

HOUSE BILL 1272

By Cochran

AN ACT to amend Tennessee Code Annotated, Title 63,
Chapter 19, Part 1 and Title 68, Chapter 11,
relative to physician assistants.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 63-19-102, is amended by deleting the section and substituting:

As used in this part:

(1) "Board" means the board of physician assistants, created by § 63-19-103;

(2) "Facility" means an entity licensed or regulated under title 33 or 68;

(3) "Healthcare setting" means an entity organized to deliver healthcare services in this state that is not a facility or physician assistant-owned healthcare setting;

(4) "HIPAA-compliant" means that the entity has implemented technical policies and procedures for electronic information systems that meet the requirements of 45 C.F.R. § 164.312;

(5) "Orthopedic physician assistant" (OPA-C) means a person who renders service in collaboration with a licensed orthopedic physician or surgeon and who has been licensed by the board of physician assistants pursuant to this chapter as an orthopedic physician assistant;

(6) "Physician" means a person lawfully licensed to practice medicine and surgery pursuant to chapter 6 of this title, osteopathic medicine pursuant to chapter 9 of this title, or podiatry pursuant to chapter 3 of this title;

(7) "Physician assistant" means a person licensed to render services, whether diagnostic or therapeutic, that are acts constituting the practice of medicine or osteopathic medicine and who meets the qualifications of this part;

(8) "Physician assistant-owned healthcare setting" means an entity organized to deliver healthcare services of which the majority ownership of the entity is physician assistants; and

(9) "Protocol" means a written document signed by a physician assistant and collaborating physician that describes the manner in which a physician assistant with fewer than six thousand (6,000) hours of postgraduate clinical experience collaborates with a physician.

SECTION 2. Tennessee Code Annotated, Section 63-19-103(a), is amended by deleting the subsection and substituting:

(a)

(1) There is established the board of physician assistants to regulate physician assistants in this state.

(2) The board consists of nine (9) members appointed by the governor as follows:

(A) Seven (7) physician assistants who meet the criteria for licensure as established by this part;

(B) One (1) of whom is a physician licensed under chapter 6 or chapter 9 of this title; and

(C) One (1) of whom is a public member who is not licensed under this title.

(3) Each member appointed to the board must be a resident of this state.

(4) On the effective date of this act, for the purposes of the board being established, those members who are currently serving as members of the board of medical examiners' committee on physician assistants must become members of the board of physician assistants, except that a current member who is an orthopedic physician assistant must not become a member of the board of physician assistants pursuant to subdivision (a)(2).

SECTION 3. Tennessee Code Annotated, Section 63-19-106, is amended by deleting the section and substituting:

(a) A physician assistant is authorized to treat, diagnose, or prescribe for an ailment or a physical injury to or deformity of another person within the physician assistant's scope of practice for which the physician assistant is trained, credentialed, privileged, or authorized to perform as outlined for services covered in this chapter.

(b) A physician assistant is authorized to perform procedures considered minor surgery to:

(1) Assist a physician who performs surgery;

(2) Perform minor procedures, including, but not limited to, a simple laceration or surgery repair; excision of skin lesions, moles, warts, cysts, lipomas; incision and drainage of superficial abscesses; skin biopsies, arthrocentesis, thoracentesis, paracentesis, endometrial biopsy; and intrauterine device insertion and colonoscopy; and

(3) Assist a physician who performs procedures considered Level II or Level III office-based surgery as defined in §§ 63-6-221 and 63-9-117, or a more complex procedure, provided:

(A) A physician assistant has the training and expertise to be able to prevent, recognize, and treat complications of the procedure and to perform the physician assistant's functions related to the procedure.

(B) The physician assistant practices consistent with the privileging and credentialing systems of licensed facilities.

(c)

(1) When protocols are required under this chapter, they may be written or electronic and must include:

(A) The physician assistant's name, license number, and primary practice location;

(B) The collaborating physician's name, license number, medical specialty, and primary practice location;

(C) A general description of the oversight provided by the collaborating physician;

(D) A general description of the physician assistant's process for collaboration with physicians and other members of the healthcare team; and

(E) A description of methods for evaluating the physician assistant's competency, knowledge, and skills.

(2) When practicing pursuant to a protocol, a physician assistant may perform only those tasks that are within the physician assistant's range of skills and competence, that are within the usual scope of practice of the collaborating physician, and that are consistent with the protection of the health and well-being of the patients.

(3) The physician assistant shall maintain the protocol at the physician assistant's practice location and shall make the protocol available upon request by the board of medical examiners, board of physician assistants, or the authorized agents of the boards.

