

Proposed Draft Amendment to LD 1660,
An Act To An Act To Improve Access to Physician Assistant Care

Amend the bill by striking out everything after the title and before the summary and inserting in its place the following:

Sec. 1. 24-A MRSA §4306 is amended to read:

§4306. Enrollee choice of primary care provider

A carrier offering or renewing a managed care plan shall allow enrollees to choose their own primary care providers, as allowed under the managed care plan's rules, from among the panel of participating providers made available to enrollees under the managed care plan's rules. A carrier shall allow physicians, including, but not limited to, pediatricians, physicians who specialize in obstetrics and gynecology, physician assistants licensed pursuant to Title 32, section 2594-E or section 3270-G and certified nurse practitioners who have been approved by the State Board of Nursing to practice advanced practice registered nursing without the supervision of a physician pursuant to Title 32, section 2102, subsection 2-A to serve as primary care providers for managed care plans. A carrier is not required to contract with certified nurse practitioners, physician assistants or physicians as primary care providers in any manner that exceeds the access and provider network standards required in this chapter or chapter 56, or any rules adopted pursuant to those chapters. A carrier shall allow enrollees in a managed care plan to change primary care providers without good cause at least once annually and to change with good cause as necessary. When an enrollee fails to choose a primary care provider, the carrier may assign the enrollee a primary care provider located in the same geographic area in which the enrollee resides.

Sec.2. 24-A MRSA §4320-O is enacted to read:

§4320-O. Coverage for services provided by a physician assistant

1. Services provided by a physician assistant. A carrier offering a health plan in this State shall provide coverage for health care services performed by a physician assistant licensed under Title 32, section 2594-E or 3270-E when those services are covered services under the health plan when performed by any other health care provider and when those services are within the lawful scope of practice of the physician assistant.

2. Limits; deductible; copayment; coinsurance. A carrier may offer a health plan containing a provision for a deductible, copayment or coinsurance requirement for a health care service provided by a physician assistant as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to the same service provided by other health care providers.

3. Network participation. A carrier shall demonstrate that the carrier's provider network includes reasonable access, in accordance with section 4303, to all covered services that are within the lawful scope of practice of a physician assistant. A carrier may not exclude a provider from participation in the carrier's provider network solely because the provider is a physician assistant as long as the provider is willing to meet the same terms and conditions as other participating providers. This subsection does not require a carrier to contract with all physician assistants or require a carrier to provide coverage under a health plan for any service provided by a participating physician assistant that is not within the health plan's scope of coverage.

4. Billing. A carrier shall authorize a physician assistant to bill the carrier and receive direct payment for a medically necessary service the physician assistant provides to an enrollee and identify the physician assistant as provider in the billing and claims process for payment of the service. A carrier may not impose on a physician assistant a practice, education or collaboration requirement that is inconsistent with or more restrictive than required by state law or board or agency rules.

5. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 3. 32 MRSA §2561, as amended by PL 2013, c. 101, §1, is further amended to read:

§ 2561. Membership; qualifications; tenure; vacancies

The Board of Osteopathic Licensure, as established by Title 5, section 12004-A, subsection 29, and in this chapter called the "board," consists of ~~10~~11 members appointed by the Governor. Members must be residents of this State. Six members must be graduates of a school or college of osteopathic medicine approved by the American Osteopathic Association and must be, at the time of appointment, actively engaged in the practice of the profession of osteopathic medicine in the State for a period of at least 5 years. ~~One member~~Two members must be ~~a~~ physician assistant~~s~~ licensed under this chapter who ~~has~~have been actively engaged in ~~that member's~~the profession of physician assistant in this State for at least 5 years preceding appointment to the board. Three members must be public members. Consumer groups may submit nominations to the Governor for the members to be appointed to represent the interest of consumers. A full term of appointment is for 5 years. Appointment of members must comply with section 60. A member of the board may be removed from office for cause by the Governor.

