

**SUBJECT:** Regulating physician assistants

**COMMITTEE:** Public Health — favorable without amendment

**VOTE:** 6 ayes — Berlanga, Hirschi, Glaze, Maxey, McDonald, Rodriguez  
0 nays  
1 present, not voting — Janek  
2 absent — Coleman, Delisi

**SENATE VOTE:** On final passage, May 2 — 31-0

**WITNESSES:** For — Sam Stone, Timothy J. King, Texas Academy of Physician Assistants; Harold Freeman, Texas Medical Association  
Against — None  
On — Bruce A. Levy, M.D., J.D., Texas Board of Medical Examiners

**DIGEST:** SB 1302 would amend the Physician Assistant Licensing Act to rename the current Physician Assistant Advisory Council as the Board of Physician Assistant Examiners and would authorize physician assistants (PAs) to sign for drugs under certain conditions and to determine and pronounce death.

SB 1302 would allow the Board of Medical Examiners to issue subpoenas on the behalf of the physician assistant board, would make confidential all complaints, investigation files and patient identities, would provide immunity to persons or entities that furnish information during an investigation and would authorize the physician assistant board to impose nondisciplinary rehabilitation orders.

The physician assistant board would also be specifically authorized to take disciplinary action against a PA who has acted in an unprofessional manner that is likely to deceive or injure the public, who has failed to practice as a PA in a manner that is consistent with public health and welfare, who has committed any act in violation of state laws regardless of whether the PA

has been indicted or convicted and who has had other disciplinary action taken by another state or the U.S. government.

SB 1302 would take immediate effect if approved by two-thirds of the membership of each house.

### **Signing prescriptions**

SB 1302 would specifically allow PAs to sign or complete prescriptions as provided under the Medical Practice Act for medically underserved areas and allow PAs to sign or complete prescriptions at a physician's primary practice site. A "primary practice site" would include a licensed hospital or nursing home as well as a physician's office.

A physician would be required to supervise the PA at the practice site but would not be required to be constantly present. A physician's authority to delegate would be limited to two PAs who are located at the primary practice site and who are treating patients with whom the physician has established a relationship. A physician's authority to delegate prescription signing would be limited to dangerous drugs and to practice locations specifically designated by physician order.

### **Determination of Death**

PAs would be authorized to determine and pronounce death to the same extent as registered nurses and would have limited liability when acting in good faith to the same extent as doctors and registered nurses.

### **Rehabilitation orders**

SB 1302 would allow the physician assistant board to impose a nondisciplinary rehabilitation order on any licensee or licensure applicant due to:

- an addictive use of alcohol or drugs caused by medical care provided by a physician;
- a court judgement that the individual is unsound or

- results from a mental or physical examination that show the individual suffers from a potentially dangerous limitation or inability to practice medicine.

A rehabilitation order would be an agreed order or result from a contested hearing, would contain findings of fact and conclusions of law and would be exempt from the Open Records Act. It could impose a revocation, cancellation, suspension or restriction, and violations of the order would be subject to existing disciplinary actions.

Rehabilitation orders would be subject to independent audits at least every three years by state or private auditors contracted by the board.

**SUPPORTERS  
SAY:**

SB 1302 would improve regulation and oversight by amending the Physician Assistant Licensing Act to more closely conform to the Medical Practice Act. A PA's practice authority is limited to the medical services delegated by a supervising physician, and both PAs and physicians are ultimately regulated by the Board of Medical Examiners. (The Board of Medical Examiners retains final authority over rulemaking by the Board of Physician Assistants).

Conforming investigation confidentiality, disciplinary and subpoena authority under the PA licensing act to provisions used by the medical board for doctors would assist enforcement because often both a PA and a doctor will be implicated in an illegal or dangerous act and a similar patient group could be subject to harm.

Determination of death and prescription signing authority would help out patients in rural communities. Currently supervising doctors provide PAs with signed prescriptions, creating a constant potential hazard for the signed prescriptions to fall into the wrong hands. SB 1302 would provide PAs with the authority to sign prescriptions, but limited to certain drugs and situations. Also, PAs are well qualified to determine and pronounce death and are already performing in this capacity informally.

**OPPONENTS  
SAY:**

The effectiveness of a rehabilitation order lies in the effectiveness of the required treatments and supervision of impaired physicians, for example the frequency of random drug screens and the adequacy of counseling

programs. But the closed records allowed by this bill would force the public to rely on faith on Board of Physician Assistant Examiners' judgment and monitoring, and audits only once every three years may not be frequent enough to evaluate the rehabilitation order program.

**NOTES:**

SB 673 by Madla, which would also allow PAs and certain registered nurses the authority to sign and complete prescriptions and would authorize PAs to determine and pronounce death, has been sent to the House Calendars committee.