

House Bill 4081

Sponsored by Representative MITCHELL, Senator STEINER HAYWARD; Representatives ALONSO LEON, GREENLICK, HOLVEY, KENY-GUYER, LIVELY, MEEK, SCHOUTEN, Senators KNOPP, MONNES ANDERSON (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Removes requirement that physician assistant practice under supervising physician. Requires physician assistant to enter into collaboration agreement with physician, podiatric physician or qualified physician assistant. Defines "collaboration agreement."

Becomes operative January 1, 2021.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to physician assistants; creating new provisions; amending ORS 109.640, 413.590, 441.064,
3 677.495, 677.510, 677.511, 677.515, 677.518, 688.510 and 743A.044; repealing section 9, chapter 550,
4 Oregon Laws 2011; and declaring an emergency.

5 **Be It Enacted by the People of the State of Oregon:**

PHYSICIAN ASSISTANTS

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9 **SECTION 1.** ORS 677.495 is amended to read:

10 677.495. As used in ORS 677.495 to 677.535, unless the context requires otherwise:

11 (1) **"Collaboration" means, as indicated by the patient's condition, community standards**
12 **of care and a physician assistant's education, training and experience:**

13 (a) **Consultation between the physician assistant and a physician, podiatric physician or**
14 **qualified physician assistant; or**

15 (b) **Referral by the physician assistant to a physician, podiatric physician or qualified**
16 **physician assistant.**

17 (2) **"Collaboration agreement" means a written agreement that describes the manner in**
18 **which the physician assistant collaborates with physicians, podiatric physicians or qualified**
19 **physician assistants, and that does not assign supervisory responsibility to, or represent ac-**
20 **ceptance of legal responsibility by, a physician, podiatric physician or qualified physician as-**
21 **stant for the care provided by the physician assistant.**

22 (3) **"Physician" means a physician licensed under ORS 677.100 to 677.228.**

23 [(1)] (4) **"Physician assistant" means a person who is licensed in accordance with ORS 677.505**
24 **to 677.525.**

25 (5) **"Podiatric physician" means a podiatric physician and surgeon licensed under ORS**
26 **677.805 to 607.840.**

27 [(2)] *"Practice agreement" means a written agreement between a physician assistant and a super-*
28 *vising physician or supervising physician organization that describes the manner in which the services*

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 of the physician assistant will be used.]

2 [(3) "Supervising physician" means a physician licensed under ORS 677.100 to 677.228, or a
3 podiatric physician and surgeon licensed under ORS 677.805 to 677.840, who supervises a physician
4 assistant.]

5 [(4) "Supervising physician organization" means a group of supervising physicians that collectively
6 supervises a physician assistant.]

7 [(5) "Supervision" means the acts of overseeing and accepting responsibility for the medical services
8 provided by a physician assistant in accordance with a practice agreement, including regular and
9 routine oversight and chart review.]

10 **(6) "Qualified physician assistant" means a physician assistant who has at least 10,000
11 hours of clinical experience.**

12 **SECTION 2.** ORS 677.510 is amended to read:

13 677.510. [(1) A person licensed to practice medicine under this chapter may not use the services of
14 a physician assistant without the prior approval of the Oregon Medical Board.]

15 [(2) A supervising physician or a supervising physician organization may apply to the board to
16 use the services of a physician assistant. The application must:]

17 [(a) If the applicant is not a supervising physician organization, state the name and contact infor-
18 mation of the supervising physician;]

19 [(b) If the applicant is a supervising physician organization:]

20 [(A) State the names and contact information of all supervising physicians; and]

21 [(B) State the name of the primary supervising physician required by subsection (5) of this
22 section;]

23 [(c) Generally describe the medical services provided by each supervising physician;]

24 [(d) Contain a statement acknowledging that each supervising physician has reviewed statutes and
25 rules relating to the practice of physician assistants and the role of a supervising physician; and]

26 [(e) Provide such other information in such a form as the board may require.]

27 [(3) The board shall approve or reject an application within seven working days after the board
28 receives the application, unless the board is conducting an investigation of the supervising physician
29 or of any of the supervising physicians in a supervising physician organization applying to use the
30 services of a physician assistant.]

