

1 HOUSE BILL NO. 313

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9

10 A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR INDEPENDENT PRACTICE OF PHYSICIAN

11 ASSISTANTS; CLARIFYING COVERAGE OF PHYSICIAN ASSISTANTS UNDER HEALTHY MONTANA

12 KIDS, HEALTH MAINTENANCE ORGANIZATIONS, AND MULTIPLE WELFARE EMPLOYER

13 ARRANGEMENTS; AMENDING SECTIONS 25-9-411, 27-6-103, 27-6-401, 33-22-114, 33-31-111, 33-35-306,

14 37-20-101, 37-20-104, 37-20-301, 37-20-401, 37-20-403, 37-20-404, 37-20-405, 37-20-410, 37-20-411, 50-5-

15 1301, 50-12-102, 50-19-403, 50-20-109, AND 53-4-1005, MCA; AND PROVIDING AN IMMEDIATE

16 EFFECTIVE DATE."

17

18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

19

20 **Section 1.** Section 25-9-411, MCA, is amended to read:

21 **"25-9-411. (Temporary) Medical malpractice noneconomic damages limitation.** (1) (a) In a

22 malpractice claim or claims against one or more health care providers based on a single incident of

23 malpractice, an award for past and future damages for noneconomic loss may not exceed \$250,000. All claims

24 for noneconomic loss deriving from injuries to a patient are subject to an award not to exceed \$250,000. This

25 limitation applies whether:

26 (i) based on the same act or a series of acts that allegedly caused the injury, injuries, death, or

27 deaths on which the action or actions are based; or

28 (ii) the act or series of acts were by one or more health care providers.

1 (b) If a single incident of malpractice injures multiple, unrelated patients, the limitation on awards  
2 contained in subsection (1)(a) applies to each patient and all claims deriving from injuries to that patient.

3 (2) (a) For purposes of the limitation on awards contained in subsection (1), a claimant has the  
4 burden of proving separate injuries, each arising from a different act or series of acts. An award or combination  
5 of awards in excess of \$250,000 must be reduced to \$250,000, after which the court shall make other  
6 reductions that are required by law. If a combination of awards for past and future noneconomic loss is reduced  
7 in the same action, future noneconomic loss must be reduced first and, if necessary to reach the \$250,000 limit,  
8 past noneconomic loss must then be reduced. If a combination of awards is reduced to \$250,000, a claimant's  
9 share of the \$250,000 must be the same percentage as the claimant's share of the combined awards before  
10 reduction.

11 (b) For each claimant, further reductions must be made in the following order:

12 (i) first, reductions under 27-1-702;

13 (ii) second, reductions under 27-1-703; and

14 (iii) third, setoffs and credits to which a defendant is entitled.

15 (3) An award of future damages for noneconomic loss may not be discounted to present value.

16 (4) The \$250,000 limit provided for in subsection (1) may not be disclosed to a jury.

17 (5) As used in this section, the following definitions apply:

18 (a) "Claimant" includes but is not limited to:

19 (i) a person suffering bodily injury;

20 (ii) a person making a claim as a result of bodily injury to or the death of another;

21 (iii) a person making a claim on behalf of someone who suffered bodily injury or death;

22 (iv) the representative of the estate of a person who suffered bodily injury or death; or

23 (v) a person bringing a wrongful death action.

24 (b) "Health care provider" means a physician, dentist, podiatrist, optometrist, chiropractor, physical  
25 therapist, ~~or nurse, or physician assistant~~ licensed under Title 37 or a health care facility licensed under Title  
26 50, chapter 5.

27 (c) "Malpractice claim" means a claim based on a negligent act or omission by a health care  
28 provider in the rendering of professional services that is the proximate cause of a personal injury or wrongful

1 death.

2 (d) "Noneconomic loss" means subjective, nonmonetary loss, including but not limited to:

3 (i) physical and mental pain or suffering;

4 (ii) emotional distress;

5 (iii) inconvenience;

6 (iv) subjective, nonmonetary loss arising from physical impairment or disfigurement;

7 (v) loss of society, companionship, and consortium, other than household services;

8 (vi) injury to reputation; and

9 (vii) humiliation.

10 (e) "Patient" means a person who receives services from a health care provider. (Terminates on  
11 occurrence of contingency--sec. 11(2), Ch. 429, L. 1997.)

12 **25-9-411. (Effective on occurrence of contingency) Medical malpractice noneconomic**

13 **damages limitation.** (1) (a) In a malpractice claim or claims against one or more health care providers based  
14 on a single incident of malpractice, an award for past and future damages for noneconomic loss may not  
15 exceed \$250,000. All claims for noneconomic loss deriving from injuries to a patient are subject to an award not  
16 to exceed \$250,000. This limitation applies whether:

17 (i) based on the same act or a series of acts that allegedly caused the injury, injuries, death, or  
18 deaths on which the action or actions are based; or

19 (ii) the act or series of acts were by one or more health care providers.

