	Date
MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND	D WELFARE
The meeting was called to order by SENATOR ROY M. EHRLICH Chairperson	at
10:00 a.m./%. a.m. February 22 , 19.89 in re	oom <u>526-S</u> of the Capitol.
All members were present except:	

Approved <u>2-28-89</u>

Committee staff present:
Emalene Correll, Legislative Research
Bill Wolff, Legislative Research
Norman Furse, Revisors Office

Clarene Wilms, Committee Secretary

#### Conferees appearing before the committee:

Richard Gannon, Executive Secretary, Kansas Board of Healing Arts Helen Stephens, Kansas Academy of Physicians' Assistants Larry R. Poliner, M.D., Nuclear Cardiology & Angiology, Galichia Cardiovascular Group, P.A., Wichita, KS Larry Buening, General Counsel, Kansas Board of Healing Arts

Richard Gannon, Board of Healing Arts, appeared before the committee and presented written testimony on  $\underline{SB-181}$ . Mr. Gannon stated that the purpose of this bill was to provide greater authority to the Board to insure that the physicians responsible for physicians' assistants provide adequate supervision and direction. Following a review of protocols filed with the Board of Healing Arts it was concluded that the protocols were less than acceptable and did not meet the intent of either the legislature or the Board's rules and regulations. He further stated he had, within the last few months, seen cases of considerable abuse and it was the board's intent to bring these issues before the legislature so that the citizens of the state can be assured of quality medical care. (Attachment 1)

In answer to questions concerning supervision, charges and medical malpractice insurance, Larry Buening replied that as far as he was aware, the fees charged were the same whether the patient saw a P. A. or the physician and the fees paid by a third party were paid to the supervising physician. Some P. A.s are salaried and in some cases may receive a percentage. Insurance concerns would, ultimately rest with the physician and be his responsibility.

Staff questioned Mr. Buening on the continuing or re-education areas of another bill. Mr. Buening stated that due to the fact that the half-life of medical knowledge was thought to be 5 to 7 years, re-education was felt to be necessary, especially when some wanted to return to the field after being away from it for a period of 20 years. Mr. Buening also stated the board had the ability to require submission of protocols but no authority to reject them or to refuse registration. Mr. Gannon stated they were trying to put the burden of proper protocols, etc. on the supervising physician.

Senator Salisbury inquired how many PAs have been turned in to the board. Mr. Gannon stated continual complaints come in and the ones validated are handled by sending letters to the supervising physician and the P. A.

Senator Anderson questioned whether there was any record of doctors who were involved in malpractice cases and Mr. Gannon stated he was not aware of any concerned with malpractice. However, he commented that several of the doctors also seemed to have complaints in other areas of their practice.

The committee requested a full report on the meeting with the PAs and the Board of Healing Arts to be held Friday, February 24, 1989 at 10 a.m.

#### CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 526-S, Statehouse, at 10:00 a.m./pxx. on February 22 , 1989.

Senator Hayden's pages, Joanna McGraw, Bobbie Jo Mitchell and Scott J. Powell from Garden City were introduced to the committee.

Helen Stephens, Kansas Academy of Physician Assistants, presented written testimony and told the committee they would like to see PAs included in HB-2255 regarding scholarships for those who will practice in underserved areas. (Attachment 2) Another incentive would be to change the Medicare/Medicaid payment structure, which would give the senior citizens of Kansas greater access to physician assistants. Ms. Stephens commented on rules and regulations that went into effect May, 1988 and stated it was felt that the elapsed period of time was not sufficient to see whether or not they were working. A meeting is scheduled between the P A Advisory Committee, the PA represenatives, Mr. Gannon and Mr. Buening on Friday, February 25, 1989 at 10:00 a.m. The question was asked whether or not a sponsoring physician would be in attendance since it would be difficult for a physician's assistant to carry the message back to them. The chairman said he would anxiously await the outcome of Friday's meeting.

Larry R. Poliner, M.D., presented testimony, stating that physicians assistants make up an important part of a health-care team that care for patients. The PA extends the role of the physician by keeping track of data, documentation, problems that patients have, their progress, in fact they act as a communicator both for patients and physicians.

Senator Ehrlich questioned whether or not the physicians in Kansas utilize a nurse practioner over and above a PA. Dr. Poliner replied that the nurse practioner has selected a field in which to work and usually worked specifically in that field.

Senator Strick questioned how it could be known whether or not PAs were providing diagnostic and other services which were not in their practice scope. Dr. Poliner said it was the physian assistant's role to do those tasks which are exactly described in their title and are not trained in the areas of diagnostics and carrying on a treatment program.

The meeting adjourned at 11:05 a.m. and will convene at 10:00 a.m. on Thursday, February 23, 1989 in room 526-S.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE DATE Flbwarf 22,1989

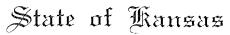
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# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE DATE Johnson, 22,1989

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#### Office of

PICHARD G. GANNON, EXECUTIVE DIRECTOR CHARLENE & ABBOTT, Administrative Assistant LAWRENCE T. BUENING, JR. GENERAL COUNSEL JOSEPH M. FURJANIC, DISCIPLINARY COUNSEL





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### Board of Healing Arts

TO:

Senate Committee on Public Health & Welfare

FROM:

Richard G. Gannon, Executive Director

DATE:

February 22, 1989

RE:

TESTIMONY ON SENATE BILL NO. 183

Thank you again for the opportunity to appear in front of you and present testimony in support of a bill which was authorized by the State Board of Healing Arts and introduced through your committee. The primary purpose of SB 183 is to provide greater authority to the Board to insure that the responsible physicians for physicians' assistants provide adequate supervision and direction.

As assistance to you, I am providing a copy of the statutes and rules and regulations which pertain strictly to physicians' assistants in the State of Kansas.

As many of you may know, physicians' assistants were first registered in the State of Kansas commencing in 1972. amendments and additions to the Physician Assistant Laws were made in 1975 and in 1978. I had the pleasure to serve in the Senate during the time the physician assistants emerged in the State of Kansas and I feel I have a very good idea of the legislative intent behind this profession. Primarily, I believe that the legislature registered physicians' assistants in order to provide health care to citizens in the State of Kansas who could not otherwise obtain it from physicians and to assist physicians who were already overworked to provide this additional health care.

