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Date: (Filing No. S-)

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

Reproduced and distributed under the direction of the Secretary of the Senate.

**STATE OF MAINE
SENATE
129TH LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to S.P. 537, L.D. 1660, Bill, “An Act To Improve Access to Physician Assistant Care”

Amend the bill by striking out everything after the enacting clause and inserting the following:

'PART A

Sec. A-1. 24-A MRSA §4306, as amended by PL 2011, c. 364, §28, is further 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 and physicians who specialize in obstetrics and gynecology, and physician assistants licensed pursuant to Title 32, section 2594-E or section 3270-E 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. A-2. 24-A MRSA §4320-O is enacted to read:

COMMITTEE AMENDMENT

1 **§4320-O. Coverage for services provided by a physician assistant**

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

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

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

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

27 **Sec. A-3. Application.** The requirements of this Part apply to all policies,
28 contracts and certificates executed, delivered, issued for delivery, continued or renewed
29 in this State on or after January 1, 2021. For purposes of this Act, all contracts are
30 deemed to be renewed no later than the next yearly anniversary of the contract date.

31 **Sec. A-4. Exemption from review.** Notwithstanding the Maine Revised
32 Statutes, Title 24-A, section 2752, section 2 of this Part is enacted without review and
33 evaluation by the Department of Professional and Financial Regulation, Bureau of
34 Insurance.

35 **PART B**

36 **Sec. B-1. 6 MRSA §205, sub-§5,** as amended by PL 2009, c. 447, §4, is further
37 amended to read:

38 **5. Administration of tests.** Persons conducting analyses of blood, breath or urine
39 for the purpose of determining the alcohol level or drug concentration must be certified
40 for this purpose by the Department of Health and Human Services under certification
41 standards set by that department.

1 Only a duly licensed physician, ~~registered physician's~~ licensed physician assistant,
2 registered nurse or a person certified by the Department of Health and Human Services
3 under certification standards set by that department, acting at the request of a law
4 enforcement officer, may draw a specimen of blood to determine the alcohol level or drug
5 concentration of a person who is complying with the duty to submit to a chemical test.
6 This limitation does not apply to the taking of breath specimens. When a person draws a
7 specimen of blood at the request of a law enforcement officer, that person may issue a
8 certificate that states that the person is in fact a duly licensed or certified person as
9 required by this subsection and that the person followed the proper procedure for drawing
10 a specimen of blood to determine the alcohol level or drug concentration. That
11 certificate, when duly signed and sworn to by the person, is admissible as evidence in any
12 court of the State. It is prima facie evidence that the person was duly licensed or certified
13 and that the person followed the proper procedure for drawing a specimen for chemical
14 testing, unless, with 10 days' written notice to the prosecution, the defendant requests that
15 the person testify as to licensure or certification, or the procedure for drawing the
16 specimen of blood.

17 A law enforcement officer may take a sample specimen of the breath or urine of any
18 person whom the officer has probable cause to believe operated or attempted to operate
19 an aircraft while under the influence of intoxicating liquor or drugs and who is complying
20 with the duty to submit to and complete a chemical test. The sample specimen must be
21 submitted to the Department of Health and Human Services or a person certified by the
22 Department of Health and Human Services for the purpose of conducting chemical tests
23 of the sample specimen to determine the alcohol level or drug concentration of that
24 sample.

25 Only equipment approved by the Department of Health and Human Services may be used
26 by a law enforcement officer to take a sample specimen of the defendant's breath or urine
27 for submission to the Department of Health and Human Services or a person certified by
28 the Department of Health and Human Services for the purpose of conducting tests of the
29 sample specimen to determine the alcohol level or drug concentration of that sample.
30 Approved equipment must have a stamp of approval affixed by the Department of Health
31 and Human Services. Evidence that the equipment was in a sealed carton bearing the
32 stamp of approval must be accepted in court as prima facie evidence that the equipment
33 was approved by the Department of Health and Human Services for use by the law
34 enforcement officer to take the sample specimen of the defendant's breath or urine.

