



Substitute House Bill No. 7089

Public Act No. 07-119

**AN ACT CONCERNING SUPERVISING PHYSICIANS FOR
PHYSICIAN ASSISTANTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsection (a) of section 20-8a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(a) There shall be within the Department of Public Health a Connecticut Medical Examining Board. Said board shall consist of fifteen members appointed by the Governor, subject to the provisions of section 4-9a, in the manner prescribed for department heads in section 4-7, as follows: Five physicians practicing in the state; one physician who shall be a full-time member of the faculty of The University of Connecticut School of Medicine; one physician who shall be a full-time chief of staff in a general-care hospital in the state; one physician who shall be [registered as] a supervising physician for one or more physician assistants; one physician who shall be a graduate of a medical education program accredited by the American Osteopathic Association; one physician assistant licensed pursuant to section 20-12b and practicing in this state; and five public members. No professional member of said board shall be an elected or appointed officer of a professional society or association relating to such

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member's profession at the time of appointment to the board or have been such an officer during the year immediately preceding appointment or serve for more than two consecutive terms. Professional members shall be practitioners in good professional standing and residents of this state.

Sec. 2. Subdivision (6) of section 20-12a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(6) "Supervising physician" means a physician licensed pursuant to this chapter [who is registered with the department pursuant to section 20-12c and] who assumes responsibility for the supervision of services rendered by a physician assistant.

Sec. 3. Subdivision (7) of section 20-12a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(7) (A) "Supervision" in hospital settings means the exercise by the supervising physician of oversight, control and direction of the services of a physician assistant. Supervision includes but is not limited to: (i) Continuous availability of direct communication either in person or by radio, telephone or telecommunications between the physician assistant and the supervising physician; (ii) active and continuing overview of the physician assistant's activities to ensure that the supervising physician's directions are being implemented and to support the physician assistant in the performance of his or her services; (iii) personal review by the supervising physician of the physician assistant's practice at least weekly or more frequently as necessary to ensure quality patient care; (iv) review of the charts and records of the physician assistant on a regular basis as necessary to ensure quality patient care; (v) delineation of a predetermined plan for emergency situations; and (vi) designation of an alternate licensed

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physician [registered with the department pursuant to section 20-12c] in the absence of the supervising physician.

(B) "Supervision" in settings other than hospital settings means the exercise by the supervising physician of oversight, control and direction of the services of a physician assistant. Supervision includes, but is not limited to: (i) Continuous availability of direct communication either in person or by radio, telephone or telecommunications between the physician assistant and the supervising physician; (ii) active and continuing overview of the physician assistant's activities to ensure that the supervising physician's directions are being implemented and to support the physician assistant in the performance of his or her services; (iii) personal review by the supervising physician of the physician assistant's services through a face-to-face meeting with the physician assistant, at least weekly or more frequently as necessary to ensure quality patient care, at a facility or practice location where the physician assistant or supervising physician performs services; (iv) review of the charts and records of the physician assistant on a regular basis as necessary to ensure quality patient care and written documentation by the supervising physician of such review at the facility or practice location where the physician assistant or supervising physician performs services; (v) delineation of a predetermined plan for emergency situations; and (vi) designation of an alternate licensed physician [registered with the department pursuant to section 20-12c] in the absence of the supervising physician.

Sec. 4. Section 20-12c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2007*):

(a) Each physician assistant practicing in this state or participating in a resident physician assistant program shall have a clearly identified supervising physician who maintains the final responsibility for the care of patients and the performance of the physician assistant. [No

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physician assistant issued a license or temporary permit by the department shall practice until such time as a supervising physician has been registered with the department. An individual may register with the department as a supervising physician provided the individual: (1) Possesses a current unrestricted license to practice medicine issued pursuant to this chapter; and (2) has submitted a completed application, on such forms as the department may require, with a fee of thirty-seven dollars and fifty cents. No physician shall function as a supervising physician unless so registered with the department. The department shall not register any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint in this or any other state or territory.]

(b) A physician may function as a supervising physician for as many physician assistants as is medically appropriate under the circumstances, provided (1) the supervision is active and direct, and (2) the physician is supervising not more than six full-time physician assistants concurrently, or the part-time equivalent thereof.

(c) Nothing in this chapter shall be construed to prohibit the employment of physician assistants in a hospital or other health care facility where such physician assistants function under the direction of a supervising physician.

[(d) A supervising physician shall notify the department in writing within thirty days of termination of a physician-physician assistant supervisory relationship. Nothing in this subsection shall relieve a supervising physician of his responsibility to report pursuant to section 20-12e.]

[(e) Notwithstanding the provisions of this section, a licensed physician assistant may provide patient services under the supervision, control, responsibility and direction of a licensed physician who has not registered with the Department of Public

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Health as a supervising physician pursuant to subsection (a) of this section, provided the]

(d) Nothing in this chapter shall be construed to prohibit a licensed physician assistant who is part of the Connecticut Disaster Medical Assistance Team or the Medical Reserve Corps, under the auspices of the Department of Public Health, or the Connecticut Urban Search and Rescue Team, under the auspices of the Department of Public Safety, and is engaged in officially authorized civil preparedness duty or civil preparedness training conducted by such team or corps, from providing patient services under the supervision, control, responsibility and direction of a licensed physician.