31 [(4) A supervising physician organization shall provide the board with a list of the supervising
32 physicians in the supervising physician organization. The supervising physician organization shall
33 continually update the list and notify the board of any changes.]

34 [(5) A supervising physician organization shall designate a primary supervising physician and
35 notify the board in the manner prescribed by the board.]

36 [(6)(a) A physician assistant may not practice medicine until the physician assistant enters into a
37 practice agreement with a supervising physician or supervising physician organization whose applica-
38 tion has been approved under subsection (3) of this section. The practice agreement must:]

39 [(A) Include the name, contact information and license number of the physician assistant and each
40 supervising physician.]

41 [(B) Describe the degree and methods of supervision that the supervising physician or supervising
42 physician organization will use. The degree of supervision, whether general, direct or personal, must
43 be based on the level of competency of the physician assistant as judged by the supervising
44 physician.]

45 [(C) Generally describe the medical duties delegated to the physician assistant.]

1 *[(D) Describe the services or procedures common to the practice or specialty that the physician*
2 *assistant is not permitted to perform.]*

3 *[(E) Describe the prescriptive and medication administration privileges that the physician assistant*
4 *will exercise.]*

5 *[(F) Provide the list of settings and licensed facilities in which the physician assistant will provide*
6 *services.]*

7 *[(G) State that the physician assistant and each supervising physician is in full compliance with*
8 *the laws and regulations governing the practice of medicine by physician assistants, supervising phy-*
9 *sicians and supervising physician organizations and acknowledge that violation of laws or regulations*
10 *governing the practice of medicine may subject the physician assistant and supervising physician or*
11 *supervising physician organization to discipline.]*

12 *[(H) Be signed by the supervising physician or the primary supervising physician of the supervising*
13 *physician organization and by the physician assistant.]*

14 *[(I) Be updated at least every two years.]*

15 *[(b) The supervising physician or supervising physician organization shall provide the board with*
16 *a copy of the practice agreement within 10 days after the physician assistant begins practice with the*
17 *supervising physician or supervising physician organization. The supervising physician or supervising*
18 *physician organization shall keep a copy of the practice agreement at the practice location and make*
19 *a copy of the practice agreement available to the board on request. The practice agreement is not sub-*
20 *ject to board approval, but the board may request a meeting with a supervising physician or supervis-*
21 *ing physician organization and a physician assistant to discuss a practice agreement.]*

22 *[(7) A physician assistant's supervising physician shall ensure that the physician assistant is com-*
23 *petent to perform all duties delegated to the physician assistant. The supervising physician or super-*
24 *vising physician organization and the physician assistant are responsible for ensuring the competent*
25 *practice of the physician assistant.]*

26 *[(8) A supervising physician or the agent of a supervising physician must be competent to perform*
27 *the duties delegated to the physician assistant by the supervising physician or by a supervising physi-*
28 *cian organization.]*

29 *[(9) The board may not require that a supervising physician be physically present at all times when*
30 *the physician assistant is providing services, but may require that:]*

31 *[(a) The physician assistant have access to personal or telephone communication with a supervising*
32 *physician when the physician assistant is providing services; and]*

33 *[(b) The proximity of a supervising physician and the methods and means of supervision be ap-*
34 *propriate to the practice setting and the patient conditions treated in the practice setting.]*

35 *[(10)(a) A supervising physician organization may supervise any number of physician assistants.*
36 *The board may not adopt rules limiting the number of physician assistants that a supervising physician*
37 *organization may supervise.]*

38 *[(b) A physician assistant who is supervised by a supervising physician organization may be*
39 *supervised by any of the supervising physicians in the supervising physician organization.]*

40 *[(11) If a physician assistant is not supervised by a supervising physician organization, the physi-*
41 *cian assistant may be supervised by no more than four supervising physicians, unless the board ap-*
42 *proves a request from the physician assistant, or from a supervising physician, for the physician*
43 *assistant to be supervised by more than four supervising physicians.]*

44 *[(12) A supervising physician who is not acting as part of a supervising physician organization*
45 *may supervise four physician assistants, unless the board approves a request from the supervising*

1 *physician or from a physician assistant for the supervising physician to supervise more than four*
 2 *physician assistants.]*