Since becoming Executive Director of the Board on July 11, 1988, I have had an opportunity to review the Board's activities relative to physicians' assistants as well as to see first hand some of the problems and concerns that have arisen regarding physicians' It appears that much of the present problems associated with physicians' assistants arose following the issuance by the Attorney General of an opinion in 1986 which said that physicians' assistants could prescribe prescription drugs under the supervision of a physician. That Attorney General's Opinion led

MEMBERS OF BOARD

REXIA WRIGHT DIC PRESIDENT F. CALVIN BIGLER, M.D., VICE PRESIDENT FRANKLIN G BICHLMEIER M.D. SHAWMEL MODION HAROLD E BRYAN D.C. FORESCOTT JIMMY W. BULLER, D.O. PARSONS EDWARD J EFEZGERALO M.D. WICHITA PAUL I GREENE JR D.C. GREAT BEND. JOHN B. HIEBERT, M.D. LAWRENCE. GLENN'T KERBS DOOM City

CAMERON D. KNACŘSTĚDÍ D.O. Phila probloko GRACIELA MARION, EUDORA

TOM REHORN, SHAWNEL MUSION IRWIN WAXMAN, D.P.M., PRAIRIE VICEAGE KENNETH D WEDEL M.D. MIRRIELAFOLIS 2-22-89 JOHN P. WHITE, D.O., PITTSBURG.

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the 1987 Legislature to amend K.S.A. 65-2896e to state that a PA could not prescribe drugs but could transmit a prescription order to a written protocol authorized by the responsible physician. The Board, pursuant to that statute, was to adopt rules and regulations governing the transmission of prescription orders for drugs by PAs. In the Fall of 1986, the Board appointed a special committee to deal with these areas. That committee met on numerous occasions and included representatives from Kansas Medical Society, Kansas Association of Osteopathic Medicine, State Board of Pharmacy, Kansas Pharmacy Association, various physician's assistants and members of the Board. After a great deal of work, rules and regulations were then adopted which became effective May 15, 1988. Pursuant to the rules and regulations, a written protocol was to be provided. I have with me today a file containing all of the protocols which the Board has received since May 15, 1988. I have selected a sample protocol to provide to each of you. protocol is almost identical to that of approximately 90% of the protocols which the Board has received. At its meeting in June 1988, the Board reviewed these protocols and felt that they were less than acceptable and did not meet the intent of either the legislature or the Board's rules and regulations. The Board's special committee on physicians' assistants again met in August and October 1988. It was during these meetings that it became obvious that physicians' assistants were not willing to provide a great deal of cooperation in fulfilling what the Board felt to be the legislative mandate of tighter restrictions and insuring proper and adequate supervision.

The medical associations and the Board have uniformly agreed that, whenever possible, physicians' assistants should be supervised in the presence of a physician. In light of the demographic population of our state, it has also been understood that the optimal standard of care cannot always be achieved. However, it is also felt that the activities of a physician assistant should be the responsibility of a physician licensed to practice medicine and surgery and ultimate control of the PA should be through the responsible physician.

When I came with the Board on July 11, I was unaware of problems associated with physicians' assistants. However, in the last several months, cases have arisen that have caused me and the Board great concern. In this regard, I want to provide each of you a list of the physicians' assistants that are registered. I think it is important for you each to note the address of the PAs.

In the last few months I have seen cases in which a physician's assistant has established his own professional corporation and has, in essence, hired a responsible physician in order to comply with

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the statute. I have seen other cases where physicians' assistants have been left alone to run the doctor's office while the physician has been out of state and out of communication with the physician's assistants leaving no designated or backup physician to provide consultation and guidance to the PAs. The Board's intent in the introduction of SB 183 is to bring these issues before the legislature so that the citizens of the State of Kansas can be assured of quality medical care provided by either a duly licensed physician or someone acting under the physician's direction and control. With that background, I will briefly review SB 183 with you.

Section 1 of the bill deals with the renewal process and fees and makes the registration renewal process for PAs similar to that for physical therapists as proposed in fee categories HB 2161.

Section 2 of the bill will require the proposed responsible physician for a PA to submit a request to the Board at the time the physician assistant applies for registration. The content of the request would be in accordance with rules and regulations to be adopted by the Board. Naturally, the rules and regulations have not yet been developed, but it is anticipated they would require the physician to provide a detailed list of all tasks the responsible physician intends to delegate to the PA and also a detailed list of all those prescription drugs for which the PA may transmit a prescription order.

Section 3 of the bill would give the Board the authority to deny requests submitted by the proposed responsible physician if, in the Board's opinion, the tasks delegated and the drugs for which the PA may transmit prescription orders were not appropriate in light of the PA's training and education.

I realize that the physicians' assistants and the responsible physicians who presently have PAs may have a great deal of objection to this proposed bill. However, it is only intended to provide the Board with greater ability to insure that the duties and obligations responsible physician undertakes the expected of him in the supervision of PAs. However, the PAs and their responsible physicians who are providing quality medical care pursuant to legislative intent should have nothing to fear should A meeting has been scheduled with the this bill be inacted. physicians' assistants and their lobbyists for this Friday. Perhaps, following that meeting, there may be some agreement reached by which the Board can be satisfied that the responsible physicians will undertake their duties and responsibilities of supervision and insure that the public is protected from

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physicians' assistants practicing medicine without adequate direction and guidance by a physician.

Thank you very much for the opportunity to appear before you today and I am happy to answer any questions you might have.

RGG:LTB:sl

PROFESSIONAL PROTOCOL FOR DOCTOR AND PHYSICIAN'S ASSISTANT

		MD,	MD	and			, RPA-C
Kansas	State	Lic.	M D		KS St	ate Reg	//

- RPA-C, is authorized to provide professional services within the scope of that which constitutes with the practice of Allergy & Immunology without a direct order from , M.D.
- 2. RPA-C, is prohibited from performing the following professional services:
  - a. Surgery requiring general anesthesia
- RPA-C, is prohibited from supplying, administering, or transmitting prescription order for the following drugs:
  - a. Schedule I
- RPA-C, is authorized to perform acts which constitute the practice of medicine and surgery in the absence of the immediate or physical presence of the designated physician at the following practice location:
  - a. Wichita, KS
  - b. At various sites remote from locations
- 5. In the temporary absence of following physicians may be designated to serve as supervising physician to RPA-C:
  - a. M.D.

