

CHAPTER 349

AN ACT

HB 3036

Relating to physician assistants; creating new provisions; amending ORS 109.640, 413.590, 441.064, 677.135, 677.137, 677.139, 677.141, 677.495, 677.510, 677.511, 677.515, 677.518, 688.510 and 743A.044 and section 45, chapter 12, Oregon Laws 2020 (first special session); and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

PHYSICIAN ASSISTANT PRACTICE

SECTION 1. ORS 677.511 is amended to read:

677.511. (1)(a) A [supervising physician or supervising physician organization] **physician assistant** may [apply to] **register with** the Oregon Medical Board for authority [for a physician assistant] to dispense **prescription** drugs [specified by the supervising physician or supervising physician organization].

(b) Notwithstanding paragraph (a) of this subsection, and except as permitted under ORS 677.515 (4), a physician assistant may not dispense controlled substances classified in Schedule I or II under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035.

[(2) The board shall adopt rules establishing standards and qualifications for physician assistants with dispensing authority. The rules must require:]

[(a) A physician assistant seeking dispensing authority to complete a drug dispensing training program; and]

[(b) The supervising physician or supervising physician organization that applies for dispensing authority for a physician assistant to:]

[(A) Provide the board with a plan for drug delivery and control;]

[(B) Submit an annual report to the board on the physician assistant's use of dispensing authority;]

[(C) Submit to the board a list of the drugs or classes of drugs that the supervising physician or supervising physician organization proposes to authorize the physician assistant to dispense; and]

[(D) Submit to the board documentation showing that the supervising physician or supervising physician organization has registered the facility from which the physician assistant will dispense drugs as a drug outlet with the State Board of Pharmacy under ORS 689.305.]

[(3) The Oregon Medical Board and the State Board of Pharmacy shall jointly develop a drug dispensing training program for physician assistants and adopt that program by rule.]

[(4) A supervising physician or supervising physician organization that supervises a physician assistant with dispensing authority shall comply with rules adopted by the State Board of Pharmacy relating to registration, acquisition, storage, integrity, security,

access, dispensing and disposal of drugs, record keeping and consultation with pharmacists.]

[(5) A physician assistant who dispenses a controlled substance classified in Schedule III or IV under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035, shall report the dispensing of the controlled substance to the Oregon Health Authority in a manner consistent with the requirements for reporting by pharmacies as provided in ORS 431A.855 to 431A.900.]

[(6) Drugs dispensed by a physician assistant with dispensing authority under this section must be personally dispensed by the physician assistant.]

(2) An registration under this section must include any information required by the board by rule.

(3) Prescription drugs dispensed by a physician assistant must be personally dispensed by the physician assistant, except that nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the physician assistant.

(4) The physician assistant shall maintain records of the receipt and distribution of prescription drugs. The records must be readily accessible for inspection by the board upon request of the board.

(5) The physician assistant shall ensure that a prescription drug dispensed by the physician assistant is labeled in compliance with the requirements of ORS 677.089 (3).

(6) The board has disciplinary authority regarding a physician assistant who has prescription drug dispensing authority.

SECTION 2. ORS 677.515 is amended to read:

677.515. (1) A physician assistant [licensed under ORS 677.512] may provide any medical service, including prescribing and administering controlled substances in Schedules II through V under the federal Controlled Substances Act:

[(a) That is delegated by the physician assistant's supervising physician or supervising physician organization;]

[(b) (a) That is within the scope of practice of the physician assistant; **and**

[(c) That is within the scope of practice of the supervising physician or supervising physician organization;]

[(d) That is provided under the supervision of the supervising physician or supervising physician organization;]

[(e) That is generally described in and in compliance with the practice agreement; and]

[(f) (b) For which the physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(2) This chapter does not prohibit a student enrolled in a program for educating physician assistants approved by the **Oregon Medical Board** from rendering medical services if the services are rendered in the course of the program.

(3) The degree of *[independent]* **autonomous** judgment that a physician assistant may exercise shall be determined *[by the supervising physician, or supervising physician organization, and the physician assistant in accordance with the practice agreement]* **at the physician assistant's primary location of practice by the community standards of care and the physician assistant's education, training and experience.**

(4) *[A supervising physician, upon the approval of the board and in accordance with the rules established by the board, may delegate to the physician assistant the authority to administer and prescribe medications pursuant to this section and ORS 677.535.]* The board may not limit the privilege of administering, dispensing and prescribing **prescription drugs** to population groups federally designated as underserved, or to geographic areas of the state that are federally designated health professional shortage areas, federally designated medically underserved areas or areas designated as medically disadvantaged and in need of primary health care providers by the Director of the Oregon Health Authority or the Office of Rural Health. All prescriptions written pursuant to this subsection must bear the name, office address and telephone number of the *[supervising physician]* **physician assistant who writes the prescription.**

(5) This chapter does not require or prohibit a physician assistant from practicing in a hospital licensed pursuant to ORS 441.015 to 441.087.

