
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 the critical
2 physician shortage continues to limit residents' access to
3 timely, high quality health care in Hawaii. According to the
4 2021 annual report on findings from the Hawaii Physician
5 Workforce Assessment Report, Hawaii has an unmet need for seven
6 hundred thirty-two full time physicians across the State, with
7 the most severe shortages reaching almost forty per cent in Maui
8 county and Hawaii county. Predictions are that this need will
9 only increase over time.

10 Paradoxically, physician assistant practice in Hawaii has
11 grown by thirty-six per cent between 2016-2020. This is most
12 noticeable on the neighbor islands, where physician assistants'
13 presence has grown by one hundred five per cent in Hawaii
14 county, one hundred fourteen per cent in Kauai county, and
15 thirty-five per cent on Maui county. However, because Hawaii
16 has some of the nation's most restrictive scope of practice laws
17 for physician assistants, these providers are prevented from



1 meeting many of their patients' needs, such as certifying need
2 for temporary disability insurance, disability parking permits,
3 and provider orders for life sustaining treatment forms, for
4 example.

5 The legislature also finds the intensive physician
6 assistant program curriculum is modeled on the medical school
7 curriculum and produces highly skilled practitioners. The
8 typical physician assistant program lasts twenty-seven
9 continuous months and begins with classroom instruction in basic
10 medical sciences. This is followed by rotations in medical and
11 surgical disciplines, including family medicine, internal
12 medicine, general surgery, pediatrics, obstetrics and
13 gynecology, emergency medicine, and psychiatry. Physician
14 assistant students complete at least two thousand hours of
15 supervised clinical practice in various settings and locations
16 by the time of graduation and must pass a national certification
17 exam to be licensed to practice medicine. Like physicians and
18 advanced practice registered nurses, physician assistants must
19 also complete extensive continuing medical education throughout
20 their careers.



1 Because of their rigorous medical training, physician
2 assistants are skilled health care providers who routinely take
3 medical histories, perform physical examinations, order and
4 interpret laboratory tests, diagnose illnesses, develop and
5 manage treatment plans, prescribe medications, and assist in
6 surgery. Studies have shown that when physician assistants
7 practice to the full extent of their abilities and training,
8 hospital readmission rates and lengths of stay decrease and
9 infection rates go down. Physician assistants can work in a
10 multitude of clinical settings, locations, and specialties, and
11 because physician assistants can work off-site from their
12 collaborating physician as long as the physician remains
13 available via telecommunication, physician assistants have been
14 helping to fill Hawaii's rural health care gap with high quality
15 care.

16 Further, the legislature finds that as interprofessional
17 health care team practice evolves and research repeatedly shows
18 the quality and safety of physician assistant-provided care, a
19 physician assistant's scope of practice can safely be determined
20 at the practice level. Broadening physician assistants' scope
21 of practice so that the scope is determined at the practice



1 level, responds to the needs of the collaborating physician,
2 facility, medical specialty, and patient population, thus
3 increasing efficiency and delivery of health care and lessening
4 the administrative burden.

5 Therefore, the legislature finds that the solution to the
6 crisis of accessible health care in the State will be multi-
7 faceted, and broadening the scope and utilization of physician
8 assistants is a vital part of it.

9 The purpose of this Act is to broaden the scope and
10 practice of physician assistants in the State to improve patient
11 access to health care services and provide optimal care for
12 Hawaii patients, especially in rural and underserved areas.
13 However, this Act does not seek to authorize independent
14 practice for physician assistants.

15 SECTION 2. Section 291-51, Hawaii Revised Statutes, is
16 amended as follows:

17 1. By amending the definition of "certificate of
18 disability" to read:

19 "Certificate of disability" means a medical statement
20 issued by a licensed practicing physician, physician assistant,
21 or advanced practice registered nurse, which verifies that a



1 person is disabled, limited, or impaired in the ability to
2 walk."

3 2. By amending the definition of "person with a
4 disability" to read:

5 "Person with a disability" means a person with a
6 disability that limits or impairs the ability to walk, and who,
7 as determined by a licensed practicing physician, physician
8 assistant, or an advanced practice registered nurse:

9 (1) Cannot walk two hundred feet without stopping to rest,
10 and who has been diagnosed with:

11 (A) An arthritic, neurological, orthopedic, renal,
12 vascular, or oncological condition;

13 (B) Lung disease to such an extent that the person's
14 forced (respiratory) expiratory volume for one
15 second, when measured by spirometry, is less than
16 one liter, or the arterial oxygen tension is less
17 than sixty mm/hg on room air at rest; or

18 (C) A cardiac condition to the extent that the
19 person's functional limitations are classified in
20 severity as Class III or Class IV according to



1 the standards set by the American Heart
2 Association; and

3 (2) Because of a condition identified in paragraph (1):

4 (A) Cannot walk two hundred feet under the person's
5 own power without stopping to rest;

6 (B) Cannot walk without the use of, or assistance
7 from, a brace, cane, crutch, another person,
8 prosthetic device, wheelchair, or other assistive
9 device; or

10 (C) Uses portable oxygen."

