

**SENATE**  
**STATE OF MINNESOTA**  
**NINETY-FIRST SESSION**

**S.F. No. 2043**

(SENATE AUTHORS: KIFFMEYER and Eaton)

DATE	D-PG	OFFICIAL STATUS
03/07/2019	683	Introduction and first reading Referred to Health and Human Services Finance and Policy
03/16/2020	5521a 5564	Comm report: To pass as amended Second reading See SF13, Art. 2, Sec. 1, 3-17, 19, 27, 34

1.1 A bill for an act

1.2 relating to health occupations; permitting licensed physician assistant to practice

1.3 without delegation agreement with physician; amending Minnesota Statutes 2018,

1.4 sections 62A.307, subdivision 2; 147A.01, subdivisions 3, 21, 26, 27, by adding

1.5 a subdivision; 147A.02; 147A.03, by adding a subdivision; 147A.05; 147A.09;

1.6 147A.13, subdivision 1; 147A.14, subdivision 4; 147A.16; 147A.23; 152.12,

1.7 subdivision 1; Minnesota Statutes 2019 Supplement, sections 147A.06; 151.01,

1.8 subdivision 23; proposing coding for new law in Minnesota Statutes, chapter 147A;

1.9 repealing Minnesota Statutes 2018, sections 147A.01, subdivisions 4, 11, 16a,

1.10 17a, 24, 25; 147A.04; 147A.10; 147A.11; 147A.18, subdivisions 1, 2, 3; 147A.20.

1.11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.12 Section 1. Minnesota Statutes 2018, section 62A.307, subdivision 2, is amended to read:

1.13 Subd. 2. **Requirement.** Coverage described in subdivision 1 that covers prescription

1.14 drugs must provide the same coverage for a prescription written by a health care provider

1.15 authorized to prescribe the particular drug covered by the health coverage described in

1.16 subdivision 1, regardless of the type of health care provider that wrote the prescription. This

1.17 section is intended to prohibit denial of coverage based on the prescription having been

1.18 written by an advanced practice nurse under section 148.235, a physician assistant under

1.19 section ~~147A.18~~ 147A.185, or any other nonphysician health care provider authorized to

1.20 prescribe the particular drug.

1.21 Sec. 2. Minnesota Statutes 2018, section 147A.01, subdivision 3, is amended to read:

1.22 Subd. 3. **Administer.** "Administer" means the delivery by a physician assistant ~~authorized~~

1.23 ~~to prescribe legend drugs, a single dose of a legend drug, including controlled substances,~~

1.24 to a patient by injection, inhalation, ingestion, or by any other immediate means, ~~and the~~

2.1 ~~delivery by a physician assistant ordered by a physician a single dose of a legend drug by~~  
 2.2 ~~injection, inhalation, ingestion, or by any other immediate means.~~

2.3 Sec. 3. Minnesota Statutes 2018, section 147A.01, is amended by adding a subdivision to  
 2.4 read:

2.5 Subd. 6a. **Collaborating physician.** "Collaborating physician" means a Minnesota  
 2.6 licensed physician who oversees the performance, practice, and activities of a physician  
 2.7 assistant under a collaborative agreement as described in section 147A.02, paragraph (c).

2.8 Sec. 4. Minnesota Statutes 2018, section 147A.01, subdivision 21, is amended to read:

2.9 Subd. 21. **Prescription.** "Prescription" means a signed written order, an oral order  
 2.10 reduced to writing, or an electronic order meeting current and prevailing standards given  
 2.11 by a physician assistant ~~authorized to prescribe drugs~~ for patients in the course of the  
 2.12 physician assistant's practice, and issued for an individual patient and containing the  
 2.13 ~~information required in the physician-physician assistant delegation agreement.~~

2.14 Sec. 5. Minnesota Statutes 2018, section 147A.01, subdivision 26, is amended to read:

2.15 Subd. 26. **Therapeutic order.** "Therapeutic order" means an a written or verbal order  
 2.16 given to another for the purpose of treating or curing a patient in the course of a physician  
 2.17 assistant's practice. ~~Therapeutic orders may be written or verbal, but do not include the~~  
 2.18 ~~prescribing of legend drugs or medical devices unless prescribing authority has been~~  
 2.19 ~~delegated within the physician-physician assistant delegation agreement.~~

2.20 Sec. 6. Minnesota Statutes 2018, section 147A.01, subdivision 27, is amended to read:

2.21 Subd. 27. **Verbal order.** "Verbal order" means an oral order given to another for the  
 2.22 purpose of treating or curing a patient in the course of a physician assistant's practice. ~~Verbal~~  
 2.23 ~~orders do not include the prescribing of legend drugs unless prescribing authority has been~~  
 2.24 ~~delegated within the physician-physician assistant delegation agreement.~~