35 As an alternative to the method of breath testing described in this subsection, a law
36 enforcement officer may test the breath of any person whom the officer has probable
37 cause to believe operated or attempted to operate an aircraft while under the influence of
38 intoxicating liquor or drugs, by use of a self-contained, breath-alcohol testing apparatus to
39 determine the person's alcohol level, as long as the testing apparatus is reasonably
40 available. The procedures for the operation and testing of self-contained, breath-alcohol
41 testing apparatuses must be as provided by rule adopted by the Department of Health and
42 Human Services. The result of any such test must be accepted as prima facie evidence of
43 the alcohol level of a person in any court.

44 Approved self-contained, breath-alcohol testing apparatuses must have a stamp of
45 approval affixed by the Department of Health and Human Services after periodic testing.
46 That stamp of approval is valid for a limited period of no more than one year. Testimony

1 or other evidence that the equipment was bearing the stamp of approval must be accepted
2 in court as prima facie evidence that the equipment was approved by the Department of
3 Health and Human Services for use by the law enforcement officer to collect and analyze
4 a sample specimen of the defendant's breath.

5 Failure to comply with any provision of this subsection or with any rule adopted under
6 this subsection does not, by itself, result in the exclusion of evidence of alcohol level or
7 drug concentration, unless the evidence is determined to be not sufficiently reliable.

8 Testimony or other evidence that any materials used in operating or checking the
9 operation of the equipment were bearing a statement of the manufacturer or of the
10 Department of Health and Human Services must be accepted in court as prima facie
11 evidence that the materials were of a composition and quality as stated.

12 A person certified by the Maine Criminal Justice Academy, under certification standards
13 set by the academy, as qualified to operate approved self-contained, breath-alcohol
14 testing apparatuses may operate those apparatuses to collect and analyze a sample
15 specimen of a defendant's breath.

16 **Sec. B-2. 12 MRSA §10703, sub-§5, ¶A,** as amended by PL 2019, c. 452, §5, is
17 further amended to read:

18 A. Only a physician, ~~registered physician's~~ licensed physician assistant, registered
19 nurse or person whose occupational license or training allows that person to draw
20 blood samples may draw a specimen of blood for the purpose of determining the
21 blood-alcohol level or the presence of a drug or drug metabolite. This limitation does
22 not apply to the taking of breath or urine specimens. When a person draws a
23 specimen of blood at the request of a law enforcement officer, that person may issue
24 a certificate that states that the person is in fact a duly licensed or certified person as
25 required by this subsection and that the person followed the proper procedure for
26 drawing a specimen of blood to determine an alcohol level or drug concentration.
27 That certificate, when duly signed and sworn to by the person, is admissible as
28 evidence in any court of the State. It is prima facie evidence that the person was duly
29 licensed or certified and that the person followed the proper procedure for drawing a
30 specimen of blood for chemical testing, unless, with 10 days' written notice to the
31 prosecution, the defendant requests that the person testify as to licensure or
32 certification, or the procedure for drawing the specimen of blood.

33 **Sec. B-3. 12 MRSA §10703, sub-§6,** as amended by PL 2019, c. 452, §6, is
34 further amended to read:

35 **6. Liability.** Only a physician, ~~registered physician's~~ licensed physician assistant,
36 registered nurse or person whose occupational license or training allows that person to
37 draw blood samples or other health care provider in the exercise of due care is not liable
38 in damages or otherwise for any act done or omitted in performing the act of collecting or
39 withdrawing specimens of blood at the request of a law enforcement officer pursuant to
40 this section.