(6) Prescriptions for medications prescribed by a physician assistant in accordance with this section and ORS 475.005, 677.010, 677.500, 677.510 and 677.535 and dispensed by a licensed pharmacist may be filled by the pharmacist according to the terms of the prescription, and the filling of such a prescription does not constitute evidence of negligence on the part of the pharmacist if the prescription was dispensed within the reasonable and prudent practice of pharmacy.

SECTION 3. ORS 677.135 is amended to read:

677.135. As used in ORS 677.135 to 677.141, "the practice of medicine across state lines" means:

(1) The rendering directly to a person of a written or otherwise documented medical opinion concerning the diagnosis or treatment of that person located within this state for the purpose of patient care by a **physician or physician assistant** located outside this state as a result of the transmission of individual patient data by electronic or other means from within this state to that physician *[or]*, the physician's agent **or a physician assistant**; or

(2) The rendering of medical treatment directly to a person located within this state by a **physician or a physician assistant** located outside this state as a result of the outward transmission of individual patient data by electronic or other means from within this state to that physician *[or]*, the physician's agent **or a physician assistant.**

SECTION 4. ORS 677.137 is amended to read:

677.137. (1) A person may not engage in the practice of medicine across state lines, claim qualification to engage in the practice of medicine across state lines or use any title, word or abbreviation to indicate or to induce another to believe that the person is licensed to engage in the practice of medicine across state lines unless the person is licensed in accordance with ORS 677.139.

(2) ORS 677.135 to 677.141 do not apply to a **physician or physician assistant** engaging in the practice of medicine across state lines in an emergency, as defined by rule of the Oregon Medical Board.

(3) ORS 677.135 to 677.141 do not apply to a licensed **physician or physician assistant** located outside this state who:

(a) Consults with another **physician or physician assistant** licensed to practice medicine in this state; and

(b) Does not undertake the primary responsibility for diagnosing or rendering treatment to a patient within this state.

(4) ORS 677.135 to 677.141 do not apply to a licensed **physician or physician assistant** located outside this state who has an established physician-patient relationship with a person who is in Oregon temporarily and who requires the direct medical treatment by that **physician or physician assistant.**

SECTION 5. ORS 677.139 is amended to read:

677.139. (1) Upon application, the Oregon Medical Board may issue to an out-of-state **physician or physician assistant** a license for the practice of medicine across state lines if the **physician or physician assistant** holds a full, unrestricted license to practice medicine in any other state of the United States, has not been the recipient of a professional sanction by any other state of the United States and otherwise meets the standards for Oregon licensure under this chapter.

(2) In the event that an out-of-state **physician or physician assistant** has been the recipient of a professional sanction by any other state of the United States, the board may issue a license for the practice of medicine across state lines if the board finds that the sanction does not indicate that the **physician or physician assistant** is a potential threat to the public interest, health, welfare and safety.

(3) A **physician or physician assistant** shall *[make the application]* **apply** on a form provided by the board, accompanied by nonrefundable fees for the application and the license in amounts determined by rule of the board. The board shall adopt necessary and proper rules to govern the renewal of licenses issued under this section.

(4) A license for the practice of medicine across state lines is not a limited license for purposes of ORS 677.132.

(5) A license for the practice of medicine across state lines does not permit a **physician or physician assistant** to practice medicine in this state except

when engaging in the practice of medicine across state lines.

SECTION 6. ORS 677.141 is amended to read:

677.141. (1) A physician **or physician assistant** issued a license under ORS 677.139:

(a) Is subject to all the provisions of this chapter and to all the rules of the Oregon Medical Board[. A physician issued a license under ORS 677.139]; **and**

(b) Has the same duties and responsibilities and is subject to the same penalties and sanctions as any other physician **or physician assistant** licensed under this chapter.

(2) A physician **or physician assistant** issued a license under ORS 677.139 may not:

(a) Act as a dispensing physician as defined in ORS 677.010;

(b) Administer controlled substances for the treatment of intractable pain to a person located within this state;

(c) Provide written documentation for purposes of ORS 475B.797;

(d) Employ a physician assistant as defined in ORS 677.495 to treat a person located within this state; or

(e) Assert a lien for services under ORS 87.555.

(3) A physician **or physician assistant** licensed under ORS 677.139 shall comply with all patient confidentiality requirements of this state, except as those requirements are expressly prohibited by the law of any other state of the United States where a person's medical records are maintained.

SECTION 7. ORS 441.064 is amended to read:

441.064. (1) As used in this section:

(a) "Nurse practitioner" has the meaning given that term in ORS 678.010;

(b) "Physician" has the meaning given that term in ORS 677.010; and

(c) "Physician assistant" has the meaning given that term in ORS 677.495.

(2) The rules of any hospital in this state may grant privileges to nurse practitioners and physician assistants for purposes of patient care.