2.25 Sec. 7. Minnesota Statutes 2018, section 147A.02, is amended to read:

2.26 **147A.02 QUALIFICATIONS FOR LICENSURE.**

2.27 ~~Except as otherwise provided in this chapter, an individual shall be licensed by the board~~  
 2.28 ~~before the individual may practice as a physician assistant.~~

2.29 (a) The board may grant a license as a physician assistant to an applicant who:

- 3.1 (1) submits an application on forms approved by the board;
- 3.2 (2) pays the appropriate fee as determined by the board;
- 3.3 (3) has current certification from the National Commission on Certification of Physician  
3.4 Assistants, or its successor agency as approved by the board;
- 3.5 (4) certifies that the applicant is mentally and physically able to engage safely in practice  
3.6 as a physician assistant;
- 3.7 (5) has no licensure, certification, or registration as a physician assistant under current  
3.8 discipline, revocation, suspension, or probation for cause resulting from the applicant's  
3.9 practice as a physician assistant, unless the board considers the condition and agrees to  
3.10 licensure;
- 3.11 (6) submits any other information the board deems necessary to evaluate the applicant's  
3.12 qualifications; and
- 3.13 (7) has been approved by the board.

3.14 (b) All persons registered as physician assistants as of June 30, 1995, are eligible for  
3.15 continuing license renewal. All persons applying for licensure after that date shall be licensed  
3.16 according to this chapter.

3.17 (c) A physician assistant who qualifies for licensure must practice for at least 2,080  
3.18 hours, within the context of a collaborative agreement, within a hospital or integrated clinical  
3.19 setting where physician assistants and physicians work together to provide patient care. The  
3.20 physician assistant shall submit written evidence to the board with the application, or upon  
3.21 completion of the required collaborative practice experience. For purposes of this paragraph,  
3.22 a collaborative agreement is a mutually agreed upon plan for the overall working relationship  
3.23 and collaborative arrangement between a physician assistant, and one or more physicians  
3.24 licensed under chapter 147, that designates the scope of services that can be provided to  
3.25 manage the care of patients. The physician assistant and one of the collaborative physicians  
3.26 must have experience in providing care to patients with the same or similar medical  
3.27 conditions. The collaborating physician is not required to be physically present so long as  
3.28 the collaborating physician and physician assistant are or can be easily in contact with each  
3.29 other by radio, telephone, or other telecommunication device.

4.1 Sec. 8. Minnesota Statutes 2018, section 147A.03, is amended by adding a subdivision to  
 4.2 read:

4.3 Subd. 1a. **Licensure required.** Except as provided under subdivision 2, it is unlawful  
 4.4 for any person to practice as a physician assistant without being issued a valid license  
 4.5 according to this chapter.

4.6 Sec. 9. Minnesota Statutes 2018, section 147A.05, is amended to read:

4.7 **147A.05 INACTIVE LICENSE.**

4.8 (a) Physician assistants who notify the board in writing may elect to place their license  
 4.9 on an inactive status. Physician assistants with an inactive license shall be excused from  
 4.10 payment of renewal fees and shall not practice as physician assistants. Persons who engage  
 4.11 in practice while their license is lapsed or on inactive status shall be considered to be  
 4.12 practicing without a license, which shall be grounds for discipline under section 147A.13.  
 4.13 Physician assistants who provide care under the provisions of section 147A.23 shall not be  
 4.14 considered practicing without a license or subject to disciplinary action. Physician assistants  
 4.15 who notify the board of their intent to resume active practice shall be required to pay the  
 4.16 current renewal fees and all unpaid back fees and shall be required to meet the criteria for  
 4.17 renewal specified in section 147A.07.

4.18 (b) Notwithstanding section 147A.03, subdivision 1, a person with an inactive license  
 4.19 may continue to use the protected titles specified in section 147A.03, subdivision 1, so long  
 4.20 as the person does not practice as a physician assistant.

4.21 Sec. 10. Minnesota Statutes 2019 Supplement, section 147A.06, is amended to read:

4.22 **147A.06 CANCELLATION OF LICENSE FOR NONRENEWAL.**

4.23 Subdivision 1. **Cancellation of license.** The board shall not renew, reissue, reinstate, or  
 4.24 restore a license that has lapsed ~~on or after July 1, 1996,~~ and has not been renewed within  
 4.25 two annual renewal cycles ~~starting July 1, 1997.~~ A licensee whose license is canceled for  
 4.26 nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements  
 4.27 then in existence for an initial license to practice as a physician assistant.

4.28 Subd. 2. **Licensure following lapse of licensed status; transition.** (a) A licensee whose  
 4.29 license has lapsed under subdivision 1 before January 1, 2020, and who seeks to regain  
 4.30 licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes  
 4.31 of establishing a license renewal schedule, and shall not be subject to the license cycle  
 4.32 conversion provisions in section 147A.29.

