

1 AN ACT relating to physician assistants.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 311.856 is amended to read as follows:

4 A supervising physician shall:

- 5 (1) Restrict the services of a physician assistant to services within the physician
6 assistant's scope of practice and to the provisions of KRS 311.840 to 311.862;
- 7 (2) Prohibit a physician assistant from prescribing or dispensing controlled substances,
8 **except as provided for in subsection (4) of Section 2 of this Act;**
- 9 (3) Inform all patients in contact with a physician assistant of the status of the physician
10 assistant;
- 11 (4) Post a notice stating that a physician assistant practices medicine or osteopathy in
12 all locations where the physician assistant may practice;
- 13 (5) Require a physician assistant to wear identification that clearly states that he or she
14 is a physician assistant;
- 15 (6) Prohibit a physician assistant from independently billing any patient or other payor
16 for services rendered by the physician assistant;
- 17 (7) If necessary, participate with the governing body of any hospital or other licensed
18 health care facility in a credentialing process established by the facility;
- 19 (8) Not require a physician assistant to perform services or other acts that the physician
20 assistant feels incapable of carrying out safely and properly;
- 21 (9) Maintain adequate, active, and continuous supervision of a physician assistant's
22 activities to assure that the physician assistant is performing as directed and
23 complying with the requirements of KRS 311.840 to 311.862 and all related
24 administrative regulations;
- 25 (10) Review and countersign a sufficient number of overall medical notes written by the
26 physician assistant to ensure quality of care provided by the physician assistant and
27 outline the specific parameters for review of countersignatures in the application

1 required by KRS 311.854. Countersignature requirements shall be determined by
2 the supervising physician, practice, or institution. As used in this subsection:

3 (a) "Practice" means a medical practice composed of two (2) or more physicians
4 organized to provide patient care services, regardless of its legal form or
5 ownership; and

6 (b) "Institution" means all or part of any public or private facility, place, building,
7 or agency, whether organized for profit or not, that is used, operated, or
8 designed to provide medical diagnosis, treatment, nursing, rehabilitative, or
9 preventive care;

10 (11) (a) Reevaluate the reliability, accountability, and professional knowledge of a
11 physician assistant two (2) years after the physician assistant's original
12 licensure in this Commonwealth and every two (2) years thereafter; and

13 (b) Based on the reevaluation, recommend approval or disapproval of licensure or
14 renewal to the board; and

15 (12) Notify the board within three (3) business days if the supervising physician:

16 (a) Ceases to supervise or employ the physician assistant; or

17 (b) Believes in good faith that a physician assistant violated any disciplinary rule
18 of KRS 311.840 to 311.862 or related administrative regulations.

19 ➔Section 2. KRS 311.858 is amended to read as follows:

20 (1) A physician assistant may perform medical services and procedures within the
21 scope of medical services and procedures described in the initial or any
22 supplemental application received by the board under KRS 311.854.

23 (2) A physician assistant shall be considered an agent of the supervising physician in
24 performing medical services and procedures described in the initial application or
25 any supplemental application received by the board under KRS 311.854.

26 (3) A physician assistant may initiate evaluation and treatment in emergency situations
27 without specific approval.

- 1 (4) **(a)** A physician assistant may prescribe and administer~~[all nonscheduled legend]~~
2 drugs and medical devices **to the extent**~~[as]~~ delegated by the supervising
3 physician. **Prescribing of drugs may include all nonscheduled legend drugs**
4 **and all Schedule II through V substances as described in KRS Chapter**
5 **218A.** A physician assistant who is delegated prescribing authority may
6 request, receive, and **sign for professional samples of nonscheduled legend**
7 **drugs and may** distribute professional **samples**~~[sample drugs]~~ to patients.
- 8 **(b) Before a physician assistant engages in the prescribing of controlled**
9 **substances:**
- 10 **1. The physician assistant shall complete and submit to the board a**
11 **completed application for prescriptive authority signed by the**
12 **physician assistant's supervising physician in accordance with KRS**
13 **311.854;**
- 14 **2. The board shall review and approve or deny a completed application**
15 **for prescriptive authority within thirty (30) calendar days of receiving**
16 **the completed application;**
- 17 **3. The physician assistant shall obtain a Controlled Substance**
18 **Registration Certificate through the United States Drug Enforcement**
19 **Administration and register with Kentucky All Schedule Prescription**
20 **Electronic Reporting (KASPER) and any other applicable state**
21 **controlled substance regulatory authority; and**
- 22 **4. The physician assistant shall demonstrate successful completion of at**
23 **least thirty (30) contact hours in clinical pharmacology.**
- 24 **(c) Prescriptions issued by physician assistants for Schedule II controlled**
25 **substances classified under KRS 218A.060 shall be limited to a seventy-two**
26 **(72) hour supply without any refill. Prescriptions issued under this**
27 **subsection for psychostimulants may be written for a thirty (30) day supply**