41 **Sec. B-4. 18-C MRSA §5-306, sub-§1,** as amended by PL 2019, c. 276, §1, is
42 further amended to read:

1 **1. Evaluation; report.** In every adult guardianship matter, the respondent must be
2 examined by a medical practitioner who is acceptable to the court and who is qualified to
3 evaluate the respondent's alleged cognitive and functional abilities. The individual
4 conducting the evaluation shall file a report in a record with the court at least 10 days
5 before any hearing on the petition. Unless otherwise directed by the court, the report
6 must contain:

7 A. A description of the nature, type and extent of the respondent's cognitive and
8 functional abilities and limitations;

9 B. An evaluation of the respondent's mental and physical condition and, if
10 appropriate, educational potential, adaptive behavior and social skills;

11 C. A prognosis for improvement and recommendation for the appropriate treatment,
12 support or habilitation plan; and

13 D. The date of the examination on which the report is based.

14 As used in this subsection, "medical practitioner" means a licensed physician, a ~~registered~~
15 licensed physician assistant, a certified psychiatric clinical nurse specialist, a certified
16 nurse practitioner or a licensed clinical psychologist.

17 **Sec. B-5. 22 MRSA §1241, sub-§3**, as enacted by PL 2009, c. 533, §1, is
18 amended to read:

19 **3. Health care professional.** "Health care professional" means an allopathic
20 physician licensed pursuant to Title 32, chapter 48, an osteopathic physician licensed
21 pursuant to Title 32, chapter 36, a physician assistant ~~who has been delegated the~~
22 ~~provision of sexually transmitted disease therapy or expedited partner therapy by that~~
23 ~~physician assistant's supervising physician licensed pursuant to Title 32, chapter 36 or 48,~~
24 an advanced practice registered nurse who has a written collaborative agreement with a
25 collaborating physician that authorizes the provision of sexually transmitted disease
26 therapy or expedited partner therapy or an advanced practice registered nurse who
27 possesses appropriate clinical privileges in accordance with Title 32, chapter 31.

28 **Sec. B-6. 22 MRSA §1597-A, sub-§1, ¶B**, as amended by PL 1993, c. 600, Pt.
29 B, §21, is further amended by amending subparagraph (5) to read:

30 (5) A ~~physician's~~ physician assistant ~~registered~~ licensed by the Board of
31 Licensure in Medicine, Title 32, chapter 48;

32 **Sec. B-7. 26 MRSA §683, sub-§5, ¶B**, as amended by PL 2017, c. 407, Pt. A,
33 §107, is further amended to read:

34 B. In the case of an employee, have a blood sample taken from the employee by a
35 licensed physician, ~~registered physician's~~ licensed physician assistant, registered
36 nurse or a person certified by the Department of Health and Human Services to draw
37 blood samples. The employer shall have this sample tested for the presence of
38 alcohol or marijuana metabolites, if those substances are to be tested for under the
39 employer's written policy. If the employee requests that a blood sample be taken as
40 provided in this paragraph, the employer may not test any other sample from the
41 employee for the presence of these substances.

1 (1) The Department of Health and Human Services may identify, by rules
2 adopted under section 687, other substances for which an employee may request
3 a blood sample be tested instead of a urine sample if the department determines
4 that a sufficient correlation exists between the presence of the substance in an
5 individual's blood and its effect upon the individual's performance.

6 (2) An employer may not require, request or suggest that any employee or
7 applicant provide a blood sample for substance use testing purposes nor may any
8 employer conduct a substance use test upon a blood sample except as provided in
9 this paragraph.

10 (3) Applicants do not have the right to require the employer to test a blood
11 sample as provided in this paragraph.

12 **Sec. B-8. 29-A MRSA §2524, sub-§1**, as amended by PL 2013, c. 459, §11, is
13 further amended to read:

14 **1. Persons qualified to draw blood for blood tests.** Only a physician, ~~registered~~
15 ~~physician's~~ licensed physician assistant, registered nurse or person whose occupational
16 license or training allows that person to draw blood samples may draw a specimen of
17 blood for the purpose of determining the blood-alcohol level or the presence of a drug or
18 drug metabolite.

