
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 broadening the scope
2 of practice for physician assistants can help address the
3 State's shortage of licensed physicians. In 2021, the annual
4 report on findings from the Hawaii Physician Workforce
5 Assessment Project found that Hawaii has an unmet need for seven
6 hundred thirty-two full-time doctors. The islands of Maui and
7 Hawaii face the most severe shortages, each needing forty
8 per cent more healthcare providers. In contrast, the number of
9 licensed physician assistants has grown by one hundred five per
10 cent on the island of Hawaii, one hundred fourteen per cent on
11 the island of Kauai and thirty-five per cent on the island of
12 Maui.

13 The legislature recognizes that physician assistants are
14 highly trained and nationally certified health care workers who
15 already provide a wide range of services. They routinely take
16 medical histories, perform medical examinations, order and
17 interpret laboratory tests, diagnose illnesses, develop and



1 manage treatment plans, prescribe medications, and assist in
2 surgery. Research has shown that hospitalized patients
3 receiving care from physician assistants have shorter stays,
4 fewer infections, and fewer readmissions. The legislature
5 believes that physician assistants are capable of providing
6 additional care services to help ease the State's shortage of
7 licensed physicians and that the scope of practice for physician
8 assistants should be determined at the practice level.

9 The legislature also finds that changes are needed to the
10 medical records review process for physician assistants. In
11 2019, the Hawaii Revised Statutes was amended to authorize the
12 physicians or physicians' groups supervising physician
13 assistants to develop their own, practice-specific requirements
14 for medical record reviews. This has helped to ease the
15 administrative burden on supervising physicians without
16 compromising patient care. However, supervising physicians or
17 physicians' groups are currently required to review all
18 prescriptions for controlled substances that are provided by a
19 physician assistant.

20 Accordingly, the purpose of this Act is to:



- 1 (1) Improve patients' quality of care and access to care
2 services, especially in rural and underserved areas,
3 by broadening the scope of practice for physician
4 assistants in the State; and
- 5 (2) Continue streamlining the medical records review
6 process for physician assistants by requiring a
7 sampling of medical records, rather than all medical
8 records, to be reviewed when physician assistants
9 prescribe controlled substances.

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

12 1. By amending the definition of "certificate of
13 disability" to read:

14 ""Certificate of disability" means a medical statement
15 issued by a licensed practicing physician, physician assistant,
16 or advanced practice registered nurse [~~which~~] that verifies that
17 a person is disabled, limited, or impaired in the ability to
18 walk."

19 2. By amending the definition of "person with a
20 disability" to read:



1 ""Person with a disability" means a person with a
2 disability that limits or impairs the ability to walk, and who,
3 as determined by a licensed practicing physician, physician
4 assistant, or an advanced practice registered nurse:

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

7 (A) An arthritic, neurological, orthopedic, renal,
8 vascular, or oncological condition;

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

14 (C) A cardiac condition to the extent that the
15 person's functional limitations are classified in
16 severity as Class III or Class IV according to
17 the standards set by the American Heart
18 Association; and

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

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



1 (B) Cannot walk without the use of, or assistance
 2 from, a brace, cane, crutch, another person,
 3 prosthetic device, wheelchair, or other assistive
 4 device; or

5 (C) Uses portable oxygen."

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

8 **"§291-51.4 Fraudulent verification of an applicant as a**
 9 **person with a disability; penalty.** A physician, physician
 10 assistant, or advanced practice registered nurse who
 11 fraudulently verifies that an applicant is a person with a
 12 disability to enable the person to represent to the issuing
 13 agency that the person is qualified to obtain a disability
 14 parking permit shall be guilty of a petty misdemeanor. Each
 15 fraudulent verification shall constitute a separate offense."

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

19 ""Patient's provider" means a physician licensed pursuant
 20 to chapter 453, a physician assistant licensed pursuant to



1 chapter 453, or an advanced practice registered nurse licensed
2 pursuant to chapter 457 who has examined the patient."

