Senate Bill 460
By: Senators Dixon of the 45th, Watson of the 1st, Kirkpatrick of the 32nd, Hufstetler of the 52nd and Still of the 48th

AS PASSED SENATE

A BILL TO BE ENTITLED
AN ACT

To amend Chapters 26 and 34 of Title 43 of the Official Code of Georgia Annotated, relating to nurses and physicians, acupuncture, physician assistants, cancer and glaucoma treatment, respiratory care, clinical perfusionists, and orthotics and prosthetics practice, respectively, so as to revise provisions relating to the administration of anesthesia by certified registered nurse anesthetists under certain conditions; to revise provisions relating to the number of advanced practice registered nurses and physician assistants that a physician can authorize and supervise at any one time; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.
Chapter 26 of Title 43 of the Official Code of Georgia Annotated, relating to nurses, is amended by revising Code Section 43-26-11.1, relating to administration of anesthesia by certified registered nurse anesthetist, as follows:
"43-26-11.1.
In any case where it is lawful for a duly licensed physician practicing medicine under the laws of this state to administer anesthesia, such anesthesia may be administered by a certified registered nurse anesthetist, provided that such anesthesia is administered either
under the direction and responsibility of a duly licensed physician or pursuant to an order by a duly licensed physician or podiatrist providing services at a hospital that qualifies as a rural hospital organization pursuant to Code Section 31-8-9.1."
(A) Which is exempt from federal taxes pursuant to Section 501(c)(3) of the Internal Revenue Code, as defined in Code Section 48-1-2, and primarily serves uninsured or indigent Medicaid and Medicare patients; or

(B) Which has been established under the authority of or is receiving funds pursuant to 42 U.S.C. Section 254b or 254c of the United States Public Health Service Act;

(8) In any local board of education which has a school nurse program;

(9) In a health maintenance organization that has an exclusive contract with a medical group practice and arranges for the provision of substantially all physician services to enrollees in health benefits of the health maintenance organization; or

(10) In any emergency medical services system operated by, or on behalf of, any county, municipality, or hospital authority with a full-time physician medical director and who does not order drugs, except that he or she may order up to a 14 day supply of drugs as necessary in an emergency situation, excluding Schedule II controlled substances and benzodiazepines; provided, however, that an advanced practice registered nurse shall not order radiographic imaging, diagnostic studies, or medical devices pursuant to this paragraph; and provided, further, that a patient shall be referred to a physician, a dentist, or a federally qualified health center.

(g.1) A delegating physician may not enter into a nurse protocol agreement pursuant to this Code section or enter into a job description with a physician assistant pursuant to Code Section 43-34-103 with more than the combined equivalent of eight advanced practice registered nurses or physician assistants at any one time, may not supervise more than four the combined equivalent of eight advanced practice registered nurses or physician assistants at any one time pursuant to nurse protocol agreements or job descriptions, and shall not be required to conduct any meetings, observations, or review of medical records except as otherwise provided in this subsection, if the advanced practice registered nurses practice at a location that:

(1) Maintains evidence based clinical practice guidelines;
(2) Is accredited by an accrediting body, approved by the board, such as the Joint Commission or a nationally recognized accrediting organization with comparable standards;

(3) Requires the delegating physician to document and maintain a record of review of at least 10 percent of the advanced practice registered nurses' medical records to monitor quality of care being provided to patients, which may be conducted electronically or on site;

(4) Requires the delegating physician and advanced practice registered nurse to participate in and maintain documentation of quarterly clinical collaboration meetings, either by telephone, in person, or on site, for purposes of monitoring care being provided to patients; and

(5) Requires the delegating physician's name, contact information, and record of the visit to be provided to the patient's primary care provider of choice with the patient's consent within 24 hours of the visit.

(g.2) A delegating physician may not enter into a nurse protocol agreement pursuant to this Code section or enter into a job description with a physician assistant pursuant to Code Section 43-34-103 with more than the combined equivalent of eight advanced practice registered nurses or physician assistants at any one time or supervise more than four the combined equivalent of eight advanced practice registered nurses or physician assistants at any one time in any emergency medical services system operated by, or on behalf of, any county, municipality, or hospital authority with a full-time medical director."

SECTION 3.

Said chapter is further amended in Code Section 43-34-103, relating to application for licensure as a physician assistant, authorized delegated authority, and prohibited acts, by revising subsection (b) as follows:
"(b)(1) No primary supervising physician shall enter into a job description with a physician assistant pursuant to this Code section or a nurse protocol agreement with an advanced practice registered nurse pursuant to Code Section 43-34-25 with more than the combined equivalent of eight physician assistants or advanced practice registered nurses or supervise more than four the combined equivalent of eight physician assistants or advanced practice registered nurses at a time except as provided in paragraph (3) or (4) of this subsection.

(2) A primary supervising physician shall designate in writing to the board such other physicians who may serve as an alternate supervising physician for each physician assistant with which such primary supervising physician has entered into a job description. The board shall have authority to approve or deny such designations in whole or in part; provided, however, that a physician may be listed as an alternate supervising physician for any number of physician assistants so long as he or she only supervises as many physician assistants at any one time as allowed by paragraphs (1) and (3) of this subsection.

(3) No primary supervising physician shall have more than eight physician assistants who have completed a board approved anesthesiologist assistant program licensed to him or her at a time or supervise more than four physician assistants who have completed a board approved anesthesiologist assistant program at any one time.

(4) Except for physician assistants who have completed a board approved anesthesiologist assistant program, the limitation in paragraph (1) of this subsection shall not apply to a physician assistant who is practicing:

(A) In a hospital licensed under Title 31;

(B) In any college or university as defined in Code Section 20-8-1;

(C) In the Department of Public Health;

(D) In any county board of health;

(E) In any community service board;
(F) In any free health clinic;
(G) In a birthing center;
(H) In any entity:
   (i) Which is exempt from federal taxes pursuant to Section 501(c)(3) of the Internal
       Revenue Code, as defined in Code Section 48-1-2, and primarily serves uninsured or
       indigent Medicaid and Medicare patients; or
   (ii) Which has been established under the authority of or is receiving funds pursuant
        to 42 U.S.C. Section 254b or 254c of the United States Public Health Service Act; or
   (I) In a health maintenance organization that has an exclusive contract with a medical
       group practice and arranges for the provision of substantially all physician services to
       enrollees in health benefits of the health maintenance organization."

SECTION 4.
This Act shall become effective on the first day of the month following the month in which
it is approved by the Governor or becomes law without such approval.

SECTION 5.
All laws and parts of laws in conflict with this Act are repealed.