3 [(13) *A supervising physician who is not acting as part of a supervising physician organization*
 4 *may designate a physician to serve as the agent of the supervising physician for a predetermined period*
 5 *of time.]*

6 [(14) *A physician assistant may render services in any setting included in the practice agreement.]*

7 [(15) *A physician assistant for whom an application under this section has been approved by the*
 8 *board on or after January 2, 2006, shall submit to the board, within 24 months after the approval,*
 9 *documentation of completion of:]*

10 [(a) *A pain management education program approved by the board and developed in conjunction*
 11 *with the Pain Management Commission established under ORS 413.570; or]*

12 [(b) *An equivalent pain management education program, as determined by the board.]*

13 (1) **A physician assistant is responsible for the care provided by the physician assistant.**

14 (2) **A physician assistant shall engage in collaboration to the degree determined at the**
 15 **physician assistant's primary location of practice. The determination may include decisions**
 16 **made by a physician, podiatric physician or qualified physician assistant with whom the**
 17 **physician assistant has entered into a collaboration agreement, or the employer, group or**
 18 **hospital service and the credentialing and privileging systems of the physician assistant's**
 19 **primary location of practice.**

20 (3) **A physician assistant may not provide care unless the physician assistant has entered**
 21 **into a collaboration agreement signed by a physician, podiatric physician or qualified physi-**
 22 **cian assistant. The collaboration agreement must include:**

23 (a) **The physician assistant's name, license number and primary location of practice;**

24 (b) **A general description of the physician assistant's process for collaboration with phy-**
 25 **sicians, podiatric physicians or qualified physician assistants;**

26 (c) **If the physician assistant has fewer than 4,000 hours of post-graduate clinical experi-**
 27 **ence, a plan for the minimum number of hours per month during which the physician as-**
 28 **stant will collaborate, both in person and through technology, with a specified physician,**
 29 **podiatric physician or qualified physician assistant; and**

30 (d) **The performance assessment and review process, as described in subsection (5) of this**
 31 **section.**

32 (4) **The collaboration agreement must be kept on file at the physician assistant's primary**
 33 **location of practice and made available to the Oregon Medical Board upon request.**

34 (5) **Performance assessments and reviews of a physician assistant must be completed by**
 35 **the physician assistant's employer in accordance with a performance assessment and review**
 36 **process established by the employer.**

37 **SECTION 3.** ORS 677.511 is amended to read:

38 677.511. (1)(a) A [*supervising physician or supervising physician organization*] **physician assist-**
 39 **ant** may apply to the Oregon Medical Board for authority [*for a physician assistant*] to dispense
 40 **prescription** drugs [*specified by the supervising physician or supervising physician organization*].

41 (b) Notwithstanding paragraph (a) of this subsection, and except as permitted under ORS 677.515
 42 (4), a physician assistant may not dispense controlled substances classified in Schedule I or II under
 43 the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035.

44 [(2) *The board shall adopt rules establishing standards and qualifications for physician assistants*
 45 *with dispensing authority. The rules must require:]*

1 *[(a) A physician assistant seeking dispensing authority to complete a drug dispensing training*
 2 *program; and]*

3 *[(b) The supervising physician or supervising physician organization that applies for dispensing*
 4 *authority for a physician assistant to:]*

5 *[(A) Provide the board with a plan for drug delivery and control;]*

6 *[(B) Submit an annual report to the board on the physician assistant's use of dispensing*
 7 *authority;]*

8 *[(C) Submit to the board a list of the drugs or classes of drugs that the supervising physician or*
 9 *supervising physician organization proposes to authorize the physician assistant to dispense; and]*

10 *[(D) Submit to the board documentation showing that the supervising physician or supervising*
 11 *physician organization has registered the facility from which the physician assistant will dispense*
 12 *drugs as a drug outlet with the State Board of Pharmacy under ORS 689.305.]*

13 *[(3) The Oregon Medical Board and the State Board of Pharmacy shall jointly develop a drug*
 14 *dispensing training program for physician assistants and adopt that program by rule.]*