Sec. 4. 32 MRSA §2594-A is amended to read:

§2594-A. Assistants; delegating authority

~~Nothing contained in this chapter may be construed to prohibit an individual from rendering medical services if these services are rendered under the supervision and control of a physician and if the individual has satisfactorily completed a training program approved by the Board of Osteopathic Licensure. Supervision and control may not be construed as requiring the personal presence of the supervising and controlling physician at the place where these services are rendered, unless a physical presence is necessary to provide patient care of the same quality as provided by the physician. Nothing in this~~ This chapter may not be construed as prohibiting a physician from delegating to the physician's employees or support staff certain activities relating to medical care and treatment carried out by custom and usage when these activities are under the direct control of the physician. The physician delegating these activities to employees or support staff, to program graduates or to participants in an approved training program is legally liable for the activities of those individuals, and any individual in this relationship is considered the physician's agent. Nothing contained in this section may be construed to apply to registered nurses acting pursuant to chapter 31 and licensed physician assistants acting pursuant to chapter 48.

When the delegated activities are part of the practice of optometry as defined in chapter 34-A, then the individual to whom these activities are delegated must possess a valid license to practice optometry in Maine or otherwise may perform only as a technician within the established office of a physician and may act solely on the order of and under the responsibility of a physician skilled in the treatment of eyes as designated by the proper professional board and without assuming evaluation or interpretation of examination findings by prescribing corrective procedures to preserve, restore or improve vision.

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Sec. 5. 32 MRSA §2594-E, as amended by PL 2017, c. 288, Pt. A, §33, is further amended to read:

§ 2594-E. Licensure of physician assistants

1. License required. A physician assistant may not render medical services ~~under the supervision of an osteopathic physician or an allopathic physician pursuant to a plan of supervision~~ until the physician assistant has applied for and obtained from either the Board of Osteopathic Licensure or the Board of Licensure in Medicine:

- A. A license, which must be renewed biennially with the board that issued the initial license; ~~and~~
- B. ~~A certificate of registration.~~

~~Applications~~An application for licensure ~~and certificate of registration~~ as a physician assistant must be made to the board that licenses the physician assistant's primary supervising physician at the time the applications for initial licensure and certificate of registration are filed. A physician assistant who applies for licensure without a designated primary supervising physician may submit the application submitted to either the Board of Osteopathic Licensure or the Board of Licensure in Medicine. A license granted by either the Board of Osteopathic Licensure or the Board of Licensure in Medicine authorizes the physician assistant to render medical services ~~under the supervision of an osteopathic or allopathic physician regardless of which board issued the license to the physician assistant.~~

2. Qualification for licensure. The board may issue to an individual a license to practice as a physician assistant under the following conditions:

- A. A license may be issued to an individual who:
 - (1) Graduated from a physician assistant program approved by the board;
 - (2) Passed a physician assistant national certifying examination administered by the National Commission on Certification of Physician Assistants or its successor organization;
 - (3) Demonstrates current clinical competency;
 - (4) Does not have a license or certificate of registration that is the subject of disciplinary action such as probation, restriction, suspension, revocation or surrender;
 - (5) Completes an application approved by the board; and
 - (6) Pays an application fee of up to ~~\$250~~\$300; and
 - (7) Passes an examination approved by the board.

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B. No grounds exist as set forth in section 2591-A to deny the application.

3. Certificate of registration. ~~A physician assistant may not render medical services until issued a certificate of registration by the board. The board may issue a certificate of registration to a physician assistant under the following requirements:~~

A. ~~The physician assistant shall:~~

~~(1) Submit an application on forms approved by the board. The application must include:~~

~~(a) A written statement by the proposed supervising physician taking responsibility for all medical activities of the physician assistant; and~~

~~(b) A written statement by the physician assistant and proposed supervising physician that a written plan of supervision has been established; and~~

~~(2) Pays an application fee of up to \$50.~~

~~B. A proposed supervising physician must hold an active license to practice medicine in the State and be in good standing.~~

4. Delegation by physician assistant. A physician assistant may delegate to the physician assistant's employees or support staff or members of a health care team, including medical assistants, certain acts relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician assistant. The physician assistant that delegates any activity permitted under this subsection is legally liable for an activity performed by an employee, medical assistant or member of support staff or health care team medical acts to a medical assistant employed by the physician assistant or by an employer of the physician assistant as long as that delegation is permitted in the plan of supervision established by the physician assistant and the supervising physician.

