

JAN 21 2022

A BILL FOR AN ACT

RELATING TO PHYSICIAN ASSISTANTS.

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

1 SECTION 1. The legislature finds that Hawaii continues to
2 face a critical physician shortage. According to the 2021
3 annual report on findings from the Hawaii physician workforce
4 assessment report, Hawaii has an unmet need for seven hundred
5 thirty-two full time physicians across the State, with
6 predictions for increased need each year. Maui county and
7 Hawaii county face the most severe shortages and lack forty per
8 cent of the health care providers they need. Paradoxically,
9 physician assistant practice in Hawaii has grown by thirty-six
10 per cent between 2016-2020. This is most noticeable on the
11 neighbor islands, where physician assistant presence has grown
12 by one hundred five per cent Hawaii county, one hundred fourteen
13 per cent in Kauai county, and thirty-five per cent in Maui
14 county.

15 The legislature further finds that physician assistants,
16 like advanced practice registered nurses, can help address this
17 need especially in rural communities where the shortage of



1 health care providers is most acute. Further, physician
2 assistants are one of the three health care professionals (along
3 with physicians and nurse practitioners) authorized by the
4 Affordable Care Act to provide primary care, which remains the
5 area where the statewide shortage of providers is most
6 significant.

7 The legislature also finds that physician assistants
8 receive rigorous medical training and are skilled health care
9 providers who routinely take medical histories, perform physical
10 examinations, order and interpret laboratory tests, diagnose
11 illnesses, develop and manage treatment plans, prescribe
12 medications, and assist in surgery. Physician assistants work
13 in various clinical settings, locations, and specialties in
14 collaboration with a licensed physician. Studies have shown
15 that when physician assistants practice to the full extent of
16 their abilities and training, hospital readmission rates and
17 lengths of stay decrease and infection rates go down.

18 Before practicing as a physician assistant, a candidate
19 must graduate from an accredited program and pass a national
20 certification exam to be licensed to practice medicine. Like
21 physicians and advanced practice registered nurses, physician



1 assistants must also complete extensive continuing medical
2 education throughout their careers.

3 The legislature also finds that streamlining physician
4 assistants' existing requirements relating to supervision by
5 physicians is consistent with physician assistant training and
6 education, and responds to the needs of the collaborating
7 physician, facility, medical specialty, and patient population,
8 thereby increasing efficiency and delivery of health care and
9 lessening overall administrative burdens.

10 The legislature further finds that Act 181, Session Laws of
11 Hawaii 2019, took one step toward modernizing the practice of
12 physician assistants by authorizing the supervision of physician
13 assistants by a physicians' group and authorizing supervising
14 physicians or groups to establish practice-specific requirements
15 for review of medical records of patients seen by physician
16 assistants. This first step successfully decreased the
17 administrative burdens on supervising physicians without
18 compromising patient care.

19 Accordingly, the purpose of this Act is to continue
20 streamlining the medical records review process for physician
21 assistants as established by Act 181, Session Laws of Hawaii



2019, by including review of controlled substances,
prescriptions issued by physician assistants.

SECTION 2. Section 453-5.3, Hawaii Revised Statutes, is
amended by amending subsection (g) to read as follows:

"(g) For medical records of patients seen by physician
assistants:

(1) Each physician assistant and supervising physician,
osteopathic physician, or group of physicians shall
establish written guidelines for the review of medical
records as appropriate to the specific practice.
These guidelines shall be kept in the office of the
practice setting in which either the physician
assistant or supervising physician, osteopathic
physician, or group of [physicians] practices, and
shall be made available to the Hawaii medical board
and the regulated industries complaints office or its
designees;

(2) The supervising physician, osteopathic physician, or
group of physicians shall review medical records as
required by this subsection; provided that:



1 (A) When supervising a physician assistant with less
2 than one year of practice experience as a
3 licensed physician assistant, the supervising
4 physician, osteopathic physician, or group of
5 physicians shall:

6 (i) For the first six months of supervision,
7 review fifty per cent of the medical records
8 within thirty days of the patient visit;
9 ~~[and]~~

10 (ii) For the next six months of supervision,
11 review twenty-five per cent of the medical
12 records within thirty days of the patient
13 visit[-]; and

14 (iii) For physician assistants that issue
15 controlled substance prescriptions, at least
16 fifty per cent of the records reviewed under
17 subparagraphs (A)(i) or (A)(ii) shall
18 include controlled substance prescriptions.
19 If the number of records with controlled
20 substances prescriptions does not amount to
21 at least fifty per cent of the requirements



1 in subparagraphs (A)(i) or (A)(ii), the
2 supervising physician, osteopathic
3 physician, or group of physicians shall
4 review as many as are available; and

5 The board may, on a case-by-case basis,
6 require physician assistants that begin in a new
7 practice specialty with less than one year of
8 full-time practice experience in the specialty to
9 comply with this subparagraph; and

10 (B) When supervising a physician assistant with more
11 than one year of practice experience as a
12 licensed physician assistant, the supervising
13 physician, osteopathic physician, or group of
14 physicians shall:

15 (i) Establish a process for the regular review
16 of a sample of medical records, including a
17 sample of controlled substance records, if
18 applicable, of patients seen by the
19 physician assistant; and



(ii) For at least thirty minutes each month,
perform an audit and review of the medical
records; and

(3) Notwithstanding paragraph (2), a supervising
physician, osteopathic physician, or group of
physicians may require additional supervisory
requirements at any time for patient safety."