20 (b) If a single incident of malpractice injures multiple, unrelated patients, the limitation on awards  
21 contained in subsection (1)(a) applies to each patient and all claims deriving from injuries to that patient.

22 (2) (a) For purposes of the limitation on awards contained in subsection (1), a claimant has the  
23 burden of proving separate injuries, each arising from a different act or series of acts. An award or combination  
24 of awards in excess of \$250,000 must be reduced to \$250,000, after which the court shall make other  
25 reductions that are required by law. If a combination of awards for past and future noneconomic loss is reduced  
26 in the same action, future noneconomic loss must be reduced first and, if necessary to reach the \$250,000 limit,  
27 past noneconomic loss must then be reduced. If a combination of awards is reduced to \$250,000, a claimant's  
28 share of the \$250,000 must be the same percentage as the claimant's share of the combined awards before

- 1 reduction.
- 2 (b) For each claimant, further reductions must be made in the following order:
- 3 (i) first, reductions under 27-1-702; and
- 4 (ii) second, setoffs and credits to which a defendant is entitled.
- 5 (3) An award of future damages for noneconomic loss may not be discounted to present value.
- 6 (4) The \$250,000 limit provided for in subsection (1) may not be disclosed to a jury.
- 7 (5) As used in this section, the following definitions apply:
- 8 (a) "Claimant" includes but is not limited to:
- 9 (i) a person suffering bodily injury;
- 10 (ii) a person making a claim as a result of bodily injury to or the death of another;
- 11 (iii) a person making a claim on behalf of someone who suffered bodily injury or death;
- 12 (iv) the representative of the estate of a person who suffered bodily injury or death; or
- 13 (v) a person bringing a wrongful death action.
- 14 (b) "Health care provider" means a physician, dentist, podiatrist, optometrist, chiropractor, physical
- 15 therapist, ~~or nurse, or physician assistant~~ licensed under Title 37 or a health care facility licensed under Title
- 16 50, chapter 5.
- 17 (c) "Malpractice claim" means a claim based on a negligent act or omission by a health care
- 18 provider in the rendering of professional services that is the proximate cause of a personal injury or wrongful
- 19 death.
- 20 (d) "Noneconomic loss" means subjective, nonmonetary loss, including but not limited to:
- 21 (i) physical and mental pain or suffering;
- 22 (ii) emotional distress;
- 23 (iii) inconvenience;
- 24 (iv) subjective, nonmonetary loss arising from physical impairment or disfigurement;
- 25 (v) loss of society, companionship, and consortium, other than household services;
- 26 (vi) injury to reputation; and
- 27 (vii) humiliation.
- 28 (e) "Patient" means a person who receives services from a health care provider."

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**Section 2.** Section 27-6-103, MCA, is amended to read:

**"27-6-103. Definitions.** As used in this chapter, the following definitions apply:

(1) "Dentist" means:

(a) for purposes of the assessment of the annual surcharge, an individual licensed to practice dentistry under the provisions of Title 37, chapter 4, who at the time of the assessment:

(i) has as the individual's principal residence or place of dental practice the state of Montana;

(ii) is not employed full-time by any federal governmental agency or entity; and

(iii) is not fully retired from the practice of dentistry; or

(b) for all other purposes, a person licensed to practice dentistry under the provisions of Title 37, chapter 4, who at the time of the occurrence of the incident giving rise to the claim:

(i) was an individual who had as the principal residence or place of dental practice the state of Montana and was not employed full-time by any federal governmental agency or entity; or

(ii) was a professional service corporation, partnership, or other business entity organized under the laws of any state to render dental services and whose shareholders, partners, or owners were individual dentists licensed to practice dentistry under the provisions of Title 37, chapter 4.

(2) (a) "Health care facility" means a facility licensed as a health care facility under Title 50, chapter 5.

(b) For the purposes of this chapter, a health care facility does not include:

(i) an end-stage renal dialysis facility;

(ii) a home infusion therapy agency;

(iii) a residential care facility; or

(iv) a governmental infirmary, except a university or college infirmary.

(3) "Health care provider" means a physician, a dentist, a podiatrist, or a health care facility.

(4) "Hospital" means a hospital as defined in 50-5-101.