5. Rules. The Board of Osteopathic Licensure is authorized to adopt rules regarding the training and licensure and practice of physician assistants and the agency relationship between the physician assistant and the supervising physician. These rules, which must be adopted jointly with the Board of Licensure in Medicine, may pertain to, but are not limited to, the following matters:

A. Information to be contained in the application for a license and certificate of registration;

B. Information that is required on the application for a certificate of registration filed by the proposed supervising physician;

C. Training and education Education requirements and scope of permissible clinical medical procedures offor the physician assistant and the manner and methods by which the supervising physician must supervise the physician assistant's medical services;

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- ~~D. Scope of practice for physician assistants, including prescribing of controlled drugs;~~
- E. ~~Requirements for written plans of supervision;~~
- F. Requirements for a physician assistant to notify the board regarding certain circumstances, including but not limited to any change in address, ~~any change in the identity or address of the physician assistant's employer or in the physician assistant's employment status, any change in the identity or address of the supervising physician,~~ the permanent departure of the physician assistant from the State, any criminal convictions of the physician assistant and any discipline by other jurisdictions of the physician assistant;
- G. Issuance of temporary physician assistant licenses ~~and temporary registration of physician assistants;~~
- H. Appointment of an advisory committee for continuing review of the physician assistant ~~program~~ ~~and~~ rules. The physician assistant ~~member~~ members of the board pursuant to section 2561 must be a ~~member~~ members of the advisory committee;
- I. Continuing education requirements as a precondition to continued licensure or licensure renewal;
- J. Fees for the application for an initial physician assistant license, which may not exceed ~~\$250~~\$300; ~~and~~
- K. ~~Fees for an initial certificate of registration, which may not exceed \$100;~~
- L. ~~Fees for transfer of the certificate of registration by a physician assistant from one supervising physician to another, which may not exceed \$50; and~~
- M. Fees for the biennial renewal of a physician assistant license in an amount not to exceed \$250.

Sec. 6. 32 MRSA 2594-F is enacted to read:

§ 2594-F. Physician assistants; scope of practice and agreement requirements

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. “Collaborative agreement” means a document agreed to by a physician assistant and a physician that describes the scope of practice for a physician assistant working within the collaborative agreement as determined by practice setting and describes the decision making process for a health care teams, including communication and consultation among health team members.

B. “Consultation” means engaging in a process in which members of a health care team utilize their complimentary training, skill, knowledge and experience to provide the best care for a patient.

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C. "Health care team" means 2 or more health professionals working in a coordinated, complimentary and agreed upon manner to provide quality, cost effective, evidence-based care to a patient and may include a physician, physician assistant, advanced practice nurse, nurse, physical therapist, occupational therapist, speech therapist, social worker, nutritionist, psychotherapist, counselor or other licensed professional.

D. "Physician" means a person licensed as a physician under this chapter or chapter 48.

E. "Physician assistant" means a person licensed under section 2594-E or 3270-E.

F. "Practice agreement" means an agreement between a physician assistant who owns a practice and a physician that states the physician will be available to the physician assistant for collaboration or consultation.

G. "Prescription or legend drug" has the same meaning as in section 13702-A, subsection 30 and includes schedule II to schedule V drugs or other substances under the federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

2. Scope of practice. A physician assistant may provide any medical service for which the physician assistant has been prepared by education, training and experience and is competent to perform. The scope of practice of a physician assistant is determined by practice setting, including, but not limited to, a physician employer setting, physician group practice setting, independent private practice setting or in a health care facility setting under a system of credentialing and granting of privileges.