Date Callin

Signed,

France K Cideran RPAC

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15-233	ΑŘ	CONSTANCE	ρ.	ACKER	P.O. BOX 8549	WICHITA	KS 67208
15-149	ÁŔ	LEONA	К.	AURIAN	7504 WESTPORT	WICHITA	KS 67212
15-186	ÁŘ	ELVIS	E.	ALCOX	4024 VIRGINIA	KANSAS CITY	MO 64110
15-48	AR	RICHARD	Ū,	ALDIS	403 W. HAIN	HARPER	KS 67058
15-276	HR.	CARL	К.	ALLEN	80X 232	ARGONIA	KS 67004
15-231	ĤŔ	STEPHEN	<b>3</b> .	ASBURY	P.O. BOX 308	NORWICH	KS 67118
15-128	ÁΚ	ANAROA	0.	SABBILI	428 E. JEWELL	SALINA	KS 67401
15- 133	ńƙ	MARY	A.	BAUERSFIELD	1101 N. OLD MANOR	WICHITA	KS 67208
15-239	ÀR	JACK	S.,	BELL	BOX 1512	COFFEYVILLE	KS 67337
15-171	ŔŔ	BARBARA	Ŕ.	BELLAR	P.O. BOX 782047	WICHITA	KS 67278
15-216	ĤR	KAREN	E.	BESWICK	4964 E. LINCOLN ≸315	WICHITA	KS 67218
15-28	ak	STEVEN	D.	GLAND	120 W. JOSEPHINE	AUGUSTA	KS 67010
15-229	[ R	JAMES	$\bar{0}$ .	BLESSING	1225 N. <b>VACO</b>	WICHITA	KS 67203
15-40	ΑR	MAMCY	À,	RLINDAUER	209 S. PINE	NEWTON	KS 67114
15-275	Aά	RITA	С.	805WELL	ROUTE 2 BOX 82195	BATES CITY	MO 64011
15-240	ÁŘ	LINDA	L.	BOYCE	1230 S. HYDRAULIC	WICHITA	KS 67211
15-95	AR.	DEBORAH	J,	BRANDT	13106 W. 88TH CT. ≇27	LENEXA	KS 66215
15-266	AR	PATRICIA	Α.	BUNTON	8013 LEVITT	WICHITA	KS 67207
15-158	AR	ALBERT	Α,	CANNATA	1231 E. SELMA	VICHITA	KS 67216
15-267	ÁR	KEITH	₩.	CLEMENTS	BOX 143	GOESSEL	KS 67053
15-188	AR	NANCY	M.	CONLEY	328 GOODARD RD.	GODOARO	KS 67052
15-250	ΑŔ	MARY	A.	COOPER	403 W. 19TH	HUTCHINSON	KS 67502
15-203	IR	NANCY	L.	DAVIS	7322 CEDARIOGE CIRCLE	WICHITA	KS 67226
15-252	ΑŘ	DEBRA	D,	DAVIS	1052 PERRY	WICHITA	KS 67203
15-156	AR	MARC	Τ.	DICKER	15001 E. PAWNEE	WICHITA	KS 67232
15-167	AR	DALE	н.	DIENER	1222 W. NOBLE	LYONS	KS 67554
15-256	AR	BRADLEY	R.	DIRKS	107 SUELYNN DR.	SEDGWICK	KS 67135
15-44	AR	FLOYD	D.	DOWELL	3230 CLOVER LN.	ROSE HILL	KS 67133-
15-235	AR	SISTER MARY	J.	DOWNEY	100 OLIVE	LEAVENWORTH	KS 66048
15-207	AR	MICHAEL	R.	EASTER	1035 N. EMPORIA ≹210	WICHITA	KS 67214
15-52	AR	DENNIS	R.	ELLIOTY	KSU LAFENE STUDENT HEALTH CTR	МАТТАНИАМ	KS 66506
15-184	TŘ	SUE	М.	ENNS	P.O. BOX 250	KECHI	KS 67067
15-265	AR	JOEL	Τ,	ERSKIN	3900 N. WOOOLAWN #24 C.C.	WICHITA	KS 67220
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15-243	AR	SCOTT	Ρ,	FORD	1426 S.W. MACVICAR	TOPEKA	KS 66604
15-263	ńR	JOE	0.	FOUST	P.O. BOX 307 301 E. 9TH	AL TAMONT	KS 67330
15-47	áR	WILLTAM	Τ,	FRIDDELL	303 N. SPRUCE	SEDAN	KS 67361
15~.02	AR	CHRISTLIEB	E,	GARDINER	1010 KANSAS	ELLSWORTH	KS 67439
15-237	IR	APRIL	К.	GRAY	3634 WYOMING <b>#</b> 2-C	KANSAS CITY	MO 64111
15-228	AR.	MAUREEN	8.	GREENWOOD	512 SPLITLOG AVE. \$17	KANSAS CITY	KS 66101
15-268	AR	JILL	Ă.	GUIZLO	811 SPRUCE	HALSTEAD	KS 67056
15-11	AR	RICHARO	F.	HAMAKER	239 N. BROADWAY	STERLING	KS 67579
15-221	AR	KAREN	Α.	HAMLIN	622 CADDY	WICHITA	KS 67212
15-38	AR	SANDRA	1.,	HAMPTON	1812 S.E. 24TH	TOPEKA	KS 66605
15-78	AR	NARK	E.	HARMS	1501 W. 7TH	CHANUTE	KS 66720
15-138	AR	WILLIAM	0.	HARRIS	112 E. 16 M	HAYS	KS 67601
15-264	744 744	STEVEN	J.	HATTAMER	1TR-8127 TROUP \$303	KANSAS CITY	KS 66112
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15-120	AR	VICKI	L,	LEE-ANDERSON	6155 E. HARRY	UTCHITA	KS 67218
15-69	ΑŘ	DAYTHA	Ē.	LINDOURG	325 W. LINCOLN	LINDSBORG	KS 67456
15-140	AR	PHYLLIS	J.	MACT-MILLS	ROUTE ≱1. MILLS RANCH	CEDAR VALE	KS 67024
15-162	1 Ř	RAYMOND	0.	MAGEE	5364 E. 26TH ST.	TULSA	OK 74114
15-164	AR	KIRK	0.	MARTIN	3301 AMANDA	HUTCHINSON	KS 67502
15-6	AR	JAMES	й.	HCDERMOTT	P.O. BOX 481	CEDAR VALE	KS 67024
15-125	AR	RONALO	Ε.	NCEVEN	1220 WALNUT	EMPORIA	KS 66801
15-223	AR	WILLARD	L.,	MCGUIRE	P.O. BOX 61	HARPER	KS 67058
15-205	AR	GARY	E.	HCINTOSH	1225 N. 2ND	TROY	KS 66087
15-148	AR	NANCY	J.	MCKENZIE	P.O. BOX 471	EUREKA	KS 67045
15-46		RANDY	A.	MCKOWN	P.O. BOX 1000	CROWLEY	CO 81034
	AR			MCMILLAN	437 12TH ST.	SPARKS	NV 89431
15-51	IR	STEVEN	L. M.	MOLSTAD	2421 ŴEBSTER	DODGE CITY	KS 67801
15-204	IR	JEROME JON	n. C.	MONK	1555 CLARKSON ST.	DENVER	CO 80203
15-244	AR	PHILIP	E.	MURRAY	601 S. HILLSIDE	WICHITA	KS 67211
15-123 15-215	AR	BOUNSAVATH	С.	NOLA	2908A W. 43TH TERR.	KANSAS CITY	KS 66103
	AR	SIROUS		NOURBAKHSH	3809 STOCKADE CT.	LAWRENCE	KS 66044
15-217	AR		λ	OASE	2211 FAIRWAY	DODGE CITY	KS 67801
15-94	AR	ROGER	A,		13505 W. 47TH TERR.	SHAWNEE	KS 66216
15-93	AR	JAMES	L.	OEKLERT OLEMBERGER			KS 67119
15-196	AR	FRED	L.	OLENBERGER	100 N. SUMNER	OXFORD	KS 67230
15-96	AR AE	MARY	C.	PATTON	863 STAGECOACH	WICHITA	
15-222	AR	WILFRED	J.	PELTIER	204 GAIL	SALINA	KS 67401
15-212	AR	MARK	L.,	PEMBERTON	505 S. PLUNMER	CHANUTE	KS 66720
15-257	AR	PAUL.	D .	PETERSON	3536 W. 2ND \$304	WICHITA	KS 67203
15-226	AR	ROGER	D .	POTTERTON	1125 FREDRICKSON	OLATHE	KS 66061
15-248	AR	EDUIN	L.	PRICE	1604 RIDGE RD.	OERBY	KS 67037
15-253	ÁR	MICHAEL	0.	RAMSEY	3243 E. MURDOCK \$200	WICHITA	KS 67208
15-241	AR	LISA	К.	REGIER	1316 1/2 N MARKET	WICHITA	KS 67214
15-259	AR	ROBERT	J.	REILLY	714 N. 4TH ST.	BURLINGTON	KS 66839
15-247	AR	ANNETTE	C.	REYES	550 W. CENTRAL <b>≸</b> 1616	WICHITA	KS 67203
15-165	AR	DONALO	M.	RICHARD	110 S. PINE BOX 93	MOLINE	KS 67353
15-169	AR	ELTON	0.	ROBERDES	6533 LOWELL DR.	MERRIAM	KS 66202
15-172	ńR	WARREN	S.	RYAN	6016 E. MORRIS	VICHITA	KS 67218
15-225	AR	INOT	C	SADLER	1830 N.W. PARKWAY	WICHITA	KS 67212
15-103	AR	DONALD	U.	SATTERFIELD	6728 O'NEIL	WICHITA	KS 67212
15-224	ΑR	THOMAS	R.	SCHOLLER	818 N. EMPORIA <b>1</b> 407	WICHITA	KS 67214
15-26	ΑR	SISTER MARY	R.	SCHRICK	724 "R" ST.	ATCHISON	KS 66002
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15-i98	AR	CAROL	A.	WALSH-COIRIER	R.R. I BOX 130	MARION	KS	66861
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Total Physician Assistants 133
Inactive 16
TOTAL 117