SECTION 3. Section 329-38, Hawaii Revised Statutes, is
amended by amending subsection (i) to read as follows:

"(i) Prescriptions for controlled substances shall be
issued only as follows:

(1) All prescriptions for controlled substances shall
originate from within the State and be dated as of,
and signed on, the day when the prescriptions were
issued and shall contain:

(A) The first and last name and address of the
patient; and

(B) The drug name, strength, dosage form, quantity
prescribed, and directions for use. Where a
prescription is for gamma hydroxybutyric acid,
methadone, or buprenorphine, the practitioner



1 shall record as part of the directions for use,
2 the medical need of the patient for the
3 prescription.

4 Except for electronic prescriptions, controlled
5 substance prescriptions shall be no larger than eight
6 and one-half inches by eleven inches and no smaller
7 than three inches by four inches. A practitioner may
8 sign a prescription in the same manner as the
9 practitioner would sign a check or legal document
10 (e.g., J.H. Smith or John H. Smith) and shall use both
11 words and figures (e.g., alphabetically and
12 numerically as indications of quantity, such as five
13 (5)), to indicate the amount of controlled substance
14 to be dispensed. Where an electronic prescription is
15 permitted, either words or figures (e.g.,
16 alphabetically or numerically as indications of
17 quantity, such as five or 5), to indicate the amount
18 of controlled substance to be dispensed shall be
19 acceptable. Where an oral order or electronic
20 prescription is not permitted, prescriptions shall be
21 written with ink or indelible pencil or typed, shall



1 be manually signed by the practitioner, and shall
2 include the name, address, telephone number, and
3 registration number of the practitioner. The
4 prescriptions may be prepared by a secretary or agent
5 for the signature of the practitioner, but the
6 prescribing practitioner shall be responsible in case
7 the prescription does not conform in all essential
8 respects to this chapter and any rules adopted
9 pursuant to this chapter. In receiving an oral
10 prescription from a practitioner, a pharmacist shall
11 promptly reduce the oral prescription to writing,
12 which shall include the following information: the
13 drug name, strength, dosage form, quantity prescribed
14 in figures only, and directions for use; the date the
15 oral prescription was received; the full name, Drug
16 Enforcement Administration registration number, and
17 oral code number of the practitioner; and the name and
18 address of the person for whom the controlled
19 substance was prescribed or the name of the owner of
20 the animal for which the controlled substance was
21 prescribed.



1 A corresponding liability shall rest upon a
2 pharmacist who fills a prescription not prepared in the
3 form prescribed by this section. A pharmacist may add
4 a patient's missing address or change a patient's
5 address on all controlled substance prescriptions
6 after verifying the patient's identification and
7 noting the identification number on the back of the
8 prescription document on file. The pharmacist shall
9 not make changes to the patient's name, the controlled
10 substance being prescribed, the quantity of the
11 prescription, the practitioner's Drug Enforcement
12 Administration number, the practitioner's name, the
13 practitioner's electronic signature, or the
14 practitioner's signature;

- 15 (2) An intern, resident, or foreign-trained physician, or
16 a physician on the staff of a Department of Veterans
17 Affairs facility or other facility serving veterans,
18 exempted from registration under this chapter, shall
19 include on all prescriptions issued by the physician:
20 (A) The registration number of the hospital or other
21 institution; and



1 (B) The special internal code number assigned to the
2 physician by the hospital or other institution in
3 lieu of the registration number of the
4 practitioner required by this section.

5 The hospital or other institution shall forward a copy
6 of this special internal code number list to the
7 department as often as necessary to update the
8 department with any additions or deletions. Failure
9 to comply with this paragraph shall result in the
10 suspension of that facility's privilege to fill
11 controlled substance prescriptions at pharmacies
12 outside of the hospital or other institution. Each
13 written prescription shall have the name of the
14 physician stamped, typed, or hand-printed on it, as
15 well as the signature of the physician;

16 (3) An official exempted from registration shall include
17 on all prescriptions issued by the official:

18 (A) The official's branch of service or agency (e.g.,
19 "U.S. Army" or "Public Health Service"); and

20 (B) The official's service identification number, in
21 lieu of the registration number of the



1 practitioner required by this section. The
2 service identification number for a Public Health
3 Service employee shall be the employee's social
4 security or other government issued
5 identification number.

6 Each prescription shall have the name of the officer
7 stamped, typed, or handprinted on it, as well as the
8 signature of the officer; and

9 (4) A physician assistant registered to prescribe
10 controlled substances under the authorization of a
11 supervising physician shall include on all controlled
12 substance prescriptions issued:

13 (A) The Drug Enforcement Administration registration
14 number of the supervising physician; and

15 (B) The Drug Enforcement Administration registration
16 number of the physician assistant.

17 Each written controlled substance prescription issued
18 shall include the printed, stamped, typed, or hand-
19 printed name, address, and phone number of both the
20 supervising physician and physician assistant, and
21 shall be signed by the physician assistant. [The



~~medical record of each written controlled substance
prescription issued by a physician assistant shall be
reviewed and initialed by the physician assistant's
supervising physician within seven working days.] "~~

5 SECTION 4. Statutory material to be repealed is bracketed
6 and stricken. New statutory material is underscored.

7 SECTION 5. This Act shall take effect on July 1, 2022.

INTRODUCED BY: Rashid H. Bok



S.B. NO. 2442

Report Title:

Physicians Assistants; Medical Records; Controlled Substances

Description:

Streamlines the records review process for physician assistants by including review of physician assistants' prescriptions for 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.