(5) "Malpractice claim" means a claim or potential claim of a claimant against a health care provider for medical or dental treatment, lack of medical or dental treatment, or other alleged departure from accepted standards of health care that proximately results in damage to the claimant, whether the claimant's

1 claim or potential claim sounds in tort or contract, and includes but is not limited to allegations of battery or  
2 wrongful death.

3 (6) "Panel" means the Montana medical legal panel provided for in 27-6-104.

4 (7) "Physician" means:

5 (a) for purposes of the assessment of the annual surcharge, an individual licensed to practice  
6 medicine under the provisions of Title 37, chapter 3, who at the time of the assessment:

7 (i) has as the individual's principal residence or place of medical practice the state of Montana or  
8 practices telemedicine as defined in 37-3-102;

9 (ii) is not employed full-time by any federal governmental agency or entity; and

10 (iii) is not fully retired from the practice of medicine; or

11 (b) for all other purposes, a person licensed to practice medicine under the provisions of Title 37,  
12 chapter 3, who at the time of the occurrence of the incident giving rise to the claim:

13 (i) was an individual who had as the principal residence or place of medical practice the state of  
14 Montana or practiced telemedicine as defined in 37-3-102 and was not employed full-time by any federal  
15 governmental agency or entity; or

16 (ii) was a professional service corporation, partnership, or other business entity organized under  
17 the laws of any state to render medical services and whose shareholders, partners, or owners were individual  
18 physicians licensed to practice medicine under the provisions of Title 37, chapter 3.

19 (8) "Physician assistant" means:

20 (a) for purposes of the assessment of the annual surcharge, an individual licensed as a physician  
21 assistant under the provisions of Title 37, chapter 20, who at the time of the assessment:

22 (i) has as the individual's principal residence or place of medical practice the state of Montana or  
23 practices telemedicine as defined in 37-3-102;

24 (ii) is not employed full-time by any federal governmental agency or entity; and

25 (iii) is not fully retired from the practice of medicine; or

26 (b) for all other purposes, a person licensed as a physician assistant under the provisions of Title  
27 37, chapter 20, who at the time of the occurrence of the incident giving rise to the claim:

28 (i) was an individual who had as the principal residence or place of medical practice the state of

1 Montana or practiced telemedicine as defined in 37-3-102 and was not employed full-time by any federal  
 2 governmental agency or entity; or  
 3 (ii) was a professional service corporation, partnership, or other business entity organized under  
 4 the laws of any state to render medical services and whose shareholders, partners, or owners were individual  
 5 physician assistants licensed under the provisions of Title 37, chapter 20.

6 ~~(8)~~(9) "Podiatrist" means:

7 (a) for purposes of the assessment of the annual surcharge, an individual licensed to practice  
 8 podiatry under the provisions of Title 37, chapter 6, who at the time of the assessment:

- 9 (i) has as the individual's principal residence or place of podiatric practice the state of Montana;
- 10 (ii) is not employed full-time by any federal governmental agency or entity; and
- 11 (iii) is not fully retired from the practice of podiatry; or

12 (b) for all other purposes, a person licensed to practice podiatry under the provisions of Title 37,  
 13 chapter 6, who at the time of the occurrence of the incident giving rise to the claim:

14 (i) was an individual who had as the principal residence or place of podiatric practice the state of  
 15 Montana and was not employed full-time by any federal governmental agency or entity; or

16 (ii) was a professional service corporation, partnership, or other business entity organized under  
 17 the laws of any state to render podiatric services and whose shareholders, partners, or owners were individual  
 18 podiatrists licensed to practice podiatry under the provisions of Title 37, chapter 6."

19  
 20 **Section 3.** Section 27-6-401, MCA, is amended to read:

21 **"27-6-401. Composition of panel.** (1) Those eligible to sit on the panel are health care providers  
 22 licensed pursuant to Montana law and residing in Montana and the members of the state bar of Montana. Six  
 23 panel members shall sit in review of each case. Three panel members who are physicians and three panel  
 24 members who are attorneys shall sit in review of each case in which the claim is heard only against one or  
 25 more physicians. Three panel members who are dentists and three panel members who are attorneys shall sit  
 26 in review of each case in which the claim is heard only against one or more dentists. Three panel members who  
 27 are podiatrists and three panel members who are attorneys shall sit in review of each case in which the claim is  
 28 heard only against one or more podiatrists. Three panel members who are physician assistants and three panel

1 members who are attorneys shall sit in review of each case in which the claim is heard only against one or  
 2 more physician assistants. If the claim is heard only against one or more health care facilities, two of the panel  
 3 members must be administrators of the same type of health care facility or facilities, one panel member must be  
 4 a physician, and three panel members must be attorneys.  
 5 (2) In all other cases, two of the panel members must be physicians, one panel member must be  
 6 an administrator of the same type of health care facility, and three panel members must be attorneys, except  
 7 that when a claim is heard against a dentist, a dentist must be substituted for one of the physicians on the panel  
 8 and when a claim is heard against a podiatrist, a podiatrist must be substituted for one of the physicians on the  
 9 panel."