## KANSAS STATUTES RELATING TO THE PRACTICE OF PHYSICIANS' ASSISTANTS



WITH REVISED RULES AND REGULATIONS
OF THE KANSAS STATE BOARD OF HEALING ARTS

1988

#### BOARD OF HEALING ARIS 900 S.W. JACKSON, SUITE 553 TOPEKA, KANSAS 66612-1256 (913) 296-7413

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#### Kansas Statutes 65-2896 to 65-2897a

#### Article 60 - Physicians' Assistants

100-60-1 - Fees

100-60-2 - Application

100-60-3 - Temporary registration 100-60-4 - Education and training

100-60-5 - Examination

100-60-6 - Continuing education

100-60-7 - Revoked

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100-60-10 - Supervision and direction; adequacy

100-60-11 - Responsibilities of physicians' assistants

100-60-12 - Designated physician 100-60-13 - Prescription only drugs

100-60-14 - Different practice locations

#### PHYSICIANS' ASSISTANTS

65-2896. Physicians' assistants; register of names; registration and renewal; fees; moneys credited to healing arts fee fund; rules and regulations. The state board of healing arts shall maintain a register of the names of physicians' assistants registered in accordance with the provisions of K.S.A. 65-2896a and amendments thereto. A fee of not more than \$75 shall be charged for the initial registration. All registrations, except temporary registration, shall be renewed annually and the renewal fee shall not exceed \$10. The state board of healing arts shall remit all moneys received by or for the board under the provisions of this act to the state treasurer and such money shall be deposited in the state treasury, credited to the state general fund and the healing arts fee fund and expended all in accordance with K.S.A. 65-2855 and amendments thereto. The state board of healing arts may adopt rules and regulations necessary to carry out the provisions of this act and the act of which this section is amendatory.

History: L. 1972, ch. 294, § 1; L. 1973, ch. 315, § 1; L. 1975, ch. 327, § 1; L. 1978, ch. 254, § 2; L. 1987, ch. 240, § 12; Jan. 1, 1988.

**65-2896a.** Same; entry of name on register; qualifications; responsible physician, duties; notice of employment or termination of physician's assistant; continuing education; exceptions. (a) No person's name shall be entered on the register of physicians' assistants by the state board of healing arts unless such person has:

(1) Presented to the state board of healing arts proof of graduation from an accredited high school or the equivalent thereof;

and

- (2) presented to the state board of healing arts proof that the applicant has successfully completed a course of education and training approved by the state board of healing arts for the education and training of physicians' assistants, which course of education and training shall be substantially in conformity with educational and training programs for physicians' assistants approved by the state board of regents, or presented to the state board of healing arts proof that the applicant has acquired experience while serving in the armed forces of the United States which experience meets minimum requirements established by the state board of healing arts;
- (3) passed an examination approved by the state board of healing arts covering subjects incident to the education and training of physicians' assistants; and

(4) presented to the state board of healing arts the name and address of the applicant's responsible physician.

