



Oregon

Kate Brown, Governor

Medical Board

1500 SW 1st Avenue, Suite 620
Portland, OR 97201-5847
(971) 673-2700
FAX (971) 673-2669
www.oregon.gov/omb

HOUSE BILL 3036 RULES WORKGROUP

Meeting Agenda

February 15, 2022, 5:00^{PM}

Videoconference

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

The public is invited to attend all portions of this meeting and participate by providing comment during the public comment period. Members of the public who wish to listen or provide public comment, please contact Gretchen Kingham at Gretchen.Kingham@omb.oregon.gov or (971) 673-2700 no later than Noon on Tuesday, February 8, 2022 to obtain meeting information.

Committee Members:

Erin Cramer, PA, Chair
Patti Louie, PhD
Mark Bonanno, JD, Oregon Medical Association
Leza Hayes, PA, Oregon Society of Physician Assistants
Dan Sengenberger, DO, Oregon Academy of Family Physicians
Amanda Miller, PA
Kathleen J. Thompson, PA
James Jackman, DO, Supervising Physician
Christopher Strear, MD, Supervising Physician
Paul Krull, MBA, SPO Representative

OMB Staff:

Nicole Krishnaswami, JD, Executive Director
Elizabeth Ross, JD, Legislative & Policy Analyst
Elizabeth.Ross@omb.oregon.gov
Gretchen Kingham, Executive Assistant
Gretchen.Kingham@omb.oregon.gov

Call this meeting to order at [time].

Welcome

- Introduction of workgroup members
- The public is invited to attend all portions of this meeting and participate by providing comment during the public comment period. Members of the public may also submit comments in writing, and Board staff will ensure those comments are shared with the Workgroup members.
- Ground rules for the meeting:
 - Open, honest, and respectful communication is expected at all times.
 - The format for the conversation is a public meeting, and all portions of the meeting will be held in public session.

February 8th meeting minutes have been provided for review.

ITEM	TOPIC	CONTENT	TIME
1	Rulemaking Review	Discuss rule text	90 minutes
2	Public Comment	Members of the public may provide oral comment	20 minutes
3	Closing Remarks	Discuss next steps	5 minutes

Recommendations will be presented to the March 9th Administrative Affairs Committee and to the full Board in April. You are all welcome to attend.

This meeting is adjourned at [time].

ADJOURN



Oregon

Kate Brown, Governor

Medical Board

1500 SW 1st Avenue, Suite 620

Portland, OR 97201-5847

(971) 673-2700

FAX (971) 673-2670

www.oregon.gov/omb

Approved by the Board on XXX, 2022.

OREGON MEDICAL BOARD

Meeting of the HB 3036 Rules Workgroup • February 8, 2022 • Held via Video Conference

PUBLIC SESSION

Welcome and Review of Workgroup Minutes

CRAMER

Mr. Erin Cramer, PA-C, called the meeting to order at 5:03^{PM}.

A quorum was present, consisting of the following members:

Erin Cramer, PA-C, Stayton, Chair

Patti Louie, PhD, Public Member, Portland

Mark Bonanno, JD, OR Medical Association

Leza Hayes, PA, OR Society of Physician Assistants

James Jackman, DO, Supervising Physician

Paul Krull, MBA, SPO Representative

Kathleen J. Thompson, PA

Dan Sengenberger, DO, OR Academy of Family Physicians

Christopher Strear, MD, Supervising Physician

Absent:

Amanda Miller, PA was absent by prior notice.

Staff present:

Nicole Krishnaswami, JD, Executive Director

Elizabeth Ross, JD, Legislative & Policy Analyst

Gretchen Kingham, Executive Assistant

Chair Cramer welcomed Workgroup members and members of the public to the second meeting of the HB 3036 Rules Workgroup. He discussed ground rules for the meeting, provided an overview of the agenda, and invited members of the public to participate by providing comment during the public comment period.

There was no discussion regarding the January 19, 2022, meeting minutes.

Rulemaking Review

STAFF

Staff noted that the following assumptions were made in the development of these rules, which should cover all circumstances under which a physician assistant provides care to patients located in Oregon:

- Organizational model: employee, partnership, self-employed, solo practice, etc.
- Geographic location: rural and urban
- Settings: hospital, office, facility, clinic, medical spa, etc.
- Specialties: primary care, surgery, dermatology, etc.

847-050-0005 Preamble

There was no discussion regarding 847-050-0005.

847-050-0010 Definitions

The Workgroup questioned the interpretation of the Community Standard definition and noted that it may not be consistent with the statute language in 677.095 and 677.265.

847-050-0023 Limited License, Pending Examination

There was no discussion regarding 847-050-0023.

847-050-0027 Approval of Supervising Physician.

There was no discussion regarding 847-050-0027.

847-050-0029 Locum Tenens Assignments

Workgroup members researched how this rule might potentially create a barrier for billing. Staff clarified that a fully active licensee could enter into a locum tenens assignment without changing their license status. The Workgroup questioned whether this language would require a PA to have a separate collaborative agreement for each employer.

847-050-0035 Grounds for Discipline

There was no discussion regarding 847-050-0035.

847-050-0036 Supervising Physician Organization

There was no discussion regarding 847-050-0036.

847-050-0037 Supervision

There was no discussion regarding 847-050-0037.

847-050-0038 Agents

There was no discussion regarding 847-050-0038.

847-050-0040 Method of Performance

There was no discussion regarding 847-050-0040.

847-050-0041 Prescribing and Dispensing Privileges

The Workgroup questioned the language in section (4) in regards to federal requirements. Workgroup members noted there are times when a PA may prescribe but not dispense, therefore the use of “and” in section (4) could pose an issue. Additionally, it was noted that the OSPA does not support having the collaboration agreement state a PA can prescribe buprenorphine.

847-050-0042 Registration

There was no discussion regarding 847-050-0042.

847-050-0043 Inactive Registration and Re-Entry to Practice

Workgroup members questioned whether or not a PA could serve as a mentor for a re-entry agreement and requested clarification of “mentoring physician.” The Workgroup noted that re-entry for a PA should parallel the rule language in 847-020-0183 and considered separating 12-month requirements from 24-month requirement.

847-050-0046 Emeritus Status

There was no discussion regarding 847-050-0046.

847-050-0050 Termination of Supervision

There was no discussion regarding 847-050-0050.

847-050-0055 Responsibility for Patient Care

The Workgroup questioned whether “employer” could be added to parties responsible for patient care. Staff clarified that the Board only has jurisdiction over licensees. Workgroup members discussed rewording the rule in a manner that would equitably incorporate responsibility to all parties involved in providing care. Staff made a clarification that 847-050-0055 should also depict the responsibility of the physician entering into a collaboration agreement.

847-050-0080 Collaboration

There was no discussion regarding 847-050-0080.

847-050-0082 Collaboration Agreements

Workgroup members discussed whether the degree of autonomous judgment and the plan for collaboration should be included in the collaboration agreement.

The Workgroup discussed the 2,000 hours of post-graduate clinical experience requirement in section (2)(f), noting that the PA would be responsible for tracking the hours and the physician/employer entering into the collaboration agreement would be responsible for verifying the hours. Workgroup members questioned how the Board would determine the hours had been met if a Board review were required. Workgroup members also questioned whether the number of collaborative hours required per month should be clarified.

