

CHAPTER 224

AN ACT concerning the licensure and scope of practice of physician assistants, amending and supplementing P.L.1991, c.378, amending P.L.1983, c.308 and P.L.1988, c.125, and repealing various parts of the statutory law.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. Section 2 of P.L.1991, c.378 (C.45:9-27.11) is amended to read as follows:

C.45:9-27.11 Definitions.

2. As used in this act:

"Accredited program" means an education program for physician assistants which is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agency.

"Board" means the State Board of Medical Examiners created pursuant to R.S.45:9-1.

"Committee" means the Physician Assistant Advisory Committee established pursuant to section 11 of P.L.1991, c.378 (C.45:9-27.20).

"Director" means the Director of the Division of Consumer Affairs.

"Health care facility" means a health care facility as defined in section 2 of P.L.1971, c.136 (C.26:2H-2).

"Institution" means any of the charitable, hospital, relief and training institutions, noninstitutional agencies, and correctional institutions enumerated in R.S.30:1-7.

"Physician assistant" means a health professional who meets the qualifications under P.L.1991, c.378 (C.45:9-27.10 et seq.) and holds a current, valid license issued pursuant to section 4 of P.L.1991, c.378 (C.45:9-27.13).

"Physician" means a person licensed to practice medicine and surgery pursuant to chapter 9 of Title 45 of the Revised Statutes.

"Veterans' home" means the New Jersey Veterans' Memorial Home – Menlo Park, the New Jersey Veterans' Memorial Home – Vineland, and the New Jersey Veterans' Memorial Home – Paramus.

2. Section 4 of P.L.1991, c.378 (C.45:9-27.13) is amended to read as follows:

C.45:9-27.13 License requirements.

4. a. The board shall issue a license as a physician assistant to an applicant who has fulfilled the following requirements:

- (1) Is at least 18 years of age;
- (2) Is of good moral character;
- (3) Has successfully completed an accredited program; and
- (4) Has passed the national certifying examination administered by the National Commission on Certification of Physician Assistants, or its successor.

b. In addition to the requirements of subsection a. of this section, an applicant for renewal of a license as a physician assistant shall:

(1) Execute and submit a sworn statement made on a form provided by the board that neither the license for which renewal is sought nor any similar license or other authority issued by another jurisdiction has been revoked or suspended; and

(2) Present satisfactory evidence that any continuing education requirements have been completed as required by P.L.1991, c.378 (C.45:9-27.10 et seq.).

c. The board, in consultation with the committee, may accept, in lieu of the requirements of subsection a. of this section, proof that an applicant for licensure holds a current license in a state which has standards substantially equivalent to those of this State.

d. (Deleted by amendment, P.L.2015, c.224)

e. A physician assistant who notifies the board in writing on forms prescribed by the board may elect to place the physician assistant's license on inactive status. A physician assistant with an inactive license shall not be subject to the payment of renewal fees and shall not practice as a physician assistant. A licensee who engages in practice while the physician assistant's license is lapsed or on inactive status shall be deemed to have engaged in professional misconduct in violation of subsection e. of section 8 of P.L.1978, c.73 (C.45:1-21) and shall be subject to disciplinary action by the committee pursuant to P.L.1978, c.73 (C.45:1-14 et seq.). A physician assistant requesting restoration from an inactive status shall be required to pay the current renewal fee and shall be required to meet the criteria for renewal as specified by the board.

3. Section 6 of P.L.1991, c.378 (C.45:9-27.15) is amended to read as follows:

C.45:9-27.15 Practice of physician assistant.