(b) A hysician's assistant shall ial registration and any al time of thereof present to the state board of a ing arts the name and address of such person's responsible physician. Whenever a physician's assistant shall cease to be employed by the responsible physician, such responsible physician shall notify the state board of healing arts of such termination. Whenever a physician's assistant shall be employed by a responsible physician prior to the renewal of the physician's assistant's annual registration, such responsible physician shall notify the state board of healing arts of such employment. All such notifications shall be given to the state board of healing arts as soon as practicable but not to exceed a period of 10 days after employ-

ment or termination.

(c) The state board of healing arts shall require every physician's assistant to submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the state board of healing arts. The state board of healing arts by duly adopted rules and regulations shall establish the requirements for such program of continuing education as soon as possible after the effective date of this act. In establishing such requirements the state board of healing arts shall consider any existing programs of continuing education currently being offered to physicians assistants.

(d) A person whose name has been entered on the register of physicians' assistants prior to the effective date of this act shall not be subject to the provisions of subsection (a), unless such person's name has been removed from the register of physicians' assistants pursuant to the provisions of K.S.A. 65-2896b and amendments thereto.

History: L. 1975, ch. 327, § 2; L. 1978, ch. 254, § 4; L. 1987, ch. 239, § 6; April 30.

65-2896h. Same; removal of name from register or refusal to place name on register, when. (a) The board of healing arts may remove a person's name from the register of physicians' assistants for any of the following reasons:

(1) The person whose name is entered on the register of physicians' assistants requests or consents to the removal thereof; or

- (2) the board of healing arts determines that the person whose name is entered on the register of physicians' assistants has not been employed as a physician's assistant or as a teacher or instructor of persons being educated and trained to become physicians' assistants in a course of education and training approved by the state board of healing arts under K.S.A. 65-2896a at some time during the five years immediately preceding the date of such determination.
- (b) The board of healing arts may remove a person's name from the register of

may refuse to place physicians' assistants a person's name on the register of physicians' assistants, if the board determines, after notice and opportunity for hearing in accordance with the provisions of the Kansas administrative procedure act, that a physician's assistant has exceeded or has acted outside the scope of authority given the physician's assistant by the responsible physician or by this act.

History: L. 1975, ch. 327, § 3; L. 1978, ch. 254, § 5; L. 1984, ch. 313, § 122; July 1,

1985.

Law Review and Bar Journal References:

"Physician's Assistant and Nurse Practitioner Laws: A Study of Health Law Reform," Philip C. Kissam, 24 K.L.R. 12 (1975).

65-2896c. Same; use of title prohibited unless name entered on register; penalty. (a) No person shall use the title registered physician's assistant or words of like effect or the abbreviation "R.P.A." nor shall any person represent himself or herself to be a registered physician's assistant unless such person's name is entered on the register of the names of physicians' assistants in accordance with the provisions of this act.

(b) Any person violating the provisions of this section shall be guilty of a class C misdemeanor.

History: L. 1975, ch. 327, § 4; L. 1978, ch. 254, § 6; July 1.

Law Review and Bar Journal References:

"Physician's Assistant and Nurse Practitioner Laws: A Study of Health Law Reform," Philip C. Kissam, 24 K.L.R. 12, 22, 27, 32, 40, 41 (1975).

65-2896d. Physicians' assistants; temporary registration. The state board of healing arts shall provide for the temporary registration of any physician's assistant who has made proper application for registration, has the required qualifications for registration, except for examination, and has paid the prescribed registration fee. Such temporary registration shall authorize the person so registered to provide patient services within the limits of the temporary registration until the date the results of the examination become available. Not more than one such temporary registration shall be permitted to any one person without the majority approval of the members of the board.

History: L. 1978, ch. 254, § 3; L. 1987, ch. 240, § 13; Jan. 1, 1988.

65-2896e. Same; performance under direction and supervision of physician; rules and regulations relating thereto; prescribing drugs prohibited; identification to patients and others; acts or procedures performed in practice of optometry; rules and

ns governing transmit regul script... orders. (a) A person wh has been entered on the register of physicians' assistants may perform, only under the direction and supervision of a physician. acts which constitute the practice of medicine and surgery to the extent and in the manner authorized by the physician responsible for the physician's assistant and only to the extent such acts are consistent with rules and regulations adopted by the board which relate to acts performed by a physician's assistant under the responsible physician's direction and supervision. A physician's assistant may not prescribe drugs but may transmit a prescription order for drugs pursuant to a written protocol as authorized by the responsible physician. Before a physician's assistant shall perform under the direction and supervision of a physician, such physician's assistant shall be identified to the patient and others involved in providing the patient services as a physician's assistant to the responsible physician. A physician's assistant may not perform any act or procedure performed in the practice of optometry except as provided in K.S.A. 65-1508 and 65-2887 and amendments thereto.

(b) The board shall adopt rules and regulations governing the transmitting of prescription orders for drugs by physicians' assistants and the responsibilities of the responsible physician with respect thereto. Such rules and regulations shall establish such conditions and limitations as the board determines to be necessary to protect the public health and safety. In developing rules and regulations relating to the transmitting of prescription orders for drugs by physicians' assistants, the board shall take into consideration the amount of training and capabilities of physicians' assistants, the different practice settings in which physicians' assistants and responsible physicians practice, the degree of direction and supervision to be provided by a responsible physician and the needs of the geographic area of the state in which the physician's assistant and the responsible physician practice. In all cases in which a physician's assistant is authorized to transmit prescription orders for drugs by a responsible physician, a written protocol between the responsible physician and the physician's assistant containing the essential terms of such authorization shall be in effect. In no case shall the scope of the authority of the physician's assistant to transmit prescription orders for drugs exceed the normal and customary practice of the responsible physician in the prescribing of drugs.

History: L. 1978, ch. 254, § 7; L. 1987, 'ch. 239, § 7; April 23.

Attorney General's Opinions:

Physicians' assistants; advanced registered mirse practitioners; persons authorized to issue prescription orders, 86-125.

**65-28961.** Same; direction and supervision when responsible physician temporarily absent. If a responsible physician temporarily leaves his or her customary area of practice, the responsible physician shall, by prior arrangement, designate a physician who shall provide direction and supervision to the physician's assistant of such responsible physician.

History: L. 1978, ch. 254, § 8; July 1.