(3) Rules must be in writing and may include, but need not be limited to:

(a) Limitations on the scope of privileges;

(b) Monitoring and supervision of nurse practitioners and physician assistants in the hospital by physicians who are members of the medical staff;

(c) A requirement that a nurse practitioner or physician assistant co-admit patients with a physician who is a member of the medical staff; and

(d) Qualifications of nurse practitioners and physician assistants to be eligible for privileges including but not limited to requirements of prior clinical and hospital experience.

(4) The rules may:

(a) Regulate the credentialing and conduct of nurse practitioners and physician assistants while using the facilities of the hospital;

(b) Prescribe the procedures for suspension or termination of a nurse practitioner's or physician assistant's privileges; **and**

(c) Allow the hospital to refuse privileges to a nurse practitioner **or physician assistant**, but only on the same basis that the hospital refuses privileges to other medical providers.]; *and*]

[(d) Allow the hospital to refuse privileges to a physician assistant based on the refusal of privileges to the physician assistant's supervising physician.]

(5) Notwithstanding subsection (3) of this section, rules adopted by a hospital that grant privileges to licensed registered nurses who are licensed by the Oregon State Board of Nursing as nurse practitioners specializing in nurse midwifery must:

(a) Include admitting privileges;

(b) Be consistent with the privileges of the other medical staff; and

(c) Permit the nurse practitioner specializing in nurse midwifery to exercise the voting rights of the other members of the medical staff.

(6) Rules described in this section are subject to hospital and medical staff bylaws and rules governing credentialing and staff privileges.

SECTION 8. ORS 688.510 is amended to read:

688.510. (1) As used in this section:

(a) "Fluoroscopy" means a technique for generating X-ray images and for presenting the X-ray images simultaneously and continuously as a visible image.

(b) "Physician assistant" means a physician assistant licensed under ORS 677.505 to 677.525.

[(c) "Supervising physician" means a physician licensed under ORS chapter 677 who has entered into a practice agreement with a physician assistant as described in ORS 677.510.]

[(d)] (c) "To practice fluoroscopy" means to initiate the generation of X-rays and to acquire visible images for the purpose of medical diagnosis.

(2) Except as provided in subsection [(7)] (5) of this section, a physician assistant may not practice fluoroscopy on a person unless the physician assistant:

(a) Holds an active certificate issued by the Board of Medical Imaging under this section; **and**

(b) Operates fluoroscopic X-ray equipment in compliance with *[this section and]* rules adopted by the board under this section; *and*].

[(c) Fluoroscopy is among the medical duties delegated to the physician assistant pursuant to a practice agreement described in ORS 677.510.]

(3) The board shall issue a certificate to practice fluoroscopy to a physician assistant who:

(a) Completes a fluoroscopy education program approved by the board;

(b) Submits an examination application to the board in a form and manner prescribed by the board;

(c) Pays an examination fee established by the board by rule;

(d) Passes an examination on fluoroscopy approved by the board;

(e) Submits a certificate application to the board in a form and manner prescribed by the board;

(f) Pays a certificate application fee established by the board by rule; and

(g) Meets the standards of ethical and professional conduct established by a credentialing organization or professional society related to the practice of medical imaging.

(4) The board shall renew the certificate to practice fluoroscopy of a physician assistant who:

(a) Submits a renewal application to the board in a form and manner prescribed by the board;

(b) Pays a renewal fee established by the board by rule; and

(c) Completes continuing education requirements approved by the board.

[(5) A supervising physician may delegate fluoroscopy procedures only to a physician assistant who holds a certificate issued pursuant to this section.]

[(6)(a) A physician assistant who holds a certificate issued pursuant to this section may practice fluoroscopy only as authorized by this section.]

[(b) A physician assistant may practice fluoroscopy only if:]

[(A) The supervising physician with whom the physician assistant has entered into a practice agreement is in the room where the fluoroscopic procedure is taking place at the time that the procedure is taking place; or]

[(B) The supervising physician with whom the physician assistant has entered into a practice agreement is in the building where the fluoroscopic procedure is taking place at the time that the procedure is taking place and a medical imaging licensee who specializes in the medical imaging modality of radiography is in the room where the procedure is taking place at the time that the procedure is taking place.]

[(c) The board may adopt by rule an exception to the requirements of paragraph (b) of this subsection if the board determines that the exception does not create a risk of harm to the public health and safety.]

[(7)] (5) A physician assistant may practice fluoroscopy before being issued a certificate under this section for the purpose of completing a fluoroscopy training program. A physician assistant must be supervised, as determined by the board by rule, when practicing fluoroscopy under this subsection.

[(8)] (6) Subject to the provisions of ORS chapter 183, the board may refuse to issue or renew a certificate under this section or may suspend or revoke a certificate under this section if the applicant or certificate holder violates a provision of this section or any rule adopted by the board under this section.

SECTION 9. (1) The amendments to ORS 441.064, 677.135, 677.137, 677.139, 677.141, 677.511, 677.515 and 688.510 by sections 1 to 8 of this 2021 Act become operative on January 15, 2022.