19 **Sec. B-9. 32 MRSA §86, sub-§2-A, ¶A**, as amended by PL 1993, c. 152, §3, is
20 further amended to read:

21 A. When a patient is already under the supervision of a personal physician or a
22 ~~physician's~~ physician assistant or a nurse practitioner supervised by ~~that the~~ the physician
23 and the physician, ~~physician's~~ physician assistant or nurse practitioner assumes the
24 care of the patient, then for as long as the physician, ~~physician's~~ physician assistant or
25 nurse practitioner remains with the patient, the patient must be cared for as the
26 physician, ~~physician's~~ physician assistant or nurse practitioner directs. The
27 emergency medical services persons shall assist to the extent that their licenses and
28 protocol allow; and

29 **Sec. B-10. 32 MRSA §2561**, as amended by PL 2013, c. 101, §1, is further
30 amended to read:

31 **§2561. Membership; qualifications; tenure; vacancies**

32 The Board of Osteopathic Licensure, as established by Title 5, section 12004-A,
33 subsection 29, and in this chapter called the "board," consists of ~~40~~ 11 members
34 appointed by the Governor. Members must be residents of this State. Six members must
35 be graduates of a school or college of osteopathic medicine approved by the American
36 Osteopathic Association and must ~~be~~ have been, at the time of appointment, actively
37 engaged in the practice of the profession of osteopathic medicine in the State for a
38 continuous period of at least 5 years preceding their appointment to the board. ~~One~~
39 ~~member~~ Two members must be a physician ~~assistant~~ assistants licensed under this chapter
40 who ~~has~~ has been actively engaged in ~~that member's~~ the profession of physician
41 assistant in this State for at least 5 years preceding appointment to the board. Three
42 members must be public members. Consumer groups may submit nominations to the

1 Governor for the members to be appointed to represent the interest of consumers. A full
2 term of appointment is for 5 years. Appointment of members must comply with section
3 60. A member of the board may be removed from office for cause by the Governor.

4 **Sec. B-11. 32 MRSA §2594-A**, as amended by PL 2013, c. 33, §1, is further
5 amended to read:

6 **§2594-A. Assistants; delegating authority**

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

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

31 **Sec. B-12. 32 MRSA §2594-E**, as amended by PL 2017, c. 288, Pt. A, §33, is
32 further amended to read:

33 **§2594-E. ~~License and registration~~ Licensure of physician assistants**

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

39 A. A license, which must be renewed biennially with the board that issued the initial
40 license; ~~and~~

41 ~~B. A certificate of registration.~~

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

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

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

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

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

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

29 ~~A. The physician assistant shall:~~

- 30 (1) ~~Submit an application on forms approved by the board. The application must~~
31 ~~include:~~
- 32 (a) ~~A written statement by the proposed supervising physician taking~~
33 ~~responsibility for all medical activities of the physician assistant; and~~
- 34 (b) ~~A written statement by the physician assistant and proposed supervising~~
35 ~~physician that a written plan of supervision has been established; and~~
- 36 (2) ~~Pays an application fee of up to \$50.~~

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

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

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

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

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

20 ~~C. Training and education~~ Education requirements ~~and scope of permissible clinical~~
21 ~~medical procedures of for the physician assistant and the manner and methods by~~
22 ~~which the supervising physician must supervise the physician assistant's medical~~
23 ~~services;~~

24 ~~D. Scope of practice for physician assistants, including prescribing of controlled~~
25 ~~drugs;~~

26 E. Requirements for ~~written plans of supervision~~ collaborative agreements and
27 practice agreements under section 2594-F, including uniform standards and forms;

28 F. Requirements for a physician assistant to notify the board regarding certain
29 circumstances, including but not limited to any change in address, ~~any change in the~~
30 ~~identity or address of the physician assistant's employer or in the physician assistant's~~
31 ~~employment status, any change in the identity or address of the supervising~~
32 ~~physician, the permanent departure of the physician assistant from the State, any~~
33 ~~criminal convictions of the physician assistant and any discipline by other~~
34 ~~jurisdictions of the physician assistant;~~

