

Requested by SENATE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 3036
(INCLUDING AMENDMENTS TO RESOLVE CONFLICTS)**

1 On page 10 of the printed A-engrossed bill, after line 28, insert:

2 **“SECTION 11a. If House Bill 2078 becomes law, section 11 of this**
3 **2021 Act (amending ORS 677.510) is repealed and ORS 677.510, as**
4 **amended by section 6, chapter __, Oregon Laws 2021 (Enrolled House**
5 **Bill 2078), is amended to read:**

6 *“677.510. [(1) A person licensed to practice medicine under this chapter may*
7 *not use the services of a physician assistant without the prior approval of the*
8 *Oregon Medical Board.]*

9 *“[(2) A supervising physician or a supervising physician organization may*
10 *apply to the board to use the services of a physician assistant. The application*
11 *must:]*

12 *“[(a) If the applicant is not a supervising physician organization, state the*
13 *name and contact information of the supervising physician;]*

14 *“[(b) If the applicant is a supervising physician organization:]*

15 *“[(A) State the names and contact information of all supervising physi-*
16 *cians; and]*

17 *“[(B) State the name of the primary supervising physician required by*
18 *subsection (5) of this section;]*

19 *“[(c) Generally describe the medical services provided by each supervising*
20 *physician;]*

1 “(d) Contain a statement acknowledging that each supervising physician
2 has reviewed statutes and rules relating to the practice of physician assistants
3 and the role of a supervising physician; and]

4 “(e) Provide such other information in such a form as the board may re-
5 quire.]

6 “(3) The board shall approve or reject an application within seven working
7 days after the board receives the application, unless the board is conducting
8 an investigation of the supervising physician or of any of the supervising
9 physicians in a supervising physician organization applying to use the services
10 of a physician assistant.]

11 “(4) A supervising physician organization shall provide the board with a
12 list of the supervising physicians in the supervising physician organization.
13 The supervising physician organization shall continually update the list and
14 notify the board of any changes.]

15 “(5) A supervising physician organization shall designate a primary
16 supervising physician and notify the board in the manner prescribed by the
17 board.]

18 “(6)(a) A physician assistant may not practice medicine until the physician
19 assistant enters into a practice agreement with a supervising physician or
20 supervising physician organization whose application has been approved under
21 subsection (3) of this section. The practice agreement must:]

22 “(A) Include the name, contact information and license number of the
23 physician assistant and each supervising physician.]

24 “(B) Describe the degree and methods of supervision that the supervising
25 physician or supervising physician organization will use. The degree of
26 supervision, whether general, direct or personal, must be based on the level of
27 competency of the physician assistant as judged by the supervising
28 physician.]

29 “(C) Generally describe the medical duties delegated to the physician as-
30 sistant.]

1 “(D) Describe the services or procedures common to the practice or spe-
2 cialty that the physician assistant is not permitted to perform.]

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

5 “(F) Provide the list of settings and licensed facilities in which the phy-
6 sician assistant will provide services.]

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

13 “(H) Be signed by the supervising physician or the primary supervising
14 physician of the supervising physician organization and by the physician as-
15 sistant.]

16 “(I) Be updated at least every two years.]

17 “(b) The supervising physician or supervising physician organization shall
18 provide the board with a copy of the practice agreement within 10 days after
19 the physician assistant begins practice with the supervising physician or
20 supervising physician organization. The supervising physician or supervising
21 physician organization shall keep a copy of the practice agreement at the
22 practice location and make a copy of the practice agreement available to the
23 board on request. The practice agreement is not subject to board approval, but
24 the board may request a meeting with a supervising physician or supervising
25 physician organization and a physician assistant to discuss a practice agree-
26 ment.]