3. Dispensing drugs. Except for distributing a professional sample of a prescription or legend drug, a physician assistant who dispenses a prescription or legend:

A. Shall comply with all relevant federal and state laws and federal regulations and state rules; and

B. May only dispense the prescription or legend drug when:

(1) A pharmacy service is not reasonably available;

(2) Dispensing the drug is in the best interests of the patient; or

(3) An emergency exists.

4. Consultation. A physician assistant shall, as indicated by a patient's condition, the education, competencies and experience of the physician assistant and the standards of care, consult with, collaborate with or refer the patient to an appropriate physician or other health care professional. The level of consultation under this subsection is determined by the practice setting, including a physician employer, physician group practice, private practice or the credentialing and privileging systems of a health care facility. A physician must be accessible to the physician assistant at all times for consultation. Consultation may be achieved electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team.

5. Collaborative agreement requirements. A physician assistant with less than 4000 hours of clinical practice documented to the board shall work in accordance with a written collaborative agreement with an active physician, except that a physician assistant working in a physician group practice setting or a health care facility setting under a credentialing and privilege plan and scope of practice agreement may use that scope of practice agreement in lieu of a collaborative agreement. Under a collaboration agreement, collaboration may occur through electronic means and does not require the physical presence of the physician at the time or place that the medical services are provided. A physician assistant shall submit the collaborative agreement, or, if appropriate, the scope of practice agreement, to the board for approval and the agreement must be kept on file at the main location of the place of practice and be made available to the board or the board's representative upon request. Upon submission of documentation for 4000 hours of clinical practice to the board, a physician assistant is no longer subject to this requirement.

6. Practice agreement requirements. A physician assistant who has more than 4000 hours of clinical practice may be the principal clinical provider in a practice that does not include a physician partner as long as the physician assistant has a practice agreement with an active physician or physicians, and other health professionals as necessary. A physician assistant shall submit the practice agreement to the board for approval and the agreement must be kept on file at the main location of the physician assistant's practice and be made available to the board or the board's representative upon request. Upon any change in the parties to the practice agreement or other substantive change in the practice agreement, the physician assistant shall submit the revised practice agreement to the board for approval. Under a practice agreement, consultation may occur through electronic means and does not require the physical presence of the physician, physicians or other health care providers who are parties to the agreement at the time or place that the medical services are provided.

Sec. 7. 32 MRSA §3263, first ¶, as amended by PL 2013, c. 101, §5, is further amended to read:

The Board of Licensure in Medicine, as established by Title 5, section 12004-A, subsection 24, and in this chapter called the "board," consists of ~~10~~11 individuals who are residents of this State, appointed by the Governor. Three individuals must be representatives of the public. Six individuals must be graduates of a legally chartered medical college or university having authority to confer degrees in medicine and must have been actively engaged in the practice of their profession in this State for a continuous period of 5 years preceding their appointments to the board. ~~One individual~~Two individuals must be ~~a~~ physician assistant assistants licensed under this chapter who ~~has~~have been actively engaged in the practice of ~~that individual's~~ the profession of physician assistant in this State for a continuous period of 5 years preceding appointment to the board. A full-term appointment is for 6 years. Appointment of members must comply with Title 10, section 8009. A member of the board may be removed from office for cause by the Governor.

Sec. 8. 32 MRSA §3270-A is amended to read:

§3270-A. Assistants; delegating authority

~~This chapter may not be construed to prohibit an individual from rendering medical services if these services are rendered under the supervision and control of a physician or surgeon and if that individual has satisfactorily completed a training program approved by the Board of Licensure in Medicine and a competency examination determined by this board. Supervision and control may not be construed as requiring the personal presence of the supervising and controlling physician at the place where these services are rendered, unless a physical presence is necessary to provide patient care of the same quality as provided by the physician. This chapter may not be construed as prohibiting a physician or surgeon~~

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from delegating to the physician's or surgeon's employees or support staff certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician or surgeon. The physician delegating these activities to employees or support staff, to program graduates or to participants in an approved training program is legally liable for the activities of those individuals, and any individual in this relationship is considered the physician's agent. This section may not be construed to apply to registered nurses acting pursuant to chapter 3131 and licensed physician assistants acting pursuant to chapter 48.

