

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Christine P. Barber

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act removing barriers to care for physician assistants.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Christine P. Barber</i>	<i>34th Middlesex</i>	<i>1/13/2025</i>

HOUSE No.

[Pin Slip]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act removing barriers to care for physician assistants.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. The second sentence of the first paragraph of Section 51J of Chapter 111 of
2 the General Laws is hereby amended by inserting after the word “practitioner” the following
3 words: - or physician assistant.

4 SECTION 2. The first sentence of the third paragraph of subsection (g) of section 7 of
5 chapter 94C of the General Laws is hereby amended by striking out the words “pursuant to
6 guidelines mutually developed and agreed upon by the supervising physician and the physician
7 assistant”.

8 SECTION 3. The second sentence of the third paragraph of subsection (g) of section 7 of
9 chapter 94C of the General Laws is hereby amended by striking out the words “, the board of
10 registration in medicine”.

11 SECTION 4. Section 9E of chapter 112 of the General Laws is hereby amended by
12 striking out the first and second paragraphs and inserting in place thereof the following
13 paragraphs:-

14 Notwithstanding any other provisions of law, a physician assistant may perform medical
15 services when such services are within the education, training and experience of the physician
16 assistant and which the physician assistant is competent to perform.

17 Physician assistants, depending upon their level of professional training and experience,
18 may perform medical services of a general nature and may order tests and therapeutics.

19 SECTION 5. Said section 9E of said chapter 112 of the General Laws, is hereby further
20 amended striking out the fourth and fifth paragraphs and inserting in place thereof the following
21 paragraphs:-

22 The legal responsibility of the physician assistant shall remain that of the individual
23 physician assistant, employing physician, group of physicians, or healthcare facility as part of the
24 health care team responsible for the care and treatment of the patient.

25 Notwithstanding any provision of law or regulation to the contrary, services provided by
26 a physician assistant consistent with their scope of practice shall be covered by insurers and other
27 payers if the same service is covered if provided by a physician. When appropriate, a physician
28 assistant shall be identified as the provider in the bill and claims process when services have
29 been provided directly by the physician assistant. A physician assistant may bill an insurer or
30 other payer directly and receive direct payment for the delivery of medically necessary services.
31 An insurer or other payer shall not impose a practice, education, or collaboration requirement
32 that is inconsistent with or more restrictive than required by statute or regulation.

33 SECTION 6. Section 9F of said chapter 112 of the General Laws is hereby amended by
34 inserting after the first paragraph the following paragraph:-

35 The board shall require as a condition of granting or renewing a physician assistant's
36 certificate of registration that a physician assistant shall practice for at least 2,000 hours, within
37 the context of a collaborative agreement, within a hospital or integrated clinical setting where
38 physician assistants and physicians work together to provide patient care. The physician assistant
39 shall submit written evidence of such practice to the board with the application, or upon
40 completion of the required collaborative practice experience. A collaborative agreement is a
41 mutually agreed upon plan for the overall working relationship between the physician assistant
42 and one or more physicians that designates the scope of collaboration necessary to manage the
43 care of patients. The physician assistant and collaborating physician or physicians must have
44 experience in providing care to patients with the same or similar medical problems.

45 SECTION 7. The second sentence of the third paragraph of said section 9F of said
46 chapter 112 is hereby amended by striking out the words “, in consultation with the board of
47 registration in medicine, and consistent with the authority of the board of registration in medicine
48 over the supervising physician and the practice of medicine,”.

49 SECTION 8. The third sentence of the third paragraph section 9I of chapter 112 of the
50 General Laws is hereby amended by striking out the words “and the name and address of any
51 supervising physician”.

52 SECTION 9. The second sentence of the fourth paragraph of said section 9I of said
53 chapter 112 is hereby amended by striking out the words “, change of supervising physician”.

54 SECTION 10. The first sentence of section 12B of chapter 112 of the General Laws is
55 hereby amended by striking out the words “or supervising”.

56 SECTION 11. The board of registration of physician assistants shall amend its
57 regulations at 263 CMR 5.05 to be consistent with this act.