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

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

14 (1) Carrying out in good faith, a decision regarding
15 treatment orders, including cardiopulmonary
16 resuscitation by or on behalf of a patient pursuant to
17 orders in a form and in compliance with the standards
18 and procedures set forth in this chapter; or

19 (2) Providing cardiopulmonary resuscitation to a patient
20 for whom an order not to resuscitate has been issued



1 on a form; provided the person reasonably and in good
2 faith:

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

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

8 SECTION 6. Section 329-38, Hawaii Revised Statutes, is
9 amended by amending subsection (i) to read as follows:

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

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

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

18 (B) The drug name, strength, dosage form, quantity
19 prescribed, and directions for use. Where a
20 prescription is for gamma hydroxybutyric acid,
21 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
 19 hand-printed name, address, and phone number of both
 20 the supervising physician and physician assistant, and
 21 shall be signed by the physician assistant. [The



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

5 SECTION 7. Section 338-9, Hawaii Revised Statutes, is
6 amended by amending subsection (b) to read as follows:

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

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

13 (2) Present the certificate of death to the physician,
14 physician assistant, or advanced practice registered
15 nurse last in attendance upon the deceased, or to the
16 coroner's physician, who shall thereupon certify the
17 cause of death to the physician's, physician
18 assistant's, or advanced practice registered nurse's
19 best knowledge and belief, or present the certificate
20 of fetal death to the physician, physician assistant,
21 advanced practice registered nurse, midwife, or other



1 person in attendance at the fetal death, who shall
2 certify the fetal death and such medical data
3 pertaining thereto as can be furnished; provided that
4 fetal deaths of less than twenty-four weeks or
5 intentional terminations of pregnancy performed in
6 accordance with section 453-16 may be certified by a
7 nurse or other employee based upon the physician's
8 records; and

9 (3) Notify immediately the appropriate local agent, if the
10 death occurred without medical attendance, or if the
11 physician, physician assistant, or advanced practice
12 registered nurse last in attendance fails to sign the
13 death certificate. In such event the local agent
14 shall inform the local health officer, and refer the
15 case to the local health officer for immediate
16 investigation and certification of the cause of death
17 prior to issuing a permit for burial, or other
18 disposition of the body. When the local health
19 officer is not a physician or when there is no such
20 officer, the local agent may complete the certificate



1 on the basis of information received from relatives of
2 the deceased or others having knowledge of the facts.

3 If the circumstances of the case suggest that the death or
4 fetal death was caused by other than natural causes, the local
5 agent shall refer the case to the coroner for investigation and
6 certification."

7 SECTION 8. Section 338-17.7, Hawaii Revised Statutes, is
8 amended by amending subsection (a) to read as follows:

9 "(a) The department of health shall establish, in the
10 following circumstances, a new certificate of birth for a person
11 born in this State who already has a birth certificate filed
12 with the department and who is referred to below as the "birth
13 registrant":

14 (1) Upon receipt of an affidavit of paternity, a court
15 order establishing paternity, or a certificate of
16 marriage establishing the marriage of the natural
17 parents to each other, together with a request from
18 the birth registrant, or the birth registrant's parent
19 or other person having legal custody of the birth
20 registrant, that a new birth certificate be prepared



- 1 because previously recorded information has been
2 altered pursuant to law;
- 3 (2) Upon receipt of a certified copy of a final order,
4 judgment, or decree of a court of competent
5 jurisdiction that determined the nonexistence of a
6 parent and child relationship between a person
7 identified as a parent on the birth certificate on
8 file and the birth registrant;
- 9 (3) Upon receipt of a certified copy of a final adoption
10 decree, or of an abstract of the decree, pursuant to
11 sections 338-20 and 578-14;
- 12 (4) Upon receipt of an affidavit from a United States
13 licensed physician, physician assistant, or advanced
14 practice registered nurse attesting that:
- 15 (A) The physician, physician assistant, or advanced
16 practice registered nurse has a bona fide
17 [~~physician-patient~~] provider-patient relationship
18 with the birth registrant;
- 19 (B) The physician, physician assistant, or advanced
20 practice registered nurse has treated and
21 evaluated the birth registrant and has reviewed