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11 **Section 4.** Section 33-22-114, MCA, is amended to read:

12 **"33-22-114. Coverage required for services provided by physician assistants, advanced**  
 13 **practice registered nurses, and registered nurse first assistants.** An insurer, a health service corporation,  
 14 or any employee health and welfare fund that provides accident or health insurance benefits to residents of this  
 15 state shall provide, in group and individual insurance contracts, coverage as well as payment or reimbursement  
 16 for health services provided by:

17 (1) a physician assistant as normally covered by contracts for services supplied by a physician if  
 18 health care services that the physician assistant is ~~approved to perform~~ performs are covered by the contract;

19 (2) an advanced practice registered nurse, defined in 37-8-102, as normally covered by contracts  
 20 for services supplied by a physician or a physician assistant if health care services that the advanced practice  
 21 registered nurse is approved to perform are covered by the contract; and

22 (3) a registered nurse first assistant, licensed under Title 37, chapter 8, as normally covered by  
 23 contracts for surgical services supplied by a physician, a physician assistant, or an advanced practice  
 24 registered nurse if surgical services that the registered nurse first assistant is approved to perform are covered  
 25 by the contract."  
 26

27 **Section 5.** Section 33-31-111, MCA, is amended to read:

28 **"33-31-111. Statutory construction and relationship to other laws.** (1) Except as otherwise

1 provided in this chapter, the insurance or health service corporation laws do not apply to a health maintenance  
2 organization authorized to transact business under this chapter. This provision does not apply to an insurer or  
3 health service corporation licensed and regulated pursuant to the insurance or health service corporation laws  
4 of this state except with respect to its health maintenance organization activities authorized and regulated  
5 pursuant to this chapter.

6 (2) Solicitation of enrollees by a health maintenance organization granted a certificate of authority  
7 or its representatives is not a violation of any law relating to solicitation or advertising by health professionals.

8 (3) A health maintenance organization authorized under this chapter is not practicing medicine and  
9 is exempt from Title 37, chapter 3, relating to the practice of medicine.

10 (4) This chapter does not exempt a health maintenance organization from the applicable certificate  
11 of need requirements under Title 50, chapter 5, parts 1 and 3.

12 (5) This section does not exempt a health maintenance organization from the prohibition of  
13 pecuniary interest under 33-3-308 or the material transaction disclosure requirements under 33-3-701 through  
14 33-3-704. A health maintenance organization must be considered an insurer for the purposes of 33-3-308 and  
15 33-3-701 through 33-3-704.

16 (6) This section does not exempt a health maintenance organization from:

17 (a) prohibitions against interference with certain communications as provided under Title 33,  
18 chapter 1, part 8;

19 (b) the provisions of Title 33, chapter 22, parts 7 and 19;

20 (c) the requirements of 33-22-134 and 33-22-135;

21 (d) network adequacy and quality assurance requirements provided under chapter 36; or

22 (e) the requirements of Title 33, chapter 18, part 9.

23 (7) Other chapters and provisions of this title apply to health maintenance organizations as follows:

24 Title 33, chapter 1, parts 6, 12, and 13; 33-2-1114; 33-2-1211 and 33-2-1212; Title 33, chapter 2, parts 13, 19,  
25 23, and 24; 33-3-401; 33-3-422; 33-3-431; Title 33, chapter 3, part 6; Title 33, chapter 10; Title 33, chapter 12;  
26 33-15-308; Title 33, chapter 17; Title 33, chapter 19; 33-22-107; 33-22-114; 33-22-128; 33-22-129; 33-22-131;  
27 33-22-136 through 33-22-139; 33-22-141 and 33-22-142; 33-22-152 and 33-22-153; 33-22-156 through 33-22-  
28 159; 33-22-180; 33-22-244; 33-22-246 and 33-22-247; 33-22-514 and 33-22-515; 33-22-521; 33-22-523 and

1 33-22-524; 33-22-526; and Title 33, chapter 32."

