

JAN 18 2023

A BILL FOR AN ACT

RELATING TO ASSOCIATE PHYSICIANS.

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

1 SECTION 1. Chapter 453, Hawaii Revised Statutes, is
2 amended by adding a new part to be appropriately designated and
3 to read as follows:

4 "PART . ASSOCIATE PHYSICIANS

5 §453-A Associate physician; licensure required. (a) The
6 Hawaii medical board shall require each person practicing
7 medicine under a collaborative practice arrangement with a
8 physician, osteopathic physician, or group of physicians, other
9 than a person licensed under section 453-3, to be licensed as an
10 associate physician.

11 (b) Before any applicant shall be eligible for licensure,
12 the applicant shall furnish proof satisfactory to the board that
13 the applicant:

14 (1) Is a resident and citizen of the United States or a
15 legal resident alien;

16 (2) Is a graduate of:



S.B. NO. 61

- 1 (A) A medical school or college whose program leading
2 to the M.D. degree is accredited by the Liaison
3 Committee on Medical Education or whose program
4 leading to the D.O. degree is approved by the
5 American Osteopathic Association Commission on
6 Osteopathic College Accreditation; or
- 7 (B) A foreign medical school, and:
- 8 (i) Holds the national certificate of the
9 Educational Commission for Foreign Medical
10 Graduates, or its successor, or for
11 applicants with residency training in
12 Canada, has passed with scores deemed
13 satisfactory by the board, the Medical
14 Council of Canada Evaluating Examination, or
15 its successor; or
- 16 (ii) Holds the certificate of the Fifth Pathway
17 Program of the American Medical Association;
- 18 (3) Has successfully completed step two of the United
19 States Medical Licensing Examination or its equivalent
20 of any other board-approved medical licensing



1 examination within the three-year period before
2 either:

3 (A) Applying for licensure as an associate physician
4 unless, when the three-year anniversary occurred,
5 the person was in service as a resident physician
6 in an accredited residency in the United States
7 and continued to do so within thirty days before
8 applying for licensure as an associate physician;
9 or

10 (B) Graduating from medical school and the graduation
11 occurred within the three-year period immediately
12 preceding the application for licensure as an
13 associate physician; and

14 (4) Has not completed an approved postgraduate residency.

15 (c) The board shall require the applicant to successfully
16 pass an examination or examinations given or approved by the
17 board to establish proficiency in English; provided that the
18 applicant graduated from a medical school located outside the
19 United States in a country where the official language is not
20 English.

21 (d) The board shall establish rules for the following:



- 1 (1) Licensure and license renewal procedures;
- 2 (2) Physician supervision and collaborative practice
- 3 arrangements;
- 4 (3) Fees; and
- 5 (4) Any other matters necessary to protect the public and
- 6 discipline professionals.

7 (e) Any license of an associate physician may be denied,
8 not renewed, revoked, limited, or suspended under section 453-8.
9 An associate physician shall not be required to complete more
10 hours of continuing medical education than that of a physician
11 licensed under this chapter.

12 (f) A person applying for the renewal of an associate
13 physician license shall include the verification of actual
14 practice under a collaborative practice arrangement as
15 prescribed in 453-C during the immediately preceding licensure
16 period.

17 **§453-B Associate physician; scope of practice.** (a) An
18 associate physician may practice as follows:

- 19 (1) By providing only primary care services;
- 20 (2) In medically underserved rural or urban areas of the
- 21 State; and

1 (3) Under the terms of an associate physician
2 collaborative practice arrangement as prescribed in
3 section 453-C.

4 (b) For a physician-associate physician team working in a
5 rural health clinic as defined by the Rural Health Clinic
6 Services Act, P.L. 95-210, as amended, related to rural health
7 clinic services:

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

11 (2) Supervision requirements in addition to the minimum
12 federal supervision requirements shall not be
13 required.

14 (c) An associate physician shall clearly identify their
15 self as an associate physician. An associate physician may use
16 the terms "doctor", "dr.", or "doc". An associate physician may
17 not practice or attempt to practice without a collaborative
18 practice arrangement as prescribed in section 453-C, except as
19 otherwise provided in this section or in an emergency situation.

20 (d) The collaborating physician shall be responsible for
21 the oversight of the activities of and shall accept



1 responsibility for primary care services rendered by the
2 associate physician.

3 (e) Each health insurance carrier or health benefit plan
4 that offers or issues health benefit plans that are delivered,
5 issued for delivery, continued, or renewed in the state, shall
6 reimburse an associate physician for diagnosing, consulting, or
7 treating an insured person or enrollee on the same basis that
8 the health carrier or health benefit plan covers the service
9 when it is delivered by another comparable mid-level health care
10 provider, including a physician assistant.

11 **§453-C Associate physician; collaborative practice**
12 **arrangement.** (a) A physician licensed under this chapter may
13 enter into collaborative practice arrangements with associate
14 physicians.

