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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2020

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A N A C T

RELATING TO BUSINESSES AND PROFESSIONS -- PHYSICIAN ASSISTANTS

Introduced By: Representatives Bennett, Canario, Edwards, McNamara, and Shekarchi

Date Introduced: February 12, 2020

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1           SECTION 1. Sections 5-54-2 and 5-54-28 of the General Laws in Chapter 5-54 entitled  
2 "Physician Assistants" are hereby amended to read as follows:

3           **5-54-2. Definitions.**

4           As used in this chapter, the following words have the following meanings:

5           (1) "Administrator" means the administrator, division of professional regulation.

6           (2) "Approved program" means a program for the education and training of physician  
7 assistants formally approved by the American Medical Association's (A.M.A.'s) Committee on  
8 Allied Health, Education and Accreditation, its successor, the Commission on Accreditation of  
9 Allied Health Education Programs (CAAHEP) or its successor.

10          (3) "Approved program for continuing medical education" means a program for  
11 continuing education approved by the American Academy of Physician Assistants (AAPA) or the  
12 Accreditation Council for Continuing Medical Education of the American Medical Association  
13 (AMA), or the American Academy of Family Physicians (AAPFP) or the American Osteopathic  
14 Association Committee on Continuing Medical Education (AOACCME) or any other board-  
15 approved program.

16          (4) "Board" means the board of licensure of physician assistants.

17          (5) "Collaboration" means the physician assistant shall, as indicated by the patient's  
18 condition, the education, competencies, and experience of the physician assistant, and the  
19 standards of care, consult with or refer to an appropriate physician or other healthcare

1 professional. The degree of collaboration shall be determined by ~~the practice and includes~~  
2 ~~decisions made by~~ a physician in solo practice or employer, physician group practice as defined  
3 in § 5-37-1, and the credentialing and privileging systems of a ~~licensed hospital, health center, or~~  
4 ~~ambulatory care center~~ health care facility licensed pursuant to the provisions of chapter 17 of  
5 title 23, or health-maintenance organization licensed pursuant to the provisions of chapter 17 of  
6 title 23 or chapter 41 of title 27. A physician must be accessible at all times for consultation by  
7 the physician assistant.

8 (6) "Director" means the director of the department of health.

9 (7) "Division" means the division of professional regulation, department of health.

10 (8) [Deleted by P.L. 2013, ch. 320, § 1 and P.L. 2013, ch. 420, § 1].

11 (9) "Physician" means a person licensed under the provisions of chapter 29 or 37 of this  
12 title.

13 (10) "Physician assistant" or "PA" means a person who is qualified by academic and  
14 practical training to provide medical and surgical services in collaboration with physicians.

15 (11) "Unprofessional conduct" includes, but is not limited to, the following items or any  
16 combination and may be defined by regulations established by the board with prior approval of  
17 the director:

18 (i) Fraudulent or deceptive procuring or use of a license;

19 (ii) Representation of himself or herself as a physician;

20 (iii) Conviction of a crime involving moral turpitude; conviction of a felony; conviction  
21 of a crime arising out of the practice of medicine. All advertising of medical business that is  
22 intended or has a tendency to deceive the public;

23 (iv) Abandonment of a patient;

24 (v) Dependence upon a controlled substance, habitual drunkenness, or rendering  
25 professional services to a patient while intoxicated or incapacitated by the use of drugs;

26 (vi) Promotion of the sale of drugs, devices, appliances, or goods or services provided for  
27 a patient in a manner that exploits the patient for the financial gain of the physician assistant;

28 (vii) Immoral conduct of a physician assistant in the practice of medicine;

29 (viii) Willfully making and filing false reports or records;

30 (ix) Willful omission to file or record or willfully impeding or obstructing a filing or  
31 recording, or inducing another person to omit to file or record medical or other reports as required  
32 by law;

33 (x) Agreeing with clinical or bioanalytical laboratories to accept payments from these  
34 laboratories for individual tests or test series for patients;

- 1 (xi) Practicing with an unlicensed physician or physician assistant or aiding or abetting  
2 these unlicensed persons in the practice of medicine;
- 3 (xii) Offering, undertaking, or agreeing to cure or treat a disease by a secret method,  
4 procedure, treatment, or medicine;
- 5 (xiii) Professional or mental incompetence;
- 6 (xiv) Surrender, revocation, suspension, limitation of privilege based on quality of care  
7 provided, or any other disciplinary action against a license or authorization to practice in another  
8 state or jurisdiction; or surrender, revocation, suspension, or any other disciplinary action relating  
9 to membership on any medical staff or in any medical professional association, or society while  
10 under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to  
11 acts or conduct that would constitute grounds for action as stated in this chapter;
- 12 (xv) Any adverse judgment, settlement, or award arising from a medical liability claim  
13 related to acts or conduct that would constitute grounds for action as stated in this chapter;
- 14 (xvi) Failure to furnish the board, the administrator, investigator, or representatives,  
15 information legally requested by the board;
- 16 (xvii) Violation of any provisions of this chapter or the rules and regulations promulgated  
17 by the director or an action, stipulation, or agreement of the board;
- 18 (xviii) Cheating or attempting to subvert the certifying examination;
- 19 (xix) Violating any state or federal law or regulation relating to controlled substances;
- 20 (xx) Medical malpractice;
- 21 (xxi) Sexual contact between a physician assistant and patient during the existence of the  
22 physician assistant/patient relationship;
- 23 (xxii) Providing services to a person who is making a claim as a result of a personal  
24 injury, who charges or collects from the person any amount in excess of the reimbursement to the  
25 physician assistant by the insurer as a condition of providing or continuing to provide services or  
26 treatment.