(2) The Board of Medical Imaging and the Oregon Medical Board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the boards to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the boards by the amendments to ORS 441.064, 677.135, 677.137, 677.139, 677.141, 677.511, 677.515 and 688.510 by sections 1 to 8 of this 2021 Act.

COLLABORATION AGREEMENTS

SECTION 10. ORS 677.495 is amended to read: 677.495. As used in ORS 677.495 to 677.535, unless the context requires otherwise:

(1) “Collaboration” means, as indicated by the patient’s condition, community standards of care and a physician assistant’s education, training and experience:

(a) Consultation between the physician assistant and a physician or podiatric physician; or

(b) Referral by the physician assistant to a physician or podiatric physician.

(2) “Collaboration agreement” means a written agreement that describes the manner in which the physician assistant collaborates with physicians or podiatric physicians, that does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a physician or podiatric physician for the care provided by the physician assistant and that is signed by the physician assistant and the physician, podiatric physician or physician assistant’s employer.

(3) “Employer” means:

(a) An entity that is organized to deliver health care services in this state in accordance with ORS 58.375 or 58.376 and that employs a physician or podiatric physician;

(b) A group medical practice that is part of a health system; or

(c) A physician or podiatric physician who employs a physician assistant.

(4) “Physician” means a physician licensed under ORS 677.100 to 677.228.

[(1)] (5) “Physician assistant” means a person who is licensed in accordance with ORS 677.505 to 677.525.

(6) “Podiatric physician” means a podiatric physician and surgeon licensed under ORS 677.805 to 677.840.

[(2) “Practice agreement” means a written agreement between a physician assistant and a supervising physician or supervising physician organization that describes the manner in which the services of the physician assistant will be used.]

[(3) “Supervising physician” means a physician licensed under ORS 677.100 to 677.228, or a podiatric

physician and surgeon licensed under ORS 677.805 to 677.840, who supervises a physician assistant.]

[(4) "Supervising physician organization" means a group of supervising physicians that collectively supervises a physician assistant.]

[(5) "Supervision" means the acts of overseeing and accepting responsibility for the medical services provided by a physician assistant in accordance with a practice agreement, including regular and routine oversight and chart review.]

SECTION 11. ORS 677.510 is amended to read:

677.510. [(1) A person licensed to practice medicine under this chapter may not use the services of a physician assistant without the prior approval of the Oregon Medical Board.]

[(2) A supervising physician or a supervising physician organization may apply to the board to use the services of a physician assistant. The application must:]

[(a) If the applicant is not a supervising physician organization, state the name and contact information of the supervising physician;]

[(b) If the applicant is a supervising physician organization:]

[(A) State the names and contact information of all supervising physicians; and]

[(B) State the name of the primary supervising physician required by subsection (5) of this section;]

[(c) Generally describe the medical services provided by each supervising physician;]

[(d) Contain a statement acknowledging that each supervising physician has reviewed statutes and rules relating to the practice of physician assistants and the role of a supervising physician; and]

[(e) Provide such other information in such a form as the board may require.]

[(3) The board shall approve or reject an application within seven working days after the board receives the application, unless the board is conducting an investigation of the supervising physician or of any of the supervising physicians in a supervising physician organization applying to use the services of a physician assistant.]

[(4) A supervising physician organization shall provide the board with a list of the supervising physicians in the supervising physician organization. The supervising physician organization shall continually update the list and notify the board of any changes.]

[(5) A supervising physician organization shall designate a primary supervising physician and notify the board in the manner prescribed by the board.]

[(6)(a) A physician assistant may not practice medicine until the physician assistant enters into a practice agreement with a supervising physician or supervising physician organization whose application has been approved under subsection (3) of this section. The practice agreement must:]

[(A) Include the name, contact information and license number of the physician assistant and each supervising physician.]

[(B) Describe the degree and methods of supervision that the supervising physician or supervising

physician organization will use. The degree of supervision, whether general, direct or personal, must be based on the level of competency of the physician assistant as judged by the supervising physician.]

[(C) Generally describe the medical duties delegated to the physician assistant.]

[(D) Describe the services or procedures common to the practice or specialty that the physician assistant is not permitted to perform.]

[(E) Describe the prescriptive and medication administration privileges that the physician assistant will exercise.]

[(F) Provide the list of settings and licensed facilities in which the physician assistant will provide services.]

[(G) State that the physician assistant and each supervising physician is in full compliance with the laws and regulations governing the practice of medicine by physician assistants, supervising physicians and supervising physician organizations and acknowledge that violation of laws or regulations governing the practice of medicine may subject the physician assistant and supervising physician or supervising physician organization to discipline.]

[(H) Be signed by the supervising physician or the primary supervising physician of the supervising physician organization and by the physician assistant.]

[(I) Be updated at least every two years.]

[(b) The supervising physician or supervising physician organization shall provide the board with a copy of the practice agreement within 10 days after the physician assistant begins practice with the supervising physician or supervising physician organization. The supervising physician or supervising physician organization shall keep a copy of the practice agreement at the practice location and make a copy of the practice agreement available to the board on request. The practice agreement is not subject to board approval, but the board may request a meeting with a supervising physician or supervising physician organization and a physician assistant to discuss a practice agreement.]