35 G. Issuance of temporary physician assistant licenses ~~and temporary registration of~~
36 ~~physician assistants;~~

37 H. Appointment of an advisory committee for continuing review of the physician
38 assistant ~~program and rules.~~ The physician assistant ~~member~~ members of the board
39 pursuant to section 2561 must be ~~a member~~ members of the advisory committee;

40 I. Continuing education requirements as a precondition to continued licensure or
41 licensure renewal;

1 J. Fees for the application for an initial physician assistant license, which may not
2 exceed ~~\$250~~ \$300; and

3 ~~K. Fees for an initial certificate of registration, which may not exceed \$100;~~

4 ~~L. Fees for transfer of the certificate of registration by a physician assistant from one~~
5 ~~supervising physician to another, which may not exceed \$50; and~~

6 M. Fees for the biennial renewal of a physician assistant license in an amount not to
7 exceed \$250.

8 **Sec. B-13. 32 MRSA §2594-F** is enacted to read:

9 **§2594-F. Physician assistants; scope of practice and agreement requirements**

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

12 A. "Collaborative agreement" means a document agreed to by a physician assistant
13 and a physician that describes the scope of practice for the physician assistant as
14 determined by practice setting and describes the decision-making process for a health
15 care team, including communication and consultation among health care team
16 members.

17 B. "Consultation" means engagement in a process in which members of a health care
18 team use their complementary training, skill, knowledge and experience to provide
19 the best care for a patient.

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

26 D. "Physician" means a person licensed as a physician under this chapter or chapter
27 48.

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

29 F. "Practice agreement" means a document agreed to by a physician assistant who is
30 the principal clinical provider in a practice and a physician that states the physician
31 will be available to the physician assistant for collaboration or consultation.

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

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

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

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

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

6 (1) A pharmacy service is not reasonably available;

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

8 (3) An emergency exists.

9 **4. Consultation.** A physician assistant shall, as indicated by a patient's condition,
10 the education, competencies and experience of the physician assistant and the standards
11 of care, consult with, collaborate with or refer the patient to an appropriate physician or
12 other health care professional. The level of consultation required under this subsection is
13 determined by the practice setting, including a physician employer, physician group
14 practice or private practice, or by the system of credentialing and granting of privileges of
15 a health care facility. A physician must be accessible to the physician assistant at all times
16 for consultation. Consultation may occur electronically or through telecommunication
17 and includes communication, task sharing and education among all members of a health
18 care team.

19 **5. Collaborative agreement requirements.** A physician assistant with less than
20 4,000 hours of clinical practice documented to the board shall work in accordance with a
21 collaborative agreement with an active physician that describes the physician assistant's
22 scope of practice, except that a physician assistant working in a physician group practice
23 setting or a health care facility setting under a system of credentialing and granting of
24 privileges and scope of practice agreement may use that system of credentialing and
25 granting of privileges and scope of practice agreement in lieu of a collaborative
26 agreement. A physician assistant is legally responsible and assumes legal liability for any
27 medical service provided by the physician assistant in accordance with the physician
28 assistant's scope of practice under subsection 2 and a collaborative agreement under this
29 subsection. Under a collaborative agreement, collaboration may occur through electronic
30 means and does not require the physical presence of the physician at the time or place that
31 the medical services are provided. A physician assistant shall submit the collaborative
32 agreement, or, if appropriate, the scope of practice agreement, to the board for approval
33 and the agreement must be kept on file at the main location of the place of practice and be
34 made available to the board or the board's representative upon request. Upon submission
35 to the board of documentation of 4,000 hours of clinical practice, a physician assistant is
36 no longer subject to the requirements of this subsection.