27 **5-54-28. Participation in charitable and voluntary care.**

28 A physician assistant licensed in this state, or licensed or authorized to practice in any  
29 other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure  
30 requirements of his or her requisite federal agency as a physician assistant may volunteer to  
31 render such care that he or she is able to provide at a children's summer camp or for a public or  
32 community event or in a licensed ambulatory health center providing free care [without a](#)  
33 [collaborating physician as it is defined in this section of law or with such collaborating physicians](#)  
34 [as may be available](#). Such care must be rendered without compensation or remuneration. It is the

1 obligation of the physician assistant to assure adequate and appropriate professional liability  
2 coverage.

3 SECTION 2. Chapter 5-54 of the General Laws entitled "Physician Assistants" is hereby  
4 amended by adding thereto the following section:

5 **5-54-29. Restrictive covenants.**

6 (a) Any contract or agreement that creates or establishes the terms of a partnership,  
7 employment, or any other form of professional relationship with a physician assistant licensed to  
8 practice pursuant to this section that includes any restriction of the right of such physician  
9 assistant to practice shall be void and unenforceable with respect to said restriction; provided,  
10 however, that nothing herein shall render void or unenforceable the remaining provisions of any  
11 such contract or agreement.

12 (b) Restrictions rendered void under subsection (a) of this section shall include, but shall  
13 not be limited to the following:

14 (1) The right to practice in any geographic area for any period of time after the  
15 termination of such partnership, employment, or professional relationship; and

16 (2) The right of such physician assistant to provide treatment, advise, consult with or  
17 establish a professional relationship with any current patient of the employer; and

18 (3) The right of such physician assistant to solicit or seek to establish a professional  
19 relationship with any current patient of the employer.

20 (c) Notwithstanding the foregoing, the prohibition on physician assistant covenants shall  
21 not apply in connection with the purchase and sale of a practice, provided the restrictive covenant  
22 and non-compete covenant is for a period of a time of not more than five (5) years.

23 SECTION 3. Section 16-91-3 of the General Laws in Chapter 16-91 entitled "School and  
24 Youth Programs Concussion Act" is hereby amended to read as follows:

25 **16-91-3. School district's guidelines to be developed and implemented.**

26 (a) The department of education and the department of health shall work in concert with  
27 the Rhode Island Interscholastic League to develop and promulgate guidelines to inform and  
28 educate coaches, teachers, school nurses, youth athletes, and their parents and/or guardians of the  
29 nature and risk of concussion and head injury, including continuing to play after concussion or  
30 head injury. A concussion and head injury information sheet shall be signed and returned by the  
31 youth athlete and the athlete's parent and/or guardian prior to the youth athlete's return to practice  
32 or competition.

33 (b) School districts are required to use training materials made available by the United  
34 States Center for Disease Control and Prevention entitled "Heads Up: Concussion in the High

1 School Sports/Concussion in Youth Sports" and any updates or amendments thereto, or training  
2 materials substantively and substantially similar thereto. The department of education shall post  
3 training materials made available by the Center for Disease Control and Prevention and the  
4 Rhode Island Interscholastic League on its website. All coaches and volunteers involved in a  
5 youth sport or activity covered by this chapter must complete a training course and a refresher  
6 course annually thereafter in concussions and traumatic brain injuries. All school nurses must  
7 complete a training course and an annual refresher course in concussions and traumatic brain  
8 injuries. Teachers and teachers' aides are strongly encouraged to complete the training course in  
9 concussions and traumatic brain injuries. Training may consist of videos, classes, and any other  
10 generally accepted mode and medium of providing information.

11 (c) School districts are encouraged to have all student athletes perform baseline  
12 neuropsychological testing, computerized or otherwise. Parents and/or guardians shall be  
13 provided with information as to the risk of concussion and/or traumatic brain injuries prior to the  
14 start of every sport season and they shall sign an acknowledgement as to their receipt of such  
15 information.

16 (d) A youth athlete, who is suspected of sustaining a concussion or head injury in a  
17 practice or game, shall be removed from competition at that time.