2

3 **Section 6.** Section 33-35-306, MCA, is amended to read:

4 **"33-35-306. Application of insurance code to arrangements.** (1) In addition to this chapter, self-  
5 funded multiple employer welfare arrangements are subject to the following provisions:

6 (a) 33-1-111;

7 (b) Title 33, chapter 1, part 4, but the examination of a self-funded multiple employer welfare  
8 arrangement is limited to those matters to which the arrangement is subject to regulation under this chapter;

9 (c) Title 33, chapter 1, part 7;

10 (d) Title 33, chapter 2, parts 23 and 24;

11 (e) 33-3-308;

12 (f) Title 33, chapter 7;

13 (g) Title 33, chapter 18, except 33-18-242;

14 (h) Title 33, chapter 19;

15 (i) 33-22-107, 33-22-114, 33-22-128, 33-22-131, 33-22-134, 33-22-135, 33-22-138, 33-22-139,  
16 33-22-141, 33-22-142, 33-22-152, and 33-22-153;

17 (j) 33-22-512, 33-22-515, 33-22-525, and 33-22-526;

18 (k) Title 33, chapter 22, part 7; and

19 (l) 33-22-707.

20 (2) Except as provided in this chapter, other provisions of Title 33 do not apply to a self-funded  
21 multiple employer welfare arrangement that has been issued a certificate of authority that has not been  
22 revoked."

23

24 **Section 7.** Section 37-20-101, MCA, is amended to read:

25 **"37-20-101. Qualifications of supervising physician and physician assistant.** (1) ~~The supervising~~  
26 ~~physician named in the supervision agreement required by 37-20-301 shall:~~

27 ~~(a) possess a current, active license to practice medicine in this state; and~~

28 ~~(b) exercise supervision over the physician assistant in accordance with the rules adopted by the~~

1 ~~board and retain professional and legal responsibility for the care and treatment of patients by the physician~~  
2 ~~assistant.~~

3 ~~(2) A physician assistant named in the supervision agreement required by 37-20-304 must have a~~  
4 ~~current, active Montana physician assistant license."~~

5

6 **Section 8.** Section 37-20-104, MCA, is amended to read:

7 **"37-20-104. Unlicensed practice -- penalties.** (1) A person who employs a physician assistant or  
8 holds out to the public that the person is a physician assistant without having been issued a Montana physician  
9 assistant license is guilty of a misdemeanor and is punishable as provided in 46-18-212.

10 (2) Prior to being issued a license ~~and submitting a supervision agreement to the board,~~ a  
11 physician assistant may not practice as a physician assistant in this state, ~~even under the supervision of a~~  
12 ~~licensed physician.~~

13 (3) The board may enforce the provisions of this section by the remedy of injunction and the  
14 application of other penalties as provided by law."

15

16 **Section 9.** Section 37-20-301, MCA, is amended to read:

17 **"37-20-301. Requirements for use of physician assistant practice ~~supervision agreement --~~**  
18 **~~duties and delegation agreement -- content -- approval -- filing.~~** (1) A physician, office, firm, state institution,  
19 or professional service corporation may not employ or make use of the services of a physician assistant in the  
20 practice of medicine, as defined in 37-3-102, and as provided in this chapter and a physician assistant may not  
21 be employed or practice as a physician assistant unless the physician assistant:

22 ~~(a) is supervised by a physician licensed in this state;~~

23 ~~(b)(1) is licensed by the board; and~~

24 ~~(c) has submitted a physician assistant supervision agreement to the board on a form prescribed by~~  
25 ~~the department; and~~

26 ~~(d)(2) has paid to the board the applicable fees required by the board.~~

27 ~~(2) A supervising physician and the supervised physician assistant shall execute a duties and~~  
28 ~~delegation agreement constituting a contract that defines the physician assistant's professional relationship with~~

1 the supervising physician and the limitations on the physician assistant's practice under the supervision of the  
2 supervising physician. The agreement must be kept current, by amendment or substitution, to reflect changes  
3 in the duties of each party occurring over time. The board may by rule specify other requirements for the  
4 agreement. A physician assistant licensed by the board before October 1, 2005, shall execute a duties and  
5 delegation agreement with a supervising physician by October 1, 2006.

6 (3) A physician assistant and the physician assistant's supervising physician shall keep the  
7 supervision agreement and the duties and delegation agreement at their place of work and provide a copy upon  
8 request to a health care provider, a health care facility, a state or federal agency, the board, and any other  
9 individual who requests one."

10

11 **Section 10.** Section 37-20-401, MCA, is amended to read:

12 **"37-20-401. Definitions.** As used in this chapter, the following definitions apply:

13 (1) "Board" means the Montana state board of medical examiners established in 2-15-1731.

14 (2) "~~Duties and delegation agreement~~" means a written contract between the supervising physician  
15 and the physician assistant that meets the requirements of 37-20-301.

16 (3)(2) "Physician assistant" means a member of a health care team, licensed by the board, an  
17 individual licensed pursuant to this chapter who provides medical services that may include but are not limited  
18 to examination, diagnosis, prescription of medications, and treatment ~~under the supervision of a physician~~  
19 licensed by the board.

