
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 896 Session of
2017

INTRODUCED BY RAFFERTY, ALLOWAY, YUDICHAK, GORDNER,
RESCHENTHALER AND HUTCHINSON, SEPTEMBER 25, 2017

REFERRED TO CONSUMER PROTECTION AND PROFESSIONAL LICENSURE,
SEPTEMBER 25, 2017

AN ACT

1 Amending the act of October 5, 1978 (P.L.1109, No.261), entitled
2 "An act requiring the licensing of practitioners of
3 osteopathic medicine and surgery; regulating their practice;
4 providing for certain funds and penalties for violations and
5 repeals," further providing for State Board of Osteopathic
6 Medicine and for licenses, exemptions, nonresident
7 practitioners, graduate students, biennial registration and
8 continuing medical education.

9 The General Assembly of the Commonwealth of Pennsylvania
10 hereby enacts as follows:

11 Section 1. Section 2.1(a) of the act of October 5, 1978
12 (P.L.1109, No.261), known as the Osteopathic Medical Practice
13 Act, is amended to read:

14 Section 2.1. State Board of Osteopathic Medicine.

15 (a) The State Board of Osteopathic Medicine shall consist of
16 the Commissioner of Professional and Occupational Affairs or his
17 designee; the Secretary of Health or his designee; two members
18 appointed by the Governor who shall be persons representing the
19 public at large; one member appointed by the Governor who is a
20 physician assistant; one member appointed by the Governor who

1 shall be a respiratory therapist, a perfusionist[, a physician
2 assistant] or a licensed athletic trainer; and [six] seven
3 members appointed by the Governor who shall be graduates of a
4 legally incorporated and reputable college of osteopathic
5 medicine and shall have been licensed to practice osteopathic
6 medicine under the laws of this Commonwealth and shall have been
7 engaged in the practice of osteopathy in this Commonwealth for a
8 period of at least five years. All professional and public
9 members of the board shall be appointed by the Governor with the
10 advice and consent of a majority of the members elected to the
11 Senate. The Governor shall assure that respiratory therapists,
12 perfusionists[, physician assistants] and certified athletic
13 trainers are appointed to four-year terms on a rotating basis.

14 * * *

15 Section 2. Section 10(g) and (j.1) of the act are amended
16 and the section is amended by adding a subsection to read:

17 Section 10. Licenses; exemptions; nonresident practitioners;
18 graduate students; biennial registration and
19 continuing medical education.

20 * * *

21 (g) The supervising physician shall file with the board an
22 application to utilize a physician assistant containing a
23 description of the manner in which the physician assistant will
24 assist the supervising physician in his practice, the method and
25 frequency of supervision[, including, but not limited to, the
26 number and frequency of the patient record reviews required by
27 subsection (j.1) and the criteria for selecting patient records
28 for review when 100% review is not required,] and the geographic
29 location of the physician assistant. [Upon submission of the
30 application, board staff shall review the application only for

1 completeness and shall issue a letter to the supervising
2 physician providing the temporary authorization for the
3 physician assistant to begin practice. If the application is not
4 complete, including, but not limited to, required information or
5 signatures not being provided or the fee not being submitted, a
6 temporary authorization for the physician assistant to begin
7 practicing shall not be issued. The temporary authorization,
8 when issued, shall provide a period of 120 days during which the
9 physician assistant may practice under the terms set forth in
10 the written agreement as submitted to the board. Within 120 days
11 the board shall notify the supervising physician of the final
12 approval or disapproval of the application. If approved, a final
13 approval of the written agreement shall be issued to the
14 supervising physician. If there are discrepancies that have not
15 been corrected within the 120-day period, the temporary
16 authorization to practice shall expire.] There shall be no more
17 than four physician assistants for whom a physician has
18 responsibility or supervises pursuant to a written agreement at
19 any time. In health care facilities licensed under the act of
20 July 19, 1979 (P.L.130, No.48), known as the "Health Care
21 Facilities Act," a physician assistant shall be under the
22 supervision and direction of a physician or physician group
23 pursuant to a written agreement, provided that a physician
24 supervises no more than four physician assistants at any time. A
25 physician may apply for a waiver to employ or supervise more
26 than four physician assistants at any time under this section
27 for good cause, as determined by the board. [In cases where a
28 group of physicians will supervise a physician assistant, the
29 names of all supervisory physicians shall be included on the
30 application.] Supervision shall not be construed as requiring

1 the onsite presence of the supervising physician.

2 * * *

3 (g.4) A physician assistant shall provide medical services
4 according to a written agreement which provides for all of the
5 following:

6 (1) Identifies and is signed by the primary supervising
7 physician.

8 (2) Describes the physician assistant's scope of
9 practice.

10 (3) Describes the nature and degree of supervision the
11 supervising physician will provide the physician assistant.

12 (4) Designates one physician as having the primary
13 responsibility for supervising the physician assistant.

14 (5) Is maintained at the practice or health care
15 facility and available to the board upon request. The written
16 agreement shall be supplied to the board within 30 days of
17 request.

18 A physician assistant shall provide medical services in a manner
19 as described in the agreement.

20 * * *

21 [(j.1) (1) The approved physician shall countersign 100% of
22 the patient records completed by the physician assistant
23 within a reasonable time, which shall not exceed ten days,
24 during each of the following time periods:

25 (i) The first 12 months of the physician assistant's
26 practice post graduation and after the physician
27 assistant has fulfilled the criteria for licensure set
28 forth in subsection (f).

29 (ii) The first 12 months of the physician
30 assistant's practice in a new specialty in which the

1 physician assistant is practicing.

2 (iii) The first six months of the physician
3 assistant's practice in the same specialty under the
4 supervision of the approved physician, unless the
5 physician assistant has multiple approved physicians and
6 practiced under the supervision of at least one of those
7 approved physicians for six months.

8 (2) In the case of a physician assistant who is not
9 subject to 100% review of the physician assistant's patient
10 records pursuant to paragraph (1), the approved physician
11 shall personally review on a regular basis a selected number
12 of the patient records completed by the physician assistant.
13 The approved physician shall select patient records for
14 review on the basis of written criteria established by the
15 approved physician and the physician assistant. The number of
16 patient records reviewed shall be sufficient to assure
17 adequate review of the physician assistant's scope of
18 practice.]

19 * * *

20 Section 3. This act shall take effect in 60 days.