11 SECTION 3. Section 291-51.4, Hawaii Revised Statutes, is
12 amended to read as follows:

13 "§291-51.4 Fraudulent verification of an applicant as a
14 person with a disability; penalty. A physician, physician
15 assistant, or advanced practice registered nurse who
16 fraudulently verifies that an applicant is a person with a
17 disability to enable the person to represent to the issuing
18 agency that the person is qualified to obtain a disability
19 parking permit shall be guilty of a petty misdemeanor. Each
20 fraudulent verification shall constitute a separate offense."



1 SECTION 4. Section 327K-1, Hawaii Revised Statutes, is
2 amended by amending the definition of "patient's provider" to
3 read as follows:

4 "Patient's provider" means a physician licensed pursuant
5 to chapter 453, a physician assistant licensed pursuant to
6 chapter 453, or an advanced practice registered nurse licensed
7 pursuant to chapter 457 who has examined the patient."

8 SECTION 5. Section 327K-3, Hawaii Revised Statutes, is
9 amended by amending subsection (a) to read as follows:

10 "(a) No physician, physician assistant, advanced practice
11 registered nurse, health care professional, nurse's aide,
12 hospice provider, home care provider, including private duty and
13 medicare home health providers, emergency medical services
14 provider, adult residential care home operator, skilled nursing
15 facility operator, hospital, or person employed by or under
16 contract with a hospital shall be subject to criminal
17 prosecution, civil liability, or be deemed to have engaged in
18 unprofessional conduct for:

- 19 (1) Carrying out in good faith, a decision regarding
20 treatment orders, including cardiopulmonary
21 resuscitation by or on behalf of a patient pursuant to



orders in a form and in compliance with the standards
and procedures set forth in this chapter; or

(2) Providing cardiopulmonary resuscitation to a patient
for whom an order not to resuscitate has been issued
on a form; provided the person reasonably and in good
faith:

(A) Was unaware of the issuance of an order not to
resuscitate; or

(B) Believed that any consent to treatment orders,
including the order not to resuscitate, had been
revoked or canceled."

SECTION 6. Section 338-9, Hawaii Revised Statutes, is
amended by amending subsection (b) to read as follows:

"(b) In preparing a certificate of death or fetal death
the person in charge of the disposition of the body shall:

(1) Obtain and enter on the certificate the personal data
and other information pertaining to the deceased
person required by the department from the person best
qualified to supply them;

(2) Present the certificate of death to the physician,
physician assistant, or advanced practice registered



1 nurse last in attendance upon the deceased, or to the
2 coroner's physician, who shall thereupon certify the
3 cause of death to the physician's, physician
4 assistant's, or advanced practice registered nurse's
5 best knowledge and belief, or present the certificate
6 of fetal death to the physician, physician assistant,
7 advanced practice registered nurse, midwife, or other
8 person in attendance at the fetal death, who shall
9 certify the fetal death and such medical data
10 pertaining thereto as can be furnished; provided that
11 fetal deaths of less than twenty-four weeks or
12 intentional terminations of pregnancy performed in
13 accordance with section 453-16 may be certified by a
14 nurse or other employee based upon the physician's
15 records; and

- 16 (3) Notify immediately the appropriate local agent, if the
17 death occurred without medical attendance, or if the
18 physician, physician assistant, or advanced practice
19 registered nurse last in attendance fails to sign the
20 death certificate. In such event the local agent
21 shall inform the local health officer, and refer the



1 case to the local health officer for immediate
2 investigation and certification of the cause of death
3 prior to issuing a permit for burial, or other
4 disposition of the body. When the local health
5 officer is not a physician or when there is no such
6 officer, the local agent may complete the certificate
7 on the basis of information received from relatives of
8 the deceased or others having knowledge of the facts.

9 If the circumstances of the case suggest that the death or
10 fetal death was caused by other than natural causes, the local
11 agent shall refer the case to the coroner for investigation and
12 certification."