65-2896g. Same; limitation on number of physicians' assistants. No responsible physician shall have under his or her direction and supervision more than two (2) physicians' assistants.

History: L. 1978, ch. 254, § 9; July 1.

65-2896h. Same; employment by medical care facility; rules of medical care facility relating to conduct and qualifications. (a) Nothing in this act shall prohibit a medical care facility from employing physicians' assistants, provided such physicians' assistants shall be under the direction and supervision of a responsible physician. The limitation on the number of physicians' assistants in K.S.A. 65-2896g shall not apply to services performed in a medical care facility.

(b) Nothing in this act shall be construed to limit the authority of the governing body of a medical care facility to establish rules governing the conduct and qualifications of physicians' assistants performing acts within the medical care facil-

ity.

History: L. 1978, ch. 254, § 10; July 1.

65.2897.

History: L. 1973, ch. 315, § 2; Repealed, L. 1978, ch. 254, § 11; July 1.

65-2897a. Same; definitions. The following words and phrases when used in this act shall have the meanings respectively

ascribed to them in this section:

(a) "Direction and supervision" means the guidance, direction and coordination of activities of a physician's assistant by such person's responsible physician, whether written or verbal, whether immediate or by prior arrangement, in accordance with standards established by the board by rules and regulations, which standards shall be designed to ensure adequate direction and supervision by the responsible physician of the physician's assistant. The term "direction and supervision" shall not be construed to mean that the immediate or physical presence of the responsible physician is required during the performance of the physician's assistant.

(b) "I ician" means any per censed by the state board of healing a copractice medicine and surgery.

(c) "Physician's assistant" means a skilled person who is registered in accordance with the provisions of K.S.A. 65-2896a and amendments thereto and who is qualified by academic training to provide patient services under the direction and supervision of a physician who is responsible for the performance of that assistant.

(d) "Responsible physician" means a physician who has accepted continuous and ultimate responsibility for the actions of the physician's assistant while performing under the direction and supervision of the

responsible physician.

History: L. 1978, ch. 254, § 1; L. 1987, ch. 239, § 8; April 23.

Revisor's Note:

This act, see, also, 65-2896, 65-2896a to 65-2896h, 65-2897.

#### Attorney General's Opinions:

Physicians' assistants, advanced registered noise practitioners; persons authorized to issue prescription orders, 86-125.

Doctors of chiropractic cannot use the term "chiropractic physician." 87-42.

#### BOARD OF HEALING ARTS

### PERMANENT ADMINISTRATIVE REGULATIONS

(Effective May 1, 1988)

#### Article 60.—PHYSICIANS' ASSISTANTS

100-60-1. Fees. The following fees shall be collected by the board:

 1. Initial registration
 \$50.00

 2. Renewal of registration
 \$10.00

(Authorized by K.S.A. 1978 Supp. 65-2896; effective, E-79-35, Dec. 20, 1978; effective May 1, 1979.)

100-60-2. Application. All applications for registration as a physician's assistant shall be on a form provided by the board. (Authorized by K.S.A. 1978 Supp. 65-2896; effective, E-79-35, Dec. 20, 1978; effective May 1, 1979.)

100-60-3. Temporary registration. Temporary registrations will expire on the date the results of the examination becomes available to the state board of healing arts.

For the purposes of this section, the date the results of the examination becomes available will be the first regular or special board meeting following receipt by the board of the applicants examination grades.

A second temporary registration shall only be permitted after majority approval of the members of the board, and only for good cause shown. (Authorized by K.S.A. 1978 Supp. 65-2896; effective, E-79-35, Dec. 20, 1978; effective May 1, 1979.)

100-60-4. Education and training. No registration will be issued until the applicant has completed a course of education and training equal to the complete course of Wichita state university, school of physician's assistants.

In lieu of the above formal training the applicant may submit proof that he or she has acquired experience while serving in the armed forces of the United States in the following health care functions: (a) Screen patients to determine need for medical attention.

- (b) Review patient records to determine health status.
  - (c) Take a patient history.
  - (d) Perform a physical examination.
- (e) Perform developmental screening examination on children.
  - (f) Record pertinent patient data.
- (g) Make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem or the follow-up evaluation of a previously diagnosed and stabilized condition.

(h) Prepare patient summaries.

(i) Initiate requests for commonly performed initial laboratory studies.

(j) Collect specimens for and carry out commonly performed blood, urine, and stool analyses, and cultures.

(k) Identify normal and abnormal findings on history, physical examination, and commonly performed laboratory studies.

(l) Initiate appropriate evaluation and emergency management for emergency situations (e.g., cardiac arrest, respiratory distress, injuries, burns, hemorrhage.)

(m) Perform clinical procedures such as:

(1) Venipuncture.

(2) Intradermal tests.(3) Electrocardiogram.

(4) Care and suturing of minor lacerations.

(5) Casting and splinting.

(6) Control of external hemorrhage.

(7) Application of dressings and band-

(8) Administration of medications, intravenous fluids, and transfusion of blood or blood components.

(9) Removal of superficial foreign bodies.

(10) Cardio-pulmonary resuscitation.

(11) Audiometry screening.(12) Visual screening.

(13) Garry out aseptic and isolation techniques.

- (n) Provide counseling and instruction regarding common patients' problems. (Authorized by K.S.A. 1978 Supp. 65-2896, 65-2896a(a)(2); effective, E-79-35, Dec. 20, 1978; effective May 1, 1979.)
- **100-60-5.** Examination. No registration will be issued until the applicant has passed the national certification examination for physicians' assistants as prepared by the national board of medical examiners. (Authorized by K.S.A. 1978 Supp. 65-2896, 65-2896a(a)(3); effective, E-79-35, Dec. 20, 1978; effective May 1, 1979.)
- applicant for renewal of registration will submit proof that he or she has completed fifty (50) contact hours per year or one hundred (100) contact hours in two (2) years, in courses approved by the state board of healing arts. The board of healing arts approves courses accepted by the American academy of physicians' assistants. (Authorized by K.S.A. 1978 Supp. 65-2896a(c); effective, E-79-35, Dec. 20, 1978; effective May 1, 1979.)

-80-7. (Authorized by K.S.A. 65-2896, 65-2896b(b); effective, E-79-35, Dec. 20, 1978; effective May 1, 1979; revoked May 1, 1988.)

