



SENATE BILL 345: PA - Team-Based Practice.

2021-2022 General Assembly

Committee:	Senate Rules and Operations of the Senate	Date:	May 3, 2021
Introduced by:	Sens. Perry, Lee, Johnson	Prepared by:	Jason Moran-Bates Staff Attorney
Analysis of:	First Edition		

OVERVIEW: *Senate Bill 345 would allow certain physician assistants in team-based settings to practice without supervision by a physician. It would also allow them to prescribe drugs, initiate non-pharmacological therapies, certify medical documents, be qualified technicians under the Women's Right to Know Act, be attending providers for purposes of postpartum insurance coverage, and perform health assessments for childcare facilities.*

CURRENT LAW: Under current regulations in the North Carolina Administrative Code, all physician assistants must have a supervisory agreement with a licensed physician. The physician's supervision must be continuous, but it does not necessarily have to be in person. Physician Assistants can prescribe medications as long as the criteria for doing so are included in their supervisory agreements with a supervising physician.

BILL ANALYSIS:

Section 1.(a) of the bill would create a definition in the Practice of Medicine Act for "team-based setting," which would include (1) a medical practice organized under G.S. 55B-14(c)(3), (2) a physician-owned medical practice, and (3) licensed health facilities where physicians have meaningful control over patient care, but would not include pain management clinics. The section would also make using the initials "PA" or the term "Physician Assistant" the practice of medicine.

Section 1.(b) of the bill would eliminate the requirement in G.S. 90-9.3 that physician assistants provide the North Carolina Medical Board (Board) with the contact information for their supervising physician before engaging in medical acts.

Section 1.(c) of the bill would allow physician assistants in team-based settings and who have more than 4,000 hours of general experience and 1,000 hours of supervised experience in their chosen specialty to practice without entering into a supervisory agreement with a licensed physician. All other physician assistants would be required to execute and maintain a supervisory agreement with a physician that contains (1) the terms of clinical oversight, (2) an onboarding process, (3) quality metrics, (4) scope of delegated duties, and (5) a plan for interval expansion. Physician assistants who are subject to supervision must file an intent to practice with to the Board before beginning to practice. All physician assistants who practice in a perioperative setting must be supervised.

Section 1.(d) of the bill would require individuals holding a physician assistant volunteer license and who are subject to supervision requirements to submit an intent to practice form with the Board.

Section 1.(e) would make a technical change to G.S. 90-12.4B.

Section 1.(f) would allow individuals who qualify for licensure as a physician assistant to use the initials "PA" or the term "physician assistant," so long as they did not practice until licensed. Physician assistants would be required to clearly designate their credentials in clinical settings. They would be allowed to

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prescribe, dispense, compound, and administer drugs; plan and initiate non-pharmacological therapeutic regimens; and authenticate any document a physician may authenticate. Physician assistants would not be permitted to provide the final interpretation of diagnostic imaging.

Section 1.(g) would permit physician assistants certified in obstetrical ultrasonography to be qualified technicians under the Women's Right to Know Act.

Section 1.(h) would allow physician assistants to be attending providers for purposes of postpartum insurance coverage.

Section 1.(i) would allow physician assistants to perform health assessments for childcare facilities.

EFFECTIVE DATE: This bill would be effective January 1, 2022.

***Amy Darden, Staff Attorney, substantially contributed to this summary.*