

HB 916 -- ASSISTANT PHYSICIANS

SPONSOR: Derges

This bill amends several provisions relating to collaborative practice arrangements between assistant physicians and their supervising physicians.

The bill removes a geographic proximity requirements for assistant physicians practicing pursuant to a collaborative practice arrangement with a supervising physician.

Currently, as part of such collaborative practice arrangements, the physician is required to review at least 10% of the assistant physician's charts every 14 days. This bill changes that requirement to every 30 days and specifies that the requirement to review charts is only necessary for the first two years of the collaborative practice arrangement.

Currently, the assistant physician must, for a one-month period, practice with the supervising physician continually present. This bill states that the supervising physician may designate another physician to supervise the assistant physicians during the one-month period. The bill also changes this requirement so that the one-month period does not need to be repeated if the assistant physician enters into a new collaborative practice arrangement with a different supervising physician.

The bill also makes changes to assistant physicians' prescriptive authority. The bill specifies under what circumstances an assistant physician can prescribe Schedule II amphetamine or methylphenidate. An assistant physician can only prescribe such substances if the prescription is a continuation of the patient's existing drug therapy and does not constitute an initial prescription. Such prescription shall be limited to a 30-day supply without refill. The assistant physician may renew the prescription as specified in the bill.