13 SECTION 7. Section 338-17.7, Hawaii Revised Statutes, is
14 amended by amending subsection (a) to read as follows:

15 "(a) The department of health shall establish, in the
16 following circumstances, a new certificate of birth for a person
17 born in this State who already has a birth certificate filed
18 with the department and who is referred to below as the "birth
19 registrant":

20 (1) Upon receipt of an affidavit of paternity, a court
21 order establishing paternity, or a certificate of



1 marriage establishing the marriage of the natural
2 parents to each other, together with a request from
3 the birth registrant, or the birth registrant's parent
4 or other person having legal custody of the birth
5 registrant, that a new birth certificate be prepared
6 because previously recorded information has been
7 altered pursuant to law;

8 (2) Upon receipt of a certified copy of a final order,
9 judgment, or decree of a court of competent
10 jurisdiction that determined the nonexistence of a
11 parent and child relationship between a person
12 identified as a parent on the birth certificate on
13 file and the birth registrant;

14 (3) Upon receipt of a certified copy of a final adoption
15 decree, or of an abstract of the decree, pursuant to
16 sections 338-20 and 578-14;

17 (4) Upon receipt of an affidavit from a United States
18 licensed physician or physician assistant attesting
19 that:



1 (A) The physician or physician assistant has a bona
2 fide [~~physician-patient~~] provider-patient
3 relationship with the birth registrant;

4 (B) The physician or physician assistant has treated
5 and evaluated the birth registrant and has
6 reviewed and evaluated the birth registrant's
7 medical history;

8 (C) The birth registrant has had appropriate clinical
9 treatment for gender transition to the new gender
10 and has completed the transition to the new
11 gender; and

12 (D) The new gender does not align with the sex
13 designation on the birth registrant's birth
14 certificate; or

15 (5) Upon request of a law enforcement agency certifying
16 that a new birth certificate showing different
17 information would provide for the safety of the birth
18 registrant; provided that the new birth certificate
19 shall contain information requested by the law
20 enforcement agency, shall be assigned a new number and
21 filed accordingly, and shall not substitute for the



1 birth registrant's original birth certificate, which
2 shall remain in place."

3 SECTION 8. Section 392-26, Hawaii Revised Statutes, is
4 amended as follows:

5 1. By amending its title and subsection (a) to read:

6 "§392-26 Care by physician, physician assistant, advanced
7 practice registered nurse, or equivalent required. (a) An
8 individual shall be ineligible to receive temporary disability
9 benefits with respect to any period during which the individual
10 is not under the care of a person duly licensed to practice
11 medicine, surgery, dentistry, chiropractic, osteopathy, or
12 naturopathic medicine, a physician assistant, or an advanced
13 practice registered nurse, who shall certify, in the form and
14 manner specified by rule of the director, the disability of the
15 claimant, the probable duration of the disability, and such
16 other medical facts within the person's knowledge as required by
17 rule."

18 2. By amending subsection (c) to read:

19 "(c) The proof of disability duly certified by a person
20 licensed to practice medicine, surgery, dentistry, chiropractic,
21 osteopathy, or naturopathic medicine, a physician assistant, or



1 an advanced practice registered nurse, or an authorized or
2 accredited practitioner of any group that depends for healing
3 upon prayer or other spiritual means shall be submitted by the
4 certifying person to the disabled employee within seven working
5 days after the date on which the employee was examined and found
6 disabled. If the certifying person fails to submit the required
7 proof within seven working days, the director, upon notification
8 by the insurer, may levy a penalty of \$25 for each delinquent
9 certification where the certifying person fails to show good
10 cause for the person's failure to file on time."

11 SECTION 9. Section 453-5.5, Hawaii Revised Statutes, is
12 amended to read as follows:

13 "[~~§~~453-5.5~~]~~ Physician assistant; authority to sign
14 documents. Any physician assistant who holds a current, valid,
15 and permanent license to practice medicine pursuant to this
16 chapter, and who is under the supervision of a licensed
17 physician or osteopathic physician, shall have the authority to
18 sign the following documents:

- 19 (1) Certification of psychiatric medical condition of the
20 parents of a child applicant for aid from the
21 temporary assistance for needy families program;



- (2) Evaluation forms for Hansen's disease patients;
- (3) Orders for physical therapy and plans of care;
- (4) Pharmacist orders to assist in monitoring and management of anticoagulation anemia and atrial fibrillation;
- (5) Orders for speech therapy and plans of care;
- (6) Applications for bracelets indicating compassionate care only;
- (7) Admissions applications for foster homes;
- (8) Dietary consultations forms; ~~and~~
- (9) Medicaid application forms for nursing care facility admission[-] and
- (10) Orders for occupational therapy and plans of care."