When the delegated activities are part of the practice of optometry as defined in chapter 34-A, then the individual to whom these activities are delegated must possess a valid license to practice optometry in Maine, or otherwise may perform only as a technician within the established office of a physician, and otherwise acting solely on the order of and under the responsibility of a physician skilled in the treatment of eyes as designated by the proper professional board, and without assuming evaluation or interpretation of examination findings by prescribing corrective procedures to preserve, restore or improve vision.

Sec. 6. 32 MRSA §3270-E, as amended by PL 2017, c. 288, Pt. A, §34, is further amended to read:

§ 3270-E. Licensure of physician assistants

1. License required. A physician assistant may not render medical services ~~under the supervision of an osteopathic physician or an allopathic physician pursuant to a plan of supervision~~ until the physician assistant has applied for and obtained from either the Board of Licensure in Medicine or the Board of Osteopathic Licensure:

- A. A license, which must be renewed biennially with the board that issued the initial license; ~~and,~~
- B. ~~A certificate of registration.~~

~~Applications~~An application for licensure ~~and certificate of registration~~ as a physician assistant must be made to the board that licenses the physician assistant's primary supervising physician at the time the applications for initial licensure and certificate of registration are filed. A physician assistant who applies for licensure without a designated primary supervising physician may submit the application ~~submitted~~ to either the Board of Osteopathic Licensure or the Board of Licensure in Medicine. A license granted by either the Board of Osteopathic Licensure or the Board of Licensure in Medicine authorizes the physician assistant to render medical services under ~~the supervision of an allopathic or osteopathic physician~~ regardless of which board issued the license to the physician assistant section 2594-A or 3270-A.

2. Qualification for licensure. The board may issue to an individual a license to practice as a physician assistant under the following conditions:

- A. A license may be issued to an individual who:

- (1) Graduated from a physician assistant program approved by the board;

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- (2) Passed a physician assistant national certifying examination administered by the National Commission on Certification of Physician Assistants or its successor organization;
- (3) Demonstrates current clinical competency;
- (4) Does not have a license or certificate of registration that is the subject of disciplinary action such as probation, restriction, suspension, revocation or surrender;
- (5) Completes an application approved by the board;
- (6) Pays an application fee of up to ~~\$250~~\$300; and
- (7) Passes an examination approved by the board; and

B. No grounds exist as set forth in section 3282-A to deny the application.

3. Certificate of registration. ~~A physician assistant may not render medical services until issued a certificate of registration by the board. The board may issue a certificate of registration to a physician assistant under the following requirements:~~

A. The physician assistant shall:

(1) ~~Submit an application on forms approved by the board. The application must include:~~

~~(a) A written statement by the proposed supervising physician taking responsibility for all medical activities of the physician assistant; and~~

~~(b) A written statement by the physician assistant and proposed supervising physician that a written plan of supervision has been established; and~~

(2) ~~Pays an application fee of up to \$50.~~

B. ~~A proposed supervising physician must hold an active license to practice medicine in the State and be in good standing.~~

4. Delegation by physician assistant. A physician assistant may delegate to the physician assistant's employees or support staff or members of a health care team, including medical assistants, certain acts relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician assistant. The physician assistant that delegates any activity permitted under this subsection is legally liable for an activity performed by an employee, medical assistant or member of support staff or health care team ~~medical acts to a medical assistant employed by the physician assistant or~~

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by an employer of the physician assistant as long as that delegation is permitted in the plan of supervision established by the physician assistant and the supervising physician.

