## AMENDMENTS TO LB 250

Introduced by Health and Human Services.

1 1. Strike the original sections and insert the following new sections: 2 Section 1. Section 38-2008, Reissue Revised Statutes of 3 Nebraska, is amended to read: 4 5 38-2008 Approved program means a program for the 6 education of physician assistants which is approved by the 7 Accreditation Review Commission on Education for the Physician 8 Assistant or its predecessor or successor agency and which the 9 board formally approves. 10 Sec. 2. Section 38-2014, Reissue Revised Statutes of 11 Nebraska, is amended to read: 38-2014 Physician assistant means any person who 12 13 graduates from a program approved by the Commission on Accreditation of Allied Health Education Programs or its 14 predecessor or successor agency and the board, an approved program, 15 16 who satisfactorily completes has passed a proficiency examination, 17 and whom the department, with the recommendation of the board, 18 approves to perform medical services under the supervision of a 19 physician. or group of physicians approved by the department, with 20 the recommendation of the board, to supervise such assistant. Sec. 3. Section 38-2015, Reissue Revised Statutes of 21 Nebraska, is amended to read: 22

23 38-2015 Proficiency examination means the initial

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proficiency examination approved by the board for the licensure of physician assistants, including, but not limited to, the examination Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants. or other national organization established for such purpose that is recognized by the board.

7 Sec. 4. Section 38-2017, Reissue Revised Statutes of
8 Nebraska, is amended to read:

9 38-2017 Supervising physician means (1) a board-approved
 10 physician who utilizes a licensed physician who supervises a
 11 physician assistant. or (2) a backup physician.

Sec. 5. Section 38-2018, Reissue Revised Statutes of
Nebraska, is amended to read:

14 38-2018 Supervision means the ready availability of 15 the supervising physician for consultation and direction of the 16 activities of the physician assistant. Contact with the supervising 17 physician by telecommunication shall be sufficient to show ready 18 availability. if the board finds that such contact is sufficient to 19 provide quality medical care. The level of supervision may vary by 20 geographic location as provided in section 38-2047.

Sec. 6. Section 38-2037, Reissue Revised Statutes of
Nebraska, is amended to read:

23 38-2037 In addition to the grounds for disciplinary 24 action found in sections 38-178 and 38-179, a license to practice 25 medicine and surgery or osteopathic medicine and surgery <u>or a</u> 26 <u>license to practice as a physician assistant may be denied, refused</u> 27 renewal, limited, revoked, or suspended or have other disciplinary

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1 measures taken against it in accordance with section 38-196 when 2 the applicant or licensee fails to comply with the provisions 3 of section 71-603.01, 71-604, 71-605, or 71-606 relating to the 4 signing of birth and death certificates.

5 Sec. 7. Section 38-2047, Reissue Revised Statutes of
6 Nebraska, is amended to read:

7 38-2047 (1) Notwithstanding any other provision of law, 8 a physician assistant may perform medical services when he or 9 she renders such services under the supervision of a licensed 10 physician or group of physicians approved by the department, with 11 the recommendation of the board, in the specialty area or areas 12 for which the physician assistant shall be trained or experienced. Any physician assistant licensed under the Medicine and Surgery 13 14 Practice Act to perform services may perform those services only:

15 (a) In the office of the supervising physician where such
 16 physician maintains his or her primary practice;

17 (b) In any other office which is operated by the 18 supervising physician with the personal presence of the supervising 19 physician. The physician assistant may function without the 20 personal presence of the supervising physician in an office 21 other than where such physician maintains his or her primary 22 practice as provided in subsection (2) of this section and when 23 approved on an individual basis by the department, with the 24 recommendation of the board. Any such approval shall require site 25 visits by the supervising physician, regular reporting to the 26 supervising physician by the physician assistant, and arrangements 27 for supervision at all times by the supervising physician which are

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1 sufficient to provide quality medical care;

2 (c) In a hospital, with the approval of the governing 3 board of such hospital, where the supervising physician is a 4 member of the staff and the physician assistant is subject to the 5 rules and regulations of the hospital. Such rules and regulations may include, but need not be limited to, reasonable requirements 6 7 that physician assistants and the supervising physician maintain 8 professional liability insurance with such coverage and limits 9 as may be established by the hospital governing board, upon the 10 recommendation of the medical staff; or

11 (d) On calls outside such offices, when authorized by the 12 supervising physician and with the approval of the governing board 13 of any affected hospital.

14 (1) A physician assistant may perform medical services 15 that (a) are delegated by and provided under the supervision of a 16 licensed physician, (b) are appropriate to the level of competence 17 of the physician assistant, (c) form a component of the supervising 18 physician's scope of practice, and (d) are not otherwise prohibited 19 by law.

