

**WEST VIRGINIA
SECRETARY OF STATE
Betty Ireland
ADMINISTRATIVE LAW DIVISION**

Form #1

Do Not Mark In This Box

2008 MAY 29 AM 9:07

NOTICE OF A PUBLIC HEARING ON A PROPOSED RULE

AGENCY: West Virginia Board of Medicine TITLE NUMBER: 11

RULE TYPE: Legislative CITE AUTHORITY: WV Code §30-3-16(b),(n) and (w)

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 1B

TITLE OF RULE BEING AMENDED: Licensure, Disciplinary and Complaint Procedures, Continuing Education
Physician Assistants

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: 1

TITLE OF RULE BEING PROPOSED: _____

DATE OF PUBLIC HEARING: _____ TIME: _____

LOCATION OF PUBLIC HEARING: _____

COMMENTS LIMITED TO: ORAL WRITTEN BOTH

DATE WRITTEN COMMENT PERIOD ENDS: June 27, 2008 TIME: 4:30 P.M.

WRITTEN COMMENTS MAY BE MAILED TO:

The Department requests that persons wishing to make comments at the hearing make an effort to submit written comments in order to facilitate the review of these comments.

Robert C. Knittle, Executive Director
WV BOM

101 Dee Drive Suite 103

Charleston, WV 25311

The issues to be heard shall be limited to the proposed rule.

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL



Authorized Signature



R. Curtis Arnold, DPM
South Charleston

Michael L. Ferrebee, MD
Morgantown

Angelo N. Georges, MD
Wheeling

Doris M. Griffin, MBA
Martinsburg

M. Khalid Hasan, MD
Beckley

Beth Hays, MA
Bluefield

Carlos C. Jimenez, MD
Glcn Dale

Vettivelu Maheswaran, MD
Charles Town

Bill May, DPM
Huntington

Joe E. Miller, LtCol USMC (Ret), MA
Hurricane

Badshah J. Wazir, MD
South Charleston

Kenneth Dean Wright, PA-C
Huntington

State of West Virginia

West Virginia Board of Medicine

101 Dee Drive, Suite 103

Charleston, WV 25311

Telephone 304.558.2921

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STATEMENT OF CIRCUMSTANCES WHICH REQUIRE THE PROPOSED RULE AND SUMMARY OF CONTENT OF PROPOSED RULE

It has been five years since the physician assistant rule has been amended, and the Legislature enacted statutory changes to West Virginia Code §30-3-16, relating to physician assistants, in its 2008 Regular Session. As a result, throughout the rule, various "clean up" and clarifications to the language are appropriate and necessary.

Also, the proposed rule contains additions to the standard job description which is submitted and provisions identical to those applying to physicians and podiatrists in the Medical Practice Act, pertaining to conviction of drug felonies, and mental and physical examinations, all for the safety of the public. A provision is added requiring the supervising physician to see each regular patient periodically, at least every third visit. This is consistent with the current similar provision for a satellite clinic.

PRESIDENT
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Charleston

COUNSEL
Deborah Lewis Rodecker
Charleston

DISCIPLINARY COUNSEL
John K. McHugh
Charleston

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Licensure, Disciplinary, and Complaint Procedures, Continuing Education, Physician Assistants

Type of Rule: Legislative Interpretive Procedural

Agency: West Virginia Board of Medicine

Address: 101 Dee Drive Suite 103
Charleston WV 25311

Phone Number: 304-558-2921 Email: deborahrodecker@wvdhhr.org

Fiscal Note Summary

Summarize in a clear and concise manner what impact this measure will have on costs and revenues of state government.

No impact on costs and revenues of state government.

Fiscal Note Detail

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

FISCAL YEAR			
Effect of Proposal	Current Increase/Decrease (use "-")	Next Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	0.00	0.00	0.00
Personal Services			
Current Expenses			
Repairs & Alterations			
Assets			
Other			
2. Estimated Total Revenues	0.00	0.00	0.00

Rule Title: _____

Rule Title: _____

3. **Explanation of above estimates (including long-range effect):**
Please include any increase or decrease in fees in your estimated total revenues.