5. Rules. The Board of Licensure in Medicine is authorized to adopt rules regarding the ~~training and licensure and practice~~ of physician assistants ~~and the agency relationship between the physician assistant and the supervising physician~~. These rules, which must be adopted jointly with the Board of Osteopathic Licensure, may pertain to, ~~but are not limited to~~, the following matters:

- A. Information to be contained in the application for a license ~~and certificate of registration~~;
- B. ~~Information that is required on the application for a certificate of registration filed by the proposed supervising physician~~;
- C. ~~Training and education~~ Education requirements and scope of permissible clinical medical procedures ~~off~~ for the physician assistant and the manner and methods by which the supervising physician must supervise the physician assistant's medical services;
- D. ~~Scope of practice for physician assistants, including prescribing of controlled drugs~~;
- E. Requirements for written plans of supervision;
- F. Requirements for a physician assistant to notify the board regarding certain circumstances, including but not limited to any change in address, ~~any change in the identity or address of the physician assistant's employer or in the physician assistant's employment status, any change in the identity or address of the supervising physician~~, the permanent departure of the physician assistant from the State, any criminal convictions of the physician assistant and any discipline by other jurisdictions of the physician assistant;
- G. Issuance of temporary physician assistant licenses ~~and temporary registration of physician assistants~~;
- H. Appointment of an advisory committee for continuing review of the physician assistant ~~program and rules~~. The physician assistant ~~member~~ members of the board pursuant to section ~~2561~~ 3263 must be a ~~member~~ members of the advisory committee;
- I. Continuing education requirements as a precondition to continued licensure or licensure renewal;
- J. Fees for the application for an initial physician assistant license, which may not exceed ~~\$250~~ \$300; ~~and~~
- K. ~~Fees for an initial certificate of registration, which may not exceed \$100~~;
- L. ~~Fees for transfer of the certificate of registration by a physician assistant from one supervising physician to another, which may not exceed \$50; and~~
- M. Fees for the biennial renewal of a physician assistant license in an amount not to exceed \$250.

Sec. 10. 32 MRSA §3270-G is enacted to read:

§ 3270-G. Physician assistants; scope of practice and agreement requirements

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. “Collaborative agreement” means a document agreed to by a physician assistant and a physician that describes the scope of practice for a physician assistant working within the collaborative agreement as determined by practice setting and describes the decision-making process for a health care teams, including communication and consultation among health team members.

B. “Consultation” means engaging in a process in which members of a health care team utilize their complimentary training, skill, knowledge and experience to provide the best care for a patient.

C. “Health care team” means 2 or more health professionals working in a coordinated, complimentary and agreed upon manner to provide quality, cost effective, evidence-based care to a patient and may include a physician, physician assistant, advanced practice nurse, nurse, physical therapist, occupational therapist, speech therapist, social worker, nutritionist, psychotherapist, counselor or other licensed professional.

D. “Physician” means a person licensed as a physician under this chapter or chapter 48.

E. “Physician assistant” means a person licensed under section 2594-E or 3270-E.

F. “Practice agreement” means an agreement between a physician assistant who owns a practice and a physician that states the physician will be available to the physician assistant for collaboration or consultation.

G. “Prescription or legend drug” has the same meaning as in section 13702-A, subsection 30 and includes schedule II to schedule V drugs or other substances under the federal Controlled Substances Act of 1970, 21 United States Code, Section 812.

2. Scope of practice. A physician assistant may provide any medical service for which the physician assistant has been prepared by education, training and experience and is competent to perform. The scope of practice of a physician assistant is determined by practice setting, including, but not limited to, a physician employer setting, physician group practice setting, independent private practice setting or in a health care facility setting under a system of credentialing and granting of privileges.

3. Dispensing drugs. Except for distributing a professional sample of a prescription or legend drug, a physician assistant who dispenses a prescription or legend:

A. Shall comply with all relevant federal and state laws and federal regulations and state rules; and

B. May only dispense the prescription or legend drug when:

(1) A pharmacy service is not reasonably available;

(2) Dispensing the drug is in the best interests of the patient; or

(3) An emergency exists.