The Workgroup discussed section (2)(f)(E), and use of the word “may.” Some workgroup members expressed concern that “may” is not a requirement, noting that as written, a PA could still switch specialties with no proven competence, whereas a physician, oftentimes, cannot switch specialties without completing a new residency program. Other workgroup members noted this would be covered in an employment agreement and it is not necessary to be in rule. Staff clarified that not all PAs are/will be in an employment situation that requires an employment agreement, such as PAs owning their own clinic. The Workgroup questioned the phrase “area of practice” and recommended “specialty” or “emphasis of medical practice” as alternative language.

Workgroup members discussed section (5), noting that if the style of collaboration is going to change after the 2,000 hours of post-graduate clinical experience is met, the collaboration agreement would need to be amended. Workgroup members noted this would ensure the collaborators are following the most current collaboration agreement, at all times.

The Workgroup questioned the physical location requirement in section (7) and suggested that the agreement may be electronically available.

Workgroup members discussed the need for section (8) and concluded that it is necessary.

The Workgroup questioned whether a change to a collaboration agreement could be an amendment/revision or if it had to become a new collaboration agreement. Workgroup members suggested leaving this flexible so that the parties to the collaboration agreement can determine the best fit. Workgroup members asked Board staff to create a sample collaboration agreement that may be used by licensees as a template format.

Workgroup members discussed section (10). Staff clarified the \$195 fine is used to address administrative issues without conducting a full investigation.

Telemedicine Active Status	STAFF
----------------------------	-------

Telemedicine Active Status: physicians and physician assistants who practice outside of Oregon and render medical treatment to patients in Oregon via electronic means. Current rule states that a physician with Telemedicine Active Status may not act as a supervising physician or employ a PA. Statute and rules regarding telemedicine licensing will be further discussed in the future.

Communicating HB 3036 Changes**STAFF**

Staff discussed communicating HB 3036 implementation:

- OMB quarterly newsletter
- OMB website, particularly the webpage on HB 3036 Changes
- FAQs
- Direct email to PAs and current supervising physicians and supervising physician organizations

The Workgroup discussed educating the public on the new roles of a PA. Staff noted that within current resources, the Board could develop a central webpage with detailed information on each license type. Workgroup members noted the public may not proactively check the Board website and reaching the public directly will be challenging.

Public Comment**STAFF**

Tom Holt, The Holt Company, on behalf of ZoomCare, noted appreciation for the discussion regarding responsibility for collaboration. He also suggested changing the language in 847-050-0082(7) to reflect that a collaboration agreement “must be made available,” and he noted that telehealth will be a larger conversation to be addressed in the future.

Jessica Wright, PA-C, questioned whether 847-050-0040(11)(12) were moved from another section, she noted that she made the suggestion for 847-050-0082(8) in order to protect the PA, and she noted her support for separate collaborative agreements for separate employers.

Juliana Bernstein, PA-C, noted her appreciation and spoke to 847-050-0082, suggesting the Workgroup define a minimum standard regarding the first 2,000 hours of practice in order to alleviate confusion. She also questioned 847-050-0055, asking who the burden of collaboration falls to if an employer signs the collaboration agreement.

Ben Johnson, PA-C, noted that if a PA has a collaborating physician who is willing to collaborate in multiple locations, doing similar work, there really is no need for the PA to have additional agreements with additional physicians.

The following members of the public were present, but did not make comment:

- Ellie Boggs
- Jackie Fabrick, Program Manager, Government Relations, Providence Health & Services
- Melody Flannery, PA-C
- Katie Harris, MPH, Oregon Association of Hospitals and Health Systems
- Nick Haskins, Mahonia Public Affairs
- Curtis Hawkinson, PA-C, Site Medical Director, Skyline Village
- Brian Mills, PA, President of OSPA
- Janette Remling, PA-C
- Taylor Sarman, Mahonia Public Affairs
- Dan Stein, PA-C
- David Walls, Director of Osteopathic Physicians and Surgeons of Oregon

Planning for Future Discussion Topics and Next Meeting Date**CRAMER**

The Workgroup will meet for one final meeting regarding the draft rules, then the rules will be presented to the Administrative Affairs Committee on March 9th and the full Board on April 7th or 8th. Once the full Board directs staff to begin rulemaking, an official public comment period will open.

The next meeting of the House Bill 3036 Rules Workgroup will be Tuesday, February 15, 2022.

Meeting adjourned at 6:45^{PM}.

OREGON ADMINISTRATIVE RULES
CHAPTER 847, DIVISION 050 – OREGON MEDICAL BOARD

HB 3036 Workgroup Review – February 2022

Changes highlighted in yellow are substantive changes added since the second workgroup meeting on February 8, 2022, further discussion is welcomed.

The following assumptions were made in the development of these rules which should cover all circumstances under which a physician assistant provides care to patients located in Oregon:

- Organizational model: employee, partnership, self-employed, solo practice, etc.
- Geographic location: rural and urban
- Settings: hospital, office, facility, clinic, medical spa, etc.
- Specialities: primary care, surgery, dermatology, etc.

847-050-0005

Preamble

~~(1) A physician assistant is a person qualified by education, training, experience, and personal character to provide medical services under the direction and supervision of a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, in active practice and in good standing with the Board. The purpose of the physician assistant program is to enable physicians licensed under ORS 677 to extend high quality medical care to more people throughout the state.~~

~~(2) The licensed physician or podiatric physician and surgeon is in all cases regarded as the supervisor of the physician assistant.~~

~~Statutory/Other Authority: ORS 677.265~~

~~Statutes/Other Implemented: ORS 677.495 – 677.535~~

847-050-0010

Definitions

As used in OAR 847-050-0005 to 847-050-0065:

(1) "Agent" means a physician designated in writing by the supervising physician who provides direction and regular review of the medical services of ~~the a~~ physician assistant, under a practice agreement or practice description, when the supervising physician is unavailable for short periods of time, such as but not limited to when the supervising physician is on vacation.

(2) "Board" means the Oregon Medical Board for the State of Oregon.

(3) "Collaboration" has the meaning given in ORS 677.495, as indicated by the patient's condition, community standards of care and a physician assistant's education, training and experience:

(a) Consultation between the physician assistant and a physician; or

(b) Referral by the physician assistant to a physician.

(4) "Collaboration agreement" has the meaning given in ORS 677.495, a written agreement that describes the manner in which the physician assistant collaborates with physicians, that does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a physician for the care provided by the physician assistant and that is signed by the physician assistant and the physician or physician assistant's employer.

(5) "Community standards of care" has the meaning given in ORS 677.095 and 677.265, which is that degree of care, skill and diligence that is used by ordinarily careful licensees in the same or similar circumstances in the licensee's community or a similar community.

(6) "Employer" has the meaning given in ORS 677.495:

(a) An entity that is organized to deliver health care services in this state in accordance with ORS 58.375 or 58.376 and that employs a physician;

(b) A group medical practice that is part of a health system; or

(c) A physician who employs a physician assistant.

