
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 over
6 seven hundred full-time doctors. The islands of Maui and Hawaii
7 face the most severe shortages, each lacking more than forty per
8 cent of the needed health care providers. By contrast, the
9 number of licensed physician assistants has grown by one hundred
10 five per cent on the island of Hawaii, one hundred fourteen per
11 cent on the island of Kauai, and thirty-five per cent on the
12 island of 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 finds
5 that physician assistants are capable of providing additional
6 care services to help ease the State's shortage of licensed
7 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. Act
11 181, Session Laws of Hawaii 2019, authorized the physicians or
12 physicians' groups supervising physician assistants to develop
13 their own, practice-specific requirements for medical record
14 reviews. This has helped to ease the administrative burden on
15 supervising physicians without compromising patient care.
16 However, supervising physicians or physicians' groups are
17 currently required to review all prescriptions for controlled
18 substances that are provided by a physician assistant.

19 Accordingly, the purpose of this Act is to:

20 (1) Improve patients' quality of care and access to care
21 services, especially in rural and underserved areas,



1 by broadening the scope of practice for physician
2 assistants in the State; and
3 (2) Continue streamlining the medical records review
4 process for physician assistants by requiring a
5 sampling of medical records, rather than all medical
6 records, to be reviewed when physician assistants
7 prescribe controlled substances.

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

10 1. By amending the definition of "certificate of
11 disability" to read:

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

17 2. By amending the definition of "person with a
18 disability" to read:

19 "Person with a disability" means a person with a
20 disability that limits or impairs the ability to walk, and who,



1 as determined by a licensed practicing physician, physician
2 assistant, or an advanced practice registered nurse:

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

5 (A) An arthritic, neurological, orthopedic, renal,
6 vascular, or oncological condition;

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

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

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

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

20 (B) Cannot walk without the use of, or assistance
21 from, a brace, cane, crutch, another person,



1 prosthetic device, wheelchair, or other assistive
2 device; or

3 (C) Uses portable oxygen."

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

6 "**§291-51.4 Fraudulent verification of an applicant as a**
7 **person with a disability; penalty.** A physician, physician
8 assistant, or advanced practice registered nurse who
9 fraudulently verifies that an applicant is a person with a
10 disability to enable the person to represent to the issuing
11 agency that the person is qualified to obtain a disability
12 parking permit shall be guilty of a petty misdemeanor. Each
13 fraudulent verification shall constitute a separate offense."

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

17 ""Patient's provider" means a physician licensed pursuant
18 to chapter 453, a physician assistant licensed pursuant to
19 chapter 453, or an advanced practice registered nurse licensed
20 pursuant to chapter 457 who has examined the patient."



1 SECTION 5. Section 327K-3, Hawaii Revised Statutes, is
2 amended by amending subsection (a) to read as follows:
3 "(a) No physician, physician assistant, advanced practice
4 registered nurse, health care professional, nurse's aide,
5 hospice provider, home care provider, including private duty and
6 medicare home health providers, emergency medical services
7 provider, adult residential care home operator, skilled nursing
8 facility operator, hospital, or person employed by or under
9 contract with a hospital shall be subject to criminal
10 prosecution, civil liability, or be deemed to have engaged in
11 unprofessional conduct for:
12 (1) Carrying out in good faith, a decision regarding
13 treatment orders, including cardiopulmonary
14 resuscitation by or on behalf of a patient pursuant to
15 orders in a form and in compliance with the standards
16 and procedures set forth in this chapter; or
17 (2) Providing cardiopulmonary resuscitation to a patient
18 for whom an order not to resuscitate has been issued
19 on a form; provided that the person reasonably and in
20 good faith:



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

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

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

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

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

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

16 (B) The drug name, strength, dosage form, quantity
17 prescribed, and directions for use. Where a
18 prescription is for gamma hydroxybutyric acid,
19 methadone, or buprenorphine, the practitioner
20 shall record as part of the directions for use,



1 the medical need of the patient for the
2 prescription.

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



1 include the name, address, telephone number, and
2 registration number of the practitioner. The
3 prescriptions may be prepared by a secretary or agent
4 for the signature of the practitioner, but the
5 prescribing practitioner shall be responsible in case
6 the prescription does not conform in all essential
7 respects to this chapter and any rules adopted
8 pursuant to this chapter. In receiving an oral
9 prescription from a practitioner, a pharmacist shall
10 promptly reduce the oral prescription to writing,
11 which shall include the following information: the
12 drug name, strength, dosage form, quantity prescribed
13 in figures only, and directions for use; the date the
14 oral prescription was received; the full name, Drug
15 Enforcement Administration registration number, and
16 oral code number of the practitioner; and the name and
17 address of the person for whom the controlled
18 substance was prescribed or the name of the owner of
19 the animal for which the controlled substance was
20 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 or physician assistant attesting
14 that:
- 15 (A) The physician or physician assistant has a bona
16 fide [~~physician-patient~~] provider-patient
17 relationship with the birth registrant;
- 18 (B) The physician or physician assistant has treated
19 and evaluated the birth registrant and has
20 reviewed and evaluated the birth registrant's
21 medical history;



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

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

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

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

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

20 "(a) An individual shall be ineligible to receive
21 temporary disability benefits with respect to any period during



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

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

10 "(c) The proof of disability duly certified by a person
11 licensed to practice medicine, surgery, dentistry, chiropractic,
12 osteopathy, or naturopathic medicine, a physician assistant, or
13 an advanced practice registered nurse, or an authorized or
14 accredited practitioner of any group that depends for healing
15 upon prayer or other spiritual means shall be submitted by the
16 certifying person to the disabled employee within seven working
17 days after the date on which the employee was examined and found
18 disabled. If the certifying person fails to submit the required
19 proof within seven working days, the director, upon notification
20 by the insurer, may levy a penalty of \$25 for each delinquent



1 certification where the certifying person fails to show good
2 cause for the person's failure to file on time."

