



SPONSOR: Rep. Berry & Sen. Poore  
Reps. Minor-Brown, Morrison, Neal, Romer, Gorman,  
Hilovsky; Sens. Huxtable, Pinkney

HOUSE OF REPRESENTATIVES  
153rd GENERAL ASSEMBLY

HOUSE BILL NO. 325  
AS AMENDED BY  
HOUSE AMENDMENT NO. 1  
AND  
HOUSE AMENDMENT NO. 2

AN ACT TO AMEND THE DELAWARE CODE RELATING TO PHYSICIAN ASSOCIATES AND PHYSICIAN ASSISTANTS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Subchapter VI, Chapter 17, Title 24 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

Subchapter VI. Physician ~~Assistants~~ Associates

§ 1770. The Regulatory Council for Physician ~~Assistants~~ Associates.

(a) The Regulatory Council for Physician ~~Assistants~~ Associates (Council) shall consist of 7 voting members, 1 of whom is a physician member appointed by the Board, 1 of whom is a physician who regularly collaborates with physician ~~assistants~~ associates appointed by the Board, and 1 of whom is a pharmacist appointed by the Board of Pharmacy. The remaining 4 members, recommended by the Council and appointed by the Board, must be practicing physician ~~assistants~~, associates, subject to the same causes for removal as a physician member of the Board except that the requirement for certification and registration to practice medicine is replaced by licensure to practice medicine as a physician ~~assistant~~ associate. The Council may elect officers as necessary and recommend Council members to the Governor for appointment to the Board.

(b) Each Council member ~~shall be~~ must be appointed for a term of 3 years and may succeed oneself for 1 additional 3-year term. A person appointed to fill a vacancy on the Council is entitled to hold office for the remainder of the unexpired term of the former member. Each term of office expires on the date specified in the appointment; however, a member whose term of office has expired remains eligible to serve until replaced by the Board. A person who has never served on the Council may be appointed for 2 consecutive terms, but that person is thereafter ineligible for appointment to the Council except as hereinafter provided. A person who has twice been appointed to the Council or who has served on the Council for 6 years within any 9-year period may not again be appointed until an interim period of at least 1 year has expired since the person last served. The members of the Council are to be compensated at an appropriate and reasonable

level as determined by the Division of Professional Regulation and may be reimbursed for meeting-related travel expenses at the State's approved rate. A member serving on the Council may not be an elected officer or a member of the board of directors of any professional association of physician ~~assistants~~, associates.

(c) The Council, in accordance with the Administrative Procedures Act [Chapter 101 of Title 29], shall promulgate rules and regulations governing the practice of physician ~~assistants~~, associates, subject to approval of the Board. The Board must approve or disapprove any proposed rule or regulation within 60 days of submission by the Council. If the Board fails to approve or disapprove the proposed rules or regulations within 60 days, the proposed rule or regulation is deemed approved by the Board.

(d) The Council ~~shall~~ must meet at least on a quarterly basis and at other such times as license applications are pending. The Council shall evaluate the credentials of all applications for licensure as a physician ~~assistant~~ associate in this State, in order to determine whether the applicant meets the qualifications for licensure set forth in this chapter. The Council shall present to the Board the names of individuals qualified for licensing, shall review and consider disciplinary complaints and recommend disciplinary action against licensees as necessary, and shall suggest changes in operations or regulations.

(e) The Regulatory Council for ~~Physicians~~ Physician Assistants, Associates, by the affirmative vote of 4 of its members and with the approval of the Board within 30 days of the vote, may waive the quarterly meeting requirements of this subchapter.

§ 1770A. Physician ~~assistants~~, associates; definitions.

For purposes of this subchapter:

(1) "Collaborating physician" ~~means physicians~~ means a physician licensed by the Board who practices with a physician ~~assistant~~ associate using a Collaborative Agreement.

(2) "Collaboration" or "collaborating" means a process in which the physician who oversees patient services and the physician ~~assistant~~ associate jointly contribute to the healthcare and medical evaluation and treatment or management of patients with each performing actions the physician and physician ~~assistant~~ associate is individually licensed for and has the education, training, and experience to perform. The collaborating physician must be available for consultation with the physician ~~assistant~~ associate during the time of the patient encounter with the physician ~~assistant~~, associate, if necessary to provide advice on the ongoing care of the patient. The constant physical presence of ~~the collaborating~~ the collaborating physician is not required on-site in the practice setting, provided that the collaborating physician is readily accessible by some form of electronic communication.

(3) “Collaborative agreement” means a written document expressing an arrangement of collaboration between a licensed physician and a physician ~~assistant~~ associate.

(4) “Independent practice” means practice and prescribing by a licensed physician associate who is not subject to a collaborative agreement to the full extent of the physician associate’s education, training, and experience.

(4) (5) “Physician ~~assistant~~” assistant,” “physician associate,” or “PA” means an individual who meets all of the following:

a. Has graduated from a physician ~~assistant~~ assistant, physician associate, or surgeon assistant program which is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by the Committee on Allied Health Education and Accreditation (CAHEA) of the American Medical Association (AMA), or a successor agency acceptable to and approved by the Board, or has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants before 1986.

c. Has passed a national certifying examination acceptable to the Regulatory Council for Physician ~~Assistants~~ Associates and approved by the Board.

d. Is licensed under this chapter to practice medicine as a physician ~~assistant~~ associate.

f. ~~Completes a collaborative agreement with the collaborating physician.~~

§ 1771. Physician’s role in collaborating with a physician ~~assistant~~ associate.