~~(3) "Grandfathered physician assistant" means the physician assistant registered prior to July 12, 1984, who does not possess the qualifications of OAR 847-050-0020. Grandfathered physician assistants may retain all practice privileges which have been granted prior to July 12, 1984.~~

(7) "Physician" means a physician licensed under ORS 677.100 to 677.228 and includes a podiatric physician licensed under ORS 677.805 to 677.840.

~~(48)~~ "Physician assistant" has the meaning given in ORS 677.495, ~~means~~ a person who is licensed as such in accordance with ORS 677.265 and 677.495 through 677.535.

~~(59)~~ "Practice agreement" means a written agreement between a physician assistant and a supervising physician or supervising physician organization that describes the manner in which the services of the physician assistant will be used, submitted to the Board prior to July 15, 2022.

~~(610)~~ "Practice description" means a written description of the duties and functions of the physician assistant in relation to the physician's practice, submitted by the supervising physician and the physician assistant to the Board and approved prior to January 1, 2012.

(711) “Primary supervising physician” means a supervising physician within a supervising physician organization who is designated to provide the administrative direction for the supervising physician organization, under a practice agreement or practice description.

(812) “Supervising physician organization” means a group of supervising physicians who collectively supervises a physician assistant, under a practice agreement or practice description.

(913) “Supervising physician” means a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, actively registered and in good standing with the Board, and approved by the Board as a supervising physician, who provides direction and regular review of the medical services provided by the physician assistant, under a practice agreement or practice description.

(1014) “Supervision” means the routine review by the supervising physician or designated agent, as described in the practice agreement or Board-approved practice description of the medical services provided by the physician assistant, under a practice agreement or practice description. There are three categories of supervision:

(a) “General Supervision” means the supervising physician or designated agent is not on-site with the physician assistant, but must be available for direct communication, either in person, by telephone, or other synchronous electronic means.

(b) “Direct Supervision” means the supervising physician or designated agent must be in the facility when the physician assistant is practicing.

(c) “Personal Supervision” means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.495, 677.510, 677.511, 677.512, 677.515

847-050-0023

Limited License, Pending Examination

(1) An applicant for a Physician Assistant license who has successfully completed a physician assistant education program approved by the American Medical Association Council on Allied Health Education and Accreditation (CAHEA), or the Commission on Accreditation for Allied Health Education Programs (CAAHEP), or the Accreditation Review Commission on Education for the Physician Assistant (ARCPE) but has not yet passed the Physician Assistant National Certifying Examination (PANCE) given by the National Commission for the Certification of Physician Assistants (NCCPA) may be issued a Limited License, Pending Examination, if the following are met:

- (a) The application file is complete to the satisfaction of the Board with the exception of pending certification by the NCCPA;
 - (b) The applicant has not previously failed the NCCPA examination; and
 - (c) The applicant has submitted the appropriate form and fee prior to being issued a Limited License, Pending Examination.
- (2) A practice agreement must be submitted to the Board within ten days after the physician assistant begins practice in accordance with OAR 847-050-0040.
- (3) A Limited License, Pending Examination may include prescriptive privileges for Schedules III through V ~~if the supervising physician specifies these prescription privileges for the physician assistant in the practice agreement;~~
- (4) A Limited License, Pending Examination may be granted for a period of six months.
- (5) Upon receipt of verification that the applicant has passed the NCCPA examination, and if their application file is otherwise satisfactorily complete, the applicant will be considered for a permanent license.
- (6) The Limited License, Pending Examination will automatically expire if the applicant fails the NCCPA examination.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.132 & 677.535

847-050-0027

Approval of Supervising Physician

Prior to July 15, 2022:

- (1) Prior to using the services of a physician assistant under a practice agreement, a supervising physician, including the primary supervising physician and each supervising physician within a supervising physician organization, must be approved as a supervising physician by the Board.
- (2) Physicians applying to be a supervising physician must:
 - (a) Submit a supervising physician application and application fee; and
 - (b) Take an online course and pass an open-book exam on the supervising physician requirements and responsibilities given by the Board. A passing score on the exam is 75%. If the supervising physician applicant fails the exam three times, the physician's application will be

reviewed by the Board. A supervising physician applicant who has failed the exam three times must also attend an informal meeting with a Board member, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the exam, before being given a fourth and final attempt to pass the examination. If the applicant does not pass the exam on the fourth attempt, the physician's application may be denied.

(3) The Board will reduce the supervising physician application fee for physicians volunteering in free clinics or non-profit organizations.

(4) The physician may be subject to Board investigation prior to approval or may be limited or denied approval as a supervising physician for the following:

(a) There are restrictions upon or actions against the physician's license; or

(b) Fraud or misrepresentation in applying to use the services of a physician assistant.

(5) The Board may defer taking action upon a request for approval as a supervising physician pending the outcome of the investigation of the physician for violations of ORS 677.010–990.

(6) Failure to apply and be approved as a supervising physician by the Board prior to using the services of a physician assistant under a practice agreement is a violation of ORS 677.510 and is grounds for a \$195 fine. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.205 & 677.510

847-050-0029

Locum Tenens Assignments

(1) Locum tenens means a temporary absence by the physician assistant ~~or supervising physician~~ which is filled by a substitute physician assistant ~~or supervising physician~~.

(2) For assignments starting prior to July 15, 2022, ~~T~~the following is required for a locum tenens assignment:

(1a) Within ten days of the start of the locum tenens assignment, the supervising physician of the practice which desires the substitute must submit a notification of locum tenens assignment to the Board.

(2b) The notification of locum tenens assignment must include the name of the substitute physician assistant or supervising physician who is filling the locum tenens assignment, duration of the locum tenens assignment, a description of how supervision of the physician assistant will be maintained, and any changes in the practice agreement or Board-approved practice description for the practice during the locum tenens assignment.

(3c) The substitute physician assistant or supervising physician who is filling the locum tenens assignment must be currently licensed in Oregon, with ~~active, locums tenens, or emeritus~~practicing registration status, and be in good standing with the Board.

(4d) The physician assistant must be qualified to provide the same type of service as described in the current practice agreement or Board-approved practice description for the locum tenens.

(5e) The supervising physician who is filling the locum tenens assignment must be approved as a supervising physician by the Board in accordance with OAR 847-050-0027 (Approval of Supervising Physician).

(3) For assignments starting on or after July 15, 2022, the substitute physician assistant who is filling the locum tenens assignment must be currently licensed in Oregon with practicing registration status and enter into a collaboration agreement.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.265 & 677.510

847-050-0035

Grounds for Discipline

(1) The performance of unauthorized medical services by the physician assistant constitutes a violation of the Medical Practice Act. ~~The supervising physician and/or agent is responsible for the acts of the physician assistant and may be subject to disciplinary action for such violations by the physician assistant.~~ The physician assistant is ~~also~~ subject to disciplinary action for violations. Proceedings under these rules are conducted in the manner specified in ORS 677.200.

(2) In addition to any of the reasons cited in ORS 677.190, the Board may refuse to grant, or may suspend or revoke a license to practice as a physician assistant for any of the following reasons:

(a) The physician assistant has held ~~himself/herself~~themselves out, or permitted another to represent the physician assistant to be a licensed physician.

(b) Prior to July 15, 2022 or under a practice agreement or practice description as provided in Oregon Laws 2021, chapter 349, section 20, ~~T~~he physician assistant has in fact performed medical services without the direction or under the supervision of a Board-approved supervising physician or agent.