27 “(7) A physician assistant’s supervising physician shall ensure that the
28 physician assistant is competent to perform all duties delegated to the physi-
29 cian assistant. The supervising physician or supervising physician organiza-
30 tion and the physician assistant are responsible for ensuring the competent

1 *practice of the physician assistant.]*

2 *“(8) A supervising physician or the agent of a supervising physician must*
3 *be competent to perform the duties delegated to the physician assistant by the*
4 *supervising physician or by a supervising physician organization.]*

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

8 *“(a) The physician assistant have access to personal or telephone commu-*
9 *nication with a supervising physician when the physician assistant is provid-*
10 *ing services; and]*

11 *“(b) The proximity of a supervising physician and the methods and means*
12 *of supervision be appropriate to the practice setting and the patient conditions*
13 *treated in the practice setting.]*

14 *“(10)(a) A supervising physician organization may supervise any number*
15 *of physician assistants. The board may not adopt rules limiting the number*
16 *of physician assistants that a supervising physician organization may super-*
17 *wise.]*

18 *“(b) A physician assistant who is supervised by a supervising physician*
19 *organization may be supervised by any of the supervising physicians in the*
20 *supervising physician organization.]*

21 *“(11) If a physician assistant is not supervised by a supervising physician*
22 *organization, the physician assistant may be supervised by no more than four*
23 *supervising physicians, unless the board approves a request from the physician*
24 *assistant, or from a supervising physician, for the physician assistant to be*
25 *supervised by more than four supervising physicians.]*

26 *“(12) A supervising physician who is not acting as part of a supervising*
27 *physician organization may supervise four physician assistants, unless the*
28 *board approves a request from the supervising physician or from a physician*
29 *assistant for the supervising physician to supervise more than four physician*
30 *assistants.]*

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

4 “[(14) A physician assistant may render services in any setting included in
5 the practice agreement.]

6 **“(1) A physician assistant is responsible for the care provided by the
7 physician assistant.**

8 **“(2) A physician assistant shall engage in collaboration to the de-
9 gree determined at the physician assistant’s primary location of prac-
10 tice. The determination may include decisions made by a physician,
11 podiatric physician or employer with whom the physician assistant has
12 entered into a collaboration agreement, or the group or hospital ser-
13 vice and the credentialing and privileging systems of the physician
14 assistant’s primary location of practice.**

15 **“(3)(a) A physician assistant may not provide care unless the phy-
16 sician assistant has entered into a collaboration agreement signed by
17 a physician, podiatric physician or employer. The collaboration agree-
18 ment must include:**

19 **“(A) The physician assistant’s name, license number and primary
20 location of practice;**

21 **“(B) A general description of the physician assistant’s process for
22 collaboration with physicians or podiatric physicians;**

23 **“(C) If the physician assistant has fewer than 2,000 hours of post-
24 graduate clinical experience, a plan for the minimum number of hours
25 per month during which the physician assistant will collaborate, both
26 in person and through technology, with a specified physician or
27 podiatric physician; and**

28 **“(D) The performance assessment and review process, as described
29 in subsection (5) of this section.**

30 **“(b) The physician assistant, or physician, podiatric physician or**

1 **employer with whom the physician assistant has entered into the col-**
2 **laboration agreement, is responsible for tracking the hours described**
3 **in paragraph (a) of this subsection.**

4 **“(4) The collaboration agreement must be kept on file at the phy-**
5 **sician assistant’s primary location of practice and made available to**
6 **the Oregon Medical Board upon request.**

7 **“(5) Performance assessments and reviews of a physician assistant**
8 **may be completed by the physician assistant’s employer in accordance**
9 **with a performance assessment and review process established by the**
10 **employer.**

11 **“[(15)] (6) A physician assistant [for whom an application under this sec-**
12 **tion has been approved by the board on or after January 2, 2006,] shall submit**
13 **to the board[, within 24 months after the approval and] every 36 months**
14 **[thereafter,] documentation of completion of:**

15 **“(a) A one-hour pain management education program approved by the**
16 **board and developed based on recommendations of the Pain Management**
17 **Commission; or**

18 **“(b) An equivalent pain management education program, as determined**
19 **by the board.”.**

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