

SENATE BILL NO. 115

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-THIRD LEGISLATURE - SECOND SESSION

BY SENATORS TOBIN BY REQUEST, Giessel, Gray-Jackson, Hughes

Introduced: 3/27/23

Referred: Health and Social Services, Labor and Commerce

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to physician assistants; relating to physicians; and relating to health
2 care insurance policies."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * **Section 1.** AS 08.64.107 is amended to read:

5 **Sec. 08.64.107. Licensure and scope of practice [REGULATION] of**
6 **physician assistants.** The board shall adopt regulations regarding the licensure of
7 physician assistants and the medical services that they may perform, including the

8 (1) educational and other qualifications, including education in pain
9 management and opioid use and addiction;

10 (2) application and licensing procedures;

11 (3) scope of activities authorized **in this section**; and

12 (4) responsibilities of **a** [THE] supervising or training physician.

13 * **Sec. 2.** AS 08.64.107 is amended by adding new subsections to read:

14 (b) A physician assistant may

- 1 (1) perform a comprehensive health history and physical examination
- 2 of a patient;
- 3 (2) evaluate, diagnose, manage, and treat disease and injury;
- 4 (3) order, perform, and interpret diagnostic studies and therapeutic
- 5 procedures;
- 6 (4) educate patients on health promotion and disease prevention;
- 7 (5) provide consultation upon request;
- 8 (6) write medical orders;
- 9 (7) supervise and delegate therapeutic and diagnostic measures to
- 10 licensed or unlicensed personnel, in compliance with regulations adopted under
- 11 AS 08.64.106;
- 12 (8) request, receive, and sign for professional samples and distribute
- 13 professional samples to patients;
- 14 (9) authenticate by signature, certification, stamp, verification,
- 15 affidavit, or endorsement a document that a physician would be authorized to
- 16 authenticate by signature, certification, stamp, verification, affidavit, or endorsement;
- 17 (10) prescribe, dispense, order, administer, and procure drugs and
- 18 medical devices;
- 19 (11) prescribe, dispense, order, and administer a schedule II, III, IV, or
- 20 V controlled substance under federal law if the physician assistant has a valid federal
- 21 Drug Enforcement Administration registration number;
- 22 (12) plan and initiate a therapeutic regimen that includes ordering and
- 23 prescribing non-pharmacological interventions, including durable medical equipment,
- 24 nutrition, blood, blood products, home health care, hospice, physical or occupational
- 25 therapy, and other diagnostic support services; and
- 26 (13) perform any other medical service that the physician assistant is
- 27 competent to perform based on education, training, and experience.
- 28 (c) A physician assistant with less than 2,000 hours of practice experience
- 29 may practice only under a collaborative agreement in a hospital, clinic, or other
- 30 clinical setting in which the physician assistant works with one or more collaborating
- 31 physicians to provide patient care. A collaborating physician or physicians shall

oversee the performance, practice, and activities of the physician assistant, and the physician assistant must be able to communicate with at least one collaborating physician during work hours in person or by telephone or another telecommunications device. The collaborative agreement must

(1) be in writing;

(2) describe how collaboration will occur in accordance with this chapter;

(3) describe the methods to be used for evaluating the physician assistant's competency, knowledge, and skills;

(4) establish that the physician assistant and collaborating physician have knowledge of the physician assistant's qualifications and limitations in caring for patients;

(5) require the physician assistant to consult with the collaborating physician while remaining responsible for care provided by the physician assistant; and

(6) require the collaborating physician to give direction and guidance to the physician assistant.

(d) The physician assistant or collaborating physician shall provide a copy of the collaborative agreement, along with documentation of compliance, to the board upon request of the board.

(e) In this section, "collaborative agreement" means a plan that is mutually agreed on by a physician assistant and a collaborating physician that designates the scope of services the physician assistant may provide to patients.

* **Sec. 3.** AS 08.64.170(a) is amended to read:

(a) A person may not practice medicine, podiatry, or osteopathy in the state unless the person is licensed under this chapter, except that

(1) a physician assistant may examine, diagnose, or treat persons as authorized in AS 08.64.107 [UNDER THE SUPERVISION, CONTROL, AND RESPONSIBILITY OF EITHER A PHYSICIAN LICENSED UNDER THIS CHAPTER OR A PHYSICIAN EXEMPTED FROM LICENSING UNDER AS 08.64.370];

(2) a person who is licensed or authorized under another law of the state may engage in a practice that is authorized under that law; and

(3) a person may perform routine medical duties delegated under AS 08.64.106.

* **Sec. 4.** AS 11.71.900(20) is amended to read:

(20) "practitioner" means

(A) a physician, physician assistant, dentist, advanced practice registered nurse, optometrist, veterinarian, scientific investigator, or other person licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in the state;

(B) a pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in the state;

* **Sec. 5.** AS 21.07.010(b) is amended to read:

(b) A contract between a participating health care provider and a health care insurer that offers a health care insurance policy may not contain a provision that

(1) has as its predominant purpose the creation of direct financial incentives to the health care provider for withholding covered medical care services that are medically necessary; nothing in this paragraph shall be construed to prohibit a contract between a participating health care provider and a health care insurer from containing incentives for efficient management of the utilization and cost of covered medical care services;

(2) requires the provider to contract for all products that are currently offered or that may be offered in the future by the health care insurer; [OR]

(3) requires the health care provider to be compensated for medical care services performed at the same rate as the health care provider has contracted with another health care insurer; or

(4) imposes a practice, education, or collaboration requirement on

1 physician assistants that is inconsistent with or more restrictive than the
 2 requirements imposed under AS 08.64.107 or a regulation adopted by the State
 3 Medical Board.

4 * **Sec. 6.** AS 23.30.395(3) is amended to read:

5 (3) "attending physician" means one of the following designated by the
 6 employee under AS 23.30.095(a) or (b):

7 (A) a licensed medical doctor;

8 (B) a licensed doctor of osteopathy;

9 (C) a licensed dentist or dental surgeon;

10 (D) a licensed physician assistant [ACTING UNDER
 11 SUPERVISION OF A LICENSED MEDICAL DOCTOR OR DOCTOR OF
 12 OSTEOPATHY];

13 (E) a licensed advanced practice registered nurse; or

14 (F) a licensed chiropractor;

15 * **Sec. 7.** AS 33.30.901(10) is amended to read:

16 (10) "health care provider" means

17 (A) a physician assistant licensed to practice in the state [AND
 18 WORKING UNDER THE DIRECT SUPERVISION OF A LICENSED
 19 PHYSICIAN OR PSYCHIATRIST];

20 (B) a mental health professional as defined in AS 47.30.915; or

21 (C) an advanced practice registered nurse as defined in
 22 AS 08.68.850;