preceding January 1, 2023, from the requirement to provide the Board with documentation of 8,000 completed hours of supervised clinical practice.
20. Exempts the Board from rulemaking requirements for the purposes of implementing this legislation.
21. Makes technical and conforming changes.
22. Becomes effective on January 1, 2023.