
A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that there is a
2 significant shortage of doctors available to provide health
3 care, both nationally and in Hawaii, despite the rising number
4 of medical school graduates. According to the Association of
5 American Medical Colleges, medical school deans are concerned
6 about growing medical school enrollment outpacing the number of
7 residency slots available nationally.

8 The legislature finds that several states, including
9 Missouri, Arkansas, Kansas, and Utah, have enacted legislation
10 that addresses this doctor shortage by creating a new category
11 of licensed professionals called assistant physicians.
12 Assistant physicians are recent medical school graduates who
13 have passed certain medical exams but have not been placed into
14 a residency program. An assistant physician license allows
15 medical school graduates to work under the supervision of a
16 licensed physician to provide primary care in medically



H.B. NO. 39

1 underserved areas. These laws aim to connect physicians in need
2 of jobs with communities in need of physicians.

3 The legislature further finds that Hawaii currently has
4 about twenty-two per cent fewer doctors than needed across all
5 specialties. The legislature also finds that from 2017 to 2018,
6 the State lost fifty-one full-time doctors. Currently, there
7 are approximately 2,927 full-time doctors practicing in the
8 State, about seven hundred fifty short of the number necessary
9 to meet the medical needs of Hawaii's residents.

10 The purpose of this Act is to increase the number of
11 providers of medical services in the State by establishing a
12 three-year pilot program creating a new category of professional
13 licensure for assistant physicians.

14 SECTION 2. Chapter 453, Hawaii Revised Statutes, is
15 amended by adding a new part to be appropriately designated and
16 to read as follows:

17 "PART . ASSISTANT PHYSICIANS

18 §453- Definitions. Whenever used in this part, unless
19 a different meaning clearly appears from the context:

20 "Assistant physician" means any medical school graduate
21 who:



- 1 (1) Is a citizen of the United States or legal resident
- 2 alien;
- 3 (2) Is proficient in the English language;
- 4 (3) Has successfully completed Step 1 and Step 2 of the
- 5 United States Medical Licensing Examination or the
- 6 equivalent step of any other board-approved medical
- 7 licensing examination within the four-year period
- 8 immediately preceding application for licensure as an
- 9 assistant physician, but in no event more than four
- 10 years after graduation from a medical college or
- 11 osteopathic medical college; and
- 12 (4) Has not completed an approved postgraduate residency
- 13 but has successfully completed Step 2 of the United
- 14 States Medical Licensing Examination or the equivalent
- 15 step of any other board-approved medical licensing
- 16 examination within the immediately preceding four-year
- 17 period, unless the four-year anniversary occurred
- 18 while the graduate was serving as a resident physician
- 19 in an accredited residency in the United States and
- 20 continued to serve in that position within thirty days



1 prior to application for licensure as an assistant
2 physician.

3 "Collaborating physician" means a physician or osteopathic
4 physician licensed under this chapter who has entered into a
5 collaborative practice arrangement with an assistant physician.

6 "Collaborative practice arrangement" means an agreement
7 between a collaborating physician and an assistant physician
8 that meets the requirements of this part.

9 "Medical school graduate" means any person who has
10 graduated from a medical college or osteopathic medical college.

11 **§453- Assistant physicians; licensure; insurance**
12 **reimbursement.** (a) Any medical school graduate who meets the
13 criteria for licensure pursuant to this part may apply for
14 licensure.

15 (b) An assistant physician shall be clearly identified as
16 an assistant physician. No assistant physician shall practice
17 or attempt to practice without a collaborative practice
18 arrangement, except as otherwise provided in this part or in an
19 emergency situation.

20 (c) A collaborative practice arrangement shall limit the
21 assistant physician to providing primary care services in



1 medically underserved rural or urban areas of this State, in
2 health care facilities with internship or residency training
3 programs, or in pilot project areas established in which
4 assistant physicians may practice.

5 (d) For an assistant physician working in a rural health
6 clinic under the federal Rural Health Clinic Services Act of
7 1977, P.L. 95-210, as amended:

8 (1) An assistant physician shall be considered a physician
9 assistant for purposes of regulations of the federal
10 Centers for Medicare and Medicaid Services; and

11 (2) No supervision requirements in addition to the minimum
12 federal law shall be required.

13 (e) An assistant physician shall be considered a physician
14 assistant for the purposes of receiving insurance reimbursement.
15 The department of human services shall seek any necessary
16 waivers or medicaid plan amendments to implement the insurance
17 reimbursement provisions of this part.

18 (f) Each health carrier or health benefit plan that offers
19 or issues health benefit plans that are delivered, issued for
20 delivery, continued, or renewed in the State shall reimburse an
21 assistant physician for the diagnosis, consultation, or



1 treatment of an insured or enrollee on the same basis that the
2 health carrier or health benefit plan covers the service when it
3 is delivered by another comparable mid-level health care
4 provider including but not limited to a physician assistant.