(c) On or after July 15, 2022, the physician assistant has in fact performed medical services without entering into a collaboration agreement, except as provided in Oregon Laws 2021, chapter 349, section 20.

(ed) The physician assistant has performed ~~a task or tasks~~ medical services beyond the physician assistant's competence, education, training, experience, or outside the practice agreement as stated in OAR 847-050-0040 or collaboration agreement as stated in OAR 847-050-0080. This is not intended to limit the ability of a physician assistant to learn new procedures ~~under personal supervision~~.

Statutory/Other Authority: ORS 677.190, 677.205 & 677.265

Statutes/Other Implemented: ORS 677.190, 677.205, 677.265 & 677.505

847-050-0036

Supervising Physician Organization

A group of supervising physicians may collectively supervise a physician assistant under a practice agreement or practice description by forming a Supervising Physician Organization subject to the following conditions:

- (1) A supervising physician organization must designate one physician within the supervising physician organization to also serve as the primary supervising physician of the supervising physician organization.
- (2) Prior to January 15, 2022, Each each supervising physician in a supervising physician organization, including the primary supervising physician, must be approved by the Board as a supervising physician.
- (3) Prior to July 15, 2022, The the supervising physician organization must provide the Board with a letter containing:
 - (a) The name of the supervising physician organization;
 - (b) The address and phone number for the supervising physician organization;
 - (c) The name of the primary supervising physician; and
 - (d) The names of the supervising physicians in the supervising physician organization.
- (4) The supervising physician organization must notify the Board in writing within 10 days of any change in the name, address, phone number, or supervising physicians in the supervising physician organization.
- (5) A supervising physician organization may include any number of supervising physicians.
- (6) A supervising physician organization may supervise any number of physician assistants.

(7) A physician assistant who is supervised by a supervising physician organization may be supervised by any of the supervising physicians in the supervising physician organization.

(8) The Board may request a meeting with a supervising physician organization and a physician assistant to discuss a practice agreement.

(9) Supervising physician organizations, as defined in this rule and OAR 847-050-0010, may not enter into collaboration agreements.

Statutory/Other Authority: ORS 677.265 & 677.510

Statutes/Other Implemented: ORS 677.495, 677.510 & 677.515

847-050-0037

Supervision

Under a practice agreement or practice description:

(1) A physician may not use the services of a physician assistant without first obtaining Board approval as a supervising physician.

(2) The supervising physician, agent, or in the case of a supervising physician organization, the primary supervising physician and the supervising physician who is providing supervision for the physician assistant, are personally responsible for the direction, supervision and regular review of the medical services provided by the physician assistant, in keeping with the practice agreement or Board-approved practice description.

(3) The type of supervision and maintenance of supervision provided for each physician assistant must be described in the practice agreement or Board-approved practice description.

(4) The supervising physician, agent or, in the case of a supervising physician organization, the supervising physician who is providing supervision for the physician assistant must be available for direct communication with the physician assistant at all times in person, by telephone, or through other synchronous electronic means, whether the supervising physician and physician assistant practice in the same practice location or a practice location separate from each other.

(5)(a) Each setting and licensed facility in which the physician assistant will provide services must be listed in the practice agreement or Board-approved practice description.

(b) Additional, intermittent practice settings such as schools, sporting events, health fairs and long term care facilities, are not required to be listed in the practice agreement or Board-approved practice description if the duties are the same as those listed in the practice agreement or Board-approved practice description. The medical records for the patients seen at these additional practice settings must be held either at the supervising physician's primary practice

setting or the additional practice settings. The supervision of the physician assistant must be the same as that described in the practice agreement or Board-approved practice description.

(6) The supervising physician, agent or the supervising physicians in the supervising physician organization must provide regular and routine oversight and chart review.

(7) Prior to January 15, 2022, the supervising physician may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the practice agreement or Board-approved practice description.

(8) On or after January 15, 2022, the degree of autonomous judgment that a physician assistant may exercise shall be determined at the physician assistant's primary location of practice by the community standards of care and the physician assistant's education, training and experience.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.495, 677.510 & 677.515

847-050-0038

Agents

Under a practice agreement or practice description:

(1) The supervising physician who is not a member of a supervising physician organization may designate an agent or agents to direct and supervise the physician assistant when the supervising physician is unavailable for short periods of time. The agents must meet the following requirements:

(a) Be a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, actively registered and in good standing with the Board;

(b) Practice in the same city or practice area as the supervising physician or physician assistant.

(c) Be qualified to supervise as designated in the practice agreement.

(2) The supervising physician is responsible for informing the agent of the duties of an agent. Prior to such time as the physician assistant is acting under the direction of an agent, the supervising physician must determine that the agent understands and accepts supervisory responsibility. The agent must sign an acknowledgement of all practice agreements between the supervising physician and the physician assistant(s) the agent will supervise, and a copy must be kept at the primary practice location. Supervision by the agent will continue for a certain, predetermined, limited period of time, after which supervisory duties revert to the supervising physician.

(3) In the absence of the supervising physician, the agent assumes the same responsibilities as the supervising physician.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.495 & ORS 677.510

847-050-0040

Method of Performance under a Practice Agreement or Practice Description

Under a practice agreement or practice description:

(1) The physician assistant may perform at the direction of the supervising physician, agent or, in the case of a supervising physician organization, the primary supervising physician or the supervising physician who is providing supervision for the physician assistant only those medical services as included in the practice agreement or Board-approved practice description.

(2) A medical service may be performed by a physician assistant if:

(a) The services are provided under the methods of supervision described in and in compliance with the practice agreement or Board-approved practice description;

(b) The services are within the scope of practice and the competency of the physician assistant;

(c) The services are generally described in and in compliance with the practice agreement or Board-approved practice description; and

(d) The physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(3) The supervising physician shall ensure that the physician assistant is competent to perform all duties. The supervising physician or supervising physician organization and the physician assistant are responsible for ensuring the competent practice of the physician assistant.

(4) The physician assistant or student must be clearly identified as such when performing duties. The physician assistant must at all times when on duty wear a name tag with the designation of "physician assistant" or "PA" thereon and clearly identify ~~himself or herself~~ as a "physician assistant" or "PA" in oral communications with patients and other professionals.

(5) The supervising physician must furnish reports, as required by the Board, on the performance of the physician assistant or student.

(6) The practice agreement must be submitted to the Board within ten days after the physician assistant begins practice with the supervising physician or supervising physician organization.

(7) The supervising physician must notify the Board of any changes to the practice agreement within ten days of the effective date of the change.

(8) Supervising physicians must update the practice agreement biennially during the supervising physician's license renewal process.

(9) Effective July 15, 2022, Aa supervising physician and physician assistant who have a Board-approved practice description that was approved prior to January 1, 2012, and who wish to make changes to the practice description must enter into a ~~practice agreement~~collaboration agreement in accordance with ORS 677.510(~~63~~)(a).

(10) Effective July 15, 2022, a supervising physician and physician assistant who wish to make changes to an existing practice agreement must enter into collaboration agreement in accordance with ORS 677.510(3)(a).