15 *[(4) A supervising physician or supervising physician organization that supervises a physician as-*
 16 *stant with dispensing authority shall comply with rules adopted by the State Board of Pharmacy re-*
 17 *lating to registration, acquisition, storage, integrity, security, access, dispensing and disposal of drugs,*
 18 *record keeping and consultation with pharmacists.]*

19 *[(5) A physician assistant who dispenses a controlled substance classified in Schedule III or IV*
 20 *under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035,*
 21 *shall report the dispensing of the controlled substance to the Oregon Health Authority in a manner*
 22 *consistent with the requirements for reporting by pharmacies as provided in ORS 431A.855 to*
 23 *431A.900.]*

24 *[(6) Drugs dispensed by a physician assistant with dispensing authority under this section must*
 25 *be personally dispensed by the physician assistant.]*

26 **(2) An application for the authority to dispense prescription drugs under this section**
 27 **must include any information required by the board by rule.**

28 **(3) Prescription drugs dispensed by a physician assistant must be personally dispensed**
 29 **by the physician assistant, except that nonjudgmental dispensing functions may be delegated**
 30 **to staff assistants when the accuracy and completeness of the prescription is verified by the**
 31 **physician assistant.**

32 **(4) The physician assistant shall maintain records of the receipt and distribution of pre-**
 33 **scription drugs. The records must be readily accessible for inspection by the board upon re-**
 34 **quest of the board.**

35 **(5) The physician assistant shall ensure that a prescription drug dispensed by the physi-**
 36 **cian assistant is labeled in compliance with the requirements of ORS 677.089 (3).**

37 **(6) The board has sole disciplinary authority regarding a physician assistant who has**
 38 **prescription drug dispensing authority.**

39 **SECTION 4.** ORS 677.515 is amended to read:

40 677.515. (1) A physician assistant [*licensed under ORS 677.512*] may provide any medical service,
 41 including prescribing and administering controlled substances in Schedules II through V under the
 42 federal Controlled Substances Act:

43 *[(a) That is delegated by the physician assistant's supervising physician or supervising physician*
 44 *organization;]*

45 *[(b)] (a) That is within the scope of practice of the physician assistant; and*

1 *[(c) That is within the scope of practice of the supervising physician or supervising physician or-*
2 *ganization;]*

3 *[(d) That is provided under the supervision of the supervising physician or supervising physician*
4 *organization;]*

5 *[(e) That is generally described in and in compliance with the practice agreement; and]*

6 *[(f)]* **(b)** For which the physician assistant has obtained informed consent as provided in ORS
7 677.097, if informed consent is required.

8 (2) This chapter does not prohibit a student enrolled in a program for educating physician as-
9 sistants approved by the **Oregon Medical** Board from rendering medical services if the services are
10 rendered in the course of the program.

11 (3) The degree of [*independent*] **autonomous** judgment that a physician assistant may exercise
12 shall be determined [*by the supervising physician, or supervising physician organization, and the*
13 *physician assistant in accordance with the practice agreement*] **at the physician assistant's primary**
14 **location of practice by the community standards of care and the physician assistant's edu-**
15 **cation, training and experience.**

16 *[(4) A supervising physician, upon the approval of the board and in accordance with the rules es-*
17 *tablished by the board, may delegate to the physician assistant the authority to administer and pre-*
18 *scribe medications pursuant to this section and ORS 677.535.]*

19 **(4)(a) A physician assistant may apply to the board for authority to prescribe, dispense**
20 **and administer prescription drugs under this section.**

21 **(b)** The board may not limit the privilege of administering, dispensing and prescribing **pre-**
22 **scription drugs** to population groups federally designated as underserved, or to geographic areas
23 of the state that are federally designated health professional shortage areas, federally designated
24 medically underserved areas or areas designated as medically disadvantaged and in need of primary
25 health care providers by the Director of the Oregon Health Authority or the Office of Rural Health.
26 All prescriptions written pursuant to this subsection must bear the name, office address and tele-
27 phone number of the [*supervising physician*] **physician assistant who writes the prescription.**

28 (5) This chapter does not require or prohibit a physician assistant from practicing in a hospital
29 licensed pursuant to ORS 441.015 to 441.087.

