

Committee on Public Health
Bill Summary

Bill No. H2371/S1502

Title: *An Act removing barriers to care for physician assistants*

Sponsor: Representative Christine P. Barber/Senator Julian Cyr

Committee: Public Health

Hearing Date: July 14, 2025

Similar Matters: S1502

Prior History: Similar to H2135/S1354 of 23-24; Referred to Committee on Public Health and reported favorably; Referred to Health Care Financing and recommended ought to pass; Referred to Senate Ways and Means; No further action taken.

Reporting Deadline: September 12, 2025

Current Law:

- **M.G.L. Chapter 94C** pertains to the controlled substances act.
- **M.G.L. Chapter 94C § 7** pertains to the registration of persons who manufacture, distribute, dispense or possess controlled substances.
- **M.G.L. Chapter 111** pertains to public health.
- **M.G.L. Chapter 111 § 51J** pertains to limited services clinics.
- **M.G.L. Chapter 112** pertains to the registration of certain professions and occupations.
- **M.G.L. Chapter 112 § 9E** pertains to the medical services, supervision and legal responsibility of physician assistants.
- **M.G.L. Chapter 112 § 9F** pertains to the Board of Registration of Physician Assistants.
- **M.G.L. Chapter 112 § 9I** pertains to applications and requirements for the registration of physician assistants.
- **M.G.L. Chapter 112 § 12B** pertains to the emergency care of injured persons and exemption from civil liability for such care.
- **263 CMR 5.05** pertains to billing for physician assistants.

Summary:

This bill removes various requirements that entities governing physician assistants consult the board of registration in medicine or supervising physicians before promulgating rules or regulations. This bill also removes the requirement that a supervising physician determine the level of professional training and experience needed for a physician assistant to perform general medical services and order tests and therapeutics.

SECTION 1 amends M.G.L. Chapter 94C § 7 by removing the requirement for the commissioner of public health to ensure that any promulgated regulations providing for the registration of

physician assistants to issue written prescriptions for patients are in line with mutually agreed-upon guidelines by the supervising physician and physician assistant.

SECTION 2 further amends M.G.L. Chapter 94C § 7 by removing the requirement for the commissioner of public health to consult with the board of registration in medicine before promulgating regulations providing for the registration of physician assistants to issue written prescriptions for patients.

SECTION 3 expands M.G.L. Chapter 111 § 51J by requiring DPH to promulgate regulations promoting the availability of limited services clinics as a point of access for health care services within the full scope of practice of a physician assistant, in addition to a nurse practitioner.

SECTION 4 amends M.G.L. Chapter 112 § 9E by removing the requirement that supervision of a physician assistant must be continuous and not require the personal presence of the supervising physician(s). This section also removes the requirement that a supervising physician determine the level of professional training and experience needed for a physician assistant to perform general medical services and order tests and therapeutics.

SECTION 5 amends M.G.L. Chapter 112 § 9E by expanding legal responsibility of the physician assistant to include the individual physician assistant and the employing physician, group of physicians, or health care facility.

SECTION 6 amends M.G.L. Chapter 112 § 9F by adding 2,000 practice hours, within the context of a collaborative agreement, within a hospital or integrated clinical setting where physician assistants and physicians work together to provide patient care as a requirement as a condition of granting or renewing a physician assistant's certificate of registration. This section also lists requirements for the collaborative agreement and requires written evidence of such practice to be submitted to the board of registration of physician assistants.

SECTION 7 amends M.G.L. Chapter 112 § 9F by removing the requirement that the board of registration of physician assistants consult with the board of registration in medicine before adopting rules and regulations governing the practice and employment of physician assistants. This section also removes the requirement that the board of registration of physician assistants adopt such rules and regulations consistent with the authority of the board of registration in medicine over the supervising physician and the practice of medicine.

SECTION 8 amends M.G.L. Chapter 112 § 9I by removing the requirement that each physician assistant applicant provide the name and address of any supervising physician to the board of registration of physician assistants.

SECTION 9 amends M.G.L. Chapter 112 § 9I by removing the requirement that each registered physician promptly notify the board of registration of physician assistants of any change of supervising physician.

SECTION 10 amends M.G.L. Chapter 112 § 12B by clarifying that a registered physician assistant or his employing physician will be held liable for damages as a result of acts or omissions when rendering emergency care or treatment.

SECTION 11 requires the board of registration of physician assistants to amend the regulations governing physician assistant billing to be consistent with this act.