SECTION 10. Section 461-1, Hawaii Revised Statutes, is amended by amending the definition of "practice of pharmacy" to read as follows:

"Practice of pharmacy" means:

- (1) The interpretation and evaluation of prescription orders; the compounding, dispensing, and labeling of drugs and devices (except labeling by a manufacturer, packer, or distributor of nonprescription drugs and



1 commercially legend drugs and devices); the
2 participation in drug selection and drug utilization
3 reviews; the proper and safe storage of drugs and
4 devices and the maintenance of proper records
5 therefor; the responsibility for advising when
6 necessary or where regulated, of therapeutic values,
7 content, hazards, and use of drugs and devices; and
8 the interpretation and evaluation of prescription
9 orders to adjust the supply dispensed for purposes of
10 medication synchronization pursuant to section
11 431:10A-606, 432:1-621, or 432D-30;

- 12 (2) Performing the following procedures or functions as
13 part of the care provided by and in concurrence with a
14 "health care facility" and "health care service" as
15 defined in section 323D-2, or a "pharmacy" or a
16 licensed physician, licensed physician assistant, or
17 [a] licensed advanced practice registered nurse with
18 prescriptive authority, or a "managed care plan" as
19 defined in section 432E-1, in accordance with
20 policies, procedures, or protocols developed
21 collaboratively by health professionals, including



1 physicians and surgeons, pharmacists, physician
2 assistants, and registered nurses, and for which a
3 pharmacist has received appropriate training required
4 by these policies, procedures, or protocols:

5 (A) Ordering or performing routine drug therapy
6 related patient assessment procedures;

7 (B) Ordering drug therapy related laboratory tests;

8 (C) Initiating emergency contraception oral drug
9 therapy in accordance with a written
10 collaborative agreement approved by the board,
11 between a licensed physician, physician
12 assistant, or advanced practice registered nurse
13 with prescriptive authority and a pharmacist who
14 has received appropriate training that includes
15 programs approved by the Accreditation Council
16 for Pharmacy Education (ACPE), curriculum-based
17 programs from an ACPE-accredited college of
18 pharmacy, state or local health department
19 programs, or programs recognized by the board of
20 pharmacy;



1 (D) Administering drugs orally, topically, by
2 intranasal delivery, or by injection, pursuant to
3 the order of the patient's licensed physician,
4 physician assistant, or advanced practice
5 registered nurse with prescriptive authority, by
6 a pharmacist having appropriate training that
7 includes programs approved by the ACPE,
8 curriculum-based programs from an ACPE-accredited
9 college of pharmacy, state or local health
10 department programs, or programs recognized by
11 the board of pharmacy;

12 (E) Administering:

13 (i) Immunizations orally, by injection, or by
14 intranasal delivery, to persons eighteen
15 years of age or older by a pharmacist having
16 appropriate training that includes programs
17 approved by the ACPE, curriculum-based
18 programs from an ACPE-accredited college of
19 pharmacy, state or local health department
20 programs, or programs recognized by the
21 board of pharmacy;



(ii) Vaccines to persons between fourteen and
seventeen years of age pursuant to section
461-11.4; and

(iii) Human papillomavirus, Tdap (tetanus,
diphtheria, pertussis), meningococcal, and
influenza vaccines to persons between eleven
and seventeen years of age pursuant to
section 461-11.4;

(F) As authorized by the written instructions of a
licensed physician, physician assistant, or
advanced practice registered nurse with
prescriptive authority, initiating or adjusting
the drug regimen of a patient pursuant to an
order or authorization made by the patient's
licensed physician, physician assistant, or
advanced practice registered nurse with
prescriptive authority and related to the
condition for which the patient has been seen by
the licensed physician, physician assistant, or
advanced practice registered nurse with
prescriptive authority; provided that the



1 pharmacist shall issue written notification to
2 the patient's licensed physician, physician
3 assistant, or advanced practice registered nurse
4 with prescriptive authority or enter the
5 appropriate information in an electronic patient
6 record system shared by the licensed physician,
7 physician assistant, or advanced practice
8 registered nurse with prescriptive authority,
9 within twenty-four hours;

10 (G) Transmitting a valid prescription to another
11 pharmacist for the purpose of filling or
12 dispensing;

13 (H) Providing consultation, information, or education
14 to patients and health care professionals based
15 on the pharmacist's training and for which no
16 other licensure is required; or

17 (I) Prescribing and dispensing an opioid antagonist
18 pursuant to section 461-11.8;

19 (3) The offering or performing of those acts, services,
20 operations, or transactions necessary in the conduct,
21 operation, management, and control of pharmacy; and



1 (4) Prescribing and dispensing contraceptive supplies
2 pursuant to section 461-11.6."

3 SECTION 11. Statutory material to be repealed is bracketed
4 and stricken. New statutory material is underscored.

5 SECTION 12. This Act shall take effect on January 1, 2050.



Report Title:

Physician Assistant; Scope of Practice

Description:

Expands the authorized scope of practice for physician assistants. Effective 1/1/2050. (SD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