30 (6) Prescriptions for medications prescribed by a physician assistant in accordance with this
31 section and ORS 475.005, 677.010, 677.500, [677.510] **677.511** and 677.535 and dispensed by a licensed
32 pharmacist may be filled by the pharmacist according to the terms of the prescription, and the filling
33 of such a prescription does not constitute evidence of negligence on the part of the pharmacist if
34 the prescription was dispensed within the reasonable and prudent practice of pharmacy.

35 **SECTION 5.** ORS 677.518 is amended to read:

36 677.518. A physician assistant[, *practicing under the supervision of a supervising physician or a*
37 *supervising physician organization, is authorized to*] **may** complete and sign reports of death. Reports
38 of death signed by a physician assistant shall [*be accepted as fulfilling*] **fulfill** all of the laws dealing
39 with reports of death. A physician assistant who prepares a report of death [*must*] **shall** comply with
40 all provisions of ORS 432.133.

41 **SECTION 6.** (1) **A physician assistant practicing under a practice agreement that was**
42 **entered into or updated before the operative date specified in section 14 of this 2020 Act may**
43 **continue to practice under the practice agreement until the date on which the practice**
44 **agreement must be updated.**

45 **(2) On the date on which a practice agreement is due for update, the physician assistant**

1 **shall enter into a collaboration agreement, as defined in ORS 677.495.**

2
3 **CONFORMING AMENDMENTS**

4
5 **SECTION 7.** ORS 109.640 is amended to read:

6 109.640. (1) A physician, physician assistant licensed under ORS 677.505 to 677.525, nurse prac-
7 titioner licensed under ORS 678.375 to 678.390 or naturopathic physician licensed under ORS chap-
8 ter 685 may provide birth control information and services to any person without regard to the age
9 of the person.

10 (2) A minor 15 years of age or older may give consent, without the consent of a parent or
11 guardian of the minor, to:

12 (a) Hospital care, medical or surgical diagnosis or treatment by a physician licensed by the
13 Oregon Medical Board or a naturopathic physician licensed under ORS chapter 685, and dental or
14 surgical diagnosis or treatment by a dentist licensed by the Oregon Board of Dentistry, except as
15 provided by ORS 109.660.

16 (b) Diagnosis or treatment by a physician assistant who is licensed under ORS 677.505 to 677.525
17 and who is acting pursuant to a [*practice agreement*] **collaboration agreement** as defined in ORS
18 677.495.

19 (c) Diagnosis and treatment by a nurse practitioner who is licensed by the Oregon State Board
20 of Nursing under ORS 678.375 and who is acting within the scope of practice for a nurse practi-
21 tioner.

22 (d) Except when the minor is obtaining contact lenses for the first time, diagnosis and treatment
23 by an optometrist who is licensed by the Oregon Board of Optometry under ORS 683.010 to 683.340
24 and who is acting within the scope of practice for an optometrist.

25 **SECTION 8.** ORS 441.064 is amended to read:

26 441.064. (1) As used in this section:

27 (a) "Nurse practitioner" has the meaning given that term in ORS 678.010;

28 (b) "Physician" has the meaning given that term in ORS 677.010; and

29 (c) "Physician assistant" has the meaning given that term in ORS 677.495.

30 (2) The rules of any hospital in this state may grant privileges to nurse practitioners and phy-
31 sician assistants for purposes of patient care.

32 (3) Rules must be in writing and may include, but need not be limited to:

33 (a) Limitations on the scope of privileges;

34 (b) Monitoring and supervision of nurse practitioners and **collaboration with** physician assist-
35 ants in the hospital by physicians who are members of the medical staff;

36 (c) A requirement that a nurse practitioner or physician assistant co-admit patients with a
37 physician who is a member of the medical staff; and

38 (d) Qualifications of nurse practitioners and physician assistants to be eligible for privileges in-
39 cluding but not limited to requirements of prior clinical and hospital experience.

40 (4) The rules may:

41 (a) Regulate the credentialing and conduct of nurse practitioners and physician assistants while
42 using the facilities of the hospital;

43 (b) Prescribe the procedures for suspension or termination of a nurse practitioner's or physician
44 assistant's privileges; **and**

45 (c) Allow the hospital to refuse privileges to a nurse practitioner **or physician assistant**, but

1 only on the same basis that the hospital refuses privileges to other medical providers.]; *and*]

2 [(d) Allow the hospital to refuse privileges to a physician assistant based on the refusal of privi-
3 leges to the physician assistant's supervising physician.]

