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California

**New Law in California Relaxes
PA Supervision Rules**

A new law in California has significantly changed the rules surrounding the supervision of physician assistants (PAs) in the state.

Senate Bill (SB) 697 replaces delegation of services agreements with practice agreements, but mandates that physicians provide adequate supervision as stipulated in the practice agreement. The bill also requires physicians and surgeons to be available, at a minimum, by telephone or other electronic communication methods at the time the PA examines the patient.

SB 697 also removes the requirements that the medical record identify the responsible supervising physician and surgeon and that those written guidelines for adequate supervision be established. The bill, instead, authorizes a PA to perform medical services authorized by the act if certain requirements are met, including that the medical services are rendered pursuant to a practice agreement, and the PA is competent to perform the medical services.

Source: Medical Board of California *News*, Volume 153, Spring 2020

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Idaho

**Idaho Board Begins Licensing
of Naturopathic Medical Doctors**

The Idaho Board of Medicine began the process of licensing Naturopathic Medical Doctors (NMDs) in Idaho on July 1, 2020. The new licensure category, based on a law established during the 2019 legislative session, allows NMDs to practice primary health care in the state.

NMDs diagnose, prevent and treat acute and chronic illness to restore and establish optimal health by supporting an individual's inherent self-healing process. Naturopathic medical doctors work to identify underlying causes of illness, and develop personalized treatment plans to address them.

NMDs in Idaho may:

- Perform physical and laboratory examinations for diagnostic purposes.
- Order and perform diagnostic and imaging tests.
- Dispense, administer and prescribe prescription drugs and medical devices as authorized by the naturopathic medical formulary as set forth in rule.
- Perform minor office procedures.
- Perform therapies for which they are trained and educated, consistent with primary care and the provisions of the law.
- Admit patients to a hospital at which they are credentialed and privileged to do so.

To become licensed in Idaho, NMD applicants must:

- Graduate from a CNME accredited naturopathic medical program.
- Receive a passing grade on the naturopathic physicians licensing examinations administered by the North American Board of Naturopathic Examiners.
- Complete a fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database.

The Board may require an applicant to be personally interviewed by the Board, the naturopathic medical board, or by a designated committee.

Source: Idaho State Board of Medicine, *The Report*, June 2020

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Oklahoma

**Physicians and Nurse Anesthetists
to Collaborate in Oklahoma**

The Oklahoma State Legislature has changed the relationship between physicians and Certified Registered Nurse Anesthetists (CRNAs) from supervision to collaboration.

Governor Kevin Stitt signed the measure, SB 801, on May 7, 2020, and it went into effect immediately.



The new law allows CRNAs to administer anesthesia “in collaboration with a medical doctor, an osteopathic physician, a podiatric physician or a dentist licensed in this state and under conditions in which timely on-site consultation by such doctor, osteopath, podiatric physician or dentist is available.”

SB 801 defines collaboration as an agreement between the physician/dentist performing or directly involved in the procedure and the CRNA “working jointly toward a common goal providing services for the same patient. This collaboration involves the joint formulation, discussion and agreement of the anesthesia plan by both parties, and the collaborating physician/dentist performing the procedure or directly involved with the procedure and that collaborating physician shall remain available for timely onsite consultation during the delivery of anesthesia for diagnosis, consultation, and treatment of medical conditions.”

According to the Oklahoma Board of Medical Licensure and Supervision, the new collaborative status is “the culmination of years of efforts and negotiations by physician and nursing groups.”

Source: Oklahoma Board of Medical Licensure and Supervision *Issues and Answers*, May 26, 2020

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Oregon

OMB Revises Statement of Philosophy on Licensees with Substance Abuse, Mental Health Issues

The Oregon Medical Board (OMB) recently revised its “Statement of Philosophy: Supporting New Licensees with Substance Abuse and Mental Health Disorders.” The new Statement, revised in April 2020, provides a framework for how the OMB approaches cases of licensee impairment, including clarification of its self-referral and board-referral policies for those who seek help for a mental health disorder or substance-abuse issue.

The Statement was originally adopted in 2007 and last revised in 2010.

The revised Statement affirms that licensees who

“participate in treatment and monitoring are very often successful in returning to safe and productive practice,” noting that anything short of comprehensive monitoring for those seeking help leads to a markedly higher failure rate.

Licensees may participate in a board-sanctioned rehabilitation and monitoring program through self-referral if there has been no impact on patient care and no impairment in the workplace or in the licensee’s ability to practice. The OMB utilizes the Health Professionals Services Program (HPSP) for this purpose, a statewide, confidential program established in 2010. Voluntary participants in the program require no further action relative to licensure, and they are not reported to the Board as long as they successfully engage in the program.

Licensees may be referred to HPSP by the Board through an investigation or through the license-application process when the licensee has a substance abuse or mental health diagnosis that does not impair the ability to practice safely. If the Board believes a licensee is not safe to practice without monitoring through HPSP, and if the licensee chooses not to participate in or comply with the terms of the HPSP agreement, the licensee is subject to denial of licensure or discipline, up to and including suspension or revocation of licensure.

The Board’s revised Statement emphasizes that “self-referral is vastly superior to disciplinary action,” noting that early identification and treatment—prior to impairment—is the obvious preference when dealing with mental health and substance abuse.

The Statement concludes with encouragement for licensees faced with mental health disorders or substance abuse problems, stating: “Substance use or mental health conditions do not have to destroy a professional’s career, personal life, or professional standing. With proper treatment and follow-up, licensees can continue the successful practice of their medical profession.”

To read the full Statement, please visit www.oregon.gov/omb/board/Philosophy.

Source: *Oregon Medical Board Report*, Spring 2020