(d) In addition to the requirements of subdivisions (b)(3)(A) and (B), and subsection (c), the range of services that may be provided by a physician assistant with six thousand (6,000) or fewer hours of postgraduate clinical experience must be set forth in a protocol, jointly developed by the collaborating physician and the physician assistant subject to the following:

(1) The protocol must contain a discussion of the problems and conditions likely to be encountered by the physician assistant and the appropriate treatment for these problems and conditions;

(2) The physician assistant shall maintain the protocol at the physician assistant's practice location and shall make the protocol available upon request by the board of medical examiners, board of physician assistants, or the authorized agents of the boards;

(3) A physician assistant with six thousand (6,000) or fewer hours of postgraduate clinical experience may only have an ownership interest in a healthcare setting in this state, provided it is a minority ownership interest and practice partners are licensed under this title; and

(4) A physician assistant with six thousand (6,000) or fewer hours of postgraduate clinical experience who changes practice settings to a different medical specialty must collaborate with a specific physician in that medical specialty for a minimum of six (6) months even if the physician assistant surpasses the six thousand (6,000) hour threshold during such six-month period.

(e)

(1) In addition to the requirements of subdivisions (b)(3)(A) and (B), and subsection (c), the range of services that may be provided by a physician assistant with more than six thousand (6,000) hours of postgraduate clinical experience who practices in a licensed facility or healthcare setting must be established at the practice level and are subject to the following:

(A) The physician assistant has the requisite competence, education, training, and experience to provide medical services;

(B) The physician assistant may only provide healthcare services for which the physician assistant has been educated, credentialed, privileged, or authorized to perform; and

(C) If the physician assistant changes to a different medical specialty, the practice employer or facility medical staff must determine the necessary training and oversight to ensure competency, knowledge, and skills in that medical specialty;

(2) This section does not prevent a facility or healthcare setting from requiring a physician assistant practicing within the facility or healthcare setting to practice pursuant to protocols.

(f) In addition to the requirements of subdivisions (b)(3)(A) and (B), and subsection (c), the range of services that may be provided by a physician assistant with more than six thousand (6,000) hours of postgraduate clinical experience who practices in a physician assistant-owned healthcare setting is determined at the practice level and subject to the following:

(1) The physician assistant has the requisite competence, education, training, and experience to provide medical services;

(2) The physician assistant shall collaborate with, consult with, and refer to the appropriate members of the healthcare team as indicated by the patient's condition, the education, experience, and competencies of the physician assistant and the applicable standard of care;

(3) The physician assistant may only provide healthcare services for which the physician assistant has been educated, credentialed, privileged, or authorized to perform; and

(4) If a physician assistant changes to a different medical specialty, then the practice employer or facility medical staff shall determine the necessary training and oversight to ensure competency, knowledge, and skills in that medical specialty.

(g) A physician assistant may render emergency medical service in cases where immediate diagnosis and treatment are necessary to avoid disability or death.

(h) Rules that purport to regulate the collaboration of physician assistants with physicians must be jointly adopted by the board of medical examiners and the board of physician assistants.

(i) A physician assistant practicing in collaboration with a licensed podiatrist:

(1) Shall not provide services that are outside of the scope of practice of a podiatrist as set forth in § 63-3-101;

(2) Shall comply with the requirements of, and rules adopted pursuant to, this section and § 63-19-107 governing the collaboration with a physician assistant; and

(3) May prescribe only drugs that are rational to the practice of podiatry.

(j) Except as authorized in part 2 of this chapter, a physician assistant shall not:

- (1) Utilize a board-certified medical specialty designation in the physician assistant's title or title reference;
- (2) Advertise as board-certified in a medical specialty;
- (3) Claim board certification in a medical specialty when credentialing with any licensed healthcare facility or health insurance entity; or
- (4) Claim board certification in a medical specialty when applying for insurance for healthcare liability coverage.

SECTION 4. Tennessee Code Annotated, Section 63-19-107, is amended by deleting the section and substituting:

(a) When protocols are required, more than one (1) physician may collaborate with the same physician assistant; provided, that alternate collaborating physicians are available to collaborate with the physician assistant in the absence or unavailability of the primary collaborating physician. Each physician assistant shall notify the board of the name, address, and license number of the physician assistant's primary collaborating physician and shall notify the board of a change in the primary collaborating physician within fifteen (15) days of the change, when applicable. The number of physician assistants for whom a physician may serve as the collaborating physician is determined by the physician at the practice level, consistent with good medical practice. The collaborating physician shall designate one (1) or more alternate physicians who have agreed to accept the responsibility of collaborating with the physician assistant on a prearranged basis in the collaborating physician's absence.

(b) Pursuant to § 63-19-106(d) and (e), each physician assistant shall notify the board of the name and address of the physician assistant's primary practice location and shall notify the board within fifteen (15) days of a practice location change.

(c) A physician assistant may prescribe, dispense, order, administer, and procure appropriate medical devices, legend drugs, and controlled substances that are within the physician assistant's scope of practice if the physician assistant has registered and complied with all applicable requirements of state law and regulation and the federal drug enforcement administration.

(d) A physician assistant may plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions. Such interventions include, but are not limited to, durable medical equipment, nutrition, blood and blood products, and diagnostic support services that include, but are not limited to, home health care, hospice, and physical and occupational therapy.

(e) A physician assistant shall not prescribe Schedules II, III, and IV controlled substances unless the prescription is indicated by the condition of the patient and the applicable standard of care.