(a) A collaborating physician who collaborates with a physician assistant must be available for consultation with the physician ~~assistant~~ associate. It is the obligation of each team of ~~physician(s)~~ physicians and physician ~~assistant(s)~~ associates to ensure that the physician ~~assistant’s~~ associate’s scope of practice is identified, and is appropriate to the physician ~~assistant’s~~ associate’s level of education, training, and experience, that the relationship of, and access to, the collaborating physician is defined, and that a process for evaluation of the physician ~~assistant’s~~ associate’s performance is established.

(b) Each physician-physician ~~assistant~~ associate team, hospital, clinic, medical group, or other healthcare facility ~~shall be~~ is responsible for creating a written collaborative agreement, which ~~shall~~ must be kept on file at the primary location where the physician ~~assistant~~ associate provides care, describing the information required by subsection (a) of this section. The written collaborative agreement shall be made available to the Board or the Council upon request.

(e) A collaborating physician may not assign medical acts to a physician ~~assistant~~ associate that exceed the physician’s license.

(f) A collaborating physician may not at any given time collaborate with more than 4 physician ~~assistants,~~ associates, unless a regulation of the Board increases or decreases the number. This limit does not apply to physicians and physician ~~assistants~~ associates who practice in the same physical office or facility building, such as an emergency department so long as there is active, physician coverage.

(g) A physician who collaborates with a physician ~~assistant~~ associate in violation of the provisions of this subchapter or of regulations adopted pursuant to this subchapter is subject to disciplinary action by the Board of Medical Licensure and Discipline for permitting the unauthorized practice of medicine.

(h) Hospitals, clinics, medical groups and other healthcare facilities may employ physician ~~assistants~~ associates subject to subsection (f) of this section.

(i) If the collaborating physician is not routinely present the physician must assure that the means and methods of collaboration are adequate to assure appropriate patient care. This may include telecommunication, chart review, or other methods of communication and oversight that are appropriate to the care setting and the education, ~~training~~ training, and experience of the physician ~~assistant.~~ associate.

§ 1772. Prohibited acts by a physician ~~assistant.~~ associate.

(a) A physician ~~assistant~~ associate may not maintain or manage a location that does not have oversight by the physician ~~assistant's~~ associate's collaborating physician.

(e) Nothing in this chapter may be construed to authorize a physician ~~assistant~~ associate with less than 6,000 hours of post-graduate clinical practice to practice independent of a collaborating physician.

(f) Except as otherwise provided in this chapter or in a medical emergency, a physician ~~assistant~~ associate may not perform any medical act without a collaborative agreement.

(g) A physician ~~assistant~~ associate may not practice as a member of any other health profession regulated under this code unless the physician ~~assistant~~ associate is certified, licensed, registered, or otherwise authorized to practice the other profession.

(h) A physician associate may not practice as a member of any other health profession regulated under this code unless the means and methods of collaboration are adequate to assure appropriate patient care. This may include telecommunication, chart review, or other methods of communication and oversight that are appropriate to the care setting and the education, training, and experience of the physician associate.

(i) A Delaware licensed physician associate with more than 6,000 post-graduate clinical practice hours who has been granted independent practice authority is not subject to this section and must collaborate with, consult with, or refer to

the appropriate member of the healthcare team as indicated by the patient's condition, and the education, experience, and competency of the physician associate.

(j) Any Delaware licensed physician associate with more than 6,000 post-graduate clinical practice hours who intends to practice without a collaborative agreement must apply to the Regulatory Council for Physician Associates for independent practice authority.

§ 1773. Regulation of physician ~~assistants~~ associates.

(a) The Council ~~shall~~ must adopt rules and regulations which address the following:

(1) The licensing of physician ~~assistants~~ associates to ~~allow~~ allow the following:

a. The practice of medicine within the education, training, and experience of physician ~~assistants~~; and associates.

b. The performance of medical ~~services customary to the practice of the collaborating physician~~; services within the education, training, and experience of physician associates.

(2) Medical acts provided by physician ~~assistants~~ associates to ~~include~~ include the following:

a. The performance of complete patient histories and physical ~~examinations~~; examinations.

b. The recording of patient progress notes in an in-patient or out-patient ~~setting~~; setting.

c. The ordering, relaying, transcribing, or executing of specific diagnostic or therapeutic orders or ~~procedures~~; procedures.

d. Medical acts of diagnosis and prescription of therapeutic drugs and treatments; and referral of patients to specialists as ~~needed~~; needed.

e. Prescriptive authority for therapeutic drugs and treatments within the scope of physician ~~assistant~~ associate practice. The physician ~~assistant's~~ associate's prescriptive authority and authority to practice as a physician ~~assistant~~ associate are subject to biennial renewal upon application to the Physician ~~Assistant~~ Associate Regulatory ~~Council~~; and Council.

f. The use of telemedicine as defined in this chapter and, as further described in regulation, the use of and participation in telehealth.

(3) The verification of post-graduate clinical practice hours for physician associates with more than 6,000 post-graduate clinical practice hours.

(4) Independent practice within a setting with at least 1 licensed Delaware physician:

Creating an application form for physician associates with more than 6,000 post-graduate clinical practice hours to request independent practice authority for physician associates who intend to practice in a setting with at least

1 licensed Delaware physician in the group, practice, or health system. The application form must require a physician associate to provide at least the physician associate's name, license number, physical location of practice, mailing address, phone number, primary area of medical practice, and proof of required post-graduate clinical practice hours.