37 **6. Practice agreement requirements.** A physician assistant who has more than
38 4,000 hours of clinical practice may be the principal clinical provider in a practice that
39 does not include a physician partner as long as the physician assistant has a practice
40 agreement with an active physician, and other health care professionals as necessary, that
41 describes the physician assistant's scope of practice. A physician assistant is legally
42 responsible and assumes legal liability for any medical service provided by the physician
43 assistant in accordance with the physician assistant's scope of practice under subsection 2

1 and a practice agreement under this subsection. A physician assistant shall submit the
2 practice agreement to the board for approval and the agreement must be kept on file at the
3 main location of the physician assistant's practice and be made available to the board or
4 the board's representative upon request. Upon any change in the parties to the practice
5 agreement or other substantive change in the practice agreement, the physician assistant
6 shall submit the revised practice agreement to the board for approval. Under a practice
7 agreement, consultation may occur through electronic means and does not require the
8 physical presence of the physician or other health care providers who are parties to the
9 agreement at the time or place that the medical services are provided.

10 **7. Construction.** To address the need for affordable, high-quality health care
11 services throughout the State and to expand, in a safe and responsible manner, access to
12 health care providers such as physician assistants, this section must be liberally construed
13 to authorize physician assistants to provide health care services to the full extent of their
14 education, training and experience in accordance with their scopes of practice as
15 determined by their practice settings.

16 **Sec. B-14. 32 MRSA §3263, first ¶,** as amended by PL 2013, c. 101, §5, is
17 further amended to read:

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

31 **Sec. B-15. 32 MRSA §3270-A,** as amended by PL 2013, c. 33, §2, is further
32 amended to read:

33 **§3270-A. Assistants; delegating authority**

34 ~~This chapter may not be construed to prohibit an individual from rendering medical~~
35 ~~services if these services are rendered under the supervision and control of a physician or~~
36 ~~surgeon and if that individual has satisfactorily completed a training program approved~~
37 ~~by the Board of Licensure in Medicine and a competency examination determined by this~~
38 ~~board. Supervision and control may not be construed as requiring the personal presence~~
39 ~~of the supervising and controlling physician at the place where these services are~~
40 ~~rendered, unless a physical presence is necessary to provide patient care of the same~~
41 ~~quality as provided by the physician. This chapter may not be construed as prohibiting a~~
42 ~~physician or surgeon from delegating to the physician's or surgeon's employees or support~~
43 ~~staff certain activities relating to medical care and treatment carried out by custom and~~
44 ~~usage when the activities are under the control of the physician or surgeon. The physician~~

1 delegating these activities to employees or support staff, to program graduates or to
2 participants in an approved training program is legally liable for the activities of those
3 individuals, and any individual in this relationship is considered the physician's agent.
4 This section may not be construed to apply to registered nurses acting pursuant to chapter
5 31 and licensed physician assistants acting pursuant to this chapter and chapter 36.

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

14 **Sec. B-16. 32 MRSA §3270-E**, as amended by PL 2017, c. 288, Pt. A, §34, is
15 further amended to read:

16 **§3270-E. ~~License and registration~~ Licensure of physician assistants**

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

22 A. A license, which must be renewed biennially with the board that issued the initial
23 license; ~~and,~~

24 ~~B. A certificate of registration.~~

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

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

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

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

39 (2) Passed a physician assistant national certifying examination administered by
40 the National Commission on Certification of Physician Assistants or its successor
41 organization;

- 1 (3) Demonstrates current clinical competency;
- 2 (4) Does not have a license or certificate of registration that is the subject of
- 3 disciplinary action such as probation, restriction, suspension, revocation or
- 4 surrender;
- 5 (5) Completes an application approved by the board;
- 6 (6) Pays an application fee of up to ~~\$250~~ \$300; and
- 7 (7) Passes an examination approved by the board; and