- 15 (b) Collaborative practice arrangements:
- 16 (1) Shall be in writing;
 - 17 (2) May delegate an associate physician the authority to
18 administer or dispense drugs under the authority
19 provided by section 453-1; and
 - 20 (3) Shall allow the associate physician to provide health
21 care services within the scope of practice of the



1 associate physician and consistent with the associate
2 physician's skill, training, and competence, and the
3 skill and training of the collaborating physician.

4 (c) Collaborative practice arrangements shall contain
5 following provisions:

6 (1) Complete names, home and business addresses, zip
7 codes, and telephone numbers of the collaborating
8 physician and the associate physician;

9 (2) A list of all other offices or locations besides those
10 listed in paragraph (1) where the collaborating
11 physician authorizes the associate physician to
12 practice;

13 (3) A requirement that there be posted at every office
14 where the associate physician is authorized to
15 prescribe, in collaboration with a physician, a
16 prominently displayed disclosure statement informing
17 patients that the patient may be seen by an associate
18 physician and the patient has the right to see the
19 collaborating physician;



1 (4) All specialty or board certifications of the
2 collaborating physician and all certifications of the
3 associate physician;

4 (5) The manner of collaboration between the collaborating
5 physician and the associate physician, including how
6 the collaborating physician and the associate
7 physician will:

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 rural health clinics as
16 defined in title 42 United States Code
17 Section 1395x;

18 (ii) The geographic proximity waiver shall only
19 apply to an independent rural health clinic,
20 provider-based rural health clinics of which
21 the provider is a critical access hospital

1 as provided in title 42 United States Code
2 Section 1395i-4, or a provider-based rural
3 health clinic for which the main location of
4 the hospital sponsor is more than fifty
5 miles from the clinic; and
6 (iii) The collaborating physician shall maintain
7 documentation related to this requirement
8 and present it to the board on request; and
9 (C) Provide for alternative coverage during absence,
10 incapacity, or infirmity or an emergency.
11 (6) A description of the associate physician's controlled
12 substance prescriptive authority in collaboration with
13 the collaborating physician, including:
14 (A) A list of the controlled substances the
15 collaborating physician authorizes the associate
16 physician to prescribe; and
17 (B) Documentation that the controlled substance
18 prescriptive authority is consistent with each
19 physician's education, knowledge, skill, and
20 competence;



- 1 (7) A list of any other written practice agreement between
2 the collaborating physician and the associate
3 physician;
- 4 (8) The duration of any other written practice agreement
5 between the collaborating physician and the associate
6 physician;
- 7 (9) A description of the time and manner of the
8 collaborating physician's review of the associate
9 physician's delivery of health care services; provided
10 that the description shall include a provision that,
11 every fourteen days, the associate physician shall
12 submit a minimum of ten per cent of the patient charts
13 documenting the associate physician's delivery of
14 health care services to the collaborating physician
15 for review by the collaborating physician or any other
16 physician designated in the collaborative practice
17 arrangement; and
- 18 (10) A requirement that, every fourteen days, the
19 collaborating physician, or any other physician
20 designated in the collaborative practice arrangement,
21 shall review a minimum of twenty per cent of the



1 charts in which the associate physician prescribes
2 controlled substances; provided that the charts
3 reviewed under this paragraph may be counted in the
4 number of charts required to be reviewed under
5 paragraph (9).

6 (d) The board shall adopt rules regulating the use of
7 collaborative practice arrangements for associate physicians
8 that specify:

- 9 (1) Geographic areas to be covered;
- 10 (2) The methods of treatment that may be covered by
11 collaborative practice arrangements;
- 12 (3) In conjunction with the dean of the University of
13 Hawaii John A. Burns School of Medicine and primary
14 care residency program directors in the State, the
15 development and implementation of educational methods
16 and programs undertaken during the collaborative
17 practice service that facilitates the advancement of
18 the associate physician's medical knowledge and
19 capabilities and that may lead to credit toward a
20 future residency program for programs that deem such
21 documented educational achievements acceptable; and



1 (4) The requirements for review of services provided under
2 collaborative practice arrangements, including
3 delegating authority to prescribe controlled
4 substances.

5 (e) The board shall adopt rules applicable to associate
6 physicians that are consistent with guidelines for federally
7 funded clinics. The rulemaking authority granted in this
8 subsection does not extend to collaborative practice
9 arrangements of hospital employees providing inpatient care
10 within accredited hospitals.

11 (f) The board shall not deny, revoke, suspend or otherwise
12 take disciplinary action against the license of a collaborating
13 physician for health care services delegated to an associate
14 physician if this section and the rules adopted pursuant to this
15 section are satisfied.