(11) If the physician assistant has met the requirements of OAR 847-050-0041(3), Schedule II controlled substances prescription privileges may be included in and are limited by the practice agreement or Board-approved practice description and may be restricted further by the supervising physician at any time. Reference: moved from OAR 847-050-0041

(12)(a) A supervising physician and/or agent is responsible for the acts of the physician assistant practicing under a practice agreement or practice description and may be subject to disciplinary action for such violations by the physician assistant. Reference: moved from OAR 847-050-0035

(b) Whenever the supervising physician is a member of a professional corporation or employee of a professional corporation or partnership, the primary supervising physician and any acting supervising physician are in all cases personally responsible for the direction and supervision of the physician assistant's work. Such responsibility for supervision cannot be transferred to the corporation or partnership even though such corporation or partnership may pay the supervising physician and the physician assistant's salaries or enter into an employment agreement with such physician assistant or supervising physician. Reference: moved from OAR 847-050-0055

~~(4013)~~ Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a \$195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.205, 677.510 & 677.515

847-050-0041

Prescribing and Dispensing Privileges

(1) A physician assistant registered prior to July 12, 1984, who does not possess the qualifications in OAR 847-050-0020 may retain all practice privileges which have been granted

prior to July 12, 1984. Under these conditions, a physician assistant may issue written, electronic or oral prescriptions for Schedule III-V medications, which the supervising physician has determined the physician assistant is qualified to prescribe commensurate with the practice agreement or Board-approved practice description, if the physician assistant has passed a specialty examination approved by the Board prior to July 12, 1984, and the following conditions are met:

(a) The physician assistant has passed the Physician Assistant National Certifying Examination (PANCE); and

(b) The physician assistant has documented adequate education or experience in pharmacology commensurate with the practice agreement or Board-approved practice description.

(2) A physician assistant may issue written, electronic or oral prescriptions for Schedule III-V medications, ~~for which the~~ based on the physician assistant's education, training, experience, and ~~is qualified to prescribe~~ commensurate with the collaboration agreement, practice agreement, or Board-approved practice description, if the physician assistant has met the requirements of OAR 847-050-0020(1).

(3) A physician assistant may issue written or electronic prescriptions or emergency oral prescriptions followed by a written authorization for Schedule II medications if the requirements in section (1) or (2) of this rule are fulfilled and if ~~the following conditions are met:~~

~~(a) A statement regarding Schedule II controlled substances prescription privileges is included in the practice agreement or Board-approved practice description. The Schedule II controlled substances prescription privileges of a physician assistant are limited by the practice agreement or Board-approved practice description and may be restricted further by the supervising physician at any time.~~

~~(b) T~~he physician assistant is currently certified by the National Commission for the Certification of Physician Assistants (NCCPA) and must complete all required continuing medical education coursework.

(4)(a) A physician assistant with prescriptive authority may prescribe ~~and dispense~~ buprenorphine for medication-assisted treatment for opioid dependency if ~~the requirements in (1) or (2) are fulfilled and the following conditions are met:~~(a) T the physician assistant has obtained a buprenorphine waiver from the Drug Enforcement Administration.;

~~(b) The physician assistant has been granted dispensing authority if the physician assistant will dispense buprenorphine;~~

~~(c) The physician assistant's scope of practice, education, training, and experience of the physician assistant includes use of buprenorphine for medication-assisted treatment for opioid dependency;~~

~~(d) The physician assistant's practice agreement includes use of buprenorphine for medication-assisted treatment for opioid dependency as a delegated medical service; and~~

~~(e) The physician assistant complies with all federal and state requirements for recordkeeping specific to buprenorphine treatment.~~

(b) A physician assistant may dispense buprenorphine for medication-assisted treatment for opioid dependency if the physician assistant meets the requirements of subsection (4)(a) and is registered with the Board to dispense.

(5) All prescriptions given whether written, electronic, or oral must include the name, office address, and telephone number of the physician assistant. The prescription must also bear the name of the patient and the date on which the prescription was written, except as provided in OAR 847-015-0050 for expedited partner therapy for sexually transmitted disease. The physician assistant must sign the prescription and the signature must be followed by the letters "P-A-". Also, the physician assistant's Federal Drug Enforcement Administration number must be shown on prescriptions for controlled substances.

(6) A physician assistant may register with the Board ~~for a physician assistant~~ to dispense drugs commensurate with the collaboration agreement, practice agreement, or Board-approved practice description and the physician assistant's prescriptive authority.

~~(a) The physician assistant must have prescribing privileges and be in good standing with the Board and the NCCPA to qualify for dispensing authority. The physician assistant may dispense Schedule II medications only if the physician assistant's practice agreement or Board-approved practice description allows Schedule II prescription privileges.~~

(ba) If the facility where the physician assistant will dispense medications serves population groups federally designated as underserved, geographic areas federally designated as health professional shortage areas or medically underserved areas, or areas designated as medically disadvantaged and in need of primary health care providers as designated by the State, the application must include:

(A) Location of the practice site;

(B) Accessibility to the nearest pharmacy; and

(C) Medical necessity for dispensing.

(eb) If the facility where the physician assistant will be dispensing medications is not in one of the designated areas or populations described in subsection (6)(~~ba~~) of this rule the physician assistant may not dispense Schedule I through II controlled substances.

(7) A physician assistant with dispensing authority must:

(a) Dispense medications personally, except that nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the physician assistant;

(b) Maintain records of the receipt and distribution of prescription drugs and the records must be readily accessible for inspection by the Board upon request;

(c) Dispense only medications that are pre-packaged by a licensed pharmacist, manufacturing drug outlet or wholesale drug outlet authorized to do so under ORS 689;

(d) Label dispensed prescription drugs in compliance with the requirements of ORS 677.089(3);

(e) Dispense prescription drugs in containers complying with the federal Poison Prevention Packaging Act unless the patient requests a noncomplying container; and

(f) Register with the Drug Enforcement Administration and maintain a controlled substances log as required in OAR 847-015-0015.

(8) Distribution of samples, without charge, is not dispensing under this rule. Administering drugs in the facility is not dispensing under this rule. Distribution of samples and administration of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity distributed or administered, and the directions for use if applicable.

(9) Failure to comply with any subsection of this rule is a violation of the ORS Chapter 677 and is grounds for a \$195 fine. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ~~21 U.S.C. 823 as amended by the Comprehensive Addiction and Recovery Act of 2016 &~~ ORS 677.265, ORS 677.511

Statutes/Other Implemented: 21 U.S.C. 823 as amended by the Comprehensive Addiction and Recovery Act of 2016, ORS 677.190, ORS 677.205, ORS 677.265, ORS 677.470, ORS 677.511, ORS 677.515 & ORS 677.545

847-050-0042

Registration

~~(1) The registration renewal form and fee must be received in the Board office during regular business hours and must be satisfactorily complete on or before December 31 of each odd-numbered year in order for the physician assistant's registration to be renewed for the next 24 months. This application must also include submission of an updated practice agreement or validation of an existing practice agreement or Board approved practice description.~~

~~(2) Upon failure to comply with section (1) of this rule, the license will automatically lapse as per ORS 677.228.~~

~~(3) A one-time surcharge is required for each physician assistant renewing his or her license for the 2014-2015 biennial registration period or applying for an initial license during calendar years 2014 and 2015.~~

~~Statutory/Other Authority: ORS 677.265~~

~~Statutes/Other Implemented: ORS 677.510 & 677.512~~

847-050-0043

Inactive Registration and Re-Entry to Practice

(1) Any physician assistant licensed in this state who changes location to some other state or country, or who is not in a current supervisory or collaboration relationship with a licensed physician or employer for six months or more, will be listed by the Board as inactive.