(5) Independent practice within a setting without at least 1 licensed Delaware physician:

Creating an application form for physician associates with more than 6,000 post-graduate clinical practice hours to request independent practice authority for physician associates who intend to practice in a setting without at least 1 licensed Delaware physician in the group, practice, or health system. The application form must require a physician associate to provide at least the physician associate's name, license number, physical location of the practice, mailing address, phone number, primary area of medical practice, proof of required post-graduate clinical practice hours, and proof that the physician associate has had training which aligns to the physician associate's practice areas.

(6) Changes to practice area for independent practice within a setting without at least 1 licensed Delaware physician:

Creating an application form and process for physician associates in the group, practice, or health system, that have been granted independent practice authority, to notify the Physician Associates Regulatory Council prior to a change of the physician associate's practice area and provide proof the physician associate has had training that aligns to the new practice area.

(7) The conditions under which a physician associate who is denied a waiver of the collaborative agreement requirement may reapply.

(b) (1) The Board, in conjunction with the Regulatory Council for Physician ~~Assistants~~, Associates, shall must suspend, revoke, or restrict the license of a physician ~~assistant~~ associate or take disciplinary action or other action against a physician ~~assistant~~ associate for engaging in unprofessional conduct as defined in § 1731(b) of this title; or for the inability to render medical acts with reasonable skill or safety to patients because of the physician ~~assistant's~~ associate's physical, mental, or emotional illness or incompetence, including but not limited to: deterioration through the aging process, or loss of motor skills, or excessive use of drugs, including alcohol; or for representing oneself as a physician, or for knowingly allowing oneself to be represented as a physician; for failing to report in writing to the Board within 30 days of becoming aware of any physician, physician ~~assistant~~, associate, or healthcare provider who the licensee reasonably believes has engaged in unprofessional conduct as defined in § 1731(b) of this title or is unable to act with reasonable skill or safety to patients because of the physician's, physician ~~assistant's~~, associate's, or other healthcare provider's physical, mental, or emotional illness or incompetence, including but not limited to deterioration through the aging process, or loss of motor skills, or excessive use of drugs, including ~~alcohol~~ alcohol, or for failing to report child abuse and neglect as required by §

903 of Title 16. The license of any physician ~~assistant~~ associate who is convicted of a felony sexual offense shall ~~must~~ be revoked. Disciplinary action or other action undertaken against a physician ~~assistant~~ associate must be in accordance with the procedures, including appeal procedures, applicable to disciplinary actions against physicians pursuant to subchapter IV of this chapter, except that a hearing panel for a complaint against a physician ~~assistant~~ associate consists of 3 unbiased members of the Regulatory Council, the 3 members being 2 physician ~~assistant~~ associate members and 1 physician or pharmacist member if practicable.

A person reporting or testifying in any proceeding as a result of making a report pursuant to this section is immune from claim, suit, liability, damages, or any other recourse, civil or criminal, so long as the person acted in good faith and without gross or wanton negligence; good faith being presumed until proven otherwise, and gross or wanton negligence required to be shown by the complainant.

(2) a. If the Board or the Regulatory Council for Physician ~~Assistants~~ Associates receives a formal or informal complaint concerning the activity of a physician ~~assistant~~ associate and the Regulatory Council members reasonably believe that the activity presents a clear and immediate danger to the public health, the Regulatory Council may issue an order temporarily suspending the physician ~~assistant's~~ associate's license to practice pending a hearing upon the written order of the Secretary of State or the Secretary's designee, with the concurrence of the Council Chair or the Chair's designee. An order temporarily suspending a license to practice may not be issued by the Council unless the physician ~~assistant~~ associate or the physician ~~assistant's~~ associate's attorney received at least 24 hours' written or oral notice prior to the temporary suspension so that the physician ~~assistant~~ associate or the physician ~~assistant's~~ associate's attorney can be heard in opposition to the proposed suspension. An order of temporary suspension pending a hearing may remain in effect for no longer than 60 days from the date of the issuance of the order unless the temporarily suspended physician ~~assistant~~ associate requests a continuance of the hearing date. If the physician ~~assistant~~ associate requests a continuance, the order of temporary suspension remains in effect until the hearing panel convenes and a decision is rendered.

b. A physician ~~assistant~~ associate whose license to practice has been temporarily suspended pursuant to this section must be notified of the temporary suspension immediately and in writing. Notification consists of a copy of the complaint and the order of temporary suspension pending a hearing personally served upon the physician ~~assistant~~ associate or sent by certified mail, return receipt requested, to the physician ~~assistant's~~ associate's last known address.

c. A physician ~~assistant~~ associate whose license to practice has been temporarily suspended pursuant to this section may request an expedited hearing. The Council shall schedule the hearing on an expedited basis,

provided that the Council receives the request within 5 calendar days from the date on which the physician ~~assistant~~ associate received notification of the decision of the Council, with the approval of the Board, to temporarily suspend the physician ~~assistant's~~ associate's license to practice.

d. As soon as possible after the issuance of an order temporarily suspending a physician ~~assistant's~~ associate's license to practice pending a hearing, the Executive Director ~~shall~~ must appoint a 3-member hearing panel. After notice to the physician ~~assistant~~ associate pursuant to ~~subsection (b)~~ paragraph (b)(2)b. of this section, the hearing panel shall convene within 60 days of the date of the issuance of the order of temporary suspension to consider the evidence regarding the matters alleged in the complaint. If the physician ~~assistant~~ associate requests in a timely manner an expedited hearing, the hearing panel shall convene within 15 days of the receipt of the request by the Council. The 3-member panel ~~shall~~ must proceed to a hearing and shall render a decision within 30 days of the hearing.