6. a. A physician assistant may practice in all medical care settings, including, but not limited to, a physician's office, a health care facility, an institution, a veterans' home, or a private home, provided that:

(1) the physician assistant performs medical services within the physician assistant's education, training, and experience under the supervision of a physician pursuant to section 9 of P.L.1991, c.378 (C.45:9-27.18);

(2) the practice of the physician assistant is limited to those procedures enumerated under section 7 of P.L.1991, c.378 (C.45:9-27.16), and any other procedures that are delegated to the physician assistant by the supervising physician, as authorized under subsection d. of section 7 of P.L.1991, c.378 (C.45:9-27.16);

(3) (Deleted by amendment, P.L.2015, c.224)

(4) the supervising physician or physician assistant advises the patient at the time that services are rendered that they are to be performed by the physician assistant;

(5) the physician assistant conspicuously wears an identification tag using the term "physician assistant" or the designation, "PA-C" or "PA" whenever acting in that capacity; and

(6) any entry by a physician assistant in a clinical record is appropriately signed and followed by the designation, "PA-C" or "PA."

b. Any physician assistant who practices in violation of any of the conditions specified in subsection a. of this section shall be deemed to have engaged in professional misconduct in violation of subsection e. of section 8 of P.L.1978, c.73 (C.45:1-21).

4. Section 7 of P.L.1991, c.378 (C.45:9-27.16) is amended to read as follows:

C.45:9-27.16 Allowable procedures.

7. a. A physician assistant may perform the following procedures:

(1) Approaching a patient to elicit a detailed and accurate history, perform an appropriate physical examination, identify problems, record information, and interpret and present information to the supervising physician;

(2) Suturing and caring for wounds including removing sutures and clips and changing dressings, except for facial wounds, traumatic wounds requiring suturing in layers, and infected wounds;

(3) Providing patient counseling services and patient education consistent with directions of the supervising physician;

(4) Assisting a physician in an inpatient setting by conducting patient rounds, recording patient progress notes, determining and implementing therapeutic plans jointly with the supervising physician, and compiling and recording pertinent narrative case summaries;

(5) Assisting a physician in the delivery of services to patients requiring continuing care in a private home, nursing home, extended care facility, or other setting, including the review and monitoring of treatment and therapy plans; and

(6) Referring patients to, and promoting their awareness of, health care facilities and other appropriate agencies and resources in the community.

(7) (Deleted by amendment, P.L.2015, c.224)

b. A physician assistant may perform the following procedures only when directed, ordered, or prescribed by the supervising physician, or when performance of the procedure is delegated to the physician assistant by the supervising physician as authorized under subsection d. of this section:

(1) Performing non-invasive laboratory procedures and related studies or assisting duly licensed personnel in the performance of invasive laboratory procedures and related studies;

(2) Giving injections, administering medications, and requesting diagnostic studies;

(3) Suturing and caring for facial wounds, traumatic wounds requiring suturing in layers, and infected wounds;

(4) Writing prescriptions or ordering medications in an inpatient or outpatient setting in accordance with section 10 of P.L.1991, c.378 (C.45:9-27.19); and

(5) Prescribing the use of patient restraints.

c. A physician assistant may assist a supervising surgeon in the operating room when a qualified assistant physician is not required by the board and a second assistant is deemed necessary by the supervising surgeon.

d. A physician assistant may perform medical services beyond those explicitly authorized in this section, when such services are delegated by a supervising physician with whom the physician assistant has signed a delegation agreement pursuant to section 8 of P.L.1991, c.378 (C.45:9-27.17). The procedures delegated to a physician assistant shall be limited to those customary to the supervising physician's specialty and within the supervising physician's and the physician assistant's competence and training.

e. Notwithstanding subsection d. of this section, a physician assistant shall not be authorized to measure the powers or range of human vision, determine the accommodation and refractive states of the human eye, or fit, prescribe, or adapt lenses, prisms, or frames for the aid thereof. Nothing in this subsection shall be construed to prohibit a physician assistant from performing a routine visual screening.

5. Section 8 of P.L.1991, c.378 (C.45:9-27.17) is amended to read as follows:

C.45:9-27.17 Physician's responsibility for assistant.