[(7) A physician assistant's supervising physician shall ensure that the physician assistant is competent to perform all duties delegated to the physician assistant. The supervising physician or supervising physician organization and the physician assistant are responsible for ensuring the competent practice of the physician assistant.]

[(8) A supervising physician or the agent of a supervising physician must be competent to perform the duties delegated to the physician assistant by the supervising physician or by a supervising physician organization.]

[(9) The board may not require that a supervising physician be physically present at all times when the physician assistant is providing services, but may require that:]

[(a) The physician assistant have access to personal or telephone communication with a supervising physician when the physician assistant is providing services; and]

[(b) The proximity of a supervising physician and the methods and means of supervision be appropriate to the practice setting and the patient conditions treated in the practice setting.]

[(10)(a) A supervising physician organization may supervise any number of physician assistants. The board may not adopt rules limiting the number of physician assistants that a supervising physician organization may supervise.]

[(b) A physician assistant who is supervised by a supervising physician organization may be supervised by any of the supervising physicians in the supervising physician organization.]

[(11) If a physician assistant is not supervised by a supervising physician organization, the physician assistant may be supervised by no more than four supervising physicians, unless the board approves a request from the physician assistant, or from a supervising physician, for the physician assistant to be supervised by more than four supervising physicians.]

[(12) A supervising physician who is not acting as part of a supervising physician organization may supervise four physician assistants, unless the board approves a request from the supervising physician or from a physician assistant for the supervising physician to supervise more than four physician assistants.]

[(13) A supervising physician who is not acting as part of a supervising physician organization may designate a physician to serve as the agent of the supervising physician for a predetermined period of time.]

[(14) A physician assistant may render services in any setting included in the practice agreement.]

[(15) A physician assistant for whom an application under this section has been approved by the board on or after January 2, 2006, shall submit to the board, within 24 months after the approval, documentation of completion of:]

[(a) A pain management education program approved by the board and developed in conjunction with the Pain Management Commission established under ORS 413.570; or]

[(b) An equivalent pain management education program, as determined by the board.]

(1) A physician assistant is responsible for the care provided by the physician assistant if the physician assistant is acting as an employee.

(2) A physician assistant shall engage in collaboration with the appropriate health care provider as indicated by the condition of the patient, the standard of care and the physician assistant's education, experience and competence. The degree of collaboration must be determined at the physician assistant's primary location of practice. The determination may include decisions made by a physician, podiatric physician or employer with whom the physician assistant has entered into a collaboration agreement, or the group or hospital service and the credentialing and privileging systems of the

physician assistant's primary location of practice.

(3)(a) A physician assistant may not provide care unless the physician assistant has entered into a collaboration agreement signed by a physician, podiatric physician or employer. The collaboration agreement must include:

(A) The physician assistant's name, license number and primary location of practice;

(B) A general description of the physician assistant's process for collaboration with physicians or podiatric physicians;

(C) If the physician assistant has fewer than 2,000 hours of post-graduate clinical experience, a plan for the minimum number of hours per month during which the physician assistant will collaborate, both in person and through technology, with a specified physician or podiatric physician; and

(D) The performance assessment and review process, as described in subsection (5) of this section.

(b) The physician assistant, or physician, podiatric physician or employer with whom the physician assistant has entered into the collaboration agreement, is responsible for tracking the hours described in paragraph (a) of this subsection.

(4) The collaboration agreement must be kept on file at the physician assistant's primary location of practice and made available to the Oregon Medical Board upon request.

(5) Performance assessments and reviews of a physician assistant may be completed by the physician assistant's employer in accordance with a performance assessment and review process established by the employer.

SECTION 11a. If House Bill 2078 becomes law, section 11 of this 2021 Act (amending ORS 677.510) is repealed and ORS 677.510, as amended by section 6, chapter 50, Oregon Laws 2021 (Enrolled House Bill 2078), is amended to read:

677.510. *[(1) A person licensed to practice medicine under this chapter may not use the services of a physician assistant without the prior approval of the Oregon Medical Board.]*

[(2) A supervising physician or a supervising physician organization may apply to the board to use the services of a physician assistant. The application must:]

[(a) If the applicant is not a supervising physician organization, state the name and contact information of the supervising physician;]

[(b) If the applicant is a supervising physician organization:]

[(A) State the names and contact information of all supervising physicians; and]

[(B) State the name of the primary supervising physician required by subsection (5) of this section;]

[(c) Generally describe the medical services provided by each supervising physician;]

[(d) Contain a statement acknowledging that each supervising physician has reviewed statutes and rules relating to the practice of physician assistants and the role of a supervising physician; and]

[(e) Provide such other information in such a form as the board may require.]