e. In addition to making findings of fact, the hearing panel shall also determine whether the facts found by it constitute a clear and immediate danger to public health. If the hearing panel determines that the facts found constitute a clear and immediate danger to public health, the order of temporary suspension must remain in effect until the Board deliberates and reaches conclusions of law based upon the findings of fact made by the hearing panel. An order of temporary suspension may not remain in effect for longer than 60 days from the date of the decision rendered by the hearing panel unless the suspended physician ~~assistant~~ associate requests an extension of the order pending a final decision of the Board. Upon the final decision of the Board, an order of temporary suspension is vacated as a matter of law and is replaced by the disciplinary action, if any, ordered by the Board.

(c) The Board or the Regulatory Council for Physician ~~Assistants~~ Associates may not impose any sanction ~~pursuant to~~ under subsection (b) of this section for the performance, recommendation, or provision of any healthcare service that is lawful in this State even if such performance, recommendation, or provision is for a person who resides in a state where such performance, recommendation, or provision is illegal or considered to be unprofessional conduct or the unauthorized practice of a physician ~~assistant.~~ associate.

(d) A physician associate may be designated as the primary care provider by an insurer or health-care services corporation.

(e) A physician associate must collaborate with, consult with, and refer to the appropriate member of the healthcare team as indicated by the patient's condition, and the education, experience, and competencies of the physician associate.

(f) Physician associates must be authorized to bill for and receive direct payment for the medically necessary services they deliver.

(1) To ensure accountability and transparency for patients, payers, and the healthcare system, when appropriate, a physician associate must also be identified as the rendering professional in the billing and claims process when the physician associate delivers medical or surgical services to patients.

(2) No insurance company or third-party payer may impose a practice, education, or collaboration requirement that is inconsistent with or more restrictive than physician associate state law or regulation.

§ 1773A. Participation in disaster or emergency care.

(a) A physician ~~assistant~~ associate licensed in this State or licensed or authorized to practice in any other U.S. jurisdiction or credentialed as a physician ~~assistant~~ associate by a federal employer who is responding to a need for medical care created by an emergency or a state or local disaster (excluding an emergency which occurs in that person's place of employment or practice) may render such care that the physician ~~assistant~~ associate is able to provide without collaboration pursuant to § 1770A of this title or with such collaboration as is available.

(b) Any physician who collaborates with a physician ~~assistant~~ associate providing medical care in response to such an emergency or state or local disaster shall not be required to meet the requirements set forth in this subchapter for a collaborating physician.

(c) A person licensed as a physician ~~assistant~~ associate under this chapter who, in good faith and without gross or wanton negligence, renders emergency care at the scene of an emergency, excluding an emergency which occurs in that person's place of employment or practice, shall not be liable for civil damages as a result of any acts or omissions in rendering the emergency care.

§ 1774. Temporary licensing of physician ~~assistants.~~ associates.

(a) Notwithstanding any provision of this subchapter to the contrary, the Executive Director, with the approval of a Council member, may grant a temporary license to an individual who has graduated from a physician or surgeon assistant or associate program which has been accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, prior to 2001, by the Committee on Allied Health Education and Accreditation (CAHEA) of the American Medical Association (AMA) or a successor agency and who otherwise meets the qualifications for licensure but who has not yet taken a national certifying examination, provided that the individual is registered to take and takes the next scheduled national certifying examination. A temporary license granted pursuant to this subsection is valid until the results of the examination are available from the certifying agency. If the individual fails to pass the national certifying

examination, the temporary license granted pursuant to this subsection must be immediately rescinded until the individual successfully qualifies for licensure pursuant to this subchapter.

(b) An individual who is temporarily licensed pursuant to this section may not have a prescriptive practice and may not perform medical acts except in the physical presence of the individual's collaborating physician.

§ 1774A. Fees set by Board.

The Division of Professional Regulation shall establish fees for licensing physician ~~assistants, associates,~~ for renewing licenses on a biennial basis, and for other regulatory purposes. The fees must approximate the costs reasonably necessary to defray the actual expenses of the Board and the regulatory council, as well as the proportional expenses incurred by the Division in administering the issuance and renewal of licenses, and other regulation of physician ~~assistants, associates.~~

§ 1774B. Prohibited acts; penalties; enforcement.

(a) A person may not practice as a physician ~~assistant~~ associate, physician assistant, or PA in this State or represent that the person is a physician ~~assistant~~ associate, physician assistant, or PA or knowingly allow himself or herself to be represented as a physician ~~assistant~~ associate, physician assistant, or PA unless the person is licensed under this subchapter, except as otherwise provided in this chapter.

(b) A person who, contrary to the provisions of this subchapter, practices or attempts to practice as a physician ~~assistant~~ associate, physician assistant, or PA within the State or represents that the person is a physician ~~assistant~~ associate, physician assistant, or PA or knowingly allows himself or herself to be represented as a physician ~~assistant~~ associate, physician assistant, or PA shall be fined not less than \$500 nor more than \$2,000 or imprisoned not more than 1 year, or both.

(c) The Attorney General of this State or a deputy attorney general shall enforce the provisions of this subchapter.

