By: Representative Evans

To: Public Health and Welfare

HOUSE BILL NO. 665

1 2 3 4 5 6 7 8 9 10 11	AN ACT TO PROVIDE FOR THE LICENSURE AND REGULATION OF PHYSICIAN ASSISTANTS BY THE BOARD OF MEDICAL LICENSURE; TO DEFINE CERTAIN TERMS; TO AUTHORIZE THE BOARD OF MEDICAL LICENSURE TO PROMULGATE RULES AND REGULATIONS TO CARRY OUT THE PURPOSES OF THIS ACT; TO DEFINE THE SCOPE OF PRACTICE OF A PHYSICIAN ASSISTANT; TO PRESCRIBE QUALIFICATIONS FOR APPLICANTS; TO PROVIDE FOR RENEWAL OF LICENSES; TO PROVIDE FOR SUPERVISING PHYSICIANS; TO PROVIDE IDENTIFICATION REQUIREMENTS; TO PROVIDE FOR VIOLATIONS OF THIS ACT AND DISCIPLINARY ACTIONS AND PENALTIES THEREFOR; TO PROVIDE FOR ADMINISTRATIVE AND FISCAL SUPPORT; TO AMEND SECTION 73-43-11, MISSISSIPPI CODE OF 1972, IN CONFORMITY TO THE PROVISIONS OF THIS ACT; AND FOR RELATED PURPOSES.
13	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:
14	SECTION 1. As used in this act:
15	(a) "Board" means the Mississippi State Board of
16	Medical Licensure.
17	(b) "Physician assistant" means a person who has
18	graduated from a physician assistant or surgeon assistant program
19	accredited by the American Medical Association's Committee on
20	Allied Health Education and Accreditation or its successor, or has
21	passed the certifying examination administered by the National
22	Commission on Certification of Physician Assistants, or both.
23	(c) "Supervising physician" means a doctor of medicine
24	or a doctor of osteopathic medicine who holds an unrestricted
25	license from the board, who is in the full-time practice of
26	medicine and who has been approved by the board to supervise
27	physician assistants.
28	(i) The "primary supervising physician" is the

physician who, by signing the application to the board, accepts

at all times when the physician personally is providing

full responsibility for the physician assistant's medical services

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- 32 supervision or when supervision is being provided by a back-up
- 33 supervising physician.
- 34 (ii) The "back-up supervising physician" is the
- 35 physician who, by signing the application to the board, accepts
- 36 the responsibility to supervise the physician assistant's medical
- 37 services in the absence of the primary supervising physician.
- 38 (d) "Supervision" means overseeing and accepting
- 39 responsibility for the medical services rendered by a physician
- 40 assistant in a manner approved by the board.
- 41 <u>SECTION 2.</u> The board may promulgate and publish reasonable
- 42 rules and regulations necessary to enable it to discharge its
- 43 functions and to enforce the provisions of law regulating the
- 44 practice of physician assistants.
- 45 <u>SECTION 3.</u> (1) Notwithstanding any other provisions of law,
- 46 a physician assistant may perform medical services within his
- 47 education, training and experience when such services are
- 48 delegated and supervised by a licensed physician approved by the
- 49 board as a primary supervising physician or back-up supervising
- 50 physician. A physician assistant may perform only those medical
- 51 services that are within the scope of practice of his supervising
- 52 physician.
- 53 (2) Medical services rendered by physician assistants may
- 54 include, but are not limited to:
- 55 (a) Obtaining patient histories and performing physical
- 56 examination;
- 57 (b) Ordering and/or performing diagnostic and
- 58 therapeutic procedures, or both;
- 59 (c) Formulating a diagnosis;
- (d) Developing and implementing a treatment plan;
- (e) Monitoring the effectiveness of therapeutic
- 62 interventions;
- (f) Assisting at surgery;
- 64 (g) Offering counseling and education to meet patient
- 65 needs; and
- (h) Recommending referrals to the supervising physician
- 67 and facilitating the referrals of the supervising physician as
- 68 directed.