4 (5) Notwithstanding subsection (3) of this section, rules adopted by a hospital that grant privi-
5 leges to licensed registered nurses who are licensed by the Oregon State Board of Nursing as nurse
6 practitioners specializing in nurse midwifery must:

7 (a) Include admitting privileges;

8 (b) Be consistent with the privileges of the other medical staff; and

9 (c) Permit the nurse practitioner specializing in nurse midwifery to exercise the voting rights
10 of the other members of the medical staff.

11 (6) Rules described in this section are subject to hospital and medical staff bylaws and rules
12 governing credentialing and staff privileges.

13 **SECTION 9.** ORS 688.510 is amended to read:

14 688.510. (1) As used in this section:

15 (a) "Fluoroscopy" means a technique for generating X-ray images and for presenting the X-ray
16 images simultaneously and continuously as a visible image.

17 (b) "Physician assistant" means a physician assistant licensed under ORS 677.505 to 677.525.

18 [(c) "Supervising physician" means a physician licensed under ORS chapter 677 who has entered
19 into a practice agreement with a physician assistant as described in ORS 677.510.]

20 [(d)] (c) "To practice fluoroscopy" means to initiate the generation of X-rays and to acquire
21 visible images for the purpose of medical diagnosis.

22 (2) Except as provided in subsection [(7)] (5) of this section, a physician assistant may not
23 practice fluoroscopy on a person unless the physician assistant:

24 (a) Holds an active certificate issued by the Board of Medical Imaging under this section; **and**

25 (b) Operates fluoroscopic X-ray equipment in compliance with [*this section and*] rules adopted
26 by the board under this section[; *and*].

27 [(c) *Fluoroscopy is among the medical duties delegated to the physician assistant pursuant to a*
28 *practice agreement described in ORS 677.510.*]

29 (3) The board shall issue a certificate to practice fluoroscopy to a physician assistant who:

30 (a) Completes a fluoroscopy education program approved by the board;

31 (b) Submits an examination application to the board in a form and manner prescribed by the
32 board;

33 (c) Pays an examination fee established by the board by rule;

34 (d) Passes an examination on fluoroscopy approved by the board;

35 (e) Submits a certificate application to the board in a form and manner prescribed by the board;

36 (f) Pays a certificate application fee established by the board by rule; and

37 (g) Meets the standards of ethical and professional conduct established by a credentialing or-
38 ganization or professional society related to the practice of medical imaging.

39 (4) The board shall renew the certificate to practice fluoroscopy of a physician assistant who:

40 (a) Submits a renewal application to the board in a form and manner prescribed by the board;

41 (b) Pays a renewal fee established by the board by rule; and

42 (c) Completes continuing education requirements approved by the board.

43 [(5) *A supervising physician may delegate fluoroscopy procedures only to a physician assistant who*
44 *holds a certificate issued pursuant to this section.*]

45 [(6)(a) *A physician assistant who holds a certificate issued pursuant to this section may practice*

1 *fluoroscopy only as authorized by this section.]*

2 *[(b) A physician assistant may practice fluoroscopy only if:]*

3 *[(A) The supervising physician with whom the physician assistant has entered into a practice*
4 *agreement is in the room where the fluoroscopic procedure is taking place at the time that the procedure*
5 *is taking place; or]*

6 *[(B) The supervising physician with whom the physician assistant has entered into a practice*
7 *agreement is in the building where the fluoroscopic procedure is taking place at the time that the pro-*
8 *cedure is taking place and a medical imaging licensee who specializes in the medical imaging modality*
9 *of radiography is in the room where the procedure is taking place at the time that the procedure is*
10 *taking place.]*

11 *[(c) The board may adopt by rule an exception to the requirements of paragraph (b) of this sub-*
12 *section if the board determines that the exception does not create a risk of harm to the public health*
13 *and safety.]*

14 [(7)] (5) A physician assistant may practice fluoroscopy before being issued a certificate under
15 this section for the purpose of completing a fluoroscopy training program. A physician assistant
16 must be supervised, as determined by the board by rule, when practicing fluoroscopy under this
17 subsection.