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

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

- 7 (1) Each physician assistant and supervising physician,
8 osteopathic physician, or group of physicians shall
9 establish written guidelines for the review of medical
10 records as appropriate to the specific practice.
11 These guidelines shall be kept in the office of the
12 practice setting in which either the physician
13 assistant or supervising physician, osteopathic
14 physician, or group of [†]physicians[†] practices, and
15 shall be made available to the Hawaii medical board
16 and the regulated industries complaints office or its
17 designees;
- 18 (2) The supervising physician, osteopathic physician, or
19 group of physicians shall review medical records as
20 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 who issue
15 controlled substance prescriptions, at least
16 fifty per cent of the records reviewed under
17 clause (i) or (ii) shall include controlled
18 substance prescriptions; provided further
19 that if the number of records that include
20 controlled substance prescriptions amounts
21 to less than fifty per cent of the records



1 in clause (i) or (ii), the supervising
2 physician, osteopathic physician, or group
3 of physicians shall review as many
4 controlled substance prescriptions as are
5 available.

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

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

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



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

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

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

10 "~~§~~453-5.5 **Physician assistant; authority to sign**
11 **documents.** Any physician assistant who holds a current, valid,
12 and permanent license to practice medicine pursuant to this
13 chapter, and who is under the supervision of a licensed
14 physician or osteopathic physician, shall have the authority to
15 sign the following documents:

- 16 (1) Certification of psychiatric medical condition of the
17 parents of a child applicant for aid from the
18 temporary assistance for needy families program;
- 19 (2) Evaluation forms for Hansen's disease patients;
- 20 (3) Orders for physical therapy and plans of care;



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

12 SECTION 12. Section 461-1, Hawaii Revised Statutes, is
13 amended by amending the definition of "practice of pharmacy" to
14 read as follows:

15 ""Practice of pharmacy" means:

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



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

- 10 (2) Performing the following procedures or functions as
11 part of the care provided by and in concurrence with a
12 "health care facility" and "health care service" as
13 defined in section 323D-2[~~7~~]; or a "pharmacy"; or a
14 licensed physician [~~or~~], a licensed physician
15 assistant, or a licensed advanced practice registered
16 nurse with prescriptive authority[~~7~~]; or a "managed
17 care plan" as defined in section 432E-1, in accordance
18 with policies, procedures, or protocols developed
19 collaboratively by health professionals, including
20 physicians and surgeons, pharmacists, physician
21 assistants, and registered nurses, and for which a



1 pharmacist has received appropriate training required
2 by these policies, procedures, or protocols:

3 (A) Ordering or performing routine drug therapy
4 related patient assessment procedures;

5 (B) Ordering drug therapy related laboratory tests;

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

19 (D) Administering drugs orally, topically, by
20 intranasal delivery, or by injection, pursuant to
21 the order of the patient's licensed physician,



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

9 (E) Administering:

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

19 (ii) Vaccines to persons between fourteen and
20 seventeen years of age pursuant to section
21 461-11.4; and



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

6 (F) As authorized by the written instructions of a
7 licensed physician, physician assistant, or
8 advanced practice registered nurse with
9 prescriptive authority, initiating or adjusting
10 the drug regimen of a patient pursuant to an
11 order or authorization made by the patient's
12 licensed physician, physician assistant, or
13 advanced practice registered nurse with
14 prescriptive authority and related to the
15 condition for which the patient has been seen by
16 the licensed physician, physician assistant, or
17 advanced practice registered nurse with
18 prescriptive authority; provided that the
19 pharmacist shall issue written notification to
20 the patient's licensed physician, physician
21 assistant, or advanced practice registered nurse



- 1 with prescriptive authority or enter the
2 appropriate information in an electronic patient
3 record system shared by the licensed physician,
4 physician assistant, or advanced practice
5 registered nurse with prescriptive authority,
6 within twenty-four hours;
- 7 (G) Transmitting a valid prescription to another
8 pharmacist for the purpose of filling or
9 dispensing;
- 10 (H) Providing consultation, information, or education
11 to patients and health care professionals based
12 on the pharmacist's training and for which no
13 other licensure is required; or
- 14 (I) Prescribing and dispensing an opioid antagonist
15 pursuant to section 461-11.8;
- 16 (3) The offering or performing of those acts, services,
17 operations, or transactions necessary in the conduct,
18 operation, management, and control of pharmacy; and
- 19 (4) Prescribing and dispensing contraceptive supplies
20 pursuant to section 461-11.6."



1 SECTION 13. This Act does not affect rights and duties
2 that matured, penalties that were incurred, and proceedings that
3 were begun before its effective date.

4 SECTION 14. Statutory material to be repealed is bracketed
5 and stricken. New statutory material is underscored.

6 SECTION 15. This Act shall take effect on July 1, 2022;
7 provided that the amendments made to section 329-38(i), Hawaii
8 Revised Statutes, by section 6 of this Act shall not be repealed
9 when that section is reenacted on June 30, 2023, pursuant to
10 section 6 of Act 66, Session Laws of Hawaii 2017.



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 that includes certain
amounts of controlled substance prescriptions, rather than all
medical records, to be reviewed when physician assistants
prescribe controlled substances. Effective 7/1/2022. (SD2)

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

