

dBill Summary
2nd Session of the 59th Legislature

Bill No.:	SB 1613
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Bill Analysis

SB 1613 provides for the licensure and practice of provisionally licensed physicians. The measure states that a provisionally licensed physician collaborative practice arrangement shall limit the provisionally licensed physician to providing only primary care services. A provisionally licensed physician is a physician who has graduated from medical school but has not completed a residency. Such licensure shall use the process established by rules of the State Board of Medical Licensure and Supervision or of the State Board of Osteopathic Examiners. Such physicians are authorized to use the terms “doctor”, “Dr.”, or “doc,” but shall be required to identify their provisional status. Within 30 days of any change or renewal of the physician’s license, the regulating Boards shall require the physician to identify whether he or she is engaged in any collaborative practice arrangement. A provisionally licensed physician shall be considered a physician assistant for purposes of regulations of the Centers for Medicare and Medicaid Services (CMS).

Each provisionally licensed physician shall be required to work under the supervision of a collaborative physician, who shall be responsible for the activities of and accepts responsibility for primary care services rendered by the provisionally licensed physician. A provisionally licensed physician collaborative practice arrangement shall be entered into within 6 months of the provisionally licensed physician’s licensure. Such arrangements shall be in written form and may authorize the delegation of care to the provisionally licensed physician. Required contents of the agreement are outlined in the measure. No provisionally licensed physician may enter into an arrangement with more than 3 collaborative physicians. The measure clarifies that no agreement shall supersede current hospital licensing regulations. A provisionally licensed physician may prescribe any controlled substance listed in Schedule III, IV, or V of the Uniform Controlled Dangerous Substances Act and may have restricted authority to prescribe a Schedule II substance. Collaborating physicians shall be responsible for documenting the completion of at least 120 hours in a 4-month period.

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