5.1 (b) This subdivision expires July 1, 2022.

5.2 Sec. 11. Minnesota Statutes 2018, section 147A.09, is amended to read:

5.3 **147A.09 SCOPE OF PRACTICE, ~~DELEGATION.~~**

5.4 Subdivision 1. **Scope of practice.** Physician assistants shall practice medicine only with  
 5.5 ~~physician supervision. Physician assistants may perform those duties and responsibilities~~  
 5.6 ~~as delegated in the physician-physician assistant delegation agreement and delegation forms~~  
 5.7 ~~maintained at the address of record by the supervising physician and physician assistant,~~  
 5.8 ~~including the prescribing, administering, and dispensing of drugs, controlled substances,~~  
 5.9 ~~and medical devices, excluding anesthetics, other than local anesthetics, injected in~~  
 5.10 ~~connection with an operating room procedure, inhaled anesthesia and spinal anesthesia~~  
 5.11 under an established practice agreement.

5.12 ~~Patient service must be limited to~~ A physician assistant's scope of practice includes:

5.13 (1) services within the training and experience of the physician assistant;

5.14 (2) patient services customary to the practice of the supervising physician or alternate  
 5.15 supervising physician physician assistant and the practice agreement; and

5.16 (3) ~~services delegated by the supervising physician or alternate supervising physician~~  
 5.17 ~~under the physician-physician assistant delegation agreement; and~~

5.18 (4) services within the parameters of the laws, rules, and standards of the facilities in  
 5.19 which the physician assistant practices.

5.20 ~~Nothing in this chapter authorizes physician assistants to perform duties regulated by~~  
 5.21 ~~the boards listed in section 214.01, subdivision 2, other than the Board of Medical Practice,~~  
 5.22 ~~and except as provided in this section.~~

5.23 Subd. 2. **Delegation Patient services.** Patient services may include, but are not limited  
 5.24 to, the following, ~~as delegated by the supervising physician and authorized in the delegation~~  
 5.25 ~~agreement:~~

5.26 (1) taking patient histories and developing medical status reports;

5.27 (2) performing physical examinations;

5.28 (3) interpreting and evaluating patient data;

5.29 (4) ordering ~~or~~ performing, or reviewing diagnostic procedures, including the use of  
 5.30 radiographic imaging systems in compliance with Minnesota Rules 2007, chapter 4732, but

6.1 excluding interpreting computed tomography scans, magnetic resonance imaging scans,  
6.2 positron emission tomography scans, nuclear scans, and mammography;

6.3 (5) ordering or performing therapeutic procedures including the use of ionizing radiation  
6.4 in compliance with Minnesota Rules 2007, chapter 4732;

6.5 (6) providing instructions regarding patient care, disease prevention, and health  
6.6 promotion;

6.7 ~~(7) assisting the supervising physician in~~ providing patient care in the home and in health  
6.8 care facilities;

6.9 (8) creating and maintaining appropriate patient records;

6.10 (9) transmitting or executing specific orders ~~at the direction of the supervising physician;~~

6.11 (10) prescribing, administering, and dispensing drugs, controlled substances, and medical  
6.12 devices ~~if this function has been delegated by the supervising physician pursuant to and~~  
6.13 ~~subject to the limitations of section 147A.18 and chapter 151. For physician assistants who~~  
6.14 ~~have been delegated the authority to prescribe controlled substances, such delegation shall~~  
6.15 ~~be included in the physician-physician assistant delegation agreement, and all schedules of~~  
6.16 ~~controlled substances the physician assistant has the authority to prescribe shall be specified,~~  
6.17 and includes administering local anesthetics, but excluding anesthetics injected in connection  
6.18 with an operating room procedure, inhaled anesthesia, and spinal anesthesia;

6.19 ~~(11) for physician assistants not delegated prescribing authority, administering legend~~  
6.20 ~~drugs and medical devices following prospective review for each patient by and upon~~  
6.21 ~~direction of the supervising physician;~~

6.22 ~~(12)~~ functioning as an emergency medical technician with permission of the ambulance  
6.23 service and in compliance with section 144E.127, and ambulance service rules adopted by  
6.24 the commissioner of health;

6.25 ~~(13)~~ (12) initiating evaluation and treatment procedures essential to providing an  
6.26 appropriate response to emergency situations;

6.27 ~~(14)~~ (13) certifying a patient's eligibility for a disability parking certificate under section  
6.28 169.345, subdivision 2;

6.29 ~~(15)~~ (14) assisting at surgery; and

6.30 ~~(16)~~ (15) providing medical authorization for admission for emergency care and treatment  
6.31 of a patient under section 253B.05, subdivision 2.