18 (e) A youth athlete, who has been removed from play, may not return to play until the  
19 athlete is evaluated by a licensed physician, [physician assistant or certified nurse practitioner](#) who  
20 may consult with an athletic trainer, all of whom shall be trained in the evaluation and  
21 management of concussions. The athlete must receive written clearance to return to play from  
22 that licensed physician, [physician assistant or certified nurse practitioner](#).

23 (f) All school districts are encouraged to have an athletic trainer, or similarly trained  
24 person, at all recreational and athletic events addressed by this statute.

25 SECTION 4. Section 16-91.1-3 of the General Laws in Chapter 16-91.1 entitled "The  
26 Sudden Cardiac Arrest Prevention Act" is hereby amended to read as follows:

27 **16-91.1-3. School districts' guidelines to be developed and implemented.**

28 (a) The department of education and the department of health shall promulgate guidelines  
29 to inform and educate coaches, teachers, school nurses, youth athletes, and their parents and/or  
30 guardians about the nature and warning signs of sudden cardiac arrest, including the risks  
31 associated with continuing to play or practice after experiencing the following symptoms: fainting  
32 or seizures during exercise, unexplained shortness of breath, chest pains, dizziness, racing heart  
33 rate and extreme fatigue.

34 (b) School districts may use training materials made available at no cost to the school

1 district by organizations such as Simon's Fund, Parent Heart Watch, Sudden Arrhythmia Death  
2 Syndromes Foundation, or training materials substantively and substantially similar thereto. The  
3 department of education shall post links to training materials on its website. All coaches and  
4 volunteers involved in a youth sport program or activity covered by this chapter must complete a  
5 training course that may be completed online about the nature and warning signs of sudden  
6 cardiac arrest, including the risks associated with continuing to play or practice after experiencing  
7 symptoms including: fainting or seizures during exercise, unexplained shortness of breath, chest  
8 pains, dizziness, racing heart rate and extreme fatigue. Training may consist of videos, classes,  
9 and any other generally accepted mode and medium of providing information.

10 (c) Parents and/or guardians shall be provided with information as to the nature and  
11 warning signs of sudden cardiac arrest prior to the start of every sport season.

12 (d)(1) A student who, as determined by a game official, coach from the student's team,  
13 certified athletic trainer, licensed physician, or other official designated by the student's school  
14 entity, exhibits signs or symptoms of sudden cardiac arrest while participating in an athletic  
15 activity shall be removed by the coach from participation at that time, subject to subsection (d)(3)  
16 of this section.

17 (2) If a student is known to have exhibited signs or symptoms of sudden cardiac arrest at  
18 any time prior to or following an athletic activity, the student shall be prevented from  
19 participating in an athletic activity, subject to subsection (d)(3) of this section.

20 (3) A student removed or prevented from participating in an athletic activity under  
21 subsections (d)(1) or (d)(2) of this section shall not return to participation until the student is  
22 evaluated and cleared for return to participation in writing by a licensed physician, [physician](#)  
23 [assistant](#), certified registered nurse practitioner, or cardiologist.

24 (e) All school districts are encouraged to have an athletic trainer, or similarly trained  
25 person, at all recreational and athletic events addressed by this statute.

26 SECTION 5. Section 23-1.7-5 of the General Laws in Chapter 23-1.7 entitled "Rhode  
27 Island Program to Address Alzheimer's Disease" is hereby amended to read as follows:

28 **23-1.7-5. Medical professional training.**

29 (a) All physicians licensed pursuant to chapter 37 of title 5, [physician assistants licensed](#)  
30 [pursuant to chapter 54 of title 5](#), and nurses licensed pursuant to chapter 34 of title 5, shall, no  
31 later than October 1, 2021, complete a one-time course of training consisting of a minimum of  
32 one hour of instruction on the diagnosis, treatment, and care of patients with cognitive  
33 impairments including, but not limited to, Alzheimer's disease and dementia.

34 (b) The department of health shall promulgate rules to implement the training

1 requirement of subsection (a).

2 SECTION 6. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO BUSINESSES AND PROFESSIONS -- PHYSICIAN ASSISTANTS

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1           This act would expand participation in charitable and voluntary care to allow a physician  
2 assistant licensed in this state to provide free care without a collaborating physician; prohibit any  
3 agreement whereby a physician assistant is restricted in his or her right to practice in a certain  
4 geographic area, assist or provide treatment or establish a professional relationship with any other  
5 employer; establish the right of the physician assistant to solicit or seek to establish a professional  
6 relationship with any current patient of the employer. This restriction does not apply with the  
7 purchase and sale of a practice which includes a restriction or non-compete clause within five (5)  
8 years; and would allow physician assistants to clear students to participate in athletic activities at  
9 school and evaluate and clear a young student athlete who has been removed from play due to  
10 injury.

11           This act would take effect upon passage.

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