20(2) A physician assistant shall be considered an agent21of his or her supervising physician in the performance of22practice-related activities delegated by the supervising physician,23including, but not limited to, ordering diagnostic, therapeutic,24and other medical services.25(3) Each physician assistant and his or her supervising26physician shall be responsible to ensure that (a) the scope

27 of practice of the physician assistant is identified, (b) the

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AM250 AM250 LB250 LB250 MMM-02/10/2009 MMM-02/10/2009 delegation of medical tasks is appropriate to the level of 1 2 competence of the physician assistant, (c) the relationship of and 3 access to the supervising physician is defined, and (d) a process 4 for evaluation of the performance of the physician assistant is 5

6 (4) A physician assistant may pronounce death and may 7 authenticate with his or her signature any form that may be 8 authenticated by a physician's signature if the authentication 9 is within the scope of practice of the physician assistant, is 10 delegated by his or her supervising physician, and is not otherwise 11 prohibited by law.

established.

12 (5) In order for a physician assistant to practice in a 13 hospital, (a) his or her supervising physician shall be a member 14 of the medical staff of the hospital, (b) the physician assistant 15 shall be approved by the governing board of the hospital, and (c) the physician assistant shall comply with applicable hospital 16 17 policies, including, but not limited to, reasonable requirements 18 that the physician assistant and the supervising physician maintain 19 professional liability insurance with such coverage and limits as 20 established by the governing board of the hospital.

21 (2) The (6) For physician assistants with less than 22 two years of experience, the department, with the recommendation 23 of the board, shall adopt and promulgate rules and regulations 24 establishing minimum requirements for the personal presence of the 25 supervising physician, stated in hours or percentage of practice 26 time, and - The board may provide different minimum requirements 27 for the personal presence of the supervising physician based on

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the geographic location of the supervising physician's primary and
 other practice sites and other factors the board deems relevant.

3 (7) A physician assistant may render services in a 4 setting geographically remote from the supervising physician, 5 except that a physician assistant with less than two years of 6 experience shall comply with standards of supervision established 7 in rules and regulations adopted and promulgated under the Medicine 8 and Surgery Practice Act. The board may consider an application 9 for waiver of the standards and may waive the standards upon a 10 showing of good cause by the supervising physician. The department may adopt and promulgate rules and regulations establishing minimum 11 12 requirements for such waivers.

Sec. 8. Section 38-2049, Reissue Revised Statutes of
Nebraska, is amended to read:

15 38-2049 (1) The department, with the recommendation of 16 the board, shall issue licenses to persons who are graduates of 17 physician assistant programs approved by the board an approved 18 program and have satisfactorily completed passed a proficiency 19 examination.

20 (2) The department, with the recommendation of the board, 21 shall issue temporary licenses to persons who have successfully 22 completed an approved program for the education and training of 23 physician assistants but who have not yet passed a proficiency 24 examination. Any temporary license issued pursuant to this 25 subsection shall be issued for a period not to exceed one year 26 and under such conditions as determined by the department, with 27 the recommendation of the board. Upon a showing of good cause, the

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1 <u>The</u> temporary license may be extended by the department, with the 2 recommendation of the board.

3 (3) The board may recognize groups of specialty 4 classifications of training for physician assistants. These 5 classifications shall reflect the training and experience of the 6 physician assistant. The physician assistant may receive training 7 in one or more such classifications which shall be shown on the 8 license issued.

9 <u>(4) (3)</u> Physician assistants approved by the board 10 prior to April 16, 1985, shall not be required to complete 11 the proficiency examination.

Sec. 9. Section 38-2050, Reissue Revised Statutes of
Nebraska, is amended to read:

14 38-2050 (1) The department, with the recommendation of 15 the board, shall formulate guidelines for the consideration of 16 applications by a licensed physician or physicians to supervise 17 physician assistants. Any application made by a physician or 18 physicians shall include all of the following:

19 (a) The qualifications, including related experience, of 20 the physician assistant intended to be employed;

21 (b) The professional background and specialty of the 22 physician or physicians; and

23 (c) A description by the physician of his or her, or 24 physicians of their, practice and the way in which the assistant or 25 assistants shall be utilized. The application shall provide for the 26 personal presence of the supervising physician in conformance with 27 requirements established by the department, with the recommendation

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1 of the board, under section 38-2047.

2 (2) The department, with the recommendation of the board, 3 shall approve an application by a licensed physician to supervise a 4 physician assistant when the department, with the recommendation of 5 the board, is satisfied that the proposed assistant is a graduate 6 of an approved program, has satisfactorily completed a proficiency 7 examination, and is fully qualified to perform medical services 8 under the responsible supervision of a licensed physician. The 9 public shall be adequately protected by the arrangement proposed in 10 the application.

11 (3) The department, with the recommendation of the board, 12 shall approve no more than two physician assistants for any 13 practicing physician, except that this limitation may be waived 14 by the department, with the recommendation of the board, upon a 15 showing of good cause by the practicing physician.