§ 1774C. Procedure or action not prescribed.

This subchapter governs the practice of physician ~~assistants, associates.~~ If a procedure or action is not specifically prescribed in this subchapter, but is prescribed in the subchapters relating to the practice of medicine, and the procedure or action would be useful or necessary for the regulation of physician ~~assistants, associates,~~ the Board or Council may, in its discretion, proceed in a manner prescribed for physicians in the practice of medicine.

§ 1774D. Inactive license; return to clinical practice.

(a) Any physician ~~assistant~~ associate who notifies the Board in writing on forms prescribed by the Board may elect to place that physician ~~assistant's~~ associate's license on inactive status. A physician ~~assistant~~ associate whose license is inactive shall be excused from payment of renewal fees and shall not practice as a physician ~~assistant, associate.~~ Any

licensee who engages in practice while that licensee's license is inactive shall be considered to be practicing without a license, which shall be grounds for discipline under § 1774B of this title. A physician ~~assistant~~ associate whose license has been inactive for 3 years or less may reactivate the license by paying the renewal fee pursuant to § 1774A of this title and meeting the requirements for ordinary license renewal as determined by the Board.

(b) If a physician ~~assistant~~ associate whose license has been on inactive status for in excess of 3 years and who has not practiced as a physician ~~assistant~~ associate in any jurisdiction of the United States for over 3 years requests to reactivate the license, the Board may grant a re-entry license and may, after consultation with the Council, impose additional practice and collaboration requirements for the re-entry license. A re-entry license granted under this subsection shall be valid for no longer than 6 months and may be renewed only once at the Board's discretion. In the month immediately preceding the month during which the re-entry license will expire, a physician ~~assistant~~ associate may apply to the Board for a full license as a physician ~~assistant~~ associate. The Board shall grant a full license to a physician ~~assistant~~ associate who meets all qualifications for licensure and whom the Board determines is qualified to practice. If the Board determines that a physician ~~assistant~~ associate is still not qualified to receive a full license at the conclusion of the re-entry license period, the Board may only once renew the re-entry license. If the Board elects to renew a re-entry license instead of issuing a full license, the Board shall provide to the physician ~~assistant~~ associate a written explanation for that decision when issuing the renewed re-entry license.

Additional practice requirements that the Board may choose to impose as a condition of a re-entry license may ~~include:~~ include any of the following:

(1) Requiring the collaborating physician to be physically on-site while the physician ~~assistant~~ associate is ~~practicing;~~ practicing.

(2) Requiring the collaborating physician to review and countersign a portion of patient charts for patients seen by the physician ~~assistant;~~ associate.

(3) Requiring the physician assistant to possess current certification from the ~~NCCPA;~~ NCCPA.

(4) Requiring the physician assistant to take a review course or to complete a specified amount of Category 1 CME, as determined by the Council and agreed upon by the Board as ~~appropriate;~~ and appropriate.

(5) Requiring documentation of a specific minimum number of clinical practice hours performed under the re-entry license.

(6) Requiring the physician associate to have a collaborative agreement with a physician for a specified number of hours.

(c) ~~The above subsection~~ Subsection (b) of this section shall also apply applies to a physician ~~assistant~~ associate who has not placed the physician ~~assistant's~~ associate's license on inactive status in this State but who has previously practiced as a physician ~~assistant~~ associate in another jurisdiction of the United States and has not actively engaged in clinical practice for a period in excess of 3 years immediately prior to applying for a license under this subchapter.

§ 1774E. Participation in charitable and voluntary care.

A physician ~~assistant~~ associate licensed in this State, or licensed or authorized to practice in any other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure requirements of their requisite federal agency as a physician ~~assistant~~ associate may volunteer to render such medical care the physician ~~assistant~~ associate is able to provide at public or community events and facilities without a collaborating physician as defined in this chapter or with such collaborating physicians as may be available. Such medical care must be rendered without compensation or remuneration.

§ 1774F. Physician associates; applicability of name change.

(a) As of the [effective date of this Act], the title of “physician assistant” in Delaware is changed to “physician associate.” This change is not intended to change any rights or privileges of those who have been or continue to hold themselves out to be a “physician assistant” and any provision of law that says “physician assistant” also means “physician associate.”

(b) This name change does not alter, affect, or impact any billing, reimbursement, or payment policies currently in place for a physician assistant. All billing practices, insurance reimbursement policies, and agreements that apply to physician assistants continue to apply in the same manner to physician associates. No insurer may deny reimbursement for services rendered by a physician associate solely as a result of this name change.

Section 2. Amend § 2501M, Title 6 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 2501M. Definitions.

As used in this chapter:

(2) “Licensed medical provider” means a physician, physician ~~assistant~~, associate, advanced practice registered nurse, radiologist, or ultrasound technician, each of whom is licensed or certified in this State and is practicing within the provider’s scope of practice.

Section 3. Amend § 302, Title 14 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 302. Definitions.

As used in this chapter:

(10) “Health-care provider” means a physician, a physician ~~assistant~~, associate, an advanced practice registered nurse, or another licensed health-care professional, each of whom is trained and experienced in the evaluation, management, and care of concussions.

(15) ~~“Physician assistant”~~ “Physician associate” means as defined in § 1770A of Title 24.

Section 4. Amend § 305, Title 14 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 305. Board composition.

(a) The Board of Directors consists of 17 members, 15 of whom are voting members. The membership is composed as follows:

(5) One of the following professionals, who is knowledgeable about sports medicine:

- a. A physician.
- b. A physician ~~assistant~~, associate.
- c. An advanced practice registered nurse.