16 (g) The board shall require each physician, on licensure
17 renewal, to identify whether the physician is engaged in any
18 collaborative practice arrangement, including collaborative
19 practice arrangements delegating the authority to prescribe
20 controlled substances, and to report to the board the name of
21 each associate physician with whom the physician has a



1 collaborative practice arrangement. The board may make such
2 information available to the public. The board shall track the
3 reported information and may routinely conduct random reviews of
4 the collaborative practice arrangements to ensure they are
5 carried out in compliance with this chapter and the rules
6 adopted pursuant to this chapter.

7 (h) A collaborating physician shall not enter into a
8 collaborative practice arrangement with more than six full-time
9 equivalent associate physicians or full-time equivalent
10 physician assistants, or any combination thereof.

11 (i) The collaborating physician shall determine and
12 document the completion of at least a one-month period during
13 which the associate physician practices in a setting in which
14 the collaborating physician is continuously present before
15 practicing when the collaborating physician is not continuously
16 present. Board rules shall not require the collaborating
17 physician to review more than ten per cent of the associate
18 physician's patient charts or records during the one-month
19 period.

20 (j) A collaborative practice arrangement under this
21 section may not supersede current hospital licensing regulations



1 governing hospital medication orders under protocols or standing
2 orders for the purpose of delivering inpatient or emergency care
3 within an accredited hospital if such protocols or standing
4 orders have been approved by the hospital's medical staff and
5 pharmaceutical therapeutics committee.

6 (k) A contract or other agreement shall not require a
7 physician to act as a collaborating physician for an associate
8 physician against the physician's will. A physician may refuse
9 to act as a collaborating physician, without penalty, for a
10 particular associate physician. A contract or other agreement
11 shall not limit the collaborating physician's ultimate authority
12 over any protocols or standing orders or in delegating the
13 physician's authority to any associate physician, and a
14 physician, in implementing such protocols, standing orders, or
15 delegation, shall not violate applicable standards for safe
16 medical practice established by a hospital's medical staff.

17 (l) A contract or other agreement shall not require any
18 associate physician to serve as a collaborating associate
19 physician for any collaborating physician against the associate
20 physician's will. An associate physician may refuse to
21 collaborate, without penalty, with a particular physician.



1 (m) Each collaborating physician and associate physician
2 in a collaborative practice arrangement shall wear
3 identification badges while acting within the scope of their
4 collaborative practice arrangement. The identification badges
5 shall prominently display the licensure status of each
6 collaborating physician and associate physician.

7 (n) This section does not limit the authority of hospitals
8 or hospital medical staff to make employment or medical staff
9 credentialing or privileging decisions.

10 **§453-D Associate physicians; controlled substances.** (a)
11 An associate physician who is granted controlled substances
12 prescriptive authority as provided in this chapter may prescribe
13 any controlled substance listed in schedule III, IV, or V, and
14 may have restricted authority in schedule II, when delegated the
15 authority to prescribe controlled substances in a collaborative
16 practice arrangement; provided that any prescriptive authority
17 granted shall be filed with the board; provided further that
18 prescriptions for schedule II medications prescribed by an
19 associate physician who has a certificate of controlled
20 substances prescriptive authority shall be restricted to only
21 those medications containing hydrocodone.



1 (b) The collaborating physician may limit a specific
2 scheduled drug or scheduled drug category that the associate
3 physician is allowed to prescribe; provided that any limits
4 shall be listed in the collaborative practice arrangement.

5 (c) Associate physicians shall not prescribe controlled
6 substances for themselves or members of their families.

7 (d) Schedule III controlled substances and schedule II
8 hydrocodone prescriptions are limited to a five-day supply
9 without refill, except that buprenorphine may be prescribed for
10 up to a thirty-day supply without refill for patients receiving
11 medication-assisted treatment for substance use disorders under
12 the direction of the collaborating physician.

13 (e) Associate physicians authorized to prescribe
14 controlled substances under this chapter shall register with the
15 United States Drug Enforcement Administration and shall include
16 the United States Drug Enforcement Administration Registration
17 Number on prescriptions for controlled substances.

18 (f) The collaborating physician shall determine and
19 document the completion of at least one hundred twenty hours in
20 a four-month period by the associate physician during which the
21 associate physician practices with the collaborating physician



S.B. NO. 61

1 on-site before prescribing controlled substances when the
2 collaborating physician is not on-site."

3 SECTION 2. This Act shall take effect upon its approval.

4

INTRODUCED BY: _____

A handwritten signature in black ink, appearing to be "J. L.", is written over a horizontal line that extends to the right of the text "INTRODUCED BY:". The signature is stylized and cursive.

S.B. NO. 61

Report Title:

Health; Associate Physicians; Licensure

Description:

Creates a new category of professional licensure for associate physicians, which are 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. Prescribes the scope of practice of associate physicians. Creates requirements for collaborative practice agreements between associate physicians and collaborating physicians. Authorizes associate physicians to prescribe certain controlled substances.

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