1 without any refill.

2 (d) Prescriptions issued by physician assistants for Schedule III controlled
3 substances classified under KRS 218A.080 shall be limited to a thirty (30)
4 day supply without any refill.

5 (e) Prescriptions issued by physician assistants for Schedule IV and V
6 controlled substances classified under KRS 218A.100 and 218A.120 shall be
7 limited to the original prescription and refills not to exceed a six (6) month
8 supply.

9 (f) Notwithstanding paragraph (e) of this subsection, prescriptions issued by
10 physician assistants for Diazepam, Clonazepam, Lorazepam, Alprazolam,
11 and Carisoprodol are limited to a thirty (30) day supply without any refills.

12 (g) Upon recertification by the board every two (2) years, physician assistants
13 who prescribe controlled substances shall have received a minimum of five
14 (5) hours of continuing education in diversion training or best prescribing
15 of controlled substances training. Two (2) hours of the five (5) hours of
16 continuing education must pertain to Kentucky specific controlled
17 substance issues.

18 (5) A physician assistant shall not submit direct billing for medical services and
19 procedures performed by the physician assistant.

20 (6) A physician assistant may perform local infiltrative anesthesia under the provisions
21 of subsection (1) of this section, but a physician assistant shall not administer or
22 monitor general or regional anesthesia unless the requirements of KRS 311.862 are
23 met.

24 (7) A physician assistant may perform services in the offices or clinics of the
25 supervising physician. A physician assistant may also render services in hospitals or
26 other licensed health care facilities only with written permission of the facility's
27 governing body, and the facility may restrict the physician assistant's scope of

1 practice within the facility as deemed appropriate by the facility.

2 (8) A physician assistant shall not practice medicine or osteopathy independently. Each
3 physician assistant shall practice under supervision as defined in KRS 311.840.

4 ➔SECTION 3. A NEW SECTION OF KRS 311.840 TO 311.862 IS CREATED
5 TO READ AS FOLLOWS:

6 (1) There is hereby established the Physician Assistants Controlled Substance
7 Monitoring Committee, designed to serve in an advisory role regarding physician
8 assistants' prescriptive authority. The committee shall be composed of five (5)
9 members selected as follows:

10 (a) Two (2) members shall be physician assistants currently licensed and
11 practicing in the state of Kentucky, each appointed by the Kentucky Board
12 of Medical Licensure from recommendations by the Physician Assistant
13 Advisory Committee;

14 (b) Two (2) members shall be physicians currently licensed and practicing in
15 the state of Kentucky and who currently serve as a supervising physician for
16 at least one (1) physician assistant, each appointed by the Kentucky Board
17 of Medical Licensure from recommendations by the Physician Assistant
18 Advisory Committee; and

19 (c) One (1) pharmacist currently licensed by the Kentucky Board of Pharmacy
20 and practicing in the state of Kentucky, appointed by the Kentucky Board of
21 Pharmacy from recommendations by the Physician Assistant Advisory
22 Committee of the Kentucky Board of Medical Licensure.

23 (2) Members of the committee shall serve an initial term of two (2) years and shall be
24 eligible for reappointment.

25 (3) The committee shall be attached to the board for administrative purposes.