

1 AN ACT relating to the Kentucky Board of Medical Licensure.

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

3 ➔Section 1. KRS 311.530 is amended to read as follows:

4 (1) There is hereby created in state government an independent board to be known as
5 the State Board of Medical Licensure which shall exercise all medical and
6 osteopathic licensure functions heretofore exercised by the State Board of Health.
7 The offices of the board shall be maintained at such place as is designated by the
8 board.

9 (2) The board shall consist of ~~sixteen~~~~fifteen~~ **(16)**~~(15)~~ members, including:

10 **(a)** The commissioner of public health ***or designee from the Department for***
11 ***Public Health who is a licensed physician pursuant to KRS Chapter 311;***~~;~~

12 **(b)** The dean of the University of Kentucky College of Medicine ***or designee***
13 ***from the University of Kentucky College of Medicine who is a licensed***
14 ***physician pursuant to KRS Chapter 311;***~~;~~

15 **(c)** The vice dean for clinical affairs of the University of Louisville School of
16 Medicine ***or designee from the University of Louisville School of Medicine***
17 ***who is a licensed physician pursuant to KRS Chapter 311;***~~;~~

18 **(d)** The dean of the University of Pikeville ~~College~~~~School~~ of Osteopathic
19 Medicine ***or designee from the University of Pikeville College of Osteopathic***
20 ***Medicine who is a licensed physician pursuant to KRS Chapter 311;***~~;~~

21 **(e)** ***The chair of the Physician Assistant Advisory Committee established***
22 ***pursuant to Section 2 of this Act who shall serve as an ex officio nonvoting***
23 ***member;*** and

24 **(f)** Eleven (11) members appointed by the Governor.

25 (3) Of the Governor's appointees:

26 (a) One (1) member shall be a licensed osteopathic physician and shall be
27 appointed from a list of three (3) names submitted by the Kentucky

1 Osteopathic Medical Association;

2 (b) Seven (7) members shall be licensed medical physicians and shall be
3 appointed from a list of three (3) names submitted for each position by the
4 Kentucky Medical Association; and

5 (c) Three (3) members shall be citizens at large who are representatives of any
6 recognized consumer advocacy groups with an interest in the delivery of
7 health care and are not associated with or financially interested in the practice
8 or business regulated.

9 ➔Section 2. KRS 311.842 is amended to read as follows:

10 (1) The board shall promulgate administrative regulations in accordance with KRS
11 Chapter 13A relating to the licensing and regulation of physician assistants,
12 including but not limited to:

13 (a) Temporary licensing;

14 (b) Professional standards for prescribing and administering controlled
15 substances; and

16 (c) Professional standards for prescribing or administering Buprenorphine-Mono-
17 Product or Buprenorphine-Combined-with-Naloxone.

18 (2) The board shall establish a nine (9) member Physician Assistant Advisory
19 Committee that shall review and make recommendations to the board regarding all
20 matters relating to physician assistants that come before the board, including but not
21 limited to:

22 (a) Applications for physician assistant licensing;

23 (b) Licensing renewal requirements;

24 (c) Approval of supervising physicians;

25 (d) Disciplinary actions; and

26 (e) Promulgation and revision of administrative regulations.

27 (3) Members of the Physician Assistant Advisory Committee shall be appointed by the

1 board for four (4) year terms and shall consist of:

2 (a) Five (5) practicing physician assistants, each selected from a list of three (3)
3 names submitted for each position by the Kentucky Academy of Physician

4 Assistants;

5 (b) Two (2) supervising physicians;

6 (c) One (1) member of the board; and

7 (d) One (1) citizen at large.

8 (4) The chairperson of the committee shall be a practicing physician assistant elected
9 by a majority vote of the committee members and shall be responsible for presiding
10 over meetings that shall be held on a regular basis.

11 (5) Members shall receive reimbursement for expenditures relating to attendance at
12 committee meetings consistent with state policies for reimbursement of travel
13 expenses for state employees.

14 (6) Members shall not serve more than two (2) consecutive terms.

15 ~~(7)~~ Nothing in this chapter shall be construed to require licensing of a physician
16 assistant student enrolled in a physician assistant or surgeon assistant program
17 accredited by the Accreditation Review Commission on Education for Physician
18 Assistants or its successor agencies or of a physician assistant employed in the
19 service of the federal government while performing duties relating to that
20 employment.

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

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

1 physician assistant.

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

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

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

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

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

9 2. A statement of assurance by the supervising physician that the scope of
10 medical services and procedures described in the application or in any
11 supplemental information shall not exceed the normal scope of practice
12 of the supervising physician;

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

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

19 ~~5. A description of the scope of medical services and procedures to be
20 performed by the physician assistant for which the physician assistant
21 has been trained in an approved program; and~~

22 ~~6. An outline of the specific parameters for review of countersignatures.~~

23 (3) Prior to a physician assistant performing any service or procedure beyond those
24 described in the initial application submitted to the board under subsection (2)(c) of
25 this section, the supervising physician shall supplement that application with
26 information that includes but is not limited to:

27 (a) A description of the additional service or procedure;

- 1 (b) A description of the physician assistant's education, training, experience, and
2 institutional credentialing;
- 3 (c) A description of the level of supervision to be provided for the additional
4 service or procedure;
- 5 (d) The location or locations where the additional service or procedure will be
6 provided; and
- 7 (e) Any changes to the specific parameters for review of countersignatures.

