
A BILL FOR AN ACT

RELATING TO HEALTH.

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

1 SECTION 1. The legislature finds that there is a shortage
2 of doctors who are available to provide healthcare, despite the
3 rising number of medical school graduates. According to a 2017
4 report by the Association of American Medical Colleges, medical
5 school enrollment has increased twenty-five per cent to nearly
6 87,000 students nationally since 2002. However, medical school
7 graduates are struggling to be accepted into the residency
8 programs that they need to become accredited physicians. In
9 2015, the National Resident Matching Program found that 41,334
10 applicants applied for 30,312 residency positions.

11 The legislature further finds that several states,
12 including Missouri, Arkansas, Kansas, and Utah, have enacted
13 legislation that address the doctor shortage by creating a new
14 category of licensed professionals, called assistant physicians,
15 for recent medical school graduates who have passed certain
16 medical exams but have not been placed into a residency program.
17 The assistant physician license allows medical school graduates



1 to work under the supervision of a licensed physician to provide
2 primary care in medically underserved areas. These laws aim to
3 connect physicians in need of jobs with communities in need of
4 physicians.

5 The purpose of this Act is to establish a three-year pilot
6 program to increase the number of providers of medical services
7 by creating a new category of professional licensure for
8 assistant physicians.

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

12 "PART . ASSISTANT PHYSICIANS

13 §453- Definitions. Whenever used in this part, unless a
14 different meaning clearly appears from the context:

15 "Assistant physician" means any medical school graduate
16 who:

- 17 (1) Is a resident and citizen of the United States or is a
18 legal resident alien;
- 19 (2) Has successfully completed Step 1 and Step 2 of the
20 United States Medical Licensing Examination or the
21 equivalent of such step of any other board-approved



1 medical licensing examination within the four-year
2 period immediately preceding application for licensure
3 as an assistant physician, but in no event more than
4 four years after graduation from a medical college or
5 osteopathic medical college;

6 (3) Has not completed an approved postgraduate residency
7 and has successfully completed Step 2 of the United
8 States Medical Licensing Examination or the equivalent
9 of such step of any other board-approved medical
10 licensing examination within the immediately preceding
11 four-year period unless when such four-year
12 anniversary occurred the graduate was serving as a
13 resident physician in an accredited residency in the
14 United States and continued to do so within thirty
15 days prior to application for licensure as an
16 assistant physician; and

17 (4) Has proficiency in the English language.

18 "Assistant physician collaborative practice arrangement"
19 means an agreement between a physician and an assistant
20 physician that meets the requirements of this part.



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

3 §453- Assistant physicians. (a) Any medical school
4 graduate who meets the criteria for licensure pursuant to this
5 part may apply for licensure.

6 (b) An assistant physician collaborative practice
7 arrangement shall limit the assistant physician to providing
8 primary care services in medically underserved rural or urban
9 areas of this State, in health care facilities with internship
10 or residency training programs, or in pilot project areas
11 established in which assistant physicians may practice.

12 (c) For an assistant physician working in a rural health
13 clinic under the federal Rural Health Clinic Services Act,
14 Public Law section 95-210, as amended:

15 (1) An assistant physician shall be considered a physician
16 assistant for purposes of regulations of the Centers
17 for Medicare and Medicaid Services; and

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

20 (d) An assistant physician shall be considered a physician
21 assistant for insurance reimbursement purposes. The department



1 of human services shall seek any necessary waivers or state
2 medicaid plan amendments to implement the reimbursement
3 provisions of this part.

4 (e) For purposes of this part, the licensure of assistant
5 physicians shall take place within processes established by
6 rules of the Hawaii medical board. The board shall adopt rules
7 pursuant to chapter 91 to establish licensure and renewal
8 procedures, supervision requirements, collaborative practice
9 arrangements, fees, and such other matters as are necessary to
10 protect the public and discipline the profession. No licensure
11 fee for an assistant physician shall exceed the amount of any
12 licensure fee for a physician assistant.

13 (f) An application for licensure may be denied or the
14 licensure of an assistant physician may be suspended or revoked
15 by the board in the same manner and for violation of the
16 standards of conduct set by the board by rule. No rule adopted
17 by the board shall require an assistant physician to complete
18 more hours of continuing medical education than that of a
19 licensed physician.

20 (g) An assistant physician shall be clearly identified as
21 an assistant physician and shall be permitted to use the terms



1 "doctor", "Dr.", or "doc". No assistant physician shall
2 practice or attempt to practice without an assistant physician
3 collaborative practice arrangement, except as otherwise provided
4 in this part or in an emergency situation.

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

8 (i) The director of health or the director's designee may
9 collaborate with any number of assistant physicians for the
10 treatment of substance abuse disorders.

11 (j) Each health carrier or health benefit plan that offers
12 or issues health benefit plans that are delivered, issued for
13 delivery, continued, or renewed in the State shall reimburse an
14 assistant physician for the diagnosis, consultation, or
15 treatment of an insured or enrollee on the same basis that the
16 health carrier or health benefit plan covers the service when it
17 is delivered by another comparable mid-level health care
18 provider including, but not limited to, a physician assistant.