- 69 (3) The services listed above may be performed in any
- 70 setting authorized by the supervising physician, including but not
- 71 limited to, clinics, hospitals, ambulatory surgical centers,
- 72 patient homes, nursing homes and other institutional settings.
- 73 <u>SECTION 4.</u> (1) A person must be licensed by the board
- 74 before he may practice as a physician assistant.
- 75 (2) The board may license as a physician assistant an
- 76 applicant who:
- 77 (a) Submits an application on forms approved by the
- 78 board;
- 79 (b) Pays the appropriate fee as determined by the
- 80 board;
- 81 (c) Has successfully completed an educational program
- 82 for physician assistants or surgeon assistants accredited by the
- 83 Committee on Allied Health Education and Accreditation or its
- 84 successor;
- 85 (d) Has passed the Physician Assistant National
- 86 Certifying Examination administered by the National Commission on
- 87 Certification of Physician Assistants;
- 88 (e) Certifies that he is mentally and physically able
- 89 to engage safely in practice as a physician assistant;
- 90 (f) Has no licensure, certification, or registration as
- 91 a physician assistant under current discipline, revocation,
- 92 suspension, restriction or probation for cause resulting from the
- 93 applicant's practice as a physician assistant, unless the board
- 94 considers such condition and agrees to licensure;
- 95 (g) Submits to the board any other information the
- 96 board deems necessary to evaluate the applicant's qualifications;
- 97 and
- 98 (h) Has been approved by the board.
- 99 <u>SECTION 5.</u> Each person who holds a license as a physician
- 100 assistant in this state shall, upon notification from the board,
- 101 renew the license by:

- 102 (a) Submitting the appropriate fee as determined by the
- 103 board;
- 104 (b) Completing the appropriate forms; and
- 105 (c) Meeting any other requirements set forth by the
- 106 board.
- 107 <u>SECTION 6.</u> Any doctor of medicine or osteopathic medicine
- 108 with an unrestricted license and in the full-time practice of
- 109 medicine in this state may apply to the board for permission to
- 110 supervise a physician assistant. The application shall include a
- 111 signed statement from the physician indicating that he will
- 112 exercise supervision over the physician assistant in accordance
- 113 with any rules adopted by the board and that he will retain
- 114 professional and legal responsibility for the care rendered by the
- 115 physician assistant. The board may approve or reject such
- 116 applications.
- 117 $\underline{\text{SECTION 7.}}$ (1) Any person other than one who has been
- 118 licensed by the board who holds himself out as a physician
- 119 assistant or who uses any other term indicating or implying that
- 120 he is a physician assistant is guilty of a misdemeanor and shall
- 121 be subject to penalties applicable to the unlicensed practice of
- 122 medicine as stipulated in Section 97-23-43.
- 123 (2) An unlicensed physician shall not be permitted to use
- 124 the title of "physician assistant" or to practice as a physician
- 125 assistant unless he fulfills the requirements of this act.
- 126 <u>SECTION 8.</u> (1) Licensed physician assistants shall keep
- 127 proof of current licensure for inspection at their primary place
- 128 of practice and shall, when engaged in their professional
- 129 activities, wear a name tag identifying themselves as a "physician
- 130 assistant."
- 131 (2) Any physician's office, clinic or hospital which
- 132 utilizes physician assistants shall post a notice to that effect
- in a prominent place.
- 134 <u>SECTION 9.</u> The grounds for disciplinary action as described

- 135 in Section 10 of this act are:
- 136 (a) Habitual or inappropriate personal use of narcotic
- 137 drugs, or any other drug having addiction-forming or
- 138 addiction-sustaining liability.
- (b) Habitual or inappropriate use of intoxicating
- 140 liquors, or any beverage, to an extent which affects professional
- 141 competency.
- 142 (c) Administering or dispensing any legend drug, any
- 143 narcotic drug, or any other drug having addiction-forming or
- 144 addiction-sustaining liability without proper order of the
- 145 supervising physician documented in the patient chart.
- 146 (d) Prescribing any legend drug, any narcotic drug, or
- 147 any other drug having addiction-forming or addiction-sustaining
- 148 liability.
- (e) Conviction of violation of any federal or state law
- 150 regulating the possession, distribution or use of any narcotic
- 151 drug or any drug considered a controlled substance under state or
- 152 federal law, a certified copy of the conviction order or judgment
- 153 rendered by the trial court being prima facie evidence thereof,
- 154 notwithstanding the pendency of any appeal.
- (f) Conviction of a felony or misdemeanor involving
- 156 moral turpitude, a certified copy of the conviction order or
- 157 judgment rendered by the trial court being prima facie evidence
- 158 thereof, notwithstanding the pendency of any appeal.
- (g) Obtaining or attempting to obtain a license by
- 160 fraud or deception.
- 161 (h) Professional incompetence.
- 162 (i) In addition to any other investigators the
- 163 board employs, the board shall appoint one or more licensed
- 164 physician assistants to act for the board in investigating the
- 165 conduct relating to the competency of a physician assistant
- 166 whenever disciplinary action is being considered for professional
- 167 incompetence.