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## (1) To be a supervising physician, a person shall:

17 (a) Be licensed to practice medicine and surgery under
 18 the Uniform Credentialing Act;

(b) Have no restriction imposed by the board on his or
20 her ability to supervise a physician assistant; and

(c) Maintain an agreement with the physician assistant as
 provided in subsection (2) of this section.

(2) (a) An agreement between a supervising physician and
 a physician assistant shall (i) provide that the supervising
 physician will exercise supervision over the physician assistant in
 accordance with the Medicine and Surgery Practice Act and the rules
 and regulations adopted and promulgated under the act relating to

MMM-02/10/2009 MMM-02/10/2009 1 such agreements, (ii) define the scope of practice of the physician 2 assistant, (iii) provide that the supervising physician will retain 3 professional and legal responsibility for medical services rendered 4 by the physician assistant pursuant to such agreement, and (iv) be 5 signed by the supervising physician and the physician assistant. 6 (b) The supervising physician shall keep the agreement on 7 file at his or her primary practice site, shall keep a copy of 8 the agreement on file at each practice site where the physician 9 assistant provides medical services, and shall make the agreement 10 available to the board and the department upon request. 11 (3) Supervision of a physician assistant by a supervising 12 physician shall be continuous but shall not require the physical 13 presence of the supervising physician at the time and place that 14 the services are rendered. 15 (4) A supervising physician may supervise no more than four physician assistants at any one time. The board may consider 16 17 an application for waiver of this limit and may waive the 18 limit upon a showing that the supervising physician meets the minimum requirements for the waiver. The department may adopt and 19 20 promulgate rules and regulations establishing minimum requirements 21 for such waivers.

Sec. 10. Section 38-2055, Reissue Revised Statutes of
Nebraska, is amended to read:

24 38-2055 A physician assistant may prescribe drugs and 25 devices as delegated to do so by a supervising physician. Any 26 limitation placed by the supervising physician on the prescribing 27 authority of the physician assistant shall be recorded on the

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physician assistant's scope of practice agreement established 1 2 pursuant to rules and regulations adopted and promulgated 3 under the Medicine and Surgery Practice Act. All prescriptions 4 and prescription container labels shall bear the name of the 5 supervising physician and the physician assistant and, if required for purposes of reimbursement, the name of the supervising 6 7 physician. A physician assistant to whom has been delegated 8 the authority to prescribe controlled substances shall obtain a 9 federal Drug Enforcement Administration registration number. When 10 prescribing Schedule II controlled substances, the prescription 11 container label shall bear all information required by the federal 12 Controlled Substances Act of 1970.

13 Sec. 11. Section 71-604, Revised Statutes Cumulative
14 Supplement, 2008, is amended to read:

15 71-604 (1) A certificate for each live birth which 16 occurs in the State of Nebraska shall be filed on a standard 17 Nebraska certificate form. Such certificate shall be filed with the 18 department within five business days after the birth.

19 (2) When a birth occurs in an institution or en route 20 thereto, the person in charge of the institution or his or her 21 authorized designee shall obtain the personal data, prepare the 22 certificate which shall include the name, title, and address of 23 the attendant, certify that the child was born alive at the place 24 and time and on the date stated either by standard procedure or 25 by an approved electronic process, and file the certificate. The 26 physician, physician assistant, or other person in attendance shall 27 provide the medical information required for the certificate within

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1 seventy-two hours after the birth.

2 (3) When a birth occurs outside an institution, the 3 certificate of birth shall be prepared and filed by one of the 4 following:

5 (a) The physician <u>or physician assistant</u> in attendance at
6 or immediately after the birth;

7 (b) The father, the mother, or, in the absence of the 8 father and the inability of the mother, the person in charge of the 9 premises where the birth occurred; or

10 (c) Any other person in attendance at or immediately11 after the birth.

Sec. 12. Section 71-605, Revised Statutes Cumulative
Supplement, 2008, is amended to read:

14 71-605 (1) The funeral director and embalmer in charge 15 of the funeral of any person dying in the State of Nebraska 16 shall cause a certificate of death to be filled out with all the 17 particulars contained in the standard form adopted and promulgated by the department. Such standard form shall include a space for 18 19 veteran status and the period of service in the armed forces of 20 the United States and a statement of the cause of death made 21 by a person holding a valid license as a physician or physician 22 assistant who last attended the deceased. The standard form shall 23 also include the deceased's social security number. Death and fetal 24 death certificates shall be completed by the funeral directors and 25 embalmers and physicians or physician assistants for the purpose of 26 filing with the department and providing child support enforcement 27 information pursuant to section 43-3340.

