

§2594-F. Physician associates; scope of practice and agreement requirements**(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)****(WHOLE SECTION TEXT EFFECTIVE UNTIL 1/1/27)**

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Collaborative agreement" means a document agreed to by a physician associate and a physician that describes the scope of practice for the physician associate as determined by practice setting and describes the decision-making process for a health care team, including communication and consultation among health care team members. [PL 2019, c. 627, Pt. B, §13 (NEW); PL 2025, c. 316, §3 (REV).]

B. "Consultation" means engagement in a process in which members of a health care team use their complementary training, skill, knowledge and experience to provide the best care for a patient. [PL 2019, c. 627, Pt. B, §13 (NEW).]

C. "Health care team" means 2 or more health care professionals working in a coordinated, complementary and agreed-upon manner to provide quality, cost-effective, evidence-based care to a patient and may include a physician, physician associate, advanced practice nurse, nurse, physical therapist, occupational therapist, speech therapist, social worker, nutritionist, psychotherapist, counselor or other licensed professional. [PL 2019, c. 627, Pt. B, §13 (NEW); PL 2025, c. 316, §3 (REV).]

D. "Physician" means a person licensed as a physician under this chapter or chapter 48. [PL 2019, c. 627, Pt. B, §13 (NEW).]

E. "Physician associate" means a person licensed under section 2594-E or 3270-E. [PL 2019, c. 627, Pt. B, §13 (NEW); PL 2025, c. 316, §3 (REV).]

F. [PL 2025, c. 604, §2 (RP).]

G. "Prescription or legend drug" has the same meaning as "prescription drug" in section 13702-A, subsection 30 and includes schedule II to schedule V drugs or other substances under the federal Controlled Substances Act, 21 United States Code, Section 812. [PL 2019, c. 627, Pt. B, §13 (NEW).]

[PL 2025, c. 604, §2 (AMD).]

2. Scope of practice. A physician associate may provide any medical service for which the physician associate has been prepared by education, training and experience and is competent to perform. The scope of practice of a physician associate is determined by practice setting, including, but not limited to, a physician employer setting, physician group practice setting or independent private practice setting, or, in a health care facility setting, by a system of credentialing and granting of privileges.

[PL 2019, c. 627, Pt. B, §13 (NEW); PL 2025, c. 316, §3 (REV).]

3. Dispensing drugs. Except for distributing a professional sample of a prescription or legend drug, a physician associate who dispenses a prescription or legend drug:

A. Shall comply with all relevant federal and state laws and federal regulations and state rules; and [PL 2019, c. 627, Pt. B, §13 (NEW).]

B. May dispense the prescription or legend drug only when:

- (1) A pharmacy service is not reasonably available;
- (2) Dispensing the drug is in the best interests of the patient; or
- (3) An emergency exists. [PL 2019, c. 627, Pt. B, §13 (NEW).]

[PL 2019, c. 627, Pt. B, §13 (NEW); PL 2025, c. 316, §3 (REV).]

4. Consultation. A physician associate may, as indicated by a patient's condition, the education, competencies and experience of the physician associate and the standards of care, consult with, collaborate with or refer the patient to an appropriate physician or other health care professional. The level of consultation under this subsection is determined by the practice setting, including a physician employer, physician group practice or private practice, or by the system of credentialing and granting of privileges of a health care facility. Consultation may occur electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team.

[PL 2025, c. 604, §3 (AMD).]

5. Collaborative agreement requirements. A physician associate with less than 4,000 hours of clinical practice documented to the board shall work in accordance with a collaborative agreement with an active physician that describes the physician associate's scope of practice, except that a physician associate working in a physician group practice setting or a health care facility setting under a system of credentialing and granting of privileges and scope of practice agreement may use that system of credentialing and granting of privileges and scope of practice agreement in lieu of a collaborative agreement. A physician associate is legally responsible and assumes legal liability for any medical service provided by the physician associate in accordance with the physician associate's scope of practice under subsection 2 and a collaborative agreement under this subsection. Under a collaborative agreement, collaboration may occur through electronic means and does not require the physical presence of the physician at the time or place that the medical services are provided. A physician associate shall submit the collaborative agreement, or, if appropriate, the scope of practice agreement, to the board for approval and the agreement must be kept on file at the main location of the place of practice and be made available to the board or the board's representative upon request. Upon submission to the board of documentation of 4,000 hours of clinical practice, a physician associate is no longer subject to the requirements of this subsection.

[PL 2019, c. 627, Pt. B, §13 (NEW); PL 2025, c. 316, §3 (REV).]

6. Practice agreement requirements.

[PL 2025, c. 604, §4 (RP).]

7. Construction. To address the need for affordable, high-quality health care services throughout the State and to expand, in a safe and responsible manner, access to health care providers such as physician associates, this section must be liberally construed to authorize physician associates to provide health care services to the full extent of their education, training and experience in accordance with their scopes of practice as determined by their practice settings.

[PL 2019, c. 627, Pt. B, §13 (NEW); PL 2025, c. 316, §3 (REV).]

SECTION HISTORY

PL 2019, c. 627, Pt. B, §13 (NEW). PL 2025, c. 316, §3 (REV). PL 2025, c. 604, §§2-4 (AMD).

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