- 168 (ii) Any investigator employed by the board or any
- 169 licensed physician assistant appointed to act for the board may
- 170 inspect patient records in accordance with the provisions of
- 171 Section 73-25-28.
- 172 (i) Unprofessional conduct, which includes but is not
- 173 limited to:
- 174 (i) Practicing as a physician assistant under a
- 175 false or assumed name or impersonating another practitioner,
- 176 living or dead.
- 177 (ii) Knowingly performing any act which in any way
- 178 assists an unlicensed person to practice medicine or to practice
- 179 as a physician assistant.
- 180 (iii) Making or willfully causing to be made any
- 181 flamboyant claims concerning the licensee's professional
- 182 excellence.
- 183 (iv) Being guilty of any dishonorable or unethical
- 184 conduct likely to deceive, defraud or harm the public.
- 185 (v) Obtaining a fee as personal compensation or
- 186 gain from a person for fraudulent representation that a disease or
- 187 injury condition generally considered incurable by competent
- 188 medical authority in the light of current scientific knowledge and
- 189 practice can be cured, or offering, undertaking, attempting or
- 190 agreeing to cure or treat the same by a secret method, which he
- 191 refuses to divulge to the board upon request.
- 192 (vi) Use of any false, fraudulent, or forged
- 193 statement or document, or the use of any fraudulent, deceitful,
- 194 dishonest or immoral practice in connection with any of the
- 195 licensing requirements, including the signing in his professional
- 196 capacity any certificate that is known to be false at the time he
- 197 makes or signs such certificate.
- 198 (vii) Practicing under the supervision of a
- 199 physician other than a board approved supervising physician.
- 200 (j) The refusal of a licensing authority of another

state or jurisdiction to issue or renew a license, permit, or
certificate to practice in that jurisdiction or the revocation,
suspension or other restriction imposed on a license, permit or
certificate issued by the licensing authority which prevents or
restricts practice in that jurisdiction, a certified copy of the
disciplinary order or action taken by the other state or
jurisdiction being prima facie evidence thereof, notwithstanding

- 209 (k) Surrender of a license or authorization to practice
 210 as a physician assistant in another state or jurisdiction or
 211 surrender of membership on any medical staff or in any
 212 professional association or society while under disciplinary
 213 investigation by any of those authorities or bodies for acts or
 214 conduct similar to acts or conduct which would constitute grounds
- 216 (1) Having disciplinary action taken by his peers
 217 within any physician assistant professional association or
 218 society, whether the association or society is local, regional,
 219 state or national in scope, or being disciplined by a licensed
 220 hospital or medical staff of the hospital. Any body taking action
 221 set forth in this paragraph shall report such action to the board
 222 within thirty (30) days of its occurrence.
- 223 (m) Failure to furnish the board, its investigators or 224 representatives information legally requested by the board.
- 225 (n) Representing himself as a physician.
- (o) Violation of any provision of this act or the rules and regulations of the board or of any order, stipulation or agreement with the board.
- 229 <u>SECTION 10.</u> (1) Whenever the board finds any person 230 unqualified because of any of the grounds set forth in Section 9 231 of this act, it may impose one or more of the following measures:
- 232 (a) Deny his application for initial licensure or 233 renewal of a license to practice as a physician assistant.

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the pendency of any appeal.

for action as defined in this section.

- (b) Administer a public or private reprimand.
- 235 (c) Limit or restrict his license to practice as a
- 236 physician assistant.
- 237 (d) Suspend or revoke his license to practice as a
- 238 physician assistant. All actions taken by the board to suspend or
- 239 revoke the license of a physician assistant are subject to the
- 240 requirements described in Section 73-25-27. The board has the
- 241 right to obtain medical records to pursue disciplinary proceedings
- 242 against a physician assistant identical to its right to examine
- 243 records as described in Section 73-25-28 when investigating a
- 244 physician licensee.
- (e) Impose a period of probation, the terms of which
- 246 may be set by the board.
- 247 (f) Require him to submit to care, counseling or
- 248 treatment by physicians designated by the board.
- 249 (g) Require him to participate in a program of
- 250 education prescribed by the board; or
- 251 (h) Take any other action in relation to his license as
- 252 the board may deem proper under the circumstances.
- 253 (2) If the board determines that evidence in its possession
- 254 indicates that a physician assistant's continuation in practice or
- 255 unrestricted practice would constitute an immediate danger to the
- 256 public, the board may take any of the same actions on a temporary
- 257 basis, without a hearing. In the event of such temporary action
- 258 without a hearing, a hearing must be held within fifteen (15) days
- 259 of such action.
- 260 (3) Any person or any entity or organization or its members,
- 261 including the board, any member of the board, its agents or
- 262 employees, acting without malice in making any report or other
- 263 information available to the board pursuant to law, or who assists
- 264 in the organization, investigation or preparation of such report
- 265 or information, or assists the board in carrying out any of its
- 266 duties or functions provided by law shall be immune from civil or