8. a. (Deleted by amendment, P.L.2015, c.224)

b. Any physician who permits a physician assistant under the physician's supervision to practice contrary to the provisions of P.L.1991, c.378 (C.45:9-27.10 et seq.) shall be deemed to have engaged in professional misconduct in violation of subsection e. of section 8 of

P.L.1978, c.73 (C.45:1-21) and shall be subject to disciplinary action by the board pursuant to P.L.1978, c.73 (C.45:1-14 et seq.);

c. In the performance of all practice-related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services, a physician assistant shall be conclusively presumed to be the agent of the physician under whose supervision the physician assistant is practicing.

d. A physician who supervises a physician assistant may maintain a written delegation agreement with the physician assistant. A physician assistant shall sign a separate written agreement with each physician who delegates medical services in accordance with the provisions of subsection d. of section 7 of P.L.1991, c.378 (C.45:9-27.16). However, a written delegation agreement may be executed by a single-specialty physician practice, provided it is signed by all of the delegating physicians supervising the physician assistant. In the case of a multi-specialty physician practice, a written delegation agreement may be executed for each physician specialty within the practice, provided it is signed by all of the delegating physicians supervising the physician assistant in that specialty area. Nothing in this section shall authorize the execution of a global written delegation agreement between a physician assistant and a multi-specialty physician practice. The agreement shall:

(1) state that the physician will exercise supervision over the physician assistant in accordance with the provisions of P.L.1991, c.378 (C.45:9-27.10 et seq.) and any rules adopted by the board;

(2) be signed and dated annually by the physician and the physician assistant, and updated as necessary to reflect any changes in the practice or the physician assistant's role in the practice; and

(3) be kept on file at the practice site, be provided to the Physician Assistant Advisory Committee, and be kept on file by the committee.

e. The delegation agreement shall include, but need not be limited to, the following provisions:

(1) The physician assistant's role in the practice, including any specific aspects of care that require prior consultation with the supervising physician;

(2) A determination of whether the supervising physician requires personal review of all charts and records of patients and countersignature by the supervising physician of all medical services performed under the delegation agreement, including prescribing and administering medication as authorized under section 10 of P.L.1991, c.378 (C.45:9-27.19). This provision shall state the specified time period in which a review and countersignature shall be completed by the supervising physician. If no review and countersignature is necessary, the agreement must specifically state such provision; and

(3) The locations of practice where the physician assistant may practice under the delegation agreement, including licensed facilities in which the physician authorizes the physician assistant to provide medical services.

6. Section 9 of P.L.1991, c.378 (C.45:9-27.18) is amended to read as follows:

C.45:9-27.18 Supervision.

9. a. A physician assistant shall be under the supervision of a physician at all times during which the physician assistant is working in an official capacity.

b. Supervision of a physician assistant shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician, provided that the

supervising physician and physician assistant maintain contact through electronic, or other means of, communication.

(1) (Deleted by amendment, P.L.2015, c.224)

(2) (Deleted by amendment, P.L.2015, c.224)

(3) (Deleted by amendment, P.L.2015, c.224)

c. (Deleted by amendment, P.L.2015, c.224)

(1) (Deleted by amendment, P.L.2015, c.224))

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(3) (Deleted by amendment, P.L.2015, c.224)

d. (Deleted by amendment, P.L.2015, c.224)

(1) (Deleted by amendment, P.L.2015, c.224)

(2) (Deleted by amendment, P.L.2015, c.224)

(3) (Deleted by amendment, P.L.2015, c.224)

e. It is the obligation of each supervising physician and physician assistant to ensure that: (1) the physician assistant's scope of practice is identified; (2) delegation of medical tasks is appropriate to the physician assistant's level of competence; (3) the relationship of, and access to, the supervising physician is defined; and (4) a process for evaluation of the physician assistant's performance is established.

7. Section 10 of P.L.1991, c.378 (C.45:9-27.19) is amended to read as follows:

C.45:9-27.19 Dispensing of medication.

10. A physician assistant may order, prescribe, dispense, and administer medications and medical devices to the extent delegated by a supervising physician.

a. Controlled dangerous substances may only be ordered or prescribed if:

(1) a supervising physician has authorized a physician assistant to order or prescribe Schedule II, III, IV, or V controlled dangerous substances in order to:

(a) continue or reissue an order or prescription for a controlled dangerous substance issued by the supervising physician;

(b) otherwise adjust the dosage of an order or prescription for a controlled dangerous substance originally ordered or prescribed by the supervising physician, provided there is prior consultation with the supervising physician;

(c) initiate an order or prescription for a controlled dangerous substance for a patient, provided there is prior consultation with the supervising physician if the order or prescription is not pursuant to subparagraph (d) of this paragraph; or