20 (4) "~~Supervising physician~~" means a medical doctor or doctor of osteopathy licensed by the board  
21 who agrees to a supervision agreement and a ~~duties and delegation agreement~~.

22 (5) "~~Supervision agreement~~" means a written agreement between a supervising physician and a  
23 physician assistant providing for the supervision of the physician assistant."

24

25 **Section 11.** Section 37-20-403, MCA, is amended to read:

26 **"37-20-403. Physician assistant as agent of supervising physician -- degree of supervision**

27 **required -- scope of practice.** (1) A physician assistant is considered the agent of the supervising physician  
28 with regard to all duties delegated to the physician assistant and is professionally and legally responsible for the

1 care and treatment of a patient by a physician assistant licensed in accordance with this chapter. ~~A health-care~~  
2 ~~provider shall consider the instructions of a physician assistant as being the instructions of the supervising~~  
3 ~~physician as long as the instructions concern the duties delegated to the physician assistant.~~

4 ~~(2) Onsite or direct supervision of a physician assistant by a supervising physician is not required if~~  
5 ~~the supervising physician has provided a means of communication between the supervising physician and the~~  
6 ~~physician assistant or an alternate means of supervision in the event of the supervising physician's absence.~~

7 ~~(3)(2) A physician assistant may~~ A physician assistant may:

8 (a) diagnose, examine, and treat human conditions, ailments, diseases, injuries, or infirmities,  
9 either physical or mental, by any means, method, device, or instrumentality authorized by the supervising  
10 physician;

11 (b) obtain informed consent;

12 (c) supervise, delegate, and assign therapeutic and diagnostic measures;

13 (d) certify the health or disability of a patient as required by any local, state, or federal program;

14 and

15 (e) authenticate any document that a physician may authenticate."

16

17 **Section 12.** Section 37-20-404, MCA, is amended to read:

18 **"37-20-404. Prescribing and dispensing authority --~~discretion of supervising physician on~~**

19 **limitation of authority.** (1) A physician assistant may prescribe, dispense, and administer drugs ~~to the extent~~  
20 ~~authorized by the supervising physician.~~

21 (2) All dispensing activities allowed by this section must comply with 37-2-104 and with packaging  
22 and labeling guidelines developed by the board of pharmacy under Title 37, chapter 7.

23 (3) The prescribing and dispensing authority ~~granted for~~ a physician assistant may include the  
24 following:

25 (a) Prescribing, dispensing, and administration of Schedule III drugs listed in 50-32-226, Schedule  
26 IV drugs listed in 50-32-229, and Schedule V drugs listed in 50-32-232 is authorized.

27 (b) Prescribing, dispensing, and administration of Schedule II drugs listed in 50-32-224 may be  
28 authorized for limited periods not to exceed 34 days.

1 (c) Records on the dispensing and administration of scheduled drugs must be kept.

2 (d) A physician assistant shall maintain registration with the federal drug enforcement  
3 administration if the physician assistant is authorized ~~by the supervising physician~~ to prescribe controlled  
4 substances.

5 (e) A prescription written by a physician assistant must comply with regulations relating to  
6 prescription requirements adopted by the board of pharmacy."

7

8 **Section 13.** Section 37-20-405, MCA, is amended to read:

9 **"37-20-405. Billing.** A ~~supervising physician~~ physician assistant, medical office, firm, institution, or  
10 other entity may bill for a service provided by a ~~supervised physician assistant.~~"

11

12 **Section 14.** Section 37-20-410, MCA, is amended to read:

13 **"37-20-410. Participation in disaster and emergency care -- liability of physician assistant and**  
14 **~~supervising physician.~~** (1) A physician assistant licensed in this state, licensed or authorized to practice in  
15 another state, territory, or possession of the United States, or credentialed as a physician assistant by a federal  
16 employer who provides medical care in response to an emergency or a federal, state, or local disaster may  
17 provide that care ~~either without supervision as required by this chapter or with whatever supervision is~~  
18 ~~available. The provision of care allowed by this subsection is limited to~~ for the duration of the emergency or  
19 disaster.

20 ~~(2) A physician who supervises a physician assistant providing medical care in response to an~~  
21 ~~emergency or disaster as described in subsection (1) need not comply with the requirements of this chapter~~  
22 ~~applicable to supervising physicians.~~

23 ~~(3)~~(2) A physician assistant referred to in subsection (1) who voluntarily, gratuitously, and other than  
24 in the ordinary course of employment or practice renders emergency medical care during an emergency or  
25 disaster described in subsection (1) is not liable for civil damages for a personal injury resulting from an act or  
26 omission in providing that care if the injury is caused by simple or ordinary negligence and if the care is  
27 provided somewhere other than in a health care facility as defined in 50-5-101 or a physician's office where  
28 those services are normally provided.