- criminal liability, except that unlawful disclosure of confidential information possessed by the board may be a misdemeanor if otherwise so provided by law.
- 270 (4) Any person against whom disciplinary action is taken
 271 shall have the right to judicial appeal. No such person shall be
 272 allowed to deliver health care services in violation of any
 273 disciplinary order or action of the board while any such appeal is
 274 pending.
- 275 <u>SECTION 11.</u> (1) A person whose license to practice as a 276 physician assistant has been revoked or suspended may petition the 277 board to reinstate the license after a period of not less than one 278 (1) year has elapsed from the date of the revocation or 279 suspension.
- 280 The petition shall be accompanied by two (2) or more 281 verified recommendations from physicians or osteopaths licensed by 282 the board to which the petition is addressed and by two (2) or 283 more recommendations from citizens each having personal knowledge 284 of the activities of the petitioner since the disciplinary penalty 285 was imposed and such facts as may be required by the board. petition may be heard at the next regular meeting of the board but 286 287 not earlier than thirty (30) days after the petition was filed. 288 No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during 289 290 which he is under probation or parole. The hearing may be 291 continued from time to time as the board finds necessary.
- 292 In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be 293 imposed if the disciplinary penalty is set aside, the board may 294 295 investigate and consider all activities of the petitioner since the disciplinary action was taken against him, the offense for 296 297 which he was disciplined, his activity during the time his certification was in good standing, his general reputation for 298 299 truth, professional ability and good character; and it may require

- 300 the petitioner to pass an oral examination.
- 301 (4) The secretary-treasurer of the board shall enter into
- 302 his records of the case all actions of the board in setting aside
- 303 a disciplinary penalty under this section and he shall certify
- 304 notices to the proper court clerk. The clerk shall make such
- 305 changes on his records as may be necessary.
- 306 <u>SECTION 12.</u> The Legislature shall appropriate a sufficient
- 307 amount to allow physician assistants to be licensed and regulated
- 308 by the board. This amount shall be sufficient to cover all
- 309 administrative costs and the costs of any necessary investigation
- 310 and disciplinary actions undertaken by the board. This section
- 311 shall stand repealed when licensure fees are sufficient to cover
- 312 the costs incurred by the board for all aspects of licensure of
- 313 physician assistants.
- 314 SECTION 13. Section 73-43-11, Mississippi Code of 1972, is
- 315 amended as follows:
- 316 73-43-11. The State Board of Medical Licensure shall have
- 317 the following powers and responsibilities:
- 318 (a) Setting policies and professional standards
- 319 regarding the medical practice of physicians, osteopaths and
- 320 podiatrists;
- 321 (b) Considering applications for licensure;
- 322 (c) Conducting examinations for licensure;
- 323 (d) Investigating alleged violations of the medical
- 324 practice act;
- 325 (e) Conducting hearings on disciplinary matters
- 326 involving violations of state and federal law, probation,
- 327 suspension and revocation of licenses;
- 328 (f) Considering petitions for termination of
- 329 probationary and suspension periods, and restoration of revoked
- 330 licenses;
- 331 (g) To promulgate and publish reasonable rules and
- 332 regulations necessary to enable it to discharge its functions and

- 333 to enforce the provisions of law regulating the practice of
- 334 medicine; * * *
- 335 (h) To enter into contracts with any other state or
- 336 federal agency, or with any private person, organization or group
- 337 capable of contracting, if it finds such action to be in the
- 338 public interest and in the furtherance of its responsibilities:
- 339 <u>and</u>
- 340 (i) Perform the duties prescribed by Sections 1 through
- 341 <u>12 of this act.</u>
- 342 SECTION 14. This act shall take effect and be in force from
- 343 and after July 1, 1999.