7.1 ~~Orders of physician assistants shall be considered the orders of their supervising~~  
 7.2 ~~physicians in all practice-related activities, including, but not limited to, the ordering of~~  
 7.3 ~~diagnostic, therapeutic, and other medical services.~~

7.4 Subd. 3. **Practice agreement review.** A physician assistant shall have a practice  
 7.5 agreement at the practice level that describes the practice of the physician assistant. The  
 7.6 practice agreement must be reviewed on an annual basis by a licensed physician within the  
 7.7 same clinic, hospital, health system, or other facility as the physician assistant and has  
 7.8 knowledge of the physician assistant's practice to ensure that the physician assistant's medical  
 7.9 practice is consistent with the practice agreement. A document stating that the review  
 7.10 occurred must be maintained at the practice level and made available to the board, upon  
 7.11 request.

7.12 Subd. 4. **Scope of practice limitations; spinal injections for acute and chronic**  
 7.13 **pain.** Notwithstanding subdivision 1, a physician assistant may only perform spinal injections  
 7.14 to address acute and chronic pain symptoms upon referral and in collaboration with a  
 7.15 physician licensed under chapter 147. For purposes of performing spinal injections for acute  
 7.16 or chronic pain symptoms, the physician assistant and one or more physicians licensed under  
 7.17 chapter 147 must have a mutually agreed upon plan that designates the scope of collaboration  
 7.18 necessary for treating patients with acute and chronic pain.

7.19 Sec. 12. Minnesota Statutes 2018, section 147A.13, subdivision 1, is amended to read:

7.20 Subdivision 1. **Grounds listed.** The board may refuse to grant licensure or may impose  
 7.21 disciplinary action as described in this subdivision against any physician assistant. The  
 7.22 following conduct is prohibited and is grounds for disciplinary action:

7.23 (1) failure to demonstrate the qualifications or satisfy the requirements for licensure  
 7.24 contained in this chapter or rules of the board. The burden of proof shall be upon the applicant  
 7.25 to demonstrate such qualifications or satisfaction of such requirements;

7.26 (2) obtaining a license by fraud or cheating, or attempting to subvert the examination  
 7.27 process. Conduct which subverts or attempts to subvert the examination process includes,  
 7.28 but is not limited to:

7.29 (i) conduct which violates the security of the examination materials, such as removing  
 7.30 examination materials from the examination room or having unauthorized possession of  
 7.31 any portion of a future, current, or previously administered licensing examination;

7.32 (ii) conduct which violates the standard of test administration, such as communicating  
 7.33 with another examinee during administration of the examination, copying another examinee's

8.1 answers, permitting another examinee to copy one's answers, or possessing unauthorized  
8.2 materials; and

8.3 (iii) impersonating an examinee or permitting an impersonator to take the examination  
8.4 on one's own behalf;

8.5 (3) conviction, during the previous five years, of a felony reasonably related to the  
8.6 practice of physician assistant. Conviction as used in this subdivision includes a conviction  
8.7 of an offense which if committed in this state would be deemed a felony without regard to  
8.8 its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is  
8.9 made or returned but the adjudication of guilt is either withheld or not entered;

8.10 (4) revocation, suspension, restriction, limitation, or other disciplinary action against  
8.11 the person's physician assistant credentials in another state or jurisdiction, failure to report  
8.12 to the board that charges regarding the person's credentials have been brought in another  
8.13 state or jurisdiction, or having been refused licensure by any other state or jurisdiction;

8.14 (5) advertising which is false or misleading, violates any rule of the board, or claims  
8.15 without substantiation the positive cure of any disease or professional superiority to or  
8.16 greater skill than that possessed by another physician assistant;

8.17 (6) violating a rule adopted by the board or an order of the board, a state, or federal law  
8.18 which relates to the practice of a physician assistant, or in part regulates the practice of a  
8.19 physician assistant, including without limitation sections 604.201, 609.344, and 609.345,  
8.20 or a state or federal narcotics or controlled substance law;

8.21 (7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the  
8.22 public, or demonstrating a willful or careless disregard for the health, welfare, or safety of  
8.23 a patient; or practice which is professionally incompetent, in that it may create unnecessary  
8.24 danger to any patient's life, health, or safety, in any of which cases, proof of actual injury  
8.25 need not be established;

8.26 ~~(8) failure to adhere to the provisions of the physician-physician assistant delegation~~  
8.27 ~~agreement;~~

8.28 ~~(9)~~ (8) engaging in the practice of medicine beyond that what is allowed by the  
8.29 ~~physician-physician assistant delegation agreement~~ under this chapter, or aiding or abetting  
8.30 an unlicensed person in the practice of medicine;

8.31 ~~(10)~~ (9) adjudication as mentally incompetent, mentally ill or developmentally disabled,  
8.32 or as a chemically dependent person, a person dangerous to the public, a sexually dangerous  
8.33 person, or a person who has a sexual psychopathic personality by a court of competent

