§3270-G. Physician associates; scope of practice and agreement requirements

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Collaborative agreement" means a document agreed to by a physician associate and a physician that describes the scope of practice for the physician associate as determined by practice setting and describes the decision-making process for a health care team, including communication and consultation among health care team members. [PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

B. "Consultation" means engagement in a process in which members of a health care team use their complementary training, skill, knowledge and experience to provide the best care for a patient. [PL 2019, c. 627, Pt. B, §17 (NEW).]

C. "Health care team" means 2 or more health care professionals working in a coordinated, complementary and agreed-upon manner to provide quality, cost-effective, evidence-based care to a patient and may include a physician, physician associate, advanced practice nurse, nurse, physical therapist, occupational therapist, speech therapist, social worker, nutritionist, psychotherapist, counselor or other licensed professional. [PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

D. "Physician" means a person licensed as a physician under this chapter or chapter 36. [PL 2019, c. 627, Pt. B, §17 (NEW).]

E. "Physician associate" means a person licensed under section 2594-E or 3270-E. [PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

F. "Practice agreement" means a document agreed to by a physician associate who is the principal clinical provider in a practice and a physician that states the physician will be available to the physician associate for collaboration or consultation. [PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

G. "Prescription or legend drug" has the same meaning as "prescription drug" in section 13702-A, subsection 30 and includes schedule II to schedule V drugs or other substances under the federal Controlled Substances Act, 21 United States Code, Section 812. [PL 2019, c. 627, Pt. B, §17 (NEW).]

[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

2. Scope of practice. A physician associate may provide any medical service for which the physician associate has been prepared by education, training and experience and is competent to perform. The scope of practice of a physician associate is determined by practice setting, including, but not limited to, a physician employer setting, physician group practice setting or independent private practice setting, or, in a health care facility setting, by a system of credentialing and granting of privileges.

[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

3. Dispensing drugs. Except for distributing a professional sample of a prescription or legend drug, a physician associate who dispenses a prescription or legend drug:

A. Shall comply with all relevant federal and state laws and federal regulations and state rules; and [PL 2019, c. 627, Pt. B, §17 (NEW).]

B. May dispense the prescription or legend drug only when:

(1) A pharmacy service is not reasonably available;

(2) Dispensing the drug is in the best interests of the patient; or

(3) An emergency exists. [PL 2019, c. 627, Pt. B, §17 (NEW).]

[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

4. Consultation. A physician associate shall, as indicated by a patient's condition, the education, competencies and experience of the physician associate and the standards of care, consult with, collaborate with or refer the patient to an appropriate physician or other health care professional. The level of consultation required under this subsection is determined by the practice setting, including a physician employer, physician group practice, or private practice, or by the system of credentialing and granting of privileges of a health care facility. A physician must be accessible to the physician associate at all times for consultation. Consultation may occur electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team.

[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

5. Collaborative agreement requirements. A physician associate with less than 4,000 hours of clinical practice documented to the board shall work in accordance with a collaborative agreement with an active physician that describes the physician associate's scope of practice, except that a physician associate working in a physician group practice setting or a health care facility setting under a system of credentialing and granting of privileges and scope of practice agreement may use that system of credentialing and granting of privileges and scope of practice agreement in lieu of a collaborative agreement. A physician associate is legally responsible and assumes legal liability for any medical service provided by the physician associate in accordance with the physician associate's scope of practice under subsection 2 and a collaborative agreement under this subsection. Under a collaborative agreement, collaboration may occur through electronic means and does not require the physical presence of the physician at the time or place that the medical services are provided. A physician associate shall submit the collaborative agreement, or, if appropriate, the scope of practice agreement, to the board for approval and the agreement must be kept on file at the main location of the place of practice and be made available to the board or the board's representative upon request. Upon submission to the board of documentation of 4,000 hours of clinical practice, a physician associate is no longer subject to the requirements of this subsection.

[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

6. Practice agreement requirements. A physician associate who has more than 4,000 hours of clinical practice may be the principal clinical provider in a practice that does not include a physician partner as long as the physician associate has a practice agreement with an active physician, and other health care professionals as necessary, that describes the physician associate's scope of practice. A physician associate is legally responsible and assumes legal liability for any medical service provided by the physician associate in accordance with the physician associate's scope of practice under subsection 2 and a practice agreement under this subsection. A physician associate shall submit the practice agreement to the board for approval and the agreement must be kept on file at the main location of the physician associate's practice and be made available to the board or the board's representative upon request. Upon any change in the parties to the practice agreement or other substantive change in the practice agreement, the physician associate shall submit the revised practice agreement to the board for approval. Under a practice agreement, consultation may occur through electronic means and does not require the physical presence of the physician or other health care providers who are parties to the agreement at the time or place that the medical services are provided.

[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

7. Construction. To address the need for affordable, high-quality health care services throughout the State and to expand, in a safe and responsible manner, access to health care providers such as physician associates, this section must be liberally construed to authorize physician associates to provide health care services to the full extent of their education, training and experience in accordance with their scopes of practice as determined by their practice settings.

[PL 2019, c. 627, Pt. B, §17 (NEW); PL 2025, c. 316, §3 (REV).]

SECTION HISTORY

PL 2019, c. 627, Pt. B, §17 (NEW). PL 2025, c. 316, §3 (REV).

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