Section 5. Amend § 802D, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 802D. Definitions.

As used in this chapter:

(1) “Perinatal health-care provider” means a physician, midwife, advanced practice registered nurse, registered nurse, physician ~~assistant~~, associate, or other health-care practitioner acting within the lawful scope of practice while attending a person who presents in pregnancy or the postpartum period.

Section 6. Amend § 2504, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 2504. Presumption of capacity; overcoming presumption.

(b) Subject to §§ 2505 and 2506 of this title and subsection (c) of this section, a presumption under subsection (a) of this section may be rebutted by a finding that the individual lacks capacity:

(1) Made on the basis of a contemporaneous examination by any of the following individuals who must be licensed or otherwise authorized to practice in this State and must have training and expertise in the finding of lack of capacity:

- c. A physician ~~assistant~~, associate.

Section 7. Amend § 3002G, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3002G. Definitions.

For purposes of this chapter:

(1) “Health-care practitioner” means an individual licensed under Title 24 as any of the following:

- a. A physician.
- b. An advanced practice registered nurse.
- c. A physician ~~assistant~~ associate.

Section 8. Amend § 3003L, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3003L. Definitions.

For purposes of this chapter:

(6) “Health-care provider” means a licensed physician (doctor of medicine or doctor of osteopathic medicine), a physician ~~assistant~~ associate, or an advanced practice registered nurse, who is trained and experienced in the evaluation, management, and care of concussions, or such other licensed health-care professional who is trained and experienced in the evaluation, management, and care of concussions, as defined by the Division.

Section 9. Amend § 4902A, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 4902A. Definitions [For application of this section, see 82 Del. Laws, c. 246, § 5].

For purposes of this chapter:

(8) “Health-care practitioner” means an individual who is licensed and authorized to write medical orders under Title 24 as a physician, advanced practice registered nurse, or physician ~~assistant~~ associate, except as otherwise provided in this paragraph. If the qualifying patient is younger than 18 years of age, the health-care practitioner must be a physician who is a pediatric neurologist, pediatric gastroenterologist, pediatric oncologist, pediatric psychiatrist, developmental pediatrician, or pediatric palliative care specialist.

Section 10. Amend § 5001, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 5001. Definitions.

Except where the context indicates otherwise, as used in this chapter:

(12) “Licensed independent practitioner” means employees of designated psychiatric treatment facilities, in addition to psychiatrists, who hold credentials and privileges to admit persons into care and write orders to treat said persons in that facility. Licensed independent practitioners can include but are not limited to staff that hold licenses as psychologists, advanced practices nurses, and physician ~~assistants~~ associates or such other health-care providers as may be designated to work independently pursuant to the regulations of the Department.

Section 11. Amend § 9302, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 9302. Definitions.

The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context indicates a different meaning:

(4) “Health-care facility” shall include hospital, nursing home, freestanding birthing center, freestanding surgical center, freestanding acute inpatient rehabilitation hospital, and freestanding emergency center, whether or not licensed or required to be licensed by the State, whether operated for profit or nonprofit and whether privately owned or operated or owned or operated by a unit of State or local government. The term also includes continual care communities and any other nontraditional, long-term care facilities identified by the Department of Health and Social Services or the Delaware Health Care Commission. The term does not include Christian Science sanatoriums operated or listed and certified by the First Church of Christ Scientist, Boston, Massachusetts. The term shall not include any physician’s office, whether an individual or group practice, any independent clinical laboratory or any radiology laboratory. The term shall also not include the office of any other licensed health-care provider, including, but not limited to, physical therapist, dentist, physician ~~assistant~~, associate, podiatrist, chiropractor, an independently practicing nurse or nurse practitioner, optometrist, pharmacist or psychologist. The term also shall not include any dispensary or first aid station located within a business or industrial establishment maintained solely for the use of employees, provided that the facility does not contain inpatient beds, nor shall it apply to any first aid station or dispensary or infirmary offering non-acute services exclusively for use by students and employees of a school or university or by inmates and employees of a prison, provided that services delivered therein are not the substantial equivalent of hospital services in the same area or community. Further:

a. “Freestanding acute inpatient rehabilitation hospital” shall mean a facility that satisfies, or is expected by the person who will construct, develop or establish the facility to satisfy, the requirements of 42 C.F.R. § 412.23(b); provided that, if such facility is not paid under the prospective payment system specified in 42 C.F.R. §

412.1(a)(3) within 24 months after accepting its first patient, then it shall not be considered a freestanding acute inpatient rehabilitation hospital under this section.

b. "Freestanding birthing center" shall mean any facility licensed as such pursuant to Chapter 1 of this title and more particularly in the Department of Health and Social Services Regulations.

c. "Freestanding emergency center" shall mean any facility licensed as such pursuant to Chapter 1 of this title and more particularly 16 DE Admin. Code 3340.

d. "Freestanding surgical center" shall mean any facility licensed as such pursuant to Chapter 1 of this title and more particularly in the Department of Health and Social Services Regulations.

e. "Hospital" shall mean any nonfederal facility licensed as such pursuant to Chapter 10 of this title and more particularly 16 DE Admin. Code 3370.

f. "Nursing home" shall mean any nonfederal facility licensed as such pursuant to Chapter 11 of this title and more particularly 16 DE Admin. Code 3201.