100-60-8. Scope of practice. A physician's assistat may perform acts which constitute the practice of medicine and surgery in the following instances:

(a) When directly ordered, authorized and coordinated by the responsible or designated physician

through immediate or physical presence;

(b) when directly ordered, authorized and coordinated by the responsible or designated physician through radio, telephone or other form of telecommunication; .

(c) when authorized by a written protocol between the responsible physician and the physician's assist-

ant; or

- (d) in the case of an emergency situation. (Authorized by K.S.A. 65-2896, as amended by L. 1987, Ch. 240, Sec 12; implementing K.S.A. 65-2896e, as amended by L. 1987, Ch. 239, Sec. 7; effective May 1, 1988.)
- 100-60-9. Written protocol. (a) Any written protocol between the responsible physician and the physician's assistant shall, as a minimum:

(1) Be in writing, dated and signed by the respon-

sible physician and the physician's assistant;

- (2) state the license number of the responsible physician and the board issued registration number of the physician's assistant;
- (3) generally designate the clinical areas in which physician's assistant may provide professional rvices without a direct authorization or order from the responsible or designated physician;

(4) specify the professional services the physician's

assistant is prohibited from performing;

(5) specify the drugs for which the physician's assistant is prohibited from supplying, administering or transmitting prescription orders;

(6) specify those practice locations at which the physician's assistant is authorized to perform acts which constitute the practice of medicine and surgery in the absence of the immediate or physical presence of the responsible or designated physician; and

(7) specify any designated physician who shall routinely provide direction and supervision to the physician's assistant in the temporary absence of the re-

sponsible physician.

- (b) A current copy of the written protocol shall be provided to the board and maintained at the usual practice locations of the responsible physician. (Authorized by K.S.A. 65-2896, as amended by L. 1987, Ch. 240, Sec. 12; implementing K.S.A. 65-2896e and 65-2897a, as amended by L. 1987, Ch. 239, Sec. 7 and 8; effective May 1, 1988.)
- 100-69-10. Supervision and direction; adequacy. Each licensee who serves as the responsible or designated physician for a physician's assistant shall adeately direct and supervise the physician's assistant. rection and supervision of the physician's assistant shall be considered to be adequate if the responsible physician:

ethod for the initial and (a) Establishes a nuing periodic evaluation of the professional competency of the physician's assistant. Periodic evaluations shall be performed at least annually and the responsible physician shall document and retain such evaluations and make them available to the board upon request;

(b) at least annually, reviews any written protocol and determines if any amendments, modifications. restrictions or terminations are required. Any such changes shall be conveyed to the physician's assistant and set forth in all copies of the protocol required to be maintained and provided pursuant to K.A.R. 100-60-

9(b);

(c) actively engages in the practice of medicine and surgery in this state at least an average of 20 hours per week;

(d) insures that the physician's assistant has a cur-

rent registration issued by the board;

(e) reports to the board any knowledge of disciplinary hearings, formal hearings, public or private censure or other disciplinary action taken against the physician's assistant by any state's licensure or registration authority or any professional association;

(f) reports to the board any litigation, threatened litigation or claim alleging professional incompetency or professional negligence on the part of the physi-

cian's assistant;

(h) at least weekly, reviews the patient records of patients treated by the physician's assistant and documents such review in the patient record;

(i) reviews patient charts and documents such review in the patient record within 48 hours of treatment

provided by the physician's assistant when:

(1) The patient has been treated or seen by the physician's assistant in a medical facility as that term is defined in K.S.A. 65-425 and amendments thereto;

(2) the treatment provided in an emergency situation exceeded the authority granted to the physician's assistant pursuant to direct order or a written protocol.

- (j) provides for a designated physician to provide supervision and direction on each occasion when the responsible physician is absent temporarily, is unable to be immediately contacted by telecommunication or is otherwise unavailable at a time the physician's assistant could reasonably be expected to provide professional services; and
- (k) delegates to the physician's assistant only those acts which constitute the practice of medicine and surgery which the responsible physician believes or has reason to believe can be competently performed by the physician's assistant based upon the physician's assistant's background, training, capabilities, skill and experience. (Authorized by K.S.A. 65-2896, as amended by L. 1987, Ch. 240, Sec. 12; implementing K.S.A. 65-2896e and 65-2897a, as amended by L. 1987, Ch. 239, Sec. 7 and 8; effective May 1, 1988.)

109-89-11. Responsibilities of hysician's assist-

(a) A physician's assistant all appropriately—municate with the responsible or designated physician concerning a patient's condition if the physician's assistant determines that a patient's condition requires treatment of any nature which has not been authorized for the physician's assistant to perform. (Authorized by K.S.A. 65-2896, as amended by L. 1987, Ch. 240, Sec. 12; implementing K.S.A. 65-2896e and 65-2897a, as amended by L. 1987, Ch. 239, Sec. 7 and 8; effective May 1, 1988.)

100-60-12. Designated physician. (a) A "designated physician" is that person licensed to practice medicine and surgery who, by prior arrangement, provides direction and supervision to a physician's assistant in the temporary absence or unavailability of the responsible physician.

(b) When a designated physician undertakes the direction and supervision of a physician's assistant, that person shall have the same duties and responsi-

bilities as the responsible physician.

(c) The designated physician shall document the usual occasions when the direction and supervision of a physician's assistant is assumed from a responsible physician. (Authorized by K.S.A. 65-2896, as amended by L. 1987, Ch. 240, Sec. 12; implementing K.S.A. 65-2896f; effective May 1, 1988.)

100-60-13. Prescription only drugs. (a) No physician's assistant shall transmit a prescription order for a prescription-only drug or administer or supply such drug except as authorized by this regulation.

(b) A physician's assistant may directly administer a

prescription-only drug as follows:

(1) When directly ordered or authorized by the re-

sponsible or designated physician;

(2) when authorized by a written protocol between the responsible physician and the physician's assistant; or

(3) in the case of an emergency situation.

(c) A physician's assistant may, by oral or telephonic communication only, transmit a prescription order for a schedule II controlled substance in the case of an emergency situation, as such is defined in K.A.R. 68-20-19(e). Within 72 hours after the transmission of the prescription order, the responsible or designated physician shall cause a written prescription, completed in accordance with appropriate federal and state laws, to be delivered to the dispenser of the drug.

(d) A physician's assistant may, by oral or telephonic communication only, transmit a prescription order for a controlled substance listed in schedule III, IV or V in the same manner as the physician's assistant may perform acts which constitute the practice of medicine and surgery as specified in K.A.R. 100-60-8.