19 (k) A physician may enter into collaborative practice
20 arrangements with assistant physicians. Collaborative practice
21 arrangements shall be in the form of written agreements, jointly



1 agreed-upon protocols, or standing orders for the delivery of
2 health care services. Collaborative practice arrangements,
3 which shall be in writing, may delegate to an assistant
4 physician the authority to administer or dispense drugs and
5 provide treatment as long as the delivery of such health care
6 services is within the scope of practice of the assistant
7 physician and is consistent with that assistant physician's
8 skill, training, and competence and the skill and training of
9 the collaborating physician.

10 (1) The written collaborative practice arrangement shall
11 contain at least the following provisions:

12 (1) Complete names, home and business addresses, zip
13 codes, and telephone numbers of the collaborating
14 physician and the assistant physician;

15 (2) A list of all other offices or locations where the
16 collaborating physician has authorized the assistant
17 physician to practice;

18 (3) A requirement that there shall be posted at every
19 office where the assistant physician is authorized to
20 practice, in collaboration with a physician, a
21 prominently displayed disclosure statement informing



1 patients that they may be seen by an assistant
2 physician and have the right to see the collaborating
3 physician;

4 (4) All specialty or board certifications of the
5 collaborating physician and all certifications of the
6 assistant physician;

7 (5) The manner of collaboration between the collaborating
8 physician and the assistant physician, including the
9 methods in which the collaborating physician and the
10 assistant physician shall:

11 (A) Engage in collaborative practice consistent with
12 each professional's skill, training, education,
13 and competence;

14 (B) Maintain geographic proximity; except, the
15 collaborative practice arrangement may allow for
16 geographic proximity to be waived for a maximum
17 of twenty-eight days per calendar year for rural
18 health clinics as defined by Public Law section
19 95-210, as amended, as long as the collaborative
20 practice arrangement includes alternative plans.

21 Such exception to geographic proximity shall



1 apply only to independent rural health clinics,
2 provider-based rural health clinics if the
3 provider is a critical access hospital as
4 provided in title 42 United States Code section
5 1395i-4, and provider-based rural health clinics
6 if the main location of the hospital sponsor is
7 greater than fifty miles from the clinic. The
8 collaborating physician shall maintain
9 documentation related to such requirement and
10 present it to the board when requested; and
11 (C) Provide coverage during absence, incapacity,
12 infirmity, or emergency by the collaborating
13 physician;
14 (6) A description of the assistant physician's controlled
15 substance prescriptive authority in collaboration with
16 the physician, including a list of the controlled
17 substances the physician authorizes the assistant
18 physician to prescribe and documentation that it is
19 consistent with each professional's education,
20 knowledge, skill, and competence;



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



1 assistant physician prescribes controlled substances.

2 The charts reviewed may be counted in the number of

3 charts required to be reviewed under this part.

4 (m) The Hawaii medical board shall adopt rules regulating
5 the use of written collaborative practice arrangements for
6 assistant physicians. Such rules shall specify:

7 (1) Geographic areas to be covered;

8 (2) The methods of treatment that may be covered by
9 written collaborative practice arrangements;

10 (3) In conjunction with the dean of the John A. Burns
11 school of medicine and primary care residency program
12 directors in the State, the development and
13 implementation of educational methods and programs
14 undertaken during the collaborative practice
15 arrangements service which shall facilitate the
16 advancement of the assistant physician's medical
17 knowledge and capabilities, and which may lead to
18 credit toward a future residency program for programs
19 that deem such documented educational achievements
20 acceptable; and



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

5 (n) Any rules relating to dispensing or distribution of
6 medications or devices by prescription or prescription drug
7 orders under this part shall be subject to the approval of the
8 board.

9 (o) Any rules relating to dispensing or distribution of
10 controlled substances by prescription or prescription drug
11 orders under this part shall be subject to the approval of the
12 department of public safety. The Hawaii medical board shall
13 adopt rules applicable to assistant physicians that shall be
14 consistent with guidelines for federally funded clinics. The
15 rulemaking authority granted in this subsection shall not extend
16 to written collaborative practice arrangements of hospital
17 employees providing inpatient care within hospitals or
18 population-based public health services.

19 (p) The Hawaii medical board shall not deny, revoke,
20 suspend, or otherwise take disciplinary action against a
21 collaborating physician for health care services delegated to an



1 assistant physician; provided the provisions of this section and
2 the rules adopted thereunder are satisfied.

3 (q) Within thirty days of any change and on each license
4 renewal, the Hawaii medical board shall require every physician
5 to identify whether the physician is engaged in any written
6 collaborative practice arrangement, including written
7 collaborative practice arrangements delegating the authority to
8 prescribe controlled substances, and also report to the board
9 the name of each assistant physician with whom the physician has
10 entered into such arrangement. The board may make such
11 information available to the public. The board shall track the
12 reported information and may routinely conduct random reviews of
13 such arrangements to ensure that arrangements are carried in
14 compliance with this part.

15 (r) A collaborating physician shall not enter into a
16 written collaborative practice arrangement with more than three
17 full-time equivalent assistant physicians. Such limitation
18 shall not apply to collaborative arrangements of hospital
19 employees providing inpatient care service in hospitals or
20 population-based public health services."



1 SECTION 3. This Act shall take effect on July 1, 2050 and
2 shall be repealed on June 30, 2021.



Report Title:

Assistant Physicians; Health

Description:

Establishes a three-year pilot program to create a new category of professional licensure for assistant physicians, through which recent medical school graduates who have passed certain medical exams but have not been placed into a residency program may work under the supervision of a licensed physician to provide primary care in medically underserved areas. (HB1813 HD2)

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