[(3) The board shall approve or reject an application within seven working days after the board receives the application, unless the board is conducting an investigation of the supervising physician or of any of the supervising physicians in a supervising physician organization applying to use the services of a physician assistant.]

[(4) A supervising physician organization shall provide the board with a list of the supervising physicians in the supervising physician organization. The supervising physician organization shall continually update the list and notify the board of any changes.]

[(5) A supervising physician organization shall designate a primary supervising physician and notify the board in the manner prescribed by the board.]

[(6)(a) A physician assistant may not practice medicine until the physician assistant enters into a practice agreement with a supervising physician or supervising physician organization whose application has been approved under subsection (3) of this section. The practice agreement must:]

[(A) Include the name, contact information and license number of the physician assistant and each supervising physician.]

[(B) Describe the degree and methods of supervision that the supervising physician or supervising physician organization will use. The degree of supervision, whether general, direct or personal, must be based on the level of competency of the physician assistant as judged by the supervising physician.]

[(C) Generally describe the medical duties delegated to the physician assistant.]

[(D) Describe the services or procedures common to the practice or specialty that the physician assistant is not permitted to perform.]

[(E) Describe the prescriptive and medication administration privileges that the physician assistant will exercise.]

[(F) Provide the list of settings and licensed facilities in which the physician assistant will provide services.]

[(G) State that the physician assistant and each supervising physician is in full compliance with the laws and regulations governing the practice of medicine by physician assistants, supervising physicians and supervising physician organizations and acknowledge that violation of laws or regulations governing the practice of medicine may subject the physician assistant and supervising physician or supervising physician organization to discipline.]

[(H) Be signed by the supervising physician or the primary supervising physician of the supervising physician organization and by the physician assistant.]

[(I) Be updated at least every two years.]

[(b) The supervising physician or supervising physician organization shall provide the board with a copy of the practice agreement within 10 days after

the physician assistant begins practice with the supervising physician or supervising physician organization. The supervising physician or supervising physician organization shall keep a copy of the practice agreement at the practice location and make a copy of the practice agreement available to the board on request. The practice agreement is not subject to board approval, but the board may request a meeting with a supervising physician or supervising physician organization and a physician assistant to discuss a practice agreement.]

[(7) A physician assistant's supervising physician shall ensure that the physician assistant is competent to perform all duties delegated to the physician assistant. The supervising physician or supervising physician organization and the physician assistant are responsible for ensuring the competent practice of the physician assistant.]

[(8) A supervising physician or the agent of a supervising physician must be competent to perform the duties delegated to the physician assistant by the supervising physician or by a supervising physician organization.]

[(9) The board may not require that a supervising physician be physically present at all times when the physician assistant is providing services, but may require that:]

[(a) The physician assistant have access to personal or telephone communication with a supervising physician when the physician assistant is providing services; and]

[(b) The proximity of a supervising physician and the methods and means of supervision be appropriate to the practice setting and the patient conditions treated in the practice setting.]

[(10)(a) A supervising physician organization may supervise any number of physician assistants. The board may not adopt rules limiting the number of physician assistants that a supervising physician organization may supervise.]

[(b) A physician assistant who is supervised by a supervising physician organization may be supervised by any of the supervising physicians in the supervising physician organization.]

[(11) If a physician assistant is not supervised by a supervising physician organization, the physician assistant may be supervised by no more than four supervising physicians, unless the board approves a request from the physician assistant, or from a supervising physician, for the physician assistant to be supervised by more than four supervising physicians.]

[(12) A supervising physician who is not acting as part of a supervising physician organization may supervise four physician assistants, unless the board approves a request from the supervising physician or from a physician assistant for the supervising physician to supervise more than four physician assistants.]

[(13) A supervising physician who is not acting as part of a supervising physician organization may designate a physician to serve as the agent of the

supervising physician for a predetermined period of time.]

[(14) A physician assistant may render services in any setting included in the practice agreement.]

(1) A physician assistant is responsible for the care provided by the physician assistant if the physician assistant is acting as an employee.

(2) A physician assistant shall engage in collaboration with the appropriate health care provider as indicated by the condition of the patient, the standard of care and the physician assistant's education, experience and competence. The degree of collaboration must be determined at the physician assistant's primary location of practice. The determination may include decisions made by a physician, podiatric physician or employer with whom the physician assistant has entered into a collaboration agreement, or the group or hospital service and the credentialing and privileging systems of the physician assistant's primary location of practice.

(3)(a) A physician assistant may not provide care unless the physician assistant has entered into a collaboration agreement signed by a physician, podiatric physician or employer. The collaboration agreement must include:

(A) The physician assistant's name, license number and primary location of practice;

(B) A general description of the physician assistant's process for collaboration with physicians or podiatric physicians;

(C) If the physician assistant has fewer than 2,000 hours of post-graduate clinical experience, a plan for the minimum number of hours per month during which the physician assistant will collaborate, both in person and through technology, with a specified physician or podiatric physician; and

(D) The performance assessment and review process, as described in subsection (5) of this section.