(e) A physician's assistant, either orally, telephonically or in writing, may transmit a prescription order for a prescription-only drug not listed in any schedule as a controlled substance in the same manner as the physician's assistant may perform acts which constitute the practice of medicine and surgery as specified in K.A.R. 100-60-8.

(f) If the transmission of a prescription der is written it shall:

(1) Contain the name, address and to hone

number of the responsible physician;

(2) be signed by the physician's assistant with the letters "R.P.A." following the signature;

(3) contain the registration number issued to the

physician's assistant by the board; and

(4) indicate whether the prescription order is being transmitted by direct order of the responsible or designated physician, pursuant to a written protocol, or because of an emergency situation.

(g) A physician's assistant may supply a prescrip-

tion-only drug to a patient only as follows:

(1) Under the same conditions as a physician's assistant may directly administer a prescription-only drug as described in subsection (b) above;

(2) the drug has been provided to the physician's assistant or the physician's assistant's responsible

physician or employer at no cost;

- (3) the drug is commercially labeled and is supplied to the patient in the original prepackaged unit dose container; and
  - (4) the drug is supplied to the patient at no cost.
- (h) A physician's assistant shall not administer, supply or transmit a prescription order for a prescription-only drug for any quantity or strength in excess of the normal customary and prevalent practice of the responsible physician. (Authorized by K.S.A. 65-2896, as amended by L. 1987, Ch. 240, Sec. 12; implementing K.S.A. 65-2896e and 65-2897a, as amended by L. 1987, Ch. 239, Sec. 7 and 8; effective May 1, 1988.)
- 100-60-14. Different practice locations. (a) "Different practice location" means an office or location maintained or appointed by a responsible physician to regularly meet patients or to receive calls and at which the responsible physician does not primarily practice.

(b) A physician's assistant may perform acts which constitute the practice of medicine and surgery at a

different practice location only as follows:

(1) To establish a different practice location after May 1, 1988, the location shall be determined to be medically underserved or critically medically underserved pursuant to K.S.A. 1986 Supp. 76-375 and amendments thereto or the board has expressly approved the different practice location.

(2) the physician's assistant has a minimum of one year of experience as a physician's assistant in the

areas of family or primary care practice;

(3) the physician's assistant, prior to providing any services at the different practice location, has spent a minimum of 80 hours under the immediate or physical supervision and direction of the responsible physician;

(4) the responsible physician shall periodically see and treat patients at the different practice location;

- (5) the responsible physician or designated physician shall visit the different practice location at least weekly to review the patient records of patients treated by the physician's assistant, and such review is clearly documented in the patient's records; and
- (6) a notice that the different practice location is staffed primarily by a physician's assistant is conspicuously posted. (Authorized by K.S.A. 65-2896, as amended by L. 1987, Ch. 240, Sec. 12; implementing K.S.A. 65-2896e and 65-2897a, as amended by L. 1987, Ch. 239, Sec. 7 and 8; effective May 1, 1988.)

#### KANSAS ACADEMY OF PHYSICIAN ASSISTANTS

TO: Senate Committee on Public Health and Welfare

SUBJECT: Senate Bill No. 183

Mr. Chairman and Members of the Committee:

My name is Helen Stephens representing the Kansas Academy of Physician Assistants.

The profession of physician assistant was first recognized and defined by the Kansas Legislature in 1972. In 1978, the legislature instituted a system of registering physician assistants with the Board of Healing Arts. In essence, before a name can be added to the register, the applicant must meet the necessary educational requirements, pass an examination, and be under the sponsorship of a responsible physician.

Currently there are approximately 130 physician assistants registered in the State of Kansas. After removing instructors and inactive registrants, Kansas has 110 active physician assistants. Attached is a breakdown of these 110 by the areas of Kansas they serve. The present distribution has approximately 65% of the registered physician assistants outside of the major metropolitan areas. We all know that rural Kansas needs additional health care providers and KAPA would urge consideration of additional incentives to increase the number of PAs practicing in rural areas.

Currently, nationwide, there are eight positions to every one qualified physician assistant. We applaud the proposed tax credit to physicians who employ a PA, and would like PAs to be included in House Bill 2255 regarding scholarships to those who will practice in underserved areas. Another incentive would be to change the Medicare/Medicaid payment structure, which would give the senior citizens of Kansas greater access to physician assistants.

We commend the Board of Healing Arts on their work, especially as it regards the new rules and regulations which were effective this last May. We strongly support the Board's efforts to ensure Kansans that health care providers are adhering to all standards set, either by statute or rules and regulations.

We support the changes as noted on pages 1 and 2 of SB 183, but do have concerns regarding portions of the language found on pages 3 through 5, particularly lines 106 - 109 pertaining to "request". We would like to withhold our comments regarding these concerns until our meeting Friday with the Board of Healing Arts. Due to time constraints, the physician assistant's advisory board has not had the opportunity to meet with the Board to discuss the proposed new language, the new rules and regulations which will follow, or their long-term effect on the PA, the sponsoring physician, and the ability to attract new PAs to rural Kansas. We believe these concerns should be worked out with the Board prior to our comments to you.

We are looking forward to working with the Board of Healing Arts to clarify the proposed changes. We will forward our comments regarding SB 183 to you by letter and personal contact or, if scheduling allows, additional committee time for remarks next week.

Thank you for the opportunity to speak to you today.

SP4NW 2-22-89 Hlachment 2

#### BREAKDOWN OF 110 ACTIVE PHYSICIAN ASSISTANTS IN KANSAS

65% (72 PAs) practice fulltime or maintain clinics in the following counties:

Allen Barton Chautauqua Cloud Crawford Douglas Ellsworth Greeley Harper Kingman Leavenworth McPherson Ness Pottawatomie Riley Saline Stevens

Atchison Brown Cheyenne Coffey Dickinson E1k Ford Greenwood Harvey Labette Lyon Montgomery Osborne Reno Rooks Seward Wilson

Barber Butler Clark Cowley Doniphan Ellis Grant Hamilton Hodgeman Lane Marion Neosho Phillips Rice Russell Smith Woodson

(13 of the above physician assistants are registered through the Board of Healing Arts as practicing in an urban area.)

35% (38 PAs) are located in Johnson, Shawnee, Sedgwick and Wyandotte Counties; and although some are in private practice with their sponsoring physicians, some work through the Sedgwick County Sheriff's office, the veteran's hospitals, and other underserved areas of the urban community.