(2) If the physician assistant wishes to resume active status to practice in Oregon, the physician assistant must submit the reactivation application and fee, satisfactorily complete the reactivation process and be approved by the Board before beginning active practice in Oregon.

(3) The Board may deny active registration if it judges the conduct of the physician assistant during the period of inactive registration to be such that the physician assistant would have been denied a license if applying for an initial license.

(4) If a physician assistant applicant has ceased practice for a period of 12 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to do one or more of the following:

(a) Obtain certification or re-certification by the National Commission on the Certification of Physician Assistants (N.C.C.P.A.);

(b) Provide documentation of current N.C.C.P.A. certification; or

(c) Complete 30 hours per year of Category I continuing medical education acceptable to the Board ~~for every year the applicant has ceased practice;~~

~~(d) Agree to increased chart reviews upon re-entry to practice.~~

(5) The physician assistant applicant who has ceased practice for a period of 24 or more consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement for Re-entry to Practice prior to the applicant beginning the re-entry plan. Depending on the amount of time out of practice, the re-entry plan may contain ~~one or more of the requirements listed in section (4) of~~

~~this rule and such additional requirements as determined appropriate by the Board~~ one or more of the following:-

(a) Obtain certification or re-certification by the National Commission on the Certification of Physician Assistants (N.C.C.P.A.);

(b) Practice for a specified period of time under a mentor physician or physician assistant who will provide periodic reports to the Board;

(c) Complete at least 50 hours of Board-approved continuing medical education each year for the past three years; or

(d) Complete a re-entry program as determined appropriate by the Board.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.172, 677.175 & 677.512

847-050-0046

Emeritus Status~~Active Status for Temporary, Rotating Assignments~~

~~(1) A physician assistant, upon notification to the Board, may retire from active, permanent practice and change to Emeritus status which allows the physician assistant to practice temporary, volunteer assignments. A physician assistant with Emeritus status pursuant 847-008-0030 who wishes to volunteer at a medical facility must have a collaboration agreement, practice agreement, or Board-approved practice description prior to starting any temporary or volunteer assignments. practice at each assignment.~~

~~(2) A physician assistant, upon notification to the Board, may retire from active, permanent practice and maintain Active status by practicing at medical facilities for assignments on a rotating basis. A physician assistant who wishes to maintain active status and practice in rotating assignments at permanent locations must have a practice agreement or Board-approved practice description and must provide the Board with timely notification of the dates of each assignment prior to beginning each rotating assignment.~~

Statutory/Other Authority: ORS 677.265 & 677.545

Statutes/Other Implemented: ORS 677.265, 677.510 & 677.515

847-050-0050

Termination of Supervision

(1) Under a practice agreement or practice description, Upon termination of a supervisory relationship both the supervising physician and the physician assistant must submit to the Board a written report concerning the reason(s) for termination of the relationship. Such report must be submitted to the Board within 15 days following termination of supervision.

(2) All practice agreements and practice descriptions must be terminated no later than December 31, 2023.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.510

847-050-0055

Professional Corporation or Partnership

~~Whenever the supervising physician is a member of a professional corporation or employee of a professional corporation or partnership, the primary supervising physician and any acting supervising physician are in all cases personally responsible for the direction and supervision of the physician assistant's work. Such responsibility for supervision cannot be transferred to the corporation or partnership even though such corporation or partnership may pay the supervising physician and the physician assistant's salaries or enter into an employment agreement with such physician assistant or supervising physician.~~

~~Statutory/Other Authority: ORS 677
Statutes/Other Implemented: ORS 58.185~~

847-050-0080

Collaborative Practice Model

On or after July 15, 2022, except as provided in Oregon Laws 2021, chapter 349, section 20:

(1) A physician assistant may provide medical services:

(a) Within the scope of practice of the physician assistant, based on the physician assistant's education, training, and experience; and

(b) For which the physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(2) A physician assistant is responsible for the care provided by the physician assistant.

(3) A physician assistant must engage in collaboration with the appropriate health care provider as indicated by the condition of the patient, the standard of care, and the physician assistant's education, experience, and competence. The degree of collaboration must be determined at the physician assistant's primary location of practice. The determination may include decisions made by:

(a) A physician or employer with whom the physician assistant has entered into a collaboration agreement, or

(b) The group or hospital service and the credentialing and privileging systems of the physician assistant's primary location of practice.

(4) The degree of autonomous judgment that a physician assistant may exercise will be determined at the physician assistant's primary location of practice by the community standards of care and the physician assistant's education, training, and experience.

(5) If a physician assistant changes their speciality or emphasis of practice, the physician assistant must obtain applicable education, training, and experience required to meet the community standards of care.

(6) The physician assistant or student must be clearly identified as such when performing duties. The physician assistant must at all times when on duty wear a name tag with the designation of "physician assistant" or "PA" thereon and clearly identify as a "physician assistant" or "PA" in oral communications with patients and other professionals.

(7) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a \$195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority:

Statutes/Others Implemented:

847-050-0082

Collaboration Agreements

On or after July 15, 2022, except as provided in Oregon Laws 2021, chapter 349, section 20:

(1) A physician assistant may not provide care unless the physician assistant has entered into a written collaboration agreement signed by a physician or employer as defined in OAR 847-050-0010(4) and as described in this rule.

(2) The collaboration agreement must include, but is not limited to:

(a) The physician assistant's name, license number, and primary location of practice;

(b) The name of the physician or employer with whom the physician assistant is entering the collaboration agreement;

(c) A general description of the physician assistant's process for collaboration with physicians and if applicable, include any differences in the process for collaboration based on practice location;

(d) The performance assessment and review process to be established and completed by the physician or employer; and

(e) If the physician assistant has fewer than 2,000 hours of post-graduate clinical experience, a plan for the minimum of [REDACTED] hours per month during which the physician assistant will collaborate, both in person and through technology, with a specified physician.

(A) “Post-graduate clinical experience” means the professional practice as a physician assistant applying principles and methods to provide assessment, diagnosis, and treatment of patients.

(B) The physician assistant must provide evidence of at least 2,000 hours of post-graduate clinical experience to the physician or employer with whom the physician assistant is entering the collaboration agreement. The physician or employer is responsible for determining the physician assistant does not require a plan described in subsection (2)(e).

(C) For the plan required in subsection (2)(e), collaboration with a specified physician may occur in person and through synchronous and asynchronous technology.

(D) The physician assistant, or physician or employer with whom the physician assistant has entered into the collaboration agreement, is responsible for tracking the 2,000 hours of post-graduate clinical experience to determine when a plan described in subsection (2)(e) is no longer required.

(E) A collaboration agreement must be amended in writing to remove or modify a plan described in subsection (2)(e).

(3) A collaboration agreement may include additional requirements specific to the physician assistant’s practice as required by the physician or employer entering the collaboration agreement, including additional levels of oversight, limitations on autonomous judgment, and who bears primary responsibility for collaboration.