(d) initiate an order or prescription for a controlled dangerous substance as part of a treatment plan for a patient with a terminal illness, which for the purposes of this subparagraph means a medical condition that results in a patient's life expectancy being 12 months or less as determined by the supervising physician;

(2) the physician assistant has registered with, and obtained authorization to order or prescribe controlled dangerous substances from, the federal Drug Enforcement Administration and any other appropriate State and federal agencies; and

(3) the physician assistant complies with all requirements which the board shall establish by regulation for the ordering, prescription, or administration of controlled dangerous substances, all applicable educational program requirements, and continuing professional education programs approved pursuant to section 16 of P.L.1991, c.378 (C.45:9-27.25).

b. (Deleted by amendment, P.L.2015, c.224)

c. (Deleted by amendment, P.L.2015, c.224)

d. In the case of an order or prescription for a controlled dangerous substance, the physician assistant shall print on the order or prescription the physician assistant's Drug Enforcement Administration registration number.

e. The dispensing of medication or a medical device by a physician assistant shall comply with relevant federal and State regulations, and shall occur only if: (1) pharmacy services are not reasonably available; (2) it is in the best interest of the patient; or (3) the physician assistant is rendering emergency medical assistance.

f. A physician assistant may request, receive, and sign for prescription drug samples and may distribute those samples to patients.

8. Section 12 of P.L.1991, c.378 (C.45:9-27.21) is amended to read as follows:

C.45:9-27.21 Election of officers; meetings.

12. The committee shall annually elect from among its members a president and vice-president. The committee shall meet six times a year and may hold additional meetings as necessary to discharge its duties. In addition to such meetings, the committee shall meet at the call of the president, the board, or the Attorney General.

9. Section 14 of P.L.1991, c.378 (C.45:9-27.23) is amended to read as follows:

C.45:9-27.23 Powers, duties.

14. a. The committee may have the following powers and duties, as delegated by the board:

(1) to evaluate and pass upon the qualifications of candidates for licensure;

(2) to take disciplinary action, in accordance with P.L.1978, c.73 (C.45:1-14 et seq.), against a physician assistant who violates any provision of this act; and

(3) (Deleted by amendment, P.L.2015, c.224)

(4) subject to the requirements of section 16 of P.L.1991, c.378 (C.45:9-27.25), to adopt standards for and approve continuing education programs.

b. In addition to the powers and duties specified in subsection a. of this section, the committee may make recommendations to the board regarding any subjects pertinent to this act or to the practice of physician assistants.

10. Section 17 of P.L.1991, c.378 (C.45:9-27.26) is amended to read as follows:

C.45:9-27.26 Powers, duties of board.

17. In consultation with the committee, the board shall, in addition to such other powers and duties as it may possess by law:

a. Administer and enforce the provisions of P.L.1991, c.378 (C.45:9-27.10 et seq.);

b. Adopt and promulgate rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to effectuate the purposes of P.L.1991, c.378 (C.45:9-27.10 et seq.);

c. Establish professional standards for persons licensed under P.L.1991, c.378 (C.45:9-27.10 et seq.);

d. Conduct hearings pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), except that the board shall have the right to administer oaths to witnesses, and shall have the power to issue subpoenas for the compulsory attendance of witnesses and the production of pertinent books, papers, or records;

- e. Conduct proceedings before any board, agency, or court of competent jurisdiction for the enforcement of the provisions of P.L.1991, c.378 (C.45:9-27.10 et seq.);
- f. Evaluate and pass upon the qualifications of candidates for licensure;
- g. (Deleted by amendment, P.L.2015, c.224)
- h. (Deleted by amendment, P.L.2015, c.224)
- i. Subject to the requirements of section 16 of P.L.1991, c.378 (C.45:9-27.25), establish standards for and approve continuing education programs; and
- j. Have the enforcement powers provided pursuant to P.L.1978, c.73 (C.45:1-14 et seq.).

C.45:9-27.13a medical malpractice liability insurance, letter of credit required.