Section 12. Amend § 9817, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 9817. Mobile-integrated healthcare and community paramedicine programs [For application of section, see 84 Del. Laws, c. 419, § 6].

(g) An individual employed to work in a mobile-integrated healthcare or community paramedicine program shall meet the requirements for certification or licensure imposed by this State and the organization employing the individual.

(1) A mobile-integrated healthcare or community paramedicine program may include physicians, nurse practitioners, advanced practice registered nurse, registered nurses, licensed practical nurses, physician ~~assistants~~, ~~associates~~, physical or occupational therapists, mental health providers, paramedics, or other emergency medical services providers.

Section 13. Amend § 9903, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 9903. Duties and authority of the Commission.

(j) The Commission shall be responsible for the administration of a Health Care Provider Loan Repayment Program (HCPLRP). The HCPLRP must be administered consistent with all of the following guidelines:

(4) The award of health care provider loan repayment grants must be limited to the recruitment and retention of new primary care or dental providers in ambulatory and outpatient settings. For purposes of this paragraph (j)(4), a

“new primary care or dental provider” means any of the following providers who have completed graduate education within 2 years of the application for a health care provider loan repayment grant being submitted:

a. Physicians practicing family medicine (including osteopathic general practice), internal medicine, pediatrics, obstetrics/ gynecology, geriatrics, and psychiatry.

b. Nurse practitioners, certified nurse midwives, clinical nurse specialists, licensed psychologists, licensed professional counselors of mental health, masters of psychology, licensed clinical social workers, and physician ~~assistants~~ associates practicing adult medicine, family medicine, pediatrics, psychiatry/mental health, geriatrics, and women’s health.

c. Dental clinicians possessing a DDS or DMD and practicing general, pediatric, or public health dentistry.

Section 14. Amend § 3370J, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3370J. Pharmacist services reimbursement.

(b) For any individual insurance policy, contract, or certificate that is delivered, issued for delivery, renewed, extended, or modified in this State after January 1, 2025, a carrier must provide reimbursement to a pharmacist for a service or procedure at a rate not less than that provided to other nonphysician practitioners if the service or procedure is all of the following:

(1) Within the scope of practice of a pharmacist.

(2) Would otherwise be covered under the policy, plan, or contract if the service or procedure is provided by any health-care service provider or practitioner, including a physician, advance practice registered nurse, or physician ~~assistant~~ associate.

(c) Whenever a service is performed by a licensed pharmacist and reimbursed by a carrier, the licensed pharmacist must be granted such rights of participation, plan admission, and registration as may be granted by the carrier to any health-care service provider or practitioner, including a physician, advance practice registered nurse, or physician ~~assistant~~ associate performing such a service.

Section 15. Amend § 3571CC, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3571CC. Pharmacist services reimbursement.

(b) For all group and blanket insurance policies, contracts, or certificates that are delivered, issued for delivery, renewed, extended, or modified in this State after January, 1, 2025, a carrier must provide reimbursement to a pharmacist

for a service or procedure at a rate not less than that provided to other nonphysician practitioners if the service or procedure is all of the following:

(1) Within the scope of practice of a pharmacist.

(2) Would otherwise be covered under the policy, plan, or contract if the service or procedure is provided by any health-care service provider or practitioner, including a physician, advance practice registered nurse, or physician ~~assistant~~ associate.

Section 16. Amend § 3132, Title 20 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3132. Definitions.

For purposes of this subchapter:

(5) “Health care provider” means any person or entity who provides health care services, including, but not limited to, hospitals, medical clinics and offices, special care facilities, medical laboratories, physicians, pharmacists, dentists, physician ~~assistants~~, associates, nurse practitioners, registered and other nurses, paramedics, emergency medical or laboratory technicians, and ambulance and emergency medical workers.

Section 17. Amend § 101, Title 21 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 101. Words and phrases [For application of this section, see 85 Del. Laws, c. 40, § 15].

For the purposes of this title, unless the context otherwise clearly indicates:

(34) “Licensed practitioner” means a physician, physician ~~assistant~~ associate (PA), or APRN licensed under Title 24.

Section 18. Amend § 2134, Title 21 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 2134. Special license plates for persons with disabilities which limit or impair the ability to walk; parking; penalties.

(a) The owner of a vehicle registered in Delaware and described in subsection (b) of this section may apply to the Department for the issuing to the vehicle a special license plate for persons with disabilities which limit or impair the ability to walk if a licensed physician, a physician ~~assistant~~ associate who is supervised by a licensed physician, or an advanced practice nurse who is employed by or who has a collaborative agreement with a licensed physician, certifies that the applicant or a household member has 1 or more of the following disabilities that are permanent with no prognosis for improvement:

(1) Cannot walk 200 feet without stopping to rest;

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

(3) Is restricted by lung disease to such an extent that the applicant's or household member's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than 1 liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest;

(4) Uses portable oxygen;

(5) Has a cardiac condition to the extent that the applicant's or household member's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association; or

(6) Is severely limited in that person's own ability to walk due to an arthritic, neurological or orthopedic condition.

