

## SENATE SUMMARY OF HOUSE AMENDMENTS

SB 115

2015 Regular Session

Mills

**KEYWORD AND SUMMARY AS RETURNED TO THE SENATE**

HEALTH CARE. Provides for the practice of physician assistants. (gov sig)

**SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL**

1. Clarifies language in an introductory paragraph of present law relative to duties of physicians supervising physician assistants.
2. Removes provisions redefining a "supervising physician".
3. Clarifies that assistants may prescribe, order, and administer drugs as delegated by a supervising physician except as provided by law relative to anesthetics.

**DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE**

SB 115 Reengrossed

2015 Regular Session

Mills

Present law provides legislative intent regarding the shortage of all skilled health personnel, particularly in rural areas.

Proposed law includes reference in the legislative intent provisions to include a shortage of skilled health personnel the urban medically underserved areas of the state.

Present law provides legislative intent regarding physician assistants and working under the supervision of a supervising physician. Proposed law also provides that the legislature intends to modernize laws governing physician assistant practice.

Present law defines "approved program" as a program for education and training of physician assistants formally approved by the Committee on Allied Health Education and Accreditation or its successors.

Proposed law provides that an "approved program" a program for education and training that has been approved by the predecessor entity of the Committee on Allied Health Education and Accreditation.

Present law defines "supervision". Proposed law requires that "supervision" include the level and method of supervision be at the physician and physician assistant level, be documented and reviewed annually, and reflect the acuity of the patient care and nature of the procedure.

Proposed law removes the requirement that the Louisiana State Board of Medical Examiners (LSBME) submit annual reports to the legislature regarding physician assistants in the state.

Present law provides that a primary supervising physician can supervise no more than two physician assistants. Proposed law increases this limit from two to four physician assistants and clarifies that the physician be approved by the board as a supervising physician.

Present law provides for the licensure of a physician assistant and the required education program accredited by the Committee on Allied Health Education and Accreditation or its successors. Proposed law provides that the education program may be accredited by predecessors to the Committee on Allied Health Education and Accreditation.

Proposed law requires that the physician supervising the physician assistant maintain a written agreement with the physician assistant. Requires that the agreement include a statement that the physician exercise supervision over the physician assistant and that the agreement be signed by the supervising physician and physician assistant, updated annually, kept on file at the practice site, and be available to the LSBME upon request.

Proposed law removes provisions authorizing a physician assistant to have multiple supervising physicians in no more than five medical specialties or subspecialties, provided all of the physician assistant's supervising physicians are properly registered with the LSBME.

Present law provides that a physician assistant is considered to be, and is deemed, the agent of his supervising physician in the performance of all practice-related activities, including but not limited to assisting in surgery and the ordering of diagnostic and other medical services.

Proposed law provides that these practice-related activities include "interpretation" of diagnostic and other medical services and requires that the level and method of supervision be at the physician and physician assistant level, that it be documented and reviewed annually, and that it reflect the acuity of the patient care and the nature of a procedure.

Present law authorizes a physician assistant to inject local anesthetic agents subcutaneously provided it is delegated by supervising physician. Prohibits a physician assistant from administering local anesthetics perineurally, pericurally, epidurally, intrathecally, or intravenously unless the physician assistant is a certified registered nurse anesthetist.

Present law provides a list of medical services that may be rendered by a physician assistant to include but not be limited to:

- (1) Obtaining patient histories and performing physical examinations.
- (2) Ordering or performing diagnostic procedures as delegated by the supervising physician.
- (3) Developing and implementing a treatment plan in accordance with written clinical practice guidelines and protocols set forth by the supervising physician.
- (4) Monitoring the effectiveness of therapeutic intervention.
- (5) Suturing wounds as delegated by the supervising physician.
- (6) Offering counseling and education to meet patient needs.
- (7) Making appropriate referrals.
- (8) Prescribing certain drugs and medical devices to the extent delegated by the supervising physician, provided the physician assistant has completed a minimum of one year of clinical rotations during his training and has practiced for a minimum of one year under a supervising physician. Provides that these drugs may include those listed in Schedules III, IV, and V.

Proposed law removes these provisions but allows a physician assistant to prescribe, order, and administer drugs to the extent delegated by the supervising physician and except as provided by law relative to anesthetics and that these drugs include those in Schedules II, III, IV, and V.

Proposed law requires a physician assistant authorized to prescribe controlled substances to register with the United States Drug Enforcement Administration. Requires that a graduate physician assistant have at least 500 clinical hours of training prior to application for prescriptive authority. Authorizes a physician assistant request, receive, and sign for sample drugs and distribute sample drugs to a patient.

Present law requires that when a physician assistant is employed by a physician or group practice of physicians or a professional medical corporation or a hospital or other health care organization or entity, the physician assistant be supervised by and be the legal responsibility of the employing physician or group practice or professional medical corporation or other hospital or other health care organization or entity and the supervising physician. Proposed law retains these provisions except changes the position of employment to a position of being supervised.

Present law exempts certain persons from provisions regulating and licensing physician assistants. Proposed law adds to the list of exemptions a physician assistant student enrolled in a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant and a physician assistant employed by the federal government while performing duties incidental to that employment.

Effective upon signature of the governor or lapse of time for gubernatorial action.

(Amends R.S. 37:1360.21(A), (B), and (C), 1360.22(1), (5), and (8), 1360.23(G), (H), and (I), 1360.24(A)(3), 1360.29(A)(intro. para.), 1360.31, and 1360.32; Adds R.S. 37:1360.29(A)(4) and 1360.38(A)(3) and (4); Repeals R.S. 37:1360.23(J))

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