11. a. A physician assistant who engages in clinical practice in this State is required to be covered by medical malpractice liability insurance, or if such liability coverage is not available, by a letter of credit. The board shall establish by regulation the minimum amount for medical malpractice liability insurance coverage or lines of credit.

b. The physician assistant shall include, on the physician assistant's license renewal form, the name and address of the insurance carrier or the institution issuing the letter of credit to the physician assistant.

c. A physician assistant who is in violation of this section is subject to disciplinary action and civil penalties pursuant to sections 8, 9, and 12 of P.L.1978, c.73 (C.45:1-21 to 22 and 45:1-25).

d. The board shall notify all licensed physician assistants of the requirements of this section within 30 days of the date of enactment of P.L.2015, c.224 (C.45:9-27.13a et al.).

C.45:9-27.18a Response to emergencies; immunity from civil damages.

12. a. A physician assistant licensed in this State, or licensed or authorized to practice in any other jurisdiction of the United States or credentialed as a physician assistant by a federal employer, who is responding to a need for medical care created by an emergency or a State or local disaster, excluding an emergency situation that occurs in the place of the physician assistant's employment, may render such care as the physician assistant is able to provide without supervision, or with such supervision as is available.

b. A physician who supervises a physician assistant providing medical care in response to an emergency or a State or local disaster shall not be required to meet the requirements set forth for a supervising physician in P.L.1991, c.378 (C.45:9-27.10 et seq.).

c. (1) A physician assistant licensed in this State, or licensed or authorized to practice in any other jurisdiction of the United States, who voluntarily and gratuitously, and other than in the ordinary course of employment or practice, renders emergency medical assistance, shall not be liable for civil damages for any personal injury that results from an act or omission by the physician assistant in rendering emergency care that may constitute ordinary negligence.

(2) A physician who supervises a physician assistant voluntarily and gratuitously providing emergency care as described in this subsection shall not be liable for civil damages for any personal injury that results from an act or omission by the physician assistant rendering emergency care.

d. The immunity granted under subsection c. of this section shall not apply to an act or omission constituting gross, willful, or wanton negligence or when the medical assistance is rendered at a hospital, physician's office, or other health care delivery entity where those services are normally rendered.

13. Section 4 of P.L.1983, c.308 (C.26:6-8.1) is amended to read as follows:

C.26:6-8.1 Determination, pronouncement of death.

4. a. Where there has been an apparent death that is not governed by the provisions of section 4 of P.L.1991, c.90 (C.26:6A-4), a registered professional nurse licensed by the New Jersey Board of Nursing under P.L.1947, c.262 (C.45:11-23 et seq.) or a physician assistant licensed pursuant to P.L.1991, c.378 (C.45:9-27.10 et seq.) may make the actual determination and pronouncement of death and shall attest to this pronouncement by: signing in the space designated for this signature on the certificate of death under R.S.26:6-7; or, for the purposes of the NJ-EDRS, transmitting orally or in writing a report of the pronouncement to the attending, covering, or resident physician, or the county medical examiner.

b. (Deleted by amendment, P.L.2006, c.86).

14. Section 1 of P.L.1988, c.125 (C.26:6-8.2) is amended to read as follows:

C.26:6-8.2 Notification.

1. If the attending physician, registered professional nurse, physician assistant, or State or county medical examiner who makes the actual determination and pronouncement of death determines or has knowledge that the deceased person was infected with human immunodeficiency virus (HIV) or hepatitis B virus or that the deceased person suffered from acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or any of the contagious, infectious, or communicable diseases as shall be determined by the Commissioner of the Department of Health, the attending physician, registered professional nurse, physician assistant, or State or county medical examiner shall immediately place with the remains written notification of the condition and shall provide written notification of the condition to the funeral director who is responsible for the handling and the disposition of the body.

Repealer.

15. The following sections are repealed:

Section 5 of P.L.1991, c.378 (C.45:9-27.14);

Section 15 of P.L.1991, c.378 (C.45:9-27.24); and

Section 3 of P.L.1993, c.337 (C.45:9-27.19a).

16. This act shall take effect on the first day of the seventh month next following the date of enactment, but the State Board of Medical Examiners and the Physician Assistant Advisory Committee may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of this act.

Approved January 19, 2016.