N/A

MEMORANDUM

Please identify any areas of vagueness, technical defects, reasons the proposed rule **would not** have a fiscal impact, and/or any special issues **not** captured elsewhere on this form.

N/A

Date: May 20, 2008

Signature of Agency Head or Authorized Representative

Robert Knittel

2000 MAY 20 AM 9: 07

**TITLE 11
LEGISLATIVE RULE**

OFFICE OF THE CLERK
WEST VIRGINIA
DEPARTMENT OF STATE

WEST VIRGINIA BOARD OF MEDICINE

SERIES 1B

**LICENSURE, DISCIPLINARY AND COMPLAINT PROCEDURES,
CONTINUING EDUCATION, PHYSICIAN ASSISTANTS**

§11-1B-1. General.

1.1. Scope. -- W. Va. Code §30-3-16(b) requires the Board of Medicine to adopt rules governing the extent to which physician assistants may function in this State, W. Va. Code §30-3-16(n) requires the Board to adopt rules governing the eligibility and extent to which a physician assistant may prescribe at the direction of the supervising physician, and W. Va. Code §30-3-16(~~e~~) (w) requires the Board of Medicine to adopt rules pertaining to written documentation of continuing education required. This rule relates to physician assistants and to their licensing, complaint procedures and professional discipline, and continuing education.

1.2. Authority. -- W. Va. Code §30-3-16(b) and (~~e~~) (w).

1.3. Filing Date. --

1.4. Effective Date. --

§11-1B-2. Definitions.

2.1. For purposes of this rule, the following definitions apply:

a. "Licensure" means the approval of individuals by the Board to serve as physician assistants.

b. "Crimes involving moral turpitude" means those crimes which have dishonesty as a fundamental and necessary element; including, but not limited to, crimes involving theft, embezzlement, false swearing perjury, fraud or misrepresentation.

c. "NCCPA" means The National Commission on the Certification of Physician Assistants.

d. "Protocol" means written treatment instructions prepared by a supervising physician for use by a physician assistant. The instructions should be flexible, in accordance with the setting where the physician assistant is employed.

e. "Satellite operation" means an office or clinic separate and apart from the office of the supervising physician, established by the physician and in which a physician assistant will be providing patient care.

f. "Supervision" means the opportunity or ability of the physician to provide or exercise control and direction over the services of physician assistants. Constant physical presence of the supervising physician of a physician assistant certified by the NCCPA is not required so long as the supervising physician and the physician assistant are or can easily be in contact with each other by radio, telephone or telecommunication. Supervision requires the availability of the supervising physician. An appropriate degree of supervision includes:

1. The active and continuing overview of the physician assistant's activities to determine that the supervising physician's directions are being implemented;

2. The availability of the supervising physician to the physician assistant for all necessary consultations;

3. Personal and regular (at least monthly) review by the supervising physician of selected patient records upon which entries are made by the physician assistant. The supervising physician shall select patient records for review on the basis of written criteria established by the supervising physician and the physician assistant and shall be of sufficient number to assure adequate review of the physician assistant's scope of practice, and;

4. Periodic (at least monthly) education and review sessions discussing specific conditions, protocols, procedures and specific patients, held by the supervising physician for the physician assistant under his or her supervision.

g. "Alternate supervising physician" means a permanently licensed physician designated by the supervising physician in his or her absence who has agreed to provide medical direction and advice to a licensed physician assistant.

h. "Legend drug" means a drug that may be dispensed under federal or state law only pursuant to the prescription of an authorized prescriber.

§11-1B-3. Supervision of Physician Assistants by Licensed Physician; Services That May be Performed by Physician Assistants.

3.1. A physician fully licensed under W. Va. Code §§30-3-1 et seq. may submit a job description to the Board to employ a physician assistant.