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

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

12 A. ~~The physician assistant shall:~~

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

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

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

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

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

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

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

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

- 1 ~~B. Information that is required on the application for a certificate of registration filed~~
2 ~~by the proposed supervising physician;~~
- 3 ~~C. Training and education~~ Education requirements and scope of permissible clinical
4 ~~medical procedures of~~ for the physician assistant and the manner and methods by
5 ~~which the supervising physician must supervise the physician assistant's medical~~
6 ~~services;~~
- 7 ~~D. Scope of practice for physician assistants, including prescribing of controlled~~
8 ~~drugs;~~
- 9 E. Requirements for ~~written plans of supervision~~ collaborative agreements and
10 practice agreements under section 3270-G, including uniform standards and forms;
- 11 F. Requirements for a physician assistant to notify the board regarding certain
12 circumstances, including but not limited to any change in address, ~~any change in the~~
13 ~~identity or address of the physician assistant's employer or in the physician assistant's~~
14 ~~employment status, any change in the identity or address of the supervising~~
15 ~~physician,~~ the permanent departure of the physician assistant from the State, any
16 criminal convictions of the physician assistant and any discipline by other
17 jurisdictions of the physician assistant;
- 18 G. Issuance of temporary physician assistant licenses ~~and temporary registration of~~
19 ~~physician assistants;~~
- 20 H. Appointment of an advisory committee for continuing review of the physician
21 assistant ~~program and~~ rules. The physician assistant ~~member~~ members of the board
22 pursuant to section ~~2561~~ 3263 must be a ~~member~~ members of the advisory
23 committee;
- 24 I. Continuing education requirements as a precondition to continued licensure or
25 licensure renewal;
- 26 J. Fees for the application for an initial physician assistant license, which may not
27 exceed ~~\$250~~ \$300; and
- 28 ~~K. Fees for an initial certificate of registration, which may not exceed \$100;~~
- 29 ~~L. Fees for transfer of the certificate of registration by a physician assistant from one~~
30 ~~supervising physician to another, which may not exceed \$50; and~~
- 31 M. Fees for the biennial renewal of a physician assistant license in an amount not to
32 exceed \$250.

33 **Sec. B-17. 32 MRSA §3270-G** is enacted to read:

34 **§3270-G. Physician assistants; scope of practice and agreement requirements**

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

37 A. "Collaborative agreement" means a document agreed to by a physician assistant
38 and a physician that describes the scope of practice for the physician assistant as
39 determined by practice setting and describes the decision-making process for a health

1 care team, including communication and consultation among health care team
2 members.

3 B. "Consultation" means engagement in a process in which members of a health care
4 team use their complementary training, skill, knowledge and experience to provide
5 the best care for a patient.

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

12 D. "Physician" means a person licensed as a physician under this chapter or chapter
13 36.

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

15 F. "Practice agreement" means a document agreed to by a physician assistant who is
16 the principal clinical provider in a practice and a physician that states the physician
17 will be available to the physician assistant for collaboration or consultation.

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

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

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

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

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

33 (1) A pharmacy service is not reasonably available;

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

35 (3) An emergency exists.

36 **4. Consultation.** A physician assistant shall, as indicated by a patient's condition,
37 the education, competencies and experience of the physician assistant and the standards
38 of care, consult with, collaborate with or refer the patient to an appropriate physician or
39 other health care professional. The level of consultation required under this subsection is
40 determined by the practice setting, including a physician employer, physician group

1 practice, or private practice, or by the system of credentialing and granting of privileges
2 of a health care facility. A physician must be accessible to the physician assistant at all
3 times for consultation. Consultation may occur electronically or through
4 telecommunication and includes communication, task sharing and education among all
5 members of a health care team.

6 **5. Collaborative agreement requirements.** A physician assistant with less than
7 4,000 hours of clinical practice documented to the board shall work in accordance with a
8 collaborative agreement with an active physician that describes the physician assistant's
9 scope of practice, except that a physician assistant working in a physician group practice
10 setting or a health care facility setting under a system of credentialing and granting of
11 privileges and scope of practice agreement may use that system of credentialing and
12 granting of privileges and scope of practice agreement in lieu of a collaborative
13 agreement. A physician assistant is legally responsible and assumes legal liability for any
14 medical service provided by the physician assistant in accordance with the physician
15 assistant's scope of practice under subsection 2 and a collaborative agreement under this
16 subsection. Under a collaborative agreement, collaboration may occur through electronic
17 means and does not require the physical presence of the physician at the time or place that
18 the medical services are provided. A physician assistant shall submit the collaborative
19 agreement, or, if appropriate, the scope of practice agreement, to the board for approval
20 and the agreement must be kept on file at the main location of the place of practice and be
21 made available to the board or the board's representative upon request. Upon submission
22 to the board of documentation of 4,000 hours of clinical practice, a physician assistant is
23 no longer subject to the requirements of this subsection.