(b) The physician assistant, or physician, podiatric physician or employer with whom the physician assistant has entered into the collaboration agreement, is responsible for tracking the hours described in paragraph (a) of this subsection.

(4) The collaboration agreement must be kept on file at the physician assistant's primary location of practice and made available to the Oregon Medical Board upon request.

(5) Performance assessments and reviews of a physician assistant may be completed by the physician assistant's employer in accordance with a performance assessment and review process established by the employer.

[(15) (6) A physician assistant [for whom an application under this section has been approved by the board on or after January 2, 2006,] shall submit to the board[within 24 months after the approval and] every 36 months [thereafter,] documentation of completion of:

(a) A one-hour pain management education program approved by the board and developed based on recommendations of the Pain Management Commission; or

(b) An equivalent pain management education program, as determined by the board.

SECTION 12. ORS 677.515, as amended by section 2 of this 2021 Act, is amended to read:

677.515. (1) A physician assistant may provide any medical service, including prescribing and administering controlled substances in Schedules II through V under the federal Controlled Substances Act:

(a) That is within the scope of practice of the physician assistant; and

(b) For which the physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(2) This chapter does not prohibit a student enrolled in a program for educating physician assistants approved by the Oregon Medical Board from rendering medical services if the services are rendered in the course of the program.

(3) The degree of autonomous judgment that a physician assistant may exercise shall be determined at the physician assistant's primary location of practice by the community standards of care and the physician assistant's education, training and experience.

(4) The board may not limit the privilege of administering, dispensing and prescribing prescription drugs to population groups federally designated as underserved, or to geographic areas of the state that are federally designated health professional shortage areas, federally designated medically underserved areas or areas designated as medically disadvantaged and in need of primary health care providers by the Director of the Oregon Health Authority or the Office of Rural Health. All prescriptions written pursuant to this subsection must bear the name, office address and telephone number of the physician assistant who writes the prescription.

(5) This chapter does not require or prohibit a physician assistant from practicing in a hospital licensed pursuant to ORS 441.015 to 441.087.

(6) Prescriptions for medications prescribed by a physician assistant in accordance with this section and ORS 475.005, 677.010, 677.500, [677.510] **677.511 and 677.535 and dispensed by a licensed pharmacist may be filled by the pharmacist according to the terms of the prescription, and the filling of such a prescription does not constitute evidence of negligence on the part of the pharmacist if the prescription was dispensed within the reasonable and prudent practice of pharmacy.**

SECTION 13. ORS 677.518 is amended to read:

677.518. A physician assistant[*, practicing under the supervision of a supervising physician or a supervising physician organization, is authorized to*] **may complete and sign reports of death. Reports of death signed by a physician assistant shall [*be accepted as***

fulfilling] **fulfill** all of the laws dealing with reports of death. A physician assistant who prepares a report of death *[must]* **shall** comply with all provisions of ORS 432.133.

SECTION 14. ORS 109.640 is amended to read:

109.640. (1) A physician, physician assistant licensed under ORS 677.505 to 677.525, nurse practitioner licensed under ORS 678.375 to 678.390 or naturopathic physician licensed under ORS chapter 685 may provide birth control information and services to any person without regard to the age of the person.

(2) A minor 15 years of age or older may give consent, without the consent of a parent or guardian of the minor, to:

(a) Hospital care, medical or surgical diagnosis or treatment by a physician licensed by the Oregon Medical Board or a naturopathic physician licensed under ORS chapter 685, and dental or surgical diagnosis or treatment by a dentist licensed by the Oregon Board of Dentistry, except as provided by ORS 109.660.

(b) Diagnosis or treatment by a physician assistant who is licensed under ORS 677.505 to 677.525 and who is acting pursuant to a *[practice agreement]* **collaboration agreement** as defined in ORS 677.495.

(c) Diagnosis and treatment by a nurse practitioner who is licensed by the Oregon State Board of Nursing under ORS 678.375 and who is acting within the scope of practice for a nurse practitioner.

(d) Except when the minor is obtaining contact lenses for the first time, diagnosis and treatment by an optometrist who is licensed by the Oregon Board of Optometry under ORS 683.010 to 683.340 and who is acting within the scope of practice for an optometrist.

SECTION 15. ORS 413.590 is amended to read:

413.590. (1) An approved pain management education program described in ORS 413.572 (1)(c) or an equivalent pain management education program as described in ORS 675.110, 677.228, *[677.510,]* 678.101, 684.092, 685.102 or 689.285 must be completed by:

(a) A physician assistant licensed under ORS chapter 677;

(b) A nurse licensed under ORS chapter 678;

(c) A psychologist licensed under ORS 675.010 to 675.150;

(d) A chiropractic physician licensed under ORS chapter 684;

(e) A naturopath licensed under ORS chapter 685;

(f) An acupuncturist licensed under ORS 677.759;

(g) A pharmacist licensed under ORS chapter 689;

(h) A dentist licensed under ORS chapter 679;

(i) An occupational therapist licensed under ORS 675.210 to 675.340;

(j) A physical therapist licensed under ORS 688.010 to 688.201; and

(k) An optometrist licensed under ORS chapter 683.