8 The initial and supplemental applications required under this section may be
9 submitted to the board at the same time.

10 (4) A physician who has been supervising a physician assistant prior to July 15, 2002,
11 may continue supervision and the physician assistant may continue to perform all
12 medical services and procedures that were provided by the physician assistant prior
13 to July 15, 2002. The supervising physician shall submit the initial application and
14 any supplemental application as required in this section by October 15, 2002.

15 (5) A physician may enter into supervision agreements with no more than four (4)
16 physician assistants and shall not supervise more than four (4) physician assistants
17 at any one (1) time. Application for board approval to be a supervising physician
18 shall be obtained individually for each physician assistant.

19 (6) The board may impose restrictions on the scope of practice of a physician assistant
20 or on the methods of supervision by the supervising physician upon consideration
21 of recommendations of the Physician Assistant Advisory Committee established in
22 KRS 311.842 after providing the applicant with reasonable notice of its intended
23 action and after providing a reasonable opportunity to be heard.

24 ➔Section 4. KRS 311.844 is amended to read as follows:

- 25 (1) To be licensed by the board as a physician assistant, an applicant shall:
- 26 (a) Submit a completed application form with the required fee;
- 27 (b) Be of good character and reputation;

- 1 (c) Be a graduate of an approved program; and
- 2 (d) Have passed an examination approved by the board within three (3) attempts.
- 3 (2) A physician assistant who is authorized to practice in another state and who is in
- 4 good standing may apply for licensure by endorsement from the state of his or her
- 5 credentialing if that state has standards substantially equivalent to those of this
- 6 Commonwealth.
- 7 (3) A physician assistant's license shall be valid for two (2) years and shall be renewed
- 8 by the board upon fulfillment of the following requirements:
- 9 (a) The holder shall be of good character and reputation;
- 10 (b) The holder shall provide evidence of completion, during the previous two (2)
- 11 years, of a minimum of one hundred (100) hours of continuing education
- 12 approved by the American Medical Association, the American Osteopathic
- 13 Association, the American Academy of Family Physicians, the American
- 14 Academy of Physician Assistants, or by another entity approved by the board.
- 15 The one hundred (100) hours of continuing education required by this
- 16 paragraph shall include:
- 17 1. During the first two (2) years of licensure or prior to the first licensure
- 18 renewal, one[-:
- 19 ~~a. One (1) continuing education course on the human immunodeficiency~~
- 20 ~~virus and acquired immunodeficiency syndrome; and~~
- 21 ~~b. One] and one-half (1.5) hours of continuing education in the prevention~~
- 22 and recognition of pediatric abusive head trauma, as defined in KRS
- 23 620.020, **except that graduating physician assistant students may apply**
- 24 **pediatric abusive head trauma curriculum taught in their physician**
- 25 **assistant graduate education to count towards the required one and**
- 26 **one-half (1.5) hours;** and
- 27 2. If the license holder is authorized, pursuant to KRS 311.858(5), to

1 prescribe and administer Schedule III, IV, or V controlled substances, a
2 minimum of seven and one-half (7.5) hours of approved continuing
3 education relating to controlled substance diversion, pain management,
4 addiction disorders, use of the electronic system for monitoring
5 controlled substances established in KRS 218A.202, or any combination
6 of two (2) or more of these subjects; and

7 (c) The holder shall provide proof of current certification with the National
8 Commission on Certification of Physician Assistants.

9 ➔Section 5. KRS 311.601 is amended to read as follows:

10 (1) The board may adopt reasonable rules and regulations to effectuate and implement
11 the provisions of KRS 311.550 to 311.620, including but not limited to regulations
12 designed to ensure the continuing professional competency of present and future
13 licensees. As an adjunct to the power conferred upon the board by this section, the
14 board may require licensees to submit to interrogation as to the nature and extent of
15 their postgraduate medical education and to require licensees found to be deficient
16 in their efforts to keep abreast of new methods and technology, to obtain additional
17 instruction and training therein.

18 (2) As part of the continuing medical education which the board adopts to ensure
19 continuing professional competency of present and future licensees, the board shall
20 ensure that:

21 (a) Current practicing pediatricians, including those certified in medicine and
22 pediatrics, radiologists, family practitioners, and those physicians practicing
23 in an emergency medicine or urgent care setting, demonstrate completion of a
24 one (1) time course of at least one (1) hour of continuing medical education
25 approved by the board and covering the recognition and prevention of
26 pediatric abusive head trauma, as defined in KRS 620.020, prior to December
27 31, 2017; and

1 (b) Future practicing pediatricians, including those certified in medicine and
2 pediatrics, radiologists, family practitioners, and those physicians who will
3 practice in an emergency medicine or urgent care setting, demonstrate
4 completion of a one (1) time course of at least one (1) hour of continuing
5 medical education, or its equivalent, approved by the board and covering the
6 recognition and prevention of pediatric abusive head trauma, as defined in
7 KRS 620.020, within five (5) years of licensure. *Future practicing*
8 *pediatricians, including those certified in medicine and pediatrics,*
9 *radiologists, family practitioners, and those physicians who will practice in*
10 *an emergency medicine or urgent care setting may apply pediatric abusive*
11 *head trauma curriculum taught in their medical school education to count*
12 *towards the required one (1) hour of continuing medical education.*