24 **6. Practice agreement requirements.** A physician assistant who has more than
25 4,000 hours of clinical practice may be the principal clinical provider in a practice that
26 does not include a physician partner as long as the physician assistant has a practice
27 agreement with an active physician, and other health care professionals as necessary, that
28 describes the physician assistant's scope of practice. A physician assistant is legally
29 responsible and assumes legal liability for any medical service provided by the physician
30 assistant in accordance with the physician assistant's scope of practice under subsection 2
31 and a practice agreement under this subsection. A physician assistant shall submit the
32 practice agreement to the board for approval and the agreement must be kept on file at the
33 main location of the physician assistant's practice and be made available to the board or
34 the board's representative upon request. Upon any change in the parties to the practice
35 agreement or other substantive change in the practice agreement, the physician assistant
36 shall submit the revised practice agreement to the board for approval. Under a practice
37 agreement, consultation may occur through electronic means and does not require the
38 physical presence of the physician or other health care providers who are parties to the
39 agreement at the time or place that the medical services are provided.

40 **7. Construction.** To address the need for affordable, high-quality health care
41 services throughout the State and to expand, in a safe and responsible manner, access to
42 health care providers such as physician assistants, this section must be liberally construed
43 to authorize physician assistants to provide health care services to the full extent of their
44 education, training and experience in accordance with their scopes of practice as
45 determined by their practice settings.

1 Initiative: Provides one-time appropriation and allocation for technology changes
2 required to allow physician assistants to be reimbursed directly for services.

3	GENERAL FUND	2019-20	2020-21
4	All Other	\$26,139	\$0
5			
6	GENERAL FUND TOTAL	<u>\$26,139</u>	<u>\$0</u>

7	FEDERAL EXPENDITURES FUND	2019-20	2020-21
8	All Other	\$78,418	\$0
9			
10	FEDERAL EXPENDITURES FUND TOTAL	<u>\$78,418</u>	<u>\$0</u>
11			

12 Amend the bill by relettering or renumbering any nonconsecutive Part letter or
13 section number to read consecutively.

14 **SUMMARY**

15 This amendment replaces the bill and does the following.

16 In Part A, the amendment requires health insurance carriers to allow physician
17 assistants to serve as primary care providers under managed care plans. It also specifies
18 that carriers are required to provide coverage for services provided by physician assistants
19 if those services are within a physician assistant's scope of practice and are covered
20 services under a health plan and makes that provision applicable to contracts issued or
21 renewed on or after January 1, 2021.

22 In Part B, the amendment makes the following changes to the laws governing the
23 licensing and scope of practice of physician assistants.

24 1. It increases the membership of the Board of Osteopathic Licensure and the Board
25 of Licensure in Medicine from 10 to 11 members by changing the number of members on
26 each board who are physician assistants from one member to 2 members.

27 2. It establishes provisions for the scope of practice of physician assistants based on
28 practice setting.

29 3. It removes registration and physician supervisory requirements and establishes
30 requirements for physician assistants to have collaborative agreements and practice
31 agreements with physicians and other health care professionals.

32 4. It clarifies that physician assistants are legally responsible for any medical
33 services provided in accordance with collaborative and practice agreements and
34 authorizes the licensing boards to adopt rules related to requirements for collaborative
35 and practice agreements.

36 5. It changes the fee for an application for initial licensure from up to \$250 to up to
37 \$300.