5 (g) The director of health or the director's designee
6 shall collaborate as necessary with assistant physicians for the
7 treatment of substance abuse disorders.

8 §453- Collaborative practice arrangements. (a) A
9 physician or osteopathic physician licensed under this chapter
10 may enter into a collaborative practice arrangement with an
11 assistant physician. A collaborative practice arrangement:

12 (1) Shall be in the form of a written agreement, jointly
13 agreed-upon protocols, or standing orders for the
14 delivery of health care services;

15 (2) Shall be in writing; and

16 (3) May delegate to an assistant physician the authority
17 to administer or dispense prescription drugs and
18 provide treatment; provided that the delivery of those
19 health care services is within the scope of practice
20 of the assistant physician and is consistent with the
21 assistant physician's skill, training, and competence



1 and the skill and training of the collaborating
2 physician.

3 (b) The collaborating physician shall be responsible at
4 all times for the oversight of the activities of and accept
5 responsibility for services rendered by the assistant physician.

6 (c) A collaborative practice arrangement shall include, at
7 minimum, the following provisions:

8 (1) Complete names, home and business addresses, zip
9 codes, and telephone numbers of the collaborating
10 physician and the assistant physician;

11 (2) A list of all other offices or locations where the
12 collaborating physician has authorized the assistant
13 physician to practice;

14 (3) A requirement that there shall be displayed in a
15 prominent location at every office where the assistant
16 physician is authorized to practice in collaboration
17 with a collaborating physician, a disclosure statement
18 notifying patients that they may be seen or examined
19 by an assistant physician and have the right to be
20 seen or examined by the collaborating physician;



1 (4) Any specialty or board certifications held by the
2 collaborating physician and any certifications held by
3 the assistant physician;

4 (5) The manner of collaboration between the collaborating
5 physician and the assistant physician, including the
6 methods by which the collaborating physician and the
7 assistant physician shall:

8 (A) Engage in collaborative practice consistent with
9 each professional's skill, training, education,
10 and competence;

11 (B) Maintain geographic proximity; provided that:

12 (i) The collaborative practice arrangement may
13 allow for geographic proximity to be waived
14 for a maximum of twenty-eight days per
15 calendar year for a rural health clinic as
16 defined by the Rural Health Clinic Services
17 Act of 1977, P.L. 95-210, as amended, as
18 long as the collaborative practice
19 arrangement includes alternative plans;

20 (ii) The exception to geographic proximity shall
21 apply only to an independent rural health



1 clinic, provider-based rural health clinic
2 of which the provider is a critical access
3 hospital as provided in title 42 United
4 States Code section 1395i-4, or a provider-
5 based rural health clinic for which the main
6 location of the hospital sponsor is greater
7 than fifty miles from the clinic; and

8 (iii) The collaborating physician shall maintain
9 documentation related to the geographic
10 proximity conditions of the collaborative
11 practice arrangement and present it to the
12 board when requested; and

13 (C) Provide for coverage during the absence,
14 incapacity, infirmity, or emergency of the
15 collaborating physician;

16 (6) A description of the assistant physician's controlled
17 substance prescriptive authority in collaboration with
18 the collaborating physician, including:

19 (A) A list of the controlled substances that the
20 collaborating physician has authorized the
21 assistant physician to prescribe; and



- 1 (B) Documentation that the controlled substance
2 prescriptive authority is consistent with each
3 professional's education, knowledge, skill, and
4 competence;
- 5 (7) A list of all other written collaborative practice
6 arrangements to which the collaborating physician and
7 the assistant physician are parties;
- 8 (8) The duration of the written collaborative practice
9 arrangement between the collaborating physician and
10 the assistant physician;
- 11 (9) A description of the time and manner of the
12 collaborating physician's review of the assistant
13 physician's delivery of health care services; provided
14 that the description shall include a provision that,
15 every fourteen days, the assistant physician shall
16 submit a minimum of ten per cent of the patient charts
17 documenting the assistant physician's delivery of
18 health care services to the collaborating physician
19 for review by the collaborating physician or any other
20 physician designated in the collaborative practice
21 arrangement; and



1 (10) Every fourteen days, the collaborating physician, or
2 any other physician designated in the collaborative
3 practice arrangement, shall review a minimum of twenty
4 per cent of the patient charts in which the assistant
5 physician prescribes controlled substances; provided
6 that the patient charts reviewed may be counted in the
7 number of patient charts required to be reviewed under
8 this part.

9 (d) A collaborating physician shall not enter into a
10 collaborative practice arrangement with more than three full-
11 time equivalent assistant physicians. This limitation shall not
12 apply to a collaborative arrangement of a hospital employee who
13 provides inpatient care services in a hospital or population-
14 based public health services.

15 (e) Within thirty days of any change and on each license
16 renewal, the Hawaii medical board shall require a physician to:

17 (1) Identify whether the physician is engaged in any
18 written collaborative practice arrangement, including
19 a written collaborative practice arrangement
20 delegating the authority to prescribe controlled
21 substances; and



1 (2) Report to the board the name of each assistant
2 physician with whom the physician has entered into a
3 collaborative practice arrangement.