1           ~~(4) A physician who supervises a physician assistant voluntarily and gratuitously providing emergency~~  
2 ~~care at an emergency or disaster described in subsection (1) is not liable for civil damages for a personal injury~~  
3 ~~resulting from an act or omission in supervising the physician assistant if the injury is caused by simple or~~  
4 ~~ordinary negligence on the part of the physician assistant providing the care or on the part of the supervising~~  
5 ~~physician."~~

6

7           **Section 15.** Section 37-20-411, MCA, is amended to read:

8           **"37-20-411. Unlawful acts.** A person who performs acts constituting the practice of medicine in this  
9 state acts unlawfully if the person:

10           ~~(1) has not been issued a license pursuant to this chapter and is not exempt from the licensing~~  
11 ~~requirement of this chapter; or~~

12           ~~(2) has received a license pursuant to this chapter but has not completed a duties and delegation~~  
13 ~~agreement or a supervision agreement."~~

14

15           **Section 16.** Section 50-5-1301, MCA, is amended to read:

16           **"50-5-1301. Definitions.** As used in this part, the following definitions apply:

17           (1) "Adult" means any person 18 years of age or older.

18           (2) "Advanced practice registered nurse" means an individual who is licensed under Title 37,  
19 chapter 8, to practice professional nursing in this state and who has fulfilled the requirements of the board of  
20 nursing pursuant to 37-8-202 and 37-8-409.

21           (3) "Attending health care provider" means the physician, advanced practice registered nurse, or  
22 physician assistant, whether selected by or assigned to a patient, who has primary responsibility for the  
23 treatment and care of the patient.

24           (4) "Decisional capacity" means the ability to provide informed consent to or refuse medical  
25 treatment or the ability to make an informed health care decision as determined by a health care provider  
26 experienced in this type of assessment.

27           (5) "Health care facility" means a hospital, critical access hospital, or facility providing skilled  
28 nursing care as those terms are defined in 50-5-101.

1 (6) "Health care provider" means any individual licensed or certified by the state to provide health  
2 care.

3 (7) "Interested person" means a patient's:

4 (a) spouse;

5 (b) parent;

6 (c) adult child, sibling, or grandchild; or

7 (d) close friend.

8 (8) "Medical proxy decisionmaker" means a physician or advanced practice registered nurse  
9 designated by the attending health care provider.

10 (9) "Physician" means an individual licensed pursuant to Title 37, chapter 3.

11 (10) "Physician assistant" means an individual licensed pursuant to Title 37, chapter 20, ~~whose~~  
12 ~~duties and delegation agreement authorizes the individual to undertake the activities allowed under this part.~~

13 (11) (a) "Lay proxy decisionmaker" means an interested person selected pursuant to this part  
14 authorized to make medical decisions and discharge and transfer dispositions for a patient who lacks decisional  
15 capacity.

16 (b) The term does not include the patient's attending health care provider."  
17

18 **Section 17.** Section 50-12-102, MCA, is amended to read:

19 **"50-12-102. Definitions.** As used in this part, the following definitions apply:

20 (1) "Eligible patient" means an individual who meets the requirements of 50-12-104.

21 (2) "Health care facility" has the meaning provided in 50-5-101.

22 (3) "Health care provider" means any of the following individuals licensed pursuant to Title 37:

23 (a) a physician;

24 (b) an advanced practice registered nurse authorized by the board of nursing to prescribe  
25 medicine; and

26 (c) a physician assistant ~~whose duties and delegation agreement allows the physician assistant to~~  
27 ~~undertake the activities allowed under this part.~~

28 (4) "Investigational drug, biological product, or device" means a drug, biological product, or device

1 that:

2 (a) has successfully completed phase 1 of a clinical trial but has not yet been approved for general  
3 use by the United States food and drug administration; and

4 (b) remains under investigation in a United States food and drug administration-approved clinical  
5 trial.

6 (5) "Terminal illness" means a progressive disease or medical or surgical condition that:

7 (a) entails significant functional impairment;

8 (b) is not considered by a treating health care provider to be reversible even with administration of  
9 a treatment currently approved by the United States food and drug administration; and

10 (c) without life-sustaining procedures, will result in death.

11 (6) "Written informed consent" means a written document that meets the requirements of 50-12-  
12 105."