4. Consultation. A physician assistant shall, as indicated by a patient's condition, the education, competencies and experience of the physician assistant and the standards of care, consult with, collaborate with or refer the patient to an appropriate physician or other health care professional. The level of consultation under this subsection is determined by the practice setting, including a physician employer, physician group practice, private practice or the credentialing and privileging systems of a health care facility. A physician must be accessible to the physician assistant at all times for consultation. Consultation may be achieved electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team.

5. Collaborative agreement requirements. A physician assistant with less than 4000 hours of clinical practice documented to the board shall work in accordance with a written collaborative agreement with an active physician, except that a physician assistant working in a physician group practice setting or a health care facility setting under a credentialing and privilege plan and scope of practice agreement may use that scope of practice agreement in lieu of a collaborative agreement. Under a collaboration agreement, collaboration may occur through electronic means and does not require the physical presence of the physician at the time or place that the medical services are provided. A physician assistant shall submit the collaborative agreement, or, if appropriate, the scope of practice agreement, to the board for approval and the agreement must be kept on file at the main location of the place of practice and be made available to the board or the board's representative upon request. Upon submission of documentation for 4000 hours of clinical practice to the board, a physician assistant is no longer subject to this requirement.

6. Practice agreement requirements. A physician assistant who has more than 4000 hours of clinical practice may be the principal clinical provider in a practice that does not include a physician partner as long as the physician assistant has a practice agreement with an active physician or physicians, and other health professionals as necessary. A physician assistant shall submit the practice agreement to the board for approval and the agreement must be kept on file at the main location of the physician assistant's practice and be made available to the board or the board's representative upon request. Upon any change in the parties to the practice agreement or other substantive change in the practice agreement, the physician assistant shall submit the revised practice agreement to the board for approval. Under a practice agreement, consultation may occur through electronic means and does not require the physical presence of the physician, physicians or other health care providers who are parties to the agreement at the time or place that the medical services are provided.

Sec. 11. 34-B MRSA §3801, sub-§4-B, as enacted by PL 2009, c. 651, §5, is amended to read:

4-B. Medical practitioner. "Medical practitioner" or "practitioner" means a licensed physician, ~~registered~~ licensed physician assistant, certified psychiatric clinical nurse specialist, certified nurse practitioner or licensed clinical psychologist.

Sec. 12. Transition. The license of a physician assistant under the Maine Revised Statutes, Title 32, section 2594-E or section 3270-G that is current, active and not under investigation on the effective date of this Act remains valid. A physician assistant holding an active, nonclinical license that is not under investigation on the effective date of this Act and who has not been out of clinical practice for more than 2 years as of the effective date of this Act is deemed to have a valid license. A physician assistant holding an active, nonclinical license who has been out of clinical practice for more than 2 years as of the effective date of this Act is required to meet any requirements established by the board before being issued a license.

SUMMARY

The amendment replaces the bill. The amendment makes the following changes to the laws governing the licensing and scope of practice of physician assistants.

1. It increases the membership of the Board of Osteopathic Licensure and the Board of Licensure in Medicine from 10 to 11 members by changing the number of members on each board who are physician assistants from 1 member to 2 members.
2. It establishes provisions for the scope of practice of physician assistants based on practice setting.
3. It requires health insurance carriers to allow physician assistants to serve as primary care providers when practicing in a medical specialty required for a physician to be a primary care provider and clarifies that carriers shall provide coverage for services provided by physician assistants if those services are within a physician assistant's scope of practice and are covered services under a health plan.
4. It removes registration and physician supervisory requirements, but establishes requirements for physician assistants to have collaborative agreements and practice agreements with physicians and other health care professionals.
5. It changes the initial licensing fee from \$250 to \$300.
6. It provides a transition provision for physician assistant licenses that are current and not under investigation.