(4) As part of the performance assessment in subsection (2)(d) of this rule, a collaboration agreement must be reviewed and, if applicable, updated.

(5) A collaboration agreement must be replaced or amended in writing to add, remove, or change requirements.

(6) A physician assistant may enter multiple collaboration agreements for each employer or practice.

(7)(a) The collaboration agreement must be available at the physician assistant’s primary location of practice and made available to the Oregon Medical Board upon request.

(b) A terminated collaboration agreement should be retained in the physician assistant's personnel file and made available to the Oregon Medical Board upon request.

(8) The physician or employer with whom the physician assistant enters a collaboration agreement must provide a copy of the collaboration agreement and any amendments to the physician assistant.

(9) The physician assistant and the physician or employer with whom the physician assistant has entered into the collaboration agreement is responsible for upholding the terms of the collaboration agreement and ensuring availability for collaboration.

(10) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a \$195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.205, 677.510, 677.515



COLLABORATION AGREEMENT TEMPLATE **DRAFT**

Revised 2/2022

Per ORS 677.495, a collaboration agreement is a written agreement that describes the manner in which the physician assistant collaborates with physicians, that does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a physician for the care provided by the physician assistant and that is signed by the physician assistant and the physician or physician assistant’s employer.

Beginning date for Collaboration Agreement (mm/dd/yyyy): _____

Physician Assistant Information:

Last Name	First Name	Middle Initial	Oregon License Number
Primary Practice Location Name		Primary Practice Street Address, City, State, and Zip Code	
Business Email		Business Phone	

Employer Representative or Physician Information:

Last Name	First Name	Middle Initial	Oregon License Number <i>If applicable</i>
-----------	------------	----------------	---

COLLABORATION

A general description of the physician assistant’s process for collaboration with physicians and if applicable, include any differences in the process for collaboration based on practice location:

Does the physician assistant have at least 2,000 hours of post-graduate clinical experience?
“Post-graduate clinical experience” means professional practice as a physician assistant applying principles and methods to provide assessment, diagnosis, and treatment of patients.

- ☐ Yes, the physician assistant must provide evidence of post-graduate clinical experience to the physician or employer entering the collaboration agreement. The physician or employer is responsible for determining the physician assistant meets the hour requirement.
- ☐ No, include Attachment A: Specified Collaboration Plan

ASSESSMENT & REVIEW

The performance assessment and review process:

ADDITIONAL REQUIREMENTS (OPTIONAL)

Additional requirements for the physician assistant's practice, including additional levels of oversight, limitations on autonomous judgment, and who bears primary responsibility for collaboration:

AGREEMENT REQUIREMENTS

- A collaboration agreement must be replaced or amended in writing to remove or change requirements.
- The collaboration agreement must be available at the physician assistant's primary location of practice and made available to the Oregon Medical Board upon request.
- The physician assistant must be provided a copy of the collaboration agreement and any amendments.
- The physician assistant and the physician or employer with whom the physician assistant has entered into the collaboration agreement is responsible for upholding the terms of the collaboration agreement and ensuring availability for collaboration.

SIGNATURES

Signature of Employer Representative or Physician: _____

Name of Employer Representative or Physician: _____ Date: _____

Signature of Physician Assistant: _____

Name of Physician Assistant: _____ Date: _____

TERMINATION

To be completed when agreement is terminated. A terminated collaboration agreement should be retained in the physician assistant's personnel file and made available to the Oregon Medical Board upon request.

Termination date for Collaboration Agreement (mm/dd/yyyy): _____

SIGNATURES

Signature of Employer Representative or Physician: _____

Name of Employer Representative or Physician: _____ Date: _____

Signature of Physician Assistant: _____

Name of Physician Assistant: _____ Date: _____

Attachment A: Specified Collaboration Plan

If the physician assistant has fewer than 2,000 hours of post-graduate clinical experience, a plan for the minimum of ____ hours per month during which the physician assistant will collaborate, both in person and through technology, with a specified physician. Collaboration with a specified physician may occur in person and through synchronous and asynchronous technology.

Physician Assistant Information:

Last Name	First Name	Middle Initial	Oregon License Number
-----------	------------	----------------	-----------------------

Physician Information:

Last Name	First Name	Middle Initial	Oregon License Number <i>If applicable</i>
-----------	------------	----------------	---

Number of hours per month: _____

Description of collaboration:

A collaboration agreement must be amended in writing to remove or modify a Specified Collaboration Plan.

Excerpts from HB 3036 sections 10, 11A, and 20.

Full copy of HB 3036 available at: [HB 3036](#)

How to read a bill: existing law is shown with **boldfaced font** adding new language and *[Italic font in brackets]*: deleting current language.

COLLABORATION AGREEMENTS

SECTION 10. ORS 677.495 is amended to read:

677.495. As used in ORS 677.495 to 677.535, unless the context requires otherwise:

(1) **“Collaboration” means, as indicated by the patient’s condition, community standards of care and a physician assistant’s education, training and experience:**

(a) **Consultation between the physician assistant and a physician or podiatric physician;**
or

(b) **Referral by the physician assistant to a physician or podiatric physician.**

(2) **“Collaboration agreement” means a written agreement that describes the manner in which the physician assistant collaborates with physicians or podiatric physicians, that does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a physician or podiatric physician for the care provided by the physician assistant and that is signed by the physician assistant and the physician, podiatric physician or physician assistant’s employer.**

(3) **“Employer” means:**

(a) **An entity that is organized to deliver health care services in this state in accordance with ORS 58.375 or 58.376 and that employs a physician or podiatric physician;**

(b) **A group medical practice that is part of a health system; or**

(c) **A physician or podiatric physician who employs a physician assistant.**

(4) **“Physician” means a physician licensed under ORS 677.100 to 677.228.**

[(1)] (5) **“Physician assistant” means a person who is licensed in accordance with ORS 677.505 to 677.525.**

(6) **“Podiatric physician” means a podiatric physician and surgeon licensed under ORS 677.805 to 677.840.**

[(2) “Practice agreement” means a written agreement between a physician assistant and a supervising physician or supervising physician organization that describes the manner in which the services of the physician assistant will be used.]

[(3) “Supervising physician” means a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, who supervises a physician assistant.]

[(4) “Supervising physician organization” means a group of supervising physicians that collectively supervises a physician assistant.]

[(5) “Supervision” means the acts of overseeing and accepting responsibility for the medical services provided by a physician assistant in accordance with a practice agreement, including regular and

SECTION 11a. If House Bill 2078 becomes law, section 11 of this 2021 Act (amending ORS 677.510) is repealed and ORS 677.510, as amended by section 6, chapter __, Oregon Laws 2021 (Enrolled House Bill 2078), is amended to read:

677.510. *[(1) A person licensed to practice medicine under this chapter may not use the services of a physician assistant without the prior approval of the Oregon Medical Board.]*

[(2) A supervising physician or a supervising physician organization may apply to the board to use the services of a physician assistant. The application must:]

[(a) If the applicant is not a supervising physician organization, state the name and contact information of the supervising physician;]

[(b) If the applicant is a supervising physician organization:]

[(A) State the names and contact information of all supervising physicians; and]

[(B) State the name of the primary supervising physician required by subsection (5) of this section;]

[(c) Generally describe the medical services provided by each supervising physician;]

[(d) Contain a statement acknowledging that each supervising physician has reviewed statutes and rules relating to the practice of physician assistants and the role of a supervising physician; and]

[(e) Provide such other information in such a form as the board may require.]