13

14 **Section 18.** Section 50-19-403, MCA, is amended to read:

15 **"50-19-403. Local fetal, infant, child, and maternal mortality review team.** (1) A local fetal, infant,  
16 child, and maternal mortality review team must be approved by the department of public health and human  
17 services. Approval may be given if:

18 (a) the county health department, a tribal health department if the tribal government agrees, or  
19 both are represented on the team and the plan provided for in subsection (1)(e) includes the roles of the county  
20 health department, tribal health department, or both;

21 (b) a lead person has been designated for the purposes of management of the review team;

22 (c) at least five of the individuals listed in subsection (2) have agreed to serve on the review team;

23 (d) a team reviewing a maternal death includes at least one obstetrician, one family practice  
24 physician, or one physician assistant whose ~~duties and delegation agreement~~ experience includes obstetrical  
25 care; and

26 (e) the team has developed a plan that includes, at a minimum, operating policies of the review  
27 team covering collection and destruction of information obtained pursuant to 44-5-303(4) or 50-19-402(2).

28 (2) If a local fetal, infant, child, and maternal mortality review team is established, the team must

- 1 be multidisciplinary and may include only:
- 2 (a) the county attorney or a designee;
- 3 (b) a law enforcement officer;
- 4 (c) the medical examiner or coroner for the jurisdiction;
- 5 (d) a physician;
- 6 (e) a school district representative;
- 7 (f) a representative of the local health department;
- 8 (g) a representative from a tribal health department, appointed by the tribal government;
- 9 (h) a representative from a neighboring county or tribal government if there is an agreement to
- 10 review deaths for that county or tribe;
- 11 (i) a representative of the department of public health and human services;
- 12 (j) a forensic pathologist;
- 13 (k) a pediatrician;
- 14 (l) a family practice physician;
- 15 (m) an obstetrician;
- 16 (n) a nurse practitioner;
- 17 (o) a public health nurse;
- 18 (p) a mental health professional;
- 19 (q) a local trauma coordinator;
- 20 (r) a representative of the bureau of Indian affairs or the Indian health service, or both, who is
- 21 located within the county;
- 22 (s) a physician assistant; and
- 23 ~~(s)~~(t) representatives of the following:
- 24 (i) local emergency medical services;
- 25 (ii) a local hospital;
- 26 (iii) a local hospital medical records department;
- 27 (iv) a local governmental fire agency organized under Title 7, chapter 33; and
- 28 (v) the local registrar.

1 (3) The designated lead person for the team shall submit membership lists to the department of  
2 public health and human services annually."

3

4 **Section 19.** Section 50-20-109, MCA, is amended to read:

5 **"50-20-109. Control of practice of abortion.** (1) Except as provided in 50-20-401, an abortion may  
6 not be performed within the state of Montana:

7 (a) except by a licensed physician or physician assistant;

8 (b) on an unborn child capable of feeling pain, except as provided in 50-20-603.

9 ~~(2) The supervision agreement of a physician assistant may provide for performing abortions.~~

10 ~~(3)(2)~~ Violation of subsection (1) is a felony."

11

12 **Section 20.** Section 53-4-1005, MCA, is amended to read:

13 **"53-4-1005. (Temporary) Benefits provided.** (1) Benefits provided to participants in the program  
14 may include but are not limited to:

15 (a) inpatient and outpatient hospital services;

16 (b) physician, physician assistant, and advanced practice registered nurse services;

17 (c) laboratory and x-ray services;

18 (d) well-child and well-baby services;

19 (e) immunizations;

20 (f) clinic services;

21 (g) dental services;

22 (h) prescription drugs;

23 (i) mental health and substance abuse treatment services;

24 (j) habilitative services as defined in 53-4-1103;

25 (k) hearing and vision exams; and

26 (l) eyeglasses.

27 (2) The program must comply with the provisions of 33-22-153.

28 (3) The department shall adopt rules, pursuant to its authority under 53-4-1009, allowing it to cover

1 significant dental needs beyond those covered in the basic plan. Expenditures under this subsection may not  
2 exceed \$100,000 in state funds, plus any matched federal funds, each fiscal year.

3 (4) The department is specifically prohibited from providing payment for birth control  
4 contraceptives under this program.

5 (5) The department shall notify enrollees of any restrictions on access to health care providers, of  
6 any restrictions on the availability of services by out-of-state providers, and of the methodology for an out-of-  
7 state provider to be an eligible provider. (Terminates on occurrence of contingency--sec. 15, Ch. 571, L. 1999;  
8 sec. 3, Ch. 169, L. 2007; sec. 10, Ch. 97, L. 2013; sec. 5, Ch. 399, L. 2017.)"

9

10 NEW SECTION. **Section 21. Effective date.** [This act] is effective on passage and approval.

11

- END -