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# A BILL FOR AN ACT

RELATING TO HEALTH.

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

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

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



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

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

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

12 "PART . ASSISTANT PHYSICIANS

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

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

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



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

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

- 17 (4) Has proficiency in the English language.

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



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

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

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

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

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

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

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



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

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

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

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



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

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

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

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

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



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

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

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

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

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



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

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

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

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

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

21 Such exception to geographic proximity shall





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



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



1           assistant physician prescribes controlled substances.  
2           The charts reviewed may be counted in the number of  
3           charts required to be reviewed under this part.

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

- 7           (1) Geographic areas to be covered;
- 8           (2) The methods of treatment that may be covered by  
9           written collaborative practice arrangements;
- 10          (3) In conjunction with the dean of the John H. Burns  
11          school of medicine and primary care residency program  
12          directors in the State, the development and  
13          implementation of educational methods and programs  
14          undertaken during the collaborative practice service  
15          which shall facilitate the advancement of the  
16          assistant physician's medical knowledge and  
17          capabilities, and which may lead to credit toward a  
18          future residency program for programs that deem such  
19          documented educational achievements acceptable; and
- 20          (4) The requirements for review of services provided under  
21          written collaborative practice arrangements, including



1 delegating authority to prescribe controlled  
2 substances.

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

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

17 (p) The Hawaii medical board shall not deny, revoke,  
18 suspend, or otherwise take disciplinary action against a  
19 collaborating physician for health care services delegated to an  
20 assistant physician provided the provisions of this section and  
21 the rules adopted thereunder are satisfied.



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

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

19           SECTION 3. This Act shall take effect on July 1, 2018 and  
20 shall be repealed on June 30, 2021.



**Report Title:**

Assistant Physicians; Health

**Description:**

Establishes a three-year pilot program to create a new category of professional licensure for assistant physicians, through which recent medical school graduates who have passed certain medical exams but have not been placed into a residency program may work under the supervision of a licensed physician to provide primary care in medically underserved areas. (HB1813 HD1)

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