18 [(8)] (6) Subject to the provisions of ORS chapter 183, the board may refuse to issue or renew
19 a certificate under this section or may suspend or revoke a certificate under this section if the ap-
20 plicant or certificate holder violates a provision of this section or any rule adopted by the board
21 under this section.

22 **SECTION 10.** ORS 743A.044 is amended to read:

23 743A.044. (1) An insurer may not refuse a claim solely on the ground that the claim was sub-
24 mitted by a physician assistant rather than by a [*supervising*] physician [*for*] **with whom** the phy-
25 sician assistant **has entered into a collaboration agreement, as defined in ORS 677.495.**

26 (2) This section is exempt from ORS 743A.001.

27 **SECTION 11. The amendments to ORS 743A.044 by section 10 of this 2020 Act apply to**
28 **claims submitted on and after the operative date specified in section 15 of this 2020 Act.**

29 **SECTION 12.** ORS 413.590 is amended to read:

30 413.590. (1) An approved pain management education program described in ORS 413.572 (1)(c)
31 or an equivalent pain management education program as described in ORS 675.110, 677.228,
32 [677.510,] 678.101, 684.092, 685.102 or 689.285 must be completed by:

- 33 (a) A physician assistant licensed under ORS chapter 677;
- 34 (b) A nurse licensed under ORS chapter 678;
- 35 (c) A psychologist licensed under ORS 675.010 to 675.150;
- 36 (d) A chiropractic physician licensed under ORS chapter 684;
- 37 (e) A naturopath licensed under ORS chapter 685;
- 38 (f) An acupuncturist licensed under ORS 677.759;
- 39 (g) A pharmacist licensed under ORS chapter 689;
- 40 (h) A dentist licensed under ORS chapter 679;
- 41 (i) An occupational therapist licensed under ORS 675.210 to 675.340;
- 42 (j) A physical therapist licensed under ORS 688.010 to 688.201; and
- 43 (k) An optometrist licensed under ORS chapter 683.

44 (2) The Oregon Medical Board, in consultation with the Pain Management Commission, shall
45 identify by rule physicians licensed under ORS chapter 677 who, on an ongoing basis, treat patients

1 in chronic or terminal pain and who must complete one pain management education program es-
2 tablished under ORS 413.572. The board may identify by rule circumstances under which a require-
3 ment under this section may be waived.

4
5 **REPEALS**

6
7 **SECTION 13. Section 9, chapter 550, Oregon Laws 2011, is repealed.**

8
9 **UNIT CAPTIONS**

10
11 **SECTION 14. The unit captions used in this 2020 Act are provided only for the conven-
12 ience of the reader and do not become part of the statutory law of this state or express any
13 legislative intent in the enactment of this 2020 Act.**

14
15 **OPERATIVE AND EFFECTIVE DATES**

16
17 **SECTION 15. (1) The amendments to ORS 109.640, 413.590, 441.064, 677.495, 677.510,
18 677.511, 677.515, 677.518, 688.510 and 743A.044 by sections 1 to 5, 7 to 10 and 12 of this 2020
19 Act and the repeal of section 9, chapter 550, Oregon Laws 2011, by section 13 of this 2020 Act
20 become operative on January 1, 2021.**

21 **(2) The Board of Medical Imaging and the Oregon Medical Board may take any action
22 before the operative date specified in subsection (1) of this section that is necessary to enable
23 the boards to exercise, on and after the operative date specified in subsection (1) of this
24 section, all of the duties, functions and powers conferred on the boards by the amendments
25 to ORS 109.640, 413.590, 441.064, 677.495, 677.510, 677.511, 677.515, 677.518, 688.510 and 743A.044
26 by sections 1 to 5, 7 to 10 and 12 of this 2020 Act and the repeal of section 9, chapter 550,
27 Oregon Laws 2011, by section 13 of this 2020 Act.**

28 **SECTION 16. This 2020 Act being necessary for the immediate preservation of the public
29 peace, health and safety, an emergency is declared to exist, and this 2020 Act takes effect
30 on its passage.**