9.1 jurisdiction, within or without this state. Such adjudication shall automatically suspend a  
9.2 license for its duration unless the board orders otherwise;

9.3 ~~(11)~~ (10) engaging in unprofessional conduct. Unprofessional conduct includes any  
9.4 departure from or the failure to conform to the minimal standards of acceptable and prevailing  
9.5 practice in which proceeding actual injury to a patient need not be established;

9.6 ~~(12)~~ (11) inability to practice with reasonable skill and safety to patients by reason of  
9.7 illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or as  
9.8 a result of any mental or physical condition, including deterioration through the aging  
9.9 process or loss of motor skills;

9.10 ~~(13)~~ (12) revealing a privileged communication from or relating to a patient except when  
9.11 otherwise required or permitted by law;

9.12 ~~(14)~~ (13) any identification of a physician assistant by the title "Physician," "Doctor,"  
9.13 or "Dr." in a patient care setting or in a communication directed to the general public;

9.14 ~~(15)~~ (14) improper management of medical records, including failure to maintain adequate  
9.15 medical records, to comply with a patient's request made pursuant to sections 144.291 to  
9.16 144.298, or to furnish a medical record or report required by law;

9.17 ~~(16)~~ (15) engaging in abusive or fraudulent billing practices, including violations of the  
9.18 federal Medicare and Medicaid laws or state medical assistance laws;

9.19 ~~(17)~~ (16) becoming addicted or habituated to a drug or intoxicant;

9.20 ~~(18)~~ (17) prescribing a drug or device for other than medically accepted therapeutic,  
9.21 experimental, or investigative purposes authorized by a state or federal agency or referring  
9.22 a patient to any health care provider as defined in sections 144.291 to 144.298 for services  
9.23 or tests not medically indicated at the time of referral;

9.24 ~~(19)~~ (18) engaging in conduct with a patient which is sexual or may reasonably be  
9.25 interpreted by the patient as sexual, or in any verbal behavior which is seductive or sexually  
9.26 demeaning to a patient;

9.27 ~~(20)~~ (19) failure to make reports as required by section 147A.14 or to cooperate with an  
9.28 investigation of the board as required by section 147A.15, subdivision 3;

9.29 ~~(21)~~ (20) knowingly providing false or misleading information that is directly related  
9.30 to the care of that patient unless done for an accepted therapeutic purpose such as the  
9.31 administration of a placebo;

10.1 ~~(22)~~ (21) aiding suicide or aiding attempted suicide in violation of section 609.215 as  
 10.2 established by any of the following:

10.3 (i) a copy of the record of criminal conviction or plea of guilty for a felony in violation  
 10.4 of section 609.215, subdivision 1 or 2;

10.5 (ii) a copy of the record of a judgment of contempt of court for violating an injunction  
 10.6 issued under section 609.215, subdivision 4;

10.7 (iii) a copy of the record of a judgment assessing damages under section 609.215,  
 10.8 subdivision 5; or

10.9 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2.  
 10.10 The board shall investigate any complaint of a violation of section 609.215, subdivision 1  
 10.11 or 2; or

10.12 ~~(23) (22) failure to maintain annually reviewed and updated physician-physician assistant~~  
 10.13 ~~delegation agreements for each physician-physician assistant practice relationship, or failure~~  
 10.14 ~~to provide copies of such documents upon request by the board~~ failure to maintain the proof  
 10.15 of review document as required under section 147A.09, subdivision 3, or to provide a copy  
 10.16 of the document upon request of the board.

10.17 Sec. 13. Minnesota Statutes 2018, section 147A.14, subdivision 4, is amended to read:

10.18 Subd. 4. **Licensed professionals.** Licensed health professionals and persons holding  
 10.19 residency permits under section 147.0391, shall report to the board personal knowledge of  
 10.20 any conduct which the person reasonably believes constitutes grounds for disciplinary action  
 10.21 under this chapter by a physician assistant, including any conduct indicating that the person  
 10.22 may be incompetent, or may have engaged in unprofessional conduct or may be medically  
 10.23 or physically unable to engage safely in practice as a physician assistant. No report shall be  
 10.24 required if the information was obtained in the course of a ~~physician-patient~~ provider-patient  
 10.25 relationship if the patient is a physician assistant, and the treating ~~physician~~ provider  
 10.26 successfully counsels the person to limit or withdraw from practice to the extent required  
 10.27 by the impairment.

