

SESSION OF 2026

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2702

As Amended by House Committee on Health
and Human Services

Brief*

HB 2702, as amended, would amend the Kansas Healing Arts Act regarding practice protocols to provide for collaboration between a physician assistant or associate (PA) and a physician and to amend the Physician Assistant Licensure Act (Act).

The bill would also authorize the use of a criminal history record check and the collection of fingerprints for an applicant for PA licensure by the State Board of Healing Arts (Board).

The bill would be in effect after January 1, 2027.

The bill would also make technical and conforming amendments.

[*Note:* The bill defines “physician assistant” and “physician associate” as the same type of health care provider. “PA” may refer to either title.]

Physician Assistant and Physician Associate Licensure Act (Section 5)

The bill amends the Act to add the term “physician associate” to the title of the Act.

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <https://klrd.gov/>

Definitions

The bill would amend multiple terms used in the Act as follows:

- “Collaboration” would mean consultation or referral to the appropriate member of the health care team, as indicated by the patient’s condition; the education, experience, and competencies of the PA; and the standard of care. Collaboration would not require the personal presence of a physician at the time or place the PA provides care;
- “Collaborating physician” would mean a physician who is engaged in a practice agreement in which the physician and PA collaborate to use their complementary training, skill, knowledge, and experience to provide patient care;
- “Licensee” would mean all persons issued a license or temporary license pursuant to the Act;
- “License” would mean any license or temporary license issued pursuant to the Act;
- “Healthcare services” would mean services provided by a PA licensed pursuant to the Act;
- “Practice agreement” would mean a written or electronic document that describes the manner in which a PA will provide health care services in accordance with the provisions of the Act;
- “Physician” would mean any person licensed by the Board to practice medicine and surgery;
- “Physician assistant” or “physician associate” would mean a person who is licensed to provide health care services in accordance with the Act;

- “Supervision” would mean overseeing the activities and health care services rendered by a PA. The constant physical presence of the physician is not required if the physician and PA can easily communicate through telecommunication; and
- “Supervising physician” would mean a physician who has accepted responsibility for the health care services rendered by and actions of the PA while performing under the direction and supervision of such supervising physician.

Practice Protocols (Section 3)

The bill would amend law regarding licensees who provide supervision or enter into practice protocols in the healing arts by adding “collaboration,” as defined in the bill, to the types of agreements individuals practicing the healing arts may establish in practice. The bill would also allow any agreement to be electronic in format.

The bill would identify that the Act would govern the supervision of and collaboration with PAs by physicians. The Board would also be permitted to adopt rules and regulations on the collaboration of services constituting the practice of medicine.

Licensure (Section 7)

The bill would amend the provisions regarding requirements for applicants who could be granted a PA license by the Board to include:

- Submitting an application on forms approved by the Board;
- Paying the appropriate fees as determined by the Board;

- Successfully completing an educational program for PAs accredited by the Accreditation Review Commission on Education for the PA or, prior to 2001, either by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs;
- Passing the Physician Assistant National Certifying Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA);
- Having no license as a PA that is currently under discipline, revocation, suspension, or probation for cause resulting from the applicant's practice as a PA, unless the Board considers such condition and agrees to licensure; and
- Submitting to the Board any other necessary information to evaluate the applicant's qualifications.

The bill would also permit the Board to grant a license to an applicant who:

- Does not meet the educational requirement but who, prior to 1986, passed the PANCE administered by the NCCPA; and
- Presents to the Board proof that the applicant has acquired experience while serving in the U.S. Armed Forces which is equivalent to the minimum experience requirements established by the Board.

Disciplinary Action by the Board (Section 8)

The bill would amend the provisions permitting the revocation, suspension, or limitation of a license or denial of an original application or reinstatement of a canceled license to include the following:

- When an applicant or licensee has a conviction, on or after July 1, 2000, in Kansas or another jurisdiction for a felony, class A misdemeanor, or substantially similar offense or special or general court-martial, whether or not such conviction is related to the practice of healing arts, unless a two-thirds majority of the Board present and voting determine by clear and convincing evidence that the licensee will not pose a threat to the public and has been sufficiently rehabilitated to warrant the public trust;
- When a licensee has violated any other laws governing licensed health care professionals or any stipulation or agreement of the Board;
- When a licensee has violated other regulations governing licensed health care professionals or any stipulation or agreement of the Board; or
- When a licensee has exceeded or acted outside the practice agreement.

Permitted Use of the Title (Section 9)

The bill would allow a person who meets the qualifications for licensure under the Act but does not possess a current license to use the title “PA”, “physician assistant” or “physician associate,” but would not allow the practice as a PA unless licensed in accordance with the Act.

Act Exclusions (Section 9)

The bill would clarify the list of whom the provisions of the Act do not apply as follows:

- PA students enrolled in a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its

successor agency while performing health care services under the supervision of an approved instructor; or

- PAs employed in the service of the federal government while performing duties pursuant to that employment.

The bill would also clarify that violations of this section would be a class B nonperson misdemeanor.