1 and evaluated the birth registrant's medical
2 history;

3 (C) The birth registrant has had appropriate clinical
4 treatment for gender transition to the new gender
5 and has completed the transition to the new
6 gender; and

7 (D) The new gender does not align with the sex
8 designation on the birth registrant's birth
9 certificate; or

10 (5) Upon request of a law enforcement agency certifying
11 that a new birth certificate showing different
12 information would provide for the safety of the birth
13 registrant; provided that the new birth certificate
14 shall contain information requested by the law
15 enforcement agency, shall be assigned a new number and
16 filed accordingly, and shall not substitute for the
17 birth registrant's original birth certificate, which
18 shall remain in place."

19 SECTION 9. Section 392-26, Hawaii Revised Statutes, is
20 amended as follows:

21 1. By amending subsection (a) to read:



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

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

12 "(c) The proof of disability duly certified by a person
13 licensed to practice medicine, surgery, dentistry, chiropractic,
14 osteopathy, or naturopathic medicine, a physician assistant, or
15 an advanced practice registered nurse, or an authorized or
16 accredited practitioner of any group that depends for healing
17 upon prayer or other spiritual means shall be submitted by the
18 certifying person to the disabled employee within seven working
19 days after the date on which the employee was examined and found
20 disabled. If the certifying person fails to submit the required
21 proof within seven working days, the director, upon notification



1 by the insurer, may levy a penalty of \$25 for each delinquent
2 certification where the certifying person fails to show good
3 cause for the person's failure to file on time."

4 SECTION 10. Section 453-5.3, Hawaii Revised Statutes, is
5 amended by amending subsection (g) to read as follows:

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

8 (1) Each physician assistant and supervising physician,
9 osteopathic physician, or group of physicians shall
10 establish written guidelines for the review of medical
11 records as appropriate to the specific practice.

12 These guidelines shall be kept in the office of the
13 practice setting in which either the physician
14 assistant or supervising physician, osteopathic
15 physician, or group of [+]physicians[+] practices, and
16 shall be made available to the Hawaii medical board
17 and the regulated industries complaints office or its
18 designees;

19 (2) The supervising physician, osteopathic physician, or
20 group of physicians shall review medical records as
21 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]~~ provided that, on a case-by-case
10 basis, require physician assistants that
11 begin in a new practice specialty with less
12 than one year of full-time practice
13 experience in the specialty to comply with
14 this clause;

15 (ii) For the next six months of supervision,
16 review twenty-five per cent of the medical
17 records within thirty days of the patient
18 visit~~[-~~
19 ~~The]~~; provided that the board may, on a
20 case-by-case basis, require physician
21 assistants that begin in a new practice



1 specialty with less than one year of
2 full-time practice experience in the
3 specialty to comply with this
4 ~~[subparagraph]~~ clause; and
5 (iii) For physician assistants that issue
6 controlled substance prescriptions, at least
7 fifty per cent of the records reviewed under
8 clause (i) or (ii) shall include controlled
9 substance prescriptions. If the number of
10 records that include controlled substance
11 prescriptions amount to less than fifty per
12 cent of the records in clause (i) or (ii),
13 the supervising physician, osteopathic
14 physician, or group of physicians shall
15 review as many controlled substance
16 prescriptions as are available; and
17 (B) When supervising a physician assistant with more
18 than one year of practice experience as a
19 licensed physician assistant, the supervising
20 physician, osteopathic physician, or group of
21 physicians shall:



1 (i) Establish a process for the regular review
2 of a sample of medical records of patients
3 seen by the physician assistant[†],
4 including a sample of controlled substance
5 records, if available; and

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

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

13 SECTION 11. Section 461-1, Hawaii Revised Statutes, is
14 amended by amending the definition of "practice of pharmacy" to
15 read as follows:

16 ""Practice of pharmacy" means:

17 (1) The interpretation and evaluation of prescription
18 orders; the compounding, dispensing, and labeling of
19 drugs and devices (except labeling by a manufacturer,
20 packer, or distributor of nonprescription drugs and
21 commercially legend drugs and devices); the

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

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



1 assistants, and registered nurses, and for which a
2 pharmacist has received appropriate training required
3 by these policies, procedures, or protocols:
4 (A) Ordering or performing routine drug therapy
5 related patient assessment procedures;
6 (B) Ordering drug therapy related laboratory tests;
7 (C) Initiating emergency contraception oral drug
8 therapy in accordance with a written
9 collaborative agreement approved by the board,
10 between a licensed physician, physician
11 assistant, or advanced practice registered nurse
12 with prescriptive authority and a pharmacist who
13 has received appropriate training that includes
14 programs approved by the Accreditation Council
15 for Pharmacy Education (ACPE), curriculum-based
16 programs from an ACPE-accredited college of
17 pharmacy, state or local health department
18 programs, or programs recognized by the board of
19 pharmacy;
20 (D) Administering drugs orally, topically, by
21 intranasal delivery, or by injection, pursuant to



1 the order of the patient's licensed physician,
2 physician assistant, or advanced practice
3 registered nurse with prescriptive authority, by
4 a pharmacist having appropriate training that
5 includes programs approved by the ACPE,
6 curriculum-based programs from an ACPE-accredited
7 college of pharmacy, state or local health
8 department programs, or programs recognized by
9 the board of pharmacy;

10 (E) Administering:

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



- 1 (ii) Vaccines to persons between fourteen and
2 seventeen years of age pursuant to section
3 461-11.4; and
- 4 (iii) Human papillomavirus, Tdap (tetanus,
5 diphtheria, pertussis), meningococcal, and
6 influenza vaccines to persons between eleven
7 and seventeen years of age pursuant to
8 section 461-11.4;
- 9 (F) As authorized by the written instructions of a
10 licensed physician, physician assistant, or
11 advanced practice registered nurse with
12 prescriptive authority, initiating or adjusting
13 the drug regimen of a patient pursuant to an
14 order or authorization made by the patient's
15 licensed physician, physician assistant, or
16 advanced practice registered nurse with
17 prescriptive authority and related to the
18 condition for which the patient has been seen by
19 the licensed physician, physician assistant, or
20 advanced practice registered nurse with
21 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."

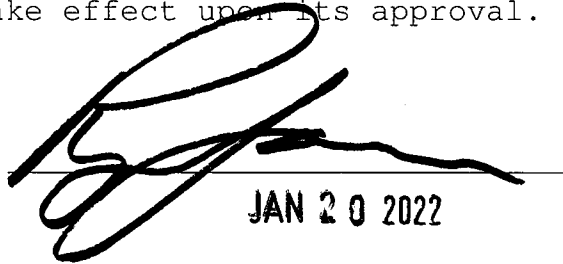
3 SECTION 12. This Act does not affect rights and duties
4 that matured, penalties that were incurred, and proceedings that
5 were begun before its effective date.

6 SECTION 13. Statutory material to be repealed is bracketed
7 and stricken. New statutory material is underscored.

8 SECTION 14. This Act shall take effect upon its approval.

9

INTRODUCED BY:



JAN 20 2022



H.B. NO. 1575

Report Title:

Physician Assistant; Scope of Practice; Medical Records Review;
Controlled Substances

Description:

Expands the scope of practice for physician assistants.
Requires a sampling of medical records, rather than all medical
records, to be reviewed when physician assistants prescribe
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.