10.28 Sec. 14. Minnesota Statutes 2018, section 147A.16, is amended to read:

10.29 **147A.16 FORMS OF DISCIPLINARY ACTION.**

10.30 When the board finds that a licensed physician assistant has violated a provision of this  
 10.31 chapter, it may do one or more of the following:

- 11.1 (1) revoke the license;
- 11.2 (2) suspend the license;
- 11.3 (3) impose limitations or conditions on the physician assistant's practice, including
- 11.4 limiting the scope of practice to designated field specialties; ~~impose~~ imposing retraining or
- 11.5 rehabilitation requirements; ~~require practice under additional supervision;~~ or ~~condition~~
- 11.6 ~~continued~~ limiting practice on until demonstration of knowledge or skills by appropriate
- 11.7 examination or other review of skill and competence;
- 11.8 (4) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount
- 11.9 of the civil penalty to be fixed so as to deprive the physician assistant of any economic
- 11.10 advantage gained by reason of the violation charged or to reimburse the board for the cost
- 11.11 of the investigation and proceeding; or
- 11.12 ~~(5) order the physician assistant to provide unremunerated professional service under~~
- 11.13 ~~supervision at a designated public hospital, clinic, or other health care institution; or~~
- 11.14 ~~(6)~~ (5) censure or reprimand the licensed physician assistant.

11.15 Upon judicial review of any board disciplinary action taken under this chapter, the

11.16 reviewing court shall seal the administrative record, except for the board's final decision,

11.17 and shall not make the administrative record available to the public.

11.18 Sec. 15. [147A.185] PRESCRIBING DRUGS AND THERAPEUTIC DEVICES.

11.19 Subd. 1. **Diagnosis, prescribing, and ordering.** A physician assistant is authorized to:

11.20 (1) diagnose, prescribe, and institute therapy or referrals of patients to health care agencies

11.21 and providers;

11.22 (2) prescribe, procure, sign for, record, administer, and dispense over-the-counter drugs,

11.23 legend drugs, and controlled substances, including sample drugs; and

11.24 (3) plan and initiate a therapeutic regimen that includes ordering and prescribing durable

11.25 medical devices and equipment, nutrition, diagnostic services, and supportive services

11.26 including but not limited to home health care, hospice, physical therapy, and occupational

11.27 therapy.

11.28 Subd. 2. **Drug Enforcement Administration requirements.** (a) A physician assistant

11.29 must:

11.30 (1) comply with federal Drug Enforcement Administration (DEA) requirements related

11.31 to controlled substances; and

12.1 (2) file any and all of the physician assistant's DEA registrations and numbers with the  
 12.2 board.

12.3 (b) The board shall maintain current records of all physician assistants with DEA  
 12.4 registration and numbers.

12.5 Subd. 3. **Other requirements and restrictions.** (a) Each prescription initiated by a  
 12.6 physician assistant shall indicate the following:

12.7 (1) the date of issue;

12.8 (2) the name and address of the patient;

12.9 (3) the name and quantity of the drug prescribed;

12.10 (4) directions for use; and

12.11 (5) the name and address of the prescribing physician assistant.

12.12 (b) In prescribing, dispensing, and administering legend drugs, controlled substances,  
 12.13 and medical devices, a physician assistant must comply with this chapter and chapters 151  
 12.14 and 152.

12.15 Sec. 16. Minnesota Statutes 2018, section 147A.23, is amended to read:

12.16 **147A.23 RESPONDING TO DISASTER SITUATIONS.**

12.17 ~~(a) A physician assistant duly licensed or credentialed in a United States jurisdiction or~~  
 12.18 ~~by a federal employer who is responding to a need for medical care created by an emergency~~  
 12.19 ~~according to section 604A.01, or a state or local disaster may render such care as the~~  
 12.20 ~~physician assistant is trained to provide, under the physician assistant's license or credential,~~  
 12.21 ~~without the need of a physician-physician assistant delegation agreement or a notice of~~  
 12.22 ~~intent to practice as required under section 147A.20. A physician assistant may provide~~  
 12.23 ~~emergency care without physician supervision or under the supervision that is available.~~

12.24 ~~(b) The physician who provides supervision to a physician assistant while the physician~~  
 12.25 ~~assistant is rendering care in accordance with this section may do so without meeting the~~  
 12.26 ~~requirements of section 147A.20.~~

12.27 ~~(c) The supervising physician who otherwise provides supervision to a physician assistant~~  
 12.28 ~~under a physician-physician assistant delegation agreement described in section 147A.20~~  
 12.29 ~~shall not be held medically responsible for the care rendered by a physician assistant pursuant~~  
 12.30 ~~to paragraph (a). Services provided by a physician assistant under paragraph (a) shall be~~

13.1 ~~considered outside the scope of the relationship between the supervising physician and the~~  
 13.2 ~~physician assistant.~~