(2) The Oregon Medical Board, in consultation with the Pain Management Commission, shall identify by rule physicians licensed under ORS chapter 677 who, on an ongoing basis, treat patients in chronic or terminal pain and who must complete one pain management education program established under ORS 413.572. The board may identify by rule circumstances under which a requirement under this section may be waived.

SECTION 16. ORS 441.064, as amended by section 7 of this 2021 Act, is amended to read:

441.064. (1) As used in this section:

(a) "Nurse practitioner" has the meaning given that term in ORS 678.010;

(b) "Physician" has the meaning given that term in ORS 677.010; and

(c) "Physician assistant" has the meaning given that term in ORS 677.495.

(2) The rules of any hospital in this state may grant privileges to nurse practitioners and physician assistants for purposes of patient care.

(3) Rules must be in writing and may include, but need not be limited to:

(a) Limitations on the scope of privileges;

(b) Monitoring and supervision of nurse practitioners and **collaboration with** physician assistants in the hospital by physicians who are members of the medical staff;

(c) A requirement that a nurse practitioner or physician assistant co-admit patients with a physician who is a member of the medical staff; and

(d) Qualifications of nurse practitioners and physician assistants to be eligible for privileges including but not limited to requirements of prior clinical and hospital experience.

(4) The rules may:

(a) Regulate the credentialing and conduct of nurse practitioners and physician assistants while using the facilities of the hospital;

(b) Prescribe the procedures for suspension or termination of a nurse practitioner's or physician assistant's privileges; and

(c) Allow the hospital to refuse privileges to a nurse practitioner or physician assistant, but only on the same basis that the hospital refuses privileges to other medical providers.

(5) Notwithstanding subsection (3) of this section, rules adopted by a hospital that grant privileges to licensed registered nurses who are licensed by the Oregon State Board of Nursing as nurse practitioners specializing in nurse midwifery must:

(a) Include admitting privileges;

(b) Be consistent with the privileges of the other medical staff; and

(c) Permit the nurse practitioner specializing in nurse midwifery to exercise the voting rights of the other members of the medical staff.

(6) Rules described in this section are subject to hospital and medical staff bylaws and rules governing credentialing and staff privileges.

SECTION 17. ORS 743A.044 is amended to read: 743A.044. (1) An insurer may not refuse a claim solely on the ground that the claim was submitted by a physician assistant rather than by a [*supervising*] physician, [*for*] **podiatric physician or employer with whom the physician assistant has entered into a collaboration agreement, as defined in ORS 677.495.**

(2) This section is exempt from ORS 743A.001.

SECTION 18. The amendments to ORS 743A.044 by section 17 of this 2021 Act apply to claims submitted on and after the operative date specified in section 21 of this 2021 Act.

SECTION 19. Section 45, chapter 12, Oregon Laws 2020 (first special session), is amended to read:

Sec. 45. (1) Notwithstanding any other provision of ORS 677.495 to 677.535, a physician assistant may, without entering into a [*practice*] **collaboration agreement, perform services and provide patient care within the physician assistant's scope of practice in accordance with subsection (2) of this section.**

(2) A physician assistant may perform services and provide patient care as described in subsection (1) of this section only in [*compliance with guidelines and standards established by one or more supervising*] **collaboration with one or more physicians licensed under ORS chapter 677 or podiatric physicians licensed under ORS 677.805 to 677.840.**

(3) The Oregon Medical Board may adopt rules to carry out this section.

SECTION 20. A physician assistant practicing under a practice agreement or practice description that was entered into before the operative date specified in section 21 of this 2021 Act may continue to practice under the practice agreement until the physician assistant enters into a collaboration agreement, as defined in ORS 677.495. A physician assistant described in this section:

(1) **May enter into a collaboration agreement on or after July 15, 2022.**

(2) **Shall enter into a collaboration agreement not later than the date on which the physician assistant's license is due for renewal or December 31, 2023, whichever is later.**

SECTION 21. (1) The amendments to ORS 109.640, 413.590, 441.064, 677.495, 677.510, 677.515, 677.518 and 743A.044 and section 45, chapter 12, Oregon Laws 2020 (first special session), by sections 10 to 17 and 19 of this 2021 Act become operative on July 15, 2022.

(2) The Oregon Medical Board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by the amendments to ORS 109.640, 413.590, 441.064, 677.495, 677.510, 677.515, 677.518 and 743A.044 and section 45, chapter 12, Oregon Laws 2020 (first special session), by sections 10 to 17 and 19 of this 2021 Act.

UNIT CAPTIONS

SECTION 22. The unit captions used in this 2021 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2021 Act.

EFFECTIVE DATE

SECTION 23. This 2021 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect on its passage.

Approved by the Governor June 23, 2021
 Filed in the office of Secretary of State June 23, 2021
 Effective date June 23, 2021