(c) A special license plate may be issued under this section only if the applicant submits proof satisfactory to the Department that the applicant or a household member has a disability that is permanent with no prognosis for improvement as described in paragraphs (a)(1)-(6) of this section. Satisfactory proof prior to issuance must include the signature of a licensed physician, a physician ~~assistant~~ associate who is supervised by a licensed physician, a physician associate who has been granted independent practice authority, or an advanced practice nurse who is employed by or who has a collaborative agreement with a licensed physician, on a Department special disabled license plate or placard applicant form on which the physician, a physician ~~assistant~~ associate who is supervised by a licensed physician, a physician associate who has been granted independent practice authority, or an advanced practice nurse who is employed by or who has a collaborative agreement with a licensed physician, certifies the applicant's or household member's permanent disability. Renewal of the registration for the vehicle to which the special license plate is assigned shall require the applicant to submit a written certification that the applicant continues to require the special license plate for the reason or reasons it was initially issued; a new certification is not required. The issuance of a special license plate does not preclude the issuance of 1 removable windshield placard pursuant to § 2135 of this title.

(g) (1) A person who intentionally presents false information to a licensed physician, a physician ~~assistant~~ associate who is supervised by a licensed physician, a physician associate who has been granted independent practice authority, or an advanced practice nurse who is employed by or who has a collaborative agreement with a licensed physician, or to the Department in an attempt to obtain a special license plate under this section shall be guilty of an unclassified misdemeanor. For the first offense, the person shall receive a mandatory fine of \$100. For each subsequent like

offense, the person shall receive a mandatory fine of \$200 or be imprisoned for not less than 10 nor more than 30 days, or both. Any other violation of this section is a violation. Justices of the peace have jurisdiction over violations of this section.

(2) A summons may be attached to an unattended vehicle found in violation of any of the provisions of this section by any police officer or State Police Academy cadet authorized to issue a summons for a violation of this section. It is prima facie evidence that the person in whose name the unattended vehicle is registered is responsible for the violation.

Section 19. Amend § 2603, Title 21 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 2603. Definitions.

Notwithstanding any other provision of this title, the following definitions apply to this chapter:

(34) “Medical examiner” for purposes of conducting U.S. Department of Transportation physical examination for CMV certification means a person who is licensed, certified, and/or registered, in accordance with applicable state laws and regulations, to perform physical examinations. The term includes but is not limited to, doctors of medicine, doctors of osteopathy, physician ~~assistants~~, associates, advanced practice nurses, and doctors of chiropractic. For medical examinations conducted on and after May 21, 2014, a medical examiner must be certified by FMCSA and listed on the National Registry of Certified Medical Examiners as defined in this section.

Section 20. Amend § 1319, Title 22 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 1319. Termination of services to a dwelling unit.

(d) In no event may such termination occur if an occupant of a dwelling unit is so ill that the termination of service will adversely affect the occupant’s health or recovery, which has been certified by a signed statement from a duly licensed physician, physician ~~assistant~~, associate, or advanced nurse practitioner, of this State or of a state with similar accreditation and received by any employee or officer of an electric company. Signed statements from a licensed physician, physician ~~assistant~~, associate, or advanced nurse practitioner, obtained pursuant to this section are effective for 120 days. Signed statements may be renewed by means of a new signed statement to prevent termination only if a customer makes a good faith effort to make payments towards the electric company. The electric company must create a dispute resolution process where disputes under this section may be reviewed. While such dispute is pending, an electric company must continue to provide utility service to the customer until the dispute is resolved. When possible, no termination under this section may occur without advance notice to any known case manager or coordinator of an occupant in an affected dwelling unit.

Section 21. Amend § 117, Title 26 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 117. Termination of service or sale to a dwelling unit.

(d) In no event may such termination occur if an occupant of a dwelling unit is so ill that the termination of such sale or service will adversely affect the occupant's health or recovery, which has been so certified by a signed statement from a licensed physician, physician ~~assistant~~, associate, or advanced nurse practitioner, of this State or of a state with similar accreditation and received by any employee or officer of such person engaging in the distribution or sale of gas, water, or electricity. Signed statements from a licensed physician, physician ~~assistant~~, associate, or advanced nurse practitioner, obtained pursuant to this section are effective for 120 days. Signed statements may be renewed by means of a new signed statement to prevent termination only if a customer makes a good faith effort to make payments towards the utility service being provided. The Delaware Public Service Commission may promulgate regulations defining "good faith effort to make payments." If a utility is subject to the jurisdiction of the Delaware Public Service Commission, that utility or a customer of the utility may petition the Delaware Public Service Commission for review of any dispute under this section. While such dispute is pending, a utility must continue to provide utility service to the customer until a final Commission adjudication on the petition is issued. When possible, no termination under this section may occur without advance notice to any known case manager or coordinator of an occupant in an affected dwelling unit.

Section 22. Amend § 5220, Title 29 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 5220. Pharmacist services reimbursement.

(a) The plan must provide reimbursement to a pharmacist for a service or procedure at a rate not less than that provided to other nonphysician practitioners if the service or procedure is all of the following:

(1) Within the scope of practice of a pharmacist.

(2) Would otherwise be covered under the policy, plan, or contract if the service or procedure is provided by any health-care service provider or practitioner, including a physician, advance practice registered nurse, or physician ~~assistant~~ associate.

(b) Whenever a service is performed by a licensed pharmacist and reimbursed by the plan, the licensed pharmacist must be granted such rights of participation, plan admission, and registration as may be granted by the plan to any health-care service provider or practitioner, including a physician, advance practice registered nurse, or physician ~~assistant~~ associate performing such a service.

Section 23. This Act is effective immediately and is to be implemented the earlier of the following:

(1) One year from the date of the Act's enactment.

(2) When the Board of Medical Licensure and Discipline approves the enabling regulations promulgated by the Regulatory Council of Physician Associates.