[(3) The board shall approve or reject an application within seven working days after the board receives the application, unless the board is conducting an investigation of the supervising physician or of any of the supervising physicians in a supervising physician organization applying to use the services of a physician assistant.]

[(4) A supervising physician organization shall provide the board with a list of the supervising physicians in the supervising physician organization. The supervising physician organization shall continually update the list and notify the board of any changes.]

[(5) A supervising physician organization shall designate a primary supervising physician and notify the board in the manner prescribed by the board.]

[(6)(a) A physician assistant may not practice medicine until the physician assistant enters into a practice agreement with a supervising physician or supervising physician organization whose application has been approved under subsection (3) of this section. The practice agreement must:]

[(A) Include the name, contact information and license number of the physician assistant and each supervising physician.]

[(B) Describe the degree and methods of supervision that the supervising physician or supervising physician organization will use. The degree of supervision, whether general, direct or personal, must be based on the level of competency of the physician assistant as judged by the supervising physician.]

[(C) Generally describe the medical duties delegated to the physician assistant.]

[(D) Describe the services or procedures common to the practice or specialty that the physician assistant is not permitted to perform.]

[(E) Describe the prescriptive and medication administration privileges that the physician assistant will exercise.]

[(F) Provide the list of settings and licensed facilities in which the physician assistant will provide services.]

[(G) State that the physician assistant and each supervising physician is in full compliance with the laws and regulations governing the practice of medicine by physician assistants, supervising physicians and supervising physician organizations and acknowledge that violation of laws or regulations governing the practice of medicine may subject the physician assistant and supervising physician or supervising physician organization to discipline.]

[(H) Be signed by the supervising physician or the primary supervising physician of the supervising physician organization and by the physician assistant.]

[(I) Be updated at least every two years.]

[(b) The supervising physician or supervising physician organization shall provide the board with a copy of the practice agreement within 10 days after the physician assistant begins practice with the supervising physician or supervising physician organization. The supervising physician or supervising physician organization shall keep a copy of the practice agreement at the practice location and make a copy of the practice agreement available to the board on request. The practice agreement is not subject to board approval, but the board may request a meeting with a supervising physician or supervising physician organization and a physician assistant to discuss a practice agreement.]

[(7) A physician assistant's supervising physician shall ensure that the physician assistant is competent to perform all duties delegated to the physician assistant. The supervising physician or supervising physician organization and the physician assistant are responsible for ensuring the competent practice of the physician assistant.]

[(8) A supervising physician or the agent of a supervising physician must be competent to perform the duties delegated to the physician assistant by the supervising physician or by a supervising physician organization.]

[(9) The board may not require that a supervising physician be physically present at all times when the physician assistant is providing services, but may require that:]

[(a) The physician assistant have access to personal or telephone communication with a supervising physician when the physician assistant is providing services; and]

[(b) The proximity of a supervising physician and the methods and means of supervision be appropriate to the practice setting and the patient conditions treated in the practice setting.]

[(10)(a) A supervising physician organization may supervise any number of physician assistants. The board may not adopt rules limiting the number of physician assistants that a supervising physician organization may supervise.]

[(b) A physician assistant who is supervised by a supervising physician organization may be supervised by any of the supervising physicians in the supervising physician organization.]

[(11) If a physician assistant is not supervised by a supervising physician organization, the physician assistant may be supervised by no more than four supervising physicians, unless the board approves a request from the physician assistant, or from a supervising physician, for the physician assistant to be supervised by more than four supervising physicians.]

[(12) A supervising physician who is not acting as part of a supervising physician organization may supervise four physician assistants, unless the board approves a request from the supervising

physician or from a physician assistant for the supervising physician to supervise more than four physician assistants.]

[(13) A supervising physician who is not acting as part of a supervising physician organization may designate a physician to serve as the agent of the supervising physician for a predetermined period of time.]

[(14) A physician assistant may render services in any setting included in the practice agreement.]

(1) A physician assistant is responsible for the care provided by the physician assistant if the physician assistant is acting as an employee.

(2) A physician assistant shall engage in collaboration with the appropriate health care provider as indicated by the condition of the patient, the standard of care and the physician assistant's education, experience and competence. The degree of collaboration must be determined at the physician assistant's primary location of practice. The determination may include decisions made by a physician, podiatric physician or employer with whom the physician assistant has entered into a collaboration agreement, or the group or hospital service and the credentialing and privileging systems of the physician assistant's primary location of practice.

(3)(a) A physician assistant may not provide care unless the physician assistant has entered into a collaboration agreement signed by a physician, podiatric physician or employer. The collaboration agreement must include:

(A) The physician assistant's name, license number and primary location of practice;

(B) A general description of the physician assistant's process for collaboration with physicians or podiatric physicians;

(C) If the physician assistant has fewer than 2,000 hours of post-graduate clinical experience, a plan for the minimum number of hours per month during which the physician assistant will collaborate, both in person and through technology, with a specified physician or podiatric physician; and

(D) The performance assessment and review process, as described in subsection (5) of this section.

(b) The physician assistant, or physician, podiatric physician or employer with whom the physician assistant has entered into the collaboration agreement, is responsible for tracking the hours described in paragraph (a) of this subsection.

(4) The collaboration agreement must be kept on file at the physician assistant's primary location of practice and made available to the Oregon Medical Board upon request.

(5) Performance assessments and reviews of a physician assistant may be completed by the physician assistant's employer in accordance with a performance assessment and review process established by the employer.

[(15)] **(6) A physician assistant [for whom an application under this section has been approved by the board on or after January 2, 2006,] shall submit to the board[, within 24 months after the approval and] every 36 months [thereafter,] documentation of completion of:**

(a) A one-hour pain management education program approved by the board and developed based on recommendations of the Pain Management Commission; or

(b) An equivalent pain management education program, as determined by the board.

SECTION 20. A physician assistant practicing under a practice agreement or practice description that was entered into before the operative date specified in section 21 of this 2021 Act may continue to practice under the practice agreement until the physician assistant enters into a collaboration agreement, as defined in ORS 677.495. A physician assistant described in this section:

(1) May enter into a collaboration agreement on or after July 15, 2022.

(2) Shall enter into a collaboration agreement not later than the date on which the physician assistant's license is due for renewal or December 31, 2023, whichever is later.

HB 3036 Rulemaking Timeline (tentative):

- January – February 2022 – HB 3036 workgroup meets
- March 9, 2022 – Workgroup recommendations reviewed by the Administrative Affairs Committee (AAC) and the AAC makes recommendations to the full Board
- April 7-8, 2022 – AAC recommendations reviewed by the Oregon Medical Board
- After April OMB meeting – OMB files notice of proposed rules
- May 23, 2022, 5PM – Public comment period ends
- June 8, 2022 – Final rule review by the Administrative Affairs Committee
- July 7-8, 2022 – Final rule review and adoption by the Oregon Medical Board
- After July OMB meeting – OMB submits permanent filing to Secretary of State
- July 15, 2022 – Rules become effective