4 The board shall make the information required under this
5 subsection available to the public. The board shall track the
6 reported information and shall routinely conduct random reviews
7 of the collaborative practice arrangements to ensure that the
8 arrangements comply with this part.

9 (f) The Hawaii medical board shall not deny, revoke,
10 suspend, or otherwise take disciplinary action against a
11 collaborating physician in relation to health care services that
12 are delegated to an assistant physician; provided that the
13 collaborating physician is in compliance with this part and the
14 rules adopted thereunder.

15 §453- Rules. (a) The Hawaii medical board shall adopt
16 rules pursuant to chapter 91 for the licensure of assistant
17 physicians that establish licensure and renewal procedures,
18 supervision requirements, fees, and any other matters that are
19 necessary to protect the public and discipline of the
20 profession. A licensure fee for an assistant physician shall



1 not exceed the amount of any licensure fee for a physician
2 assistant.

3 (b) An application for licensure may be denied or the
4 license of an assistant physician may be suspended or revoked by
5 the board in the same manner and for violation of the standards
6 of conduct established by the board. No rule adopted by the
7 board shall require an assistant physician to complete more
8 hours of continuing medical education than that of a licensed
9 physician.

10 (c) The Hawaii medical board shall adopt rules pursuant to
11 chapter 91 regulating the use of collaborative practice
12 arrangements for assistant physicians that specify:

- 13 (1) Geographic areas to be covered;
- 14 (2) The methods of treatment that may be covered by
15 collaborative practice arrangements;
- 16 (3) The development and implementation, in conjunction
17 with the dean of the John A. Burns school of medicine
18 and primary care residency program directors in the
19 State, of educational methods and programs undertaken
20 during the collaborative practice arrangements service
21 that shall facilitate the advancement of the assistant



1 physician's medical knowledge and capabilities, and
2 that may lead to credit toward a future residency
3 program for programs that deem such documented
4 educational achievements acceptable; and

5 (4) The requirements for review of services provided under
6 collaborative practice arrangements, including
7 delegating authority to prescribe controlled
8 substances; dispense medications or devices by
9 prescription; or make prescription drug orders.

10 (d) Any rules adopted by the Hawaii medical board relating
11 to dispensing or distribution of controlled substances by
12 prescription or prescription drug orders under this part shall
13 be subject to the approval of the department of public safety.

14 (e) Rules adopted by the Hawaii medical board shall be
15 consistent with guidelines for federally-funded clinics. The
16 board's rulemaking authority pursuant to this part shall not
17 apply to collaborative practice arrangements of hospital
18 employees who provide inpatient care within a hospital or
19 population-based public health services."

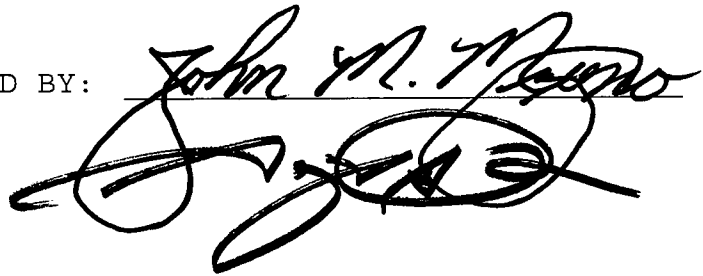


H.B. NO. 31

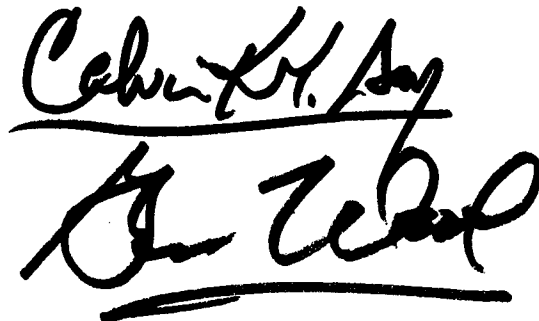
1 SECTION 3. This Act shall take effect on July 1, 2019, and
2 shall be repealed on June 30, 2022.

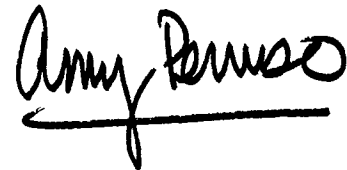
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INTRODUCED BY:

John M. Pappas


Melanie K. Pappas


Robert H. Pappas


Amy Pappas


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H.B. NO. 31

Report Title:

Health; Assistant Physicians; Licensure; Pilot Program

Description:

Establishes a three-year pilot program to create a new category of professional licensure for assistant physicians: recent medical school graduates who have passed certain medical exams but have not been placed into a residency program and who work under the supervision of a licensed physician to provide primary care in medically underserved areas.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