13.3 Sec. 17. Minnesota Statutes 2019 Supplement, section 151.01, subdivision 23, is amended  
 13.4 to read:

13.5 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed  
 13.6 doctor of osteopathic medicine duly licensed to practice medicine, licensed doctor of  
 13.7 dentistry, licensed doctor of optometry, licensed podiatrist, licensed veterinarian, ~~or~~ licensed  
 13.8 advanced practice registered nurse. ~~For purposes of sections 151.15, subdivision 4; 151.211,~~  
 13.9 ~~subdivision 3; 151.252, subdivision 3; 151.37, subdivision 2, paragraphs (b), (e), and (f);~~  
 13.10 ~~and 151.461, "practitioner" also means a, or licensed physician assistant authorized to~~  
 13.11 ~~prescribe, dispense, and administer under chapter 147A.~~ For purposes of sections 151.15,  
 13.12 subdivision 4; 151.211, subdivision 3; 151.252, subdivision 3; 151.37, subdivision 2,  
 13.13 paragraph (b); and 151.461, "practitioner" also means a dental therapist authorized to dispense  
 13.14 and administer under chapter 150A.

13.15 Sec. 18. Minnesota Statutes 2018, section 152.12, subdivision 1, is amended to read:

13.16 Subdivision 1. **Prescribing, dispensing, administering controlled substances in**  
 13.17 **Schedules II through V.** A licensed doctor of medicine, a doctor of osteopathic medicine,  
 13.18 duly licensed to practice medicine, a doctor of dental surgery, a doctor of dental medicine,  
 13.19 a licensed doctor of podiatry, a licensed advanced practice registered nurse, a licensed  
 13.20 physician assistant, or a licensed doctor of optometry limited to Schedules IV and V, and  
 13.21 in the course of professional practice only, may prescribe, administer, and dispense a  
 13.22 controlled substance included in Schedules II through V of section 152.02, may cause the  
 13.23 same to be administered by a nurse, an intern or an assistant under the direction and  
 13.24 supervision of the doctor, and may cause a person who is an appropriately certified and  
 13.25 licensed health care professional to prescribe and administer the same within the expressed  
 13.26 legal scope of the person's practice as defined in Minnesota Statutes.

13.27 Sec. 19. **REPEALER.**

13.28 Minnesota Statutes 2018, sections 147A.01, subdivisions 4, 11, 16a, 17a, 24, and 25;  
 13.29 147A.04; 147A.10; 147A.11; 147A.18, subdivisions 1, 2, and 3; and 147A.20, are repealed.

13.30 **EFFECTIVE DATE.** This section is effective July 1, 2020.

**147A.01 DEFINITIONS.**

Subd. 4. **Agreement.** "Agreement" means the document described in section 147A.20.

Subd. 11. **Drug category.** "Drug category" means one of the categories listed on the physician-physician assistant delegation agreement.

Subd. 16a. **Notice of intent to practice.** "Notice of intent to practice" means a document sent to the board by a licensed physician assistant that documents the adoption of a physician-physician assistant delegation agreement and provides the names, addresses, and information required by section 147A.20.

Subd. 17a. **Physician-physician assistant delegation agreement.** "Physician-physician assistant delegation agreement" means the document prepared and signed by the physician and physician assistant affirming the supervisory relationship and defining the physician assistant scope of practice. The physician-physician assistant delegation agreement outlines the role of the physician assistant in the practice, describes the means of supervision, and specifies the categories of drugs, controlled substances, and medical devices that the supervising physician delegates to the physician assistant to prescribe. The physician-physician assistant delegation agreement must comply with the requirements of section 147A.20, be kept on file at the address of record, and be made available to the board or its representative upon request.

Subd. 24. **Supervision.** "Supervision" means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant. The constant physical presence of the supervising physician is not required so long as the supervising physician and physician assistant are or can be easily in contact with one another by radio, telephone, or other telecommunication device. The scope and nature of the supervision shall be defined by the individual physician-physician assistant delegation agreement.

Subd. 25. **Temporary license.** "Temporary license" means a license granted to a physician assistant who meets all of the qualifications for licensure but has not yet been approved for licensure at a meeting of the board.

**147A.04 TEMPORARY LICENSE.**

The board may issue a temporary license to practice to a physician assistant eligible for licensure under this chapter only if the application for licensure is complete, all requirements have been met, and a nonrefundable fee set by the board has been paid. The temporary license remains valid only until the next meeting of the board at which a decision is made on the application for licensure.

**147A.10 SATELLITE SETTINGS.**

Physician assistants may render services in a setting geographically remote from the supervising physician.

**147A.11 EXCLUSIONS OF LIMITATIONS ON EMPLOYMENT.**

Nothing in this chapter shall be construed to limit the employment arrangement of a physician assistant licensed under this chapter.