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1 (2) The physician or physician assistant shall have the 2 responsibility and duty to complete and sign in his or her own 3 handwriting or by electronic means pursuant to section 71-603.01, 4 within twenty-four hours from the time of death, that part of the 5 certificate of death entitled medical certificate of death. In the case of a death when no person licensed as a physician or physician 6 7 assistant was in attendance, the funeral director and embalmer 8 shall refer the case to the county attorney who shall have the 9 responsibility and duty to complete and sign the death certificate 10 in his or her own handwriting or by electronic means pursuant to 11 section 71-603.01.

12 No cause of death shall be certified in the case of the 13 sudden and unexpected death of a child between the ages of one week 14 and three years until an autopsy is performed at county expense by 15 a qualified pathologist pursuant to section 23-1824. The parents 16 or guardian shall be notified of the results of the autopsy by 17 their physician, physician assistant, community health official, 18 or county coroner within forty-eight hours. The term sudden infant 19 death syndrome shall be entered on the death certificate as the principal cause of death when the term is appropriately descriptive 20 21 of the pathology findings and circumstances surrounding the death 22 of a child.

If the circumstances show it possible that death was caused by neglect, violence, or any unlawful means, the case shall be referred to the county attorney for investigation and certification. The county attorney shall, within twenty-four hours after taking charge of the case, state the cause of death as

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ascertained, giving as far as possible the means or instrument 1 2 which produced the death. All death certificates shall show clearly 3 the cause, disease, or sequence of causes ending in death. If 4 the cause of death cannot be determined within the period of time 5 stated above, the death certificate shall be filed to establish the fact of death. As soon as possible thereafter, and not more 6 7 than six weeks later, supplemental information as to the cause, 8 disease, or sequence of causes ending in death shall be filed with 9 the department to complete the record. For all certificates stated 10 in terms that are indefinite, insufficient, or unsatisfactory for 11 classification, inquiry shall be made to the person completing 12 the certificate to secure the necessary information to correct or 13 complete the record.

14 (3) A completed death certificate shall be filed with the 15 department within five business days after the date of death. If 16 it is impossible to complete the certificate of death within five 17 business days, the funeral director and embalmer shall notify the 18 department of the reason for the delay and file the certificate as 19 soon as possible.

(4) Before any dead human body may be cremated, a cremation permit shall first be signed by the county attorney, or by his or her authorized representative as designated by the county attorney in writing, of the county in which the death occurred on a form prescribed and furnished by the department.

25 (5) A permit for disinterment shall be required prior to 26 disinterment of a dead human body. The permit shall be issued by 27 the department to a licensed funeral director and embalmer upon

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proper application. The request for disinterment shall be made by 1 2 the next of kin of the deceased, as listed in section 38-1425, or a county attorney on a form furnished by the department. 3 4 The application shall be signed by the funeral director and 5 embalmer who will be directly supervising the disinterment. When the disinterment occurs, the funeral director and embalmer shall 6 7 sign the permit giving the date of disinterment and file the permit 8 with the department within ten days of the disinterment.

9 (6) When a request is made under subsection (5) of this 10 section for the disinterment of more than one dead human body, an order from a court of competent jurisdiction shall be submitted to 11 12 the department prior to the issuance of a permit for disinterment. The order shall include, but not be limited to, the number of 13 14 bodies to be disinterred if that number can be ascertained, the 15 method and details of transportation of the disinterred bodies, 16 the place of reinterment, and the reason for disinterment. No 17 sexton or other person in charge of a cemetery shall allow the disinterment of a body without first receiving from the department 18 19 a disinterment permit properly completed.

(7) No dead human body shall be removed from the 20 21 state for final disposition without a transit permit issued by 22 the funeral director and embalmer having charge of the body in 23 Nebraska, except that when the death is subject to investigation, 24 the transit permit shall not be issued by the funeral director and 25 embalmer without authorization of the county attorney of the county 26 in which the death occurred. No agent of any transportation company 27 shall allow the shipment of any body without the properly completed

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1 transit permit prepared in duplicate.

2 (8) The interment, disinterment, or reinterment of a 3 dead human body shall be performed under the direct supervision 4 of a licensed funeral director and embalmer, except that hospital 5 disposition may be made of the remains of a child born dead 6 pursuant to section 71-20,121.

7 (9) All transit permits issued in accordance with the 8 law of the place where the death occurred in a state other than 9 Nebraska shall be signed by the funeral director and embalmer 10 in charge of burial and forwarded to the department within five 11 business days after the interment takes place.

Sec. 13. Original sections 38-2008, 38-2014, 38-2015,
38-2017, 38-2018, 38-2037, 38-2047, 38-2049, 38-2050, and 38-2055,
Reissue Revised Statutes of Nebraska, and sections 71-604 and
71-605, Revised Statutes Cumulative Supplement, 2008, are repealed.
Sec. 14. The following sections are outright repealed:
Sections 38-2009 and 38-2051, Reissue Revised Statutes of Nebraska.