Scope of Practice of Physician Assistants (Section 10)

The bill would clarify that a PA could provide health care services within the education, training, experience, and competence of the PA. A PA would be responsible for the health care services that such PA provides. Health care services provided by a PA could include, but would not be limited to:

- Obtaining and performing a comprehensive health history and physical examination;
- Evaluating, diagnosing, managing, and providing medical treatment, including prescribing drugs;
- Ordering and evaluating a diagnostic study and therapeutic procedure;
- Educating a patient on health promotion and disease prevention;
- Providing patient consultation or referral;
- Writing medical orders;
- Obtaining informed consent;
- Authenticating any document with the PA's signature, certificate stamp, or endorsement if such

document could be authenticated in the same manner by a physician;

- Pronounce death; and
- Supervise, delegate, and assign therapeutic measures to licensed or unlicensed personnel.

The bill would also permit a PA to certify the health or disability of a patient as required by a local, state, or federal program. A PA would also be able to provide services in health care facilities or programs, including, but not limited to, clinics, hospitals, ambulatory surgical centers, patient homes, adult care homes, hospices, and other medical institutions.

Prescribing Authority

The bill would permit a PA to prescribe durable medical devices and medical equipment and prescribe, procure, or administer any drug. PAs could plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including, but not limited to:

- Durable medical equipment and diagnostic support services; and
- Drugs, including prescribing, procuring, and administering drugs in schedules II through V of the Uniform Controlled Substances Act (CSA) and all legend drugs.

Any controlled substance would be prescribed, procured, or administered in accordance with the CSA and registration with the federal Drug Enforcement Agency.

A PA would be able to request, receive, and sign for professional samples and could distribute professional samples to patients.

Dispensing Activities

The bill would require dispensing activities of a PA to dispense if they:

- Comply with appropriate state and federal regulations;
- Occur when pharmacy services are not reasonably available, when it is in the best interest of the patient, or during an emergency; and
- Include any medication that may be dispensed by a physician.

Prohibited Health Care Services

The bill would not allow a PA perform any act or procedure performed in the practice of optometry, except as may be legally delegated. The bill would not permit a PA to perform any health care service, act, or procedure that is not authorized by applicable law.

Collaboration with Physician

The bill would require a PA with less than 4,000 hours of postgraduate clinical experience to practice with physician supervision under the terms of a written practice agreement.

The bill would allow a PA who attests to have 4,000 hours or more of postgraduate clinical experience and has not had a disciplinary action against their license to practice in collaboration with a physician or physician group.

The collaboration would be required to be set out in a practice agreement available on file at the practice site and available to the Board on request.

Collaboration would mean that a PA would collaborate with, consult with, or refer to the appropriate member of the health care team as indicated by the patient's condition; the education, experience, and competencies of the physician assistant; and the standard of care. The terms, conditions, and limitations of collaboration would be determined by the collaborating physician or collaborating physician group and the PA. If the collaboration would take place in a licensed health care facility, then the terms, conditions, and limitations of collaboration would be determined by the collaborating physician, collaborating physician group, PA, and the credentialing and privileging systems of the licensed health care facility.

Loss of Practice Agreement

After the loss or absence of a collaborative practice agreement, the bill would allow a PA to continue to practice for 180 days if:

- The PA has not had a disciplinary action taken against their license; and
- The PA seeks any necessary collaboration for patients who require health care services beyond the training and experience of the PA through referral patterns established with a physician or other health care providers as indicated by the patient's condition.

The bill would permit a PA to be able to request, and the Board to approve, one additional extension to practice for 180 days.

Criminal History Check (New Section 1 and Section 2)

The bill would allow the Board to require an applicant for original licensure, reinstatement, or in connection with any investigation of a licensee to be fingerprinted and submit to a

state and national criminal history check. The Board would be allowed to charge a fee for the cost of the background check.

The bill would also add the Board to the list of authorized agencies for the Kansas Bureau of Investigation (KBI) to release the results of a background check.

Background

The bill was introduced by the House Committee of Health and Human Services at the request of a representative on behalf of the Kansas Academy of Physician Associates.

House Committee of Health and Human Services

In the House Committee hearing, **proponent** testimony was provided by representatives of the Kansas Academy of Physician Associates and the Kansas Medical Society who stated generally the scope of practice for PAs was not changing, but the bill would modernize the Act and recognize that a PA is an integral team member working with physicians to deliver patient care in a team-based model.

Written-only proponent testimony was provided by representatives of the Kansas Academy of Family Physicians and the Kansas Academy of Physician Associates, and a private citizen.

Neutral testimony was provided by the Executive Director of the Board who stated generally the Board licenses health care professionals and sought additional clarifications on certain aspects of the bill.

No other testimony was provided.

The House Committee amended the bill to clarify that a PA could prescribe drugs and to make a technical amendment.

Fiscal Information

According to the fiscal note prepared by the Division of the Budget on the bill, as introduced, according to the Board, enactment of the bill would require the agency to promulgate rules and regulations surrounding the use of collaboration agreements. The agency notes it could also result in some additional complaints against PAs as the public adjusts to the new process. The agency anticipates any increased costs would be handled within existing resources.

The KBI does not anticipate a fiscal effect resulting from the enactment of the bill. The agency notes that any additional revenue received from the state and national criminal history record check request would be offset for expenditures related to staffing and maintenance of the required systems necessary for the dissemination of criminal history record information. Any fiscal effect associated with the bill is not reflected in *The FY 2027 Governor's Budget Report*.

Health; health professions; physician assistant practice agreements; criminal history record check; physician; physician assistant