(f) A physician assistant may only prescribe or issue a Schedule II or Schedule III opioid for a maximum of a nonrefillable, thirty-day course of treatment. This subsection (f) does not apply to prescriptions issued in a hospital, a nursing home licensed under title 68, or inpatient facilities licensed under title 33.

(g) The board shall monitor the prescriptive practices of the physician assistant through site visits by members of the board or their authorized agents.

(h) Complaints against physician assistants must be reported to the division of health related boards.

(i)

(1) Every prescription order issued by a physician assistant pursuant to this section must be entered in the medical records of the patient and must be written on a preprinted prescription pad bearing the name, address, and

telephone number of the physician assistant, and the physician assistant shall sign each prescription order so written.

(2) A handwritten prescription order for a drug prepared by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription. The handwritten prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, handwritten in letters or in numerals, instructions for the proper use of the drug, and the month and day that the prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant shall sign the handwritten prescription order on the day it is issued, unless it is a standing order issued in a hospital, a nursing home, or an assisted-care living facility as defined in § 68-11-201.

(3) A typed or computer-generated prescription order for a drug issued by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription order. The typed or computer-generated prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, recorded in letters or in numerals, instructions for the proper use of the drug, and the month and day that the typed or computer-generated prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant shall sign the typed or computer-generated prescription order on the day it is issued, unless it is a standing order issued in a hospital, nursing home, or an assisted care living facility as defined in § 68-11-201.

(4) This section does not prevent a physician assistant from issuing a verbal prescription order.

(5)

(A) Handwritten, typed, or computer-generated prescription orders must be issued on either tamper-resistant prescription paper or printed utilizing a technology that results in a tamper-resistant prescription that meets the current centers for medicare and medicaid services' guidance to state medicaid directors regarding § 7002(b) of the federal United States Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 (P.L. 110-28), and meets or exceeds specific TennCare requirements for tamper-resistant prescriptions.

(B) Subdivision (i)(5)(A) does not apply to prescriptions written for inpatients of a hospital, outpatients of a hospital where the doctor or other person authorized to write prescriptions writes the order into the hospital medical record and then the order is given directly to the hospital pharmacy and the patient never has the opportunity to handle the written order, a nursing home or an assisted care living facility as defined in § 68-11-201, or inpatients or residents of a mental health hospital or residential facility licensed under title 33, or individuals incarcerated in a local, state, or federal correctional facility.

(j) A physician assistant authorized to prescribe drugs under subsection (i), who provides services in a free or reduced fee clinic under the Volunteer Health Care Services Act, compiled in chapter 6, part 7 of this title, may arrange for required personal review of the physician assistant's charts by a collaborating physician in the office or

practice site of the physician or remotely via HIPAA-compliant electronic means rather than at the site of the clinic.

(k) A physician assistant authorized to prescribe drugs under subsection (i), who provides services in a community mental health center as defined in § 33-1-101 or federally qualified health center as defined in § 63-10-601, may arrange for the required personal review of the physician assistant's charts by a collaborating physician, with the same authority to render prescriptive services that the physician assistant is authorized to render, in the office or practice site of the physician, or the required visit by a collaborating physician to a remote site, or both, via HIPAA-compliant electronic means rather than at the site of the clinic.

(l) Except as provided in subsections (j) and (k):

(1) A physician assistant licensed to prescribe drugs who provides services at a site remote from the physician assistant's collaborating physician's practice site, may arrange for the required personal review of the physician assistant's charts by a collaborating physician either via HIPAA-compliant electronic means or in person; and

(2) A physician assistant licensed to prescribe drugs may arrange for up to ten (10) of the required annual remote site visits by a collaborating physician by HIPAA-compliant electronic means rather than at the site of the clinic. All other required site visits by a collaborating physician to a remote site must take place in person at the site of the clinic. As used in this subdivision (l)(2), "annual" means a rolling twelve-month period.

(m) A patient receiving services from a physician assistant must be fully informed that the individual is a physician assistant or a sign must be conspicuously

placed within the office indicating that certain services may be rendered by a physician assistant.

(n) A physician who does not normally provide patient care shall not collaborate with or utilize the services of a physician assistant.

(o)

(1) A physician assistant shall only perform invasive procedures involving a portion of the spine, spinal cord, sympathetic nerves of the spine, or block of major peripheral nerves of the spine in a setting licensed under title 68, chapter 11, under the direct supervision of a Tennessee physician licensed pursuant to chapter 6 or 9 of this title who is actively practicing spinal injections and has current privileges to do so at a facility licensed pursuant to title 68, chapter 11. The direct supervision provided by a physician in this subdivision (o)(1) must only be offered by a physician who meets the qualifications established in § 63-6-244(a)(1) or (a)(3), or § 63-9-121(a)(1) or (a)(3). As used in this subdivision (o)(1), "direct supervision" means being physically present in the same building as the physician assistant at the time the invasive procedure is performed.

(2) This subsection (o) does not apply to a physician assistant performing major joint injections except sacroiliac injections, or to performing soft tissue injections or epidurals for surgical anesthesia or labor analgesia in unlicensed settings.

SECTION 5. This act takes effect July 1, 2023, the public welfare requiring it.