**147A.18 DELEGATED AUTHORITY TO PRESCRIBE, DISPENSE, AND ADMINISTER DRUGS AND MEDICAL DEVICES.**

Subdivision 1. **Delegation.** (a) A supervising physician may delegate to a physician assistant who is licensed by the board, certified by the National Commission on Certification of Physician Assistants or successor agency approved by the board, and who is under the supervising physician's supervision, the authority to prescribe, dispense, and administer legend drugs, controlled substances, and medical devices subject to the requirements in this section. The authority to dispense includes, but is not limited to, the authority to request, receive, and dispense sample drugs. This authority to dispense extends only to those drugs described in the written agreement developed under paragraph (b).

(b) The delegation agreement between the physician assistant and supervising physician must include a statement by the supervising physician regarding delegation or nondelegation of the functions of prescribing, dispensing, and administering legend drugs, controlled substances, and medical devices to the physician assistant. The statement must include categories of drugs for which the supervising physician delegates prescriptive and dispensing authority, including controlled substances when applicable. The delegation must be appropriate to the physician assistant's practice and within the scope of the physician assistant's training. Physician assistants who have been

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delegated the authority to prescribe, dispense, and administer legend drugs, controlled substances, and medical devices shall provide evidence of current certification by the National Commission on Certification of Physician Assistants or its successor agency when applying for licensure or license renewal as physician assistants. Physician assistants who have been delegated the authority to prescribe controlled substances must also hold a valid DEA registration. Supervising physicians shall retrospectively review the prescribing, dispensing, and administering of legend drugs, controlled substances, and medical devices by physician assistants, when this authority has been delegated to the physician assistant as part of the physician-physician assistant delegation agreement. The process and schedule for the review must be outlined in the physician-physician assistant delegation agreement.

(c) The board may establish by rule:

(1) a system of identifying physician assistants eligible to prescribe, administer, and dispense legend drugs and medical devices;

(2) a system of identifying physician assistants eligible to prescribe, administer, and dispense controlled substances;

(3) a method of determining the categories of legend drugs, controlled substances, and medical devices that each physician assistant is allowed to prescribe, administer, and dispense; and

(4) a system of transmitting to pharmacies a listing of physician assistants eligible to prescribe legend drugs, controlled substances, and medical devices.

**Subd. 2. Termination and reinstatement of prescribing authority.** The authority of a physician assistant to prescribe, dispense, and administer legend drugs, controlled substances, and medical devices shall end immediately when:

(1) the physician-physician assistant delegation agreement is terminated;

(2) the authority to prescribe, dispense, and administer is terminated or withdrawn by the supervising physician;

(3) the physician assistant's license is placed on inactive status;

(4) the physician assistant loses National Commission on Certification of Physician Assistants or successor agency certification; or

(5) the physician assistant loses or terminates licensure status.

**Subd. 3. Other requirements and restrictions.** (a) Each prescription initiated by a physician assistant shall indicate the following:

(1) the date of issue;

(2) the name and address of the patient;

(3) the name and quantity of the drug prescribed;

(4) directions for use; and

(5) the name and address of the prescribing physician assistant.

(b) In prescribing, dispensing, and administering legend drugs, controlled substances, and medical devices, a physician assistant must conform with the agreement, chapter 151, and this chapter.

**147A.20 PHYSICIAN-PHYSICIAN ASSISTANT AGREEMENT DOCUMENTS.**

**Subdivision 1. Physician-physician assistant delegation agreement.** (a) A physician assistant and supervising physician must sign a physician-physician assistant delegation agreement which specifies scope of practice and manner of supervision as required by the board. The agreement must contain:

(1) a description of the practice setting;

(2) a listing of categories of delegated duties;

(3) a description of supervision type; and

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(4) a description of the process and schedule for review of prescribing, dispensing, and administering legend and controlled drugs and medical devices by the physician assistant authorized to prescribe.

(b) The agreement must be maintained by the supervising physician and physician assistant and made available to the board upon request. If there is a delegation of prescribing, administering, and dispensing of legend drugs, controlled substances, and medical devices, the agreement shall include a description of the prescriptive authority delegated to the physician assistant. Physician assistants shall have a separate agreement for each place of employment. Agreements must be reviewed and updated on an annual basis. The supervising physician and physician assistant must maintain the physician-physician assistant delegation agreement at the address of record.

(c) Physician assistants must provide written notification to the board within 30 days of the following:

- (1) name change;
- (2) address of record change; and
- (3) telephone number of record change.

Subd. 2. **Practice location notification.** A licensed physician assistant shall submit a practice location notification to the board within 30 business days of starting practice, changing practice location, or changing supervising physician. The notification shall include the name, business address, and telephone number of the supervising physician and the physician assistant. Individuals who practice without submitting a practice location notification shall be subject to disciplinary action under section 147A.13 for practicing without a license, unless the care is provided in response to a disaster or emergency situation pursuant to section 147A.23.