3.2. The delegation of certain acts to a physician assistant shall be stated on the job description in a manner consistent with sound medical practice and with the protection of the health and safety of the patient in mind. The services shall be limited to those which are educational, diagnostic, therapeutic or preventive in nature and may, according to the standards set by his or her supervising physician, allow the physician assistant to formulate a

provisional diagnosis and treatment plan which may be set by standard protocols of his or her supervising physician and are under his or her direction.

§11-1B-4. Submission of Application; Job Description.

4.1. An application completed by the applicant and a job description signed and dated by the supervising physician listing in numerical order the duties which will be performed by the physician assistant must be in the office of the Board of Medicine, 101 Dee Drive, Charleston, West Virginia 25311, ~~thirty (30)~~ fifteen (15) days prior to a Board meeting. Meetings are held bimonthly or as needed, beginning in January. The filing of an application and job description does not entitle a physician assistant to licensure. The Board is the only legal authority for approval and licensure.

4.2. Applications for licensure and the proposed job description shall be accompanied by proof of qualifications as follows:

- a. documentation that the applicant graduated from an approved program,
- b. documentation that the applicant attained a baccalaureate or masters degree,
- c. the required fee,
- d. documentation that the applicant has unencumbered licensure, registration, or certification status in all states where he or she was previously licensed, registered, or certified, and
- e. documentation that the applicant passed the NCCPA examination. Noncertified physician assistants who are issued a temporary license under W. Va. Code §30-3-16(~~f~~) (g) shall sit for and obtain a passing score on the examination next offered following graduation from an approved program. No applicant shall receive a temporary license who, following graduation from an approved program, has sat for and not obtained a passing score on the NCCPA examination.

4.3. The Board may provide ~~interim~~ temporary approval to a physician to supervise a currently licensed physician assistant provided that:

- a. A completed application and proposed job description has been received at the office of the Board of Medicine;
- b. The skills and training of the prospective supervising physician are appropriate to supervise the range of medical services provided for in both the proposed and previously approved job descriptions;
- c. The physician assistant is limited to performing those medical services provided for in the previously approved job description, until the Board has approved the proposed job description; and
- d. The licenses of the prospective supervising physician and the physician assistant are in good standing.

4.4. Application for changes to the standard approved job description as provided for in subdivision 13.1. of this rule or a previously approved job description shall be made by the

physician assistant or supervising physician ~~thirty (30)~~ fifteen (15) days prior to a Board meeting. The proposed job description shall be signed and dated by the supervising physician and physician assistant.

§11-1B-5. Biennial Report of Physician Assistant's Performance; Biennial Renewal; Biennial Report of the Board.

5.1 Physician assistants and their supervising physicians must submit to the Board biennial signed reports either individually or combined, on the professional conduct, capabilities and performance of the physician assistant. The report shall ~~accompany each application for licensure and shall~~ be submitted to the office of the Board by April 1. Biennial renewal for physician assistant shall occur by April 1 every odd year.

5.2 In addition to the report, the Board shall compile and publish an annual report that includes a list of currently licensed physician assistants, their ~~employers~~ supervising physician(s) and their location in the state.

§11-1B-6. Supervision and Control of Physician Assistant.

6.1. The physician assistant, whether employed by a health care facility or the supervising physician, shall perform only under the supervision and control of the supervising physician. Supervision and control of a physician assistant certified by the NCCPA requires the availability of a physician for consultation and direction of the actions of the physician assistant. It does not necessarily require the personal presence of the supervising physician at the place or places where services are rendered, if the physician assistant certified by the NCCPA is performing (specified) duties at the direction of the supervising physician. In the case of a physician assistant who has not been certified by the NCCPA, the presence of the supervising physician or alternate supervising physician on the premises where the noncertified physician assistant performs delegated medical tasks is required. The physician assistant may function in any setting within which the supervising physician routinely practices, but in no instance shall a separate place of work for the physician assistant be established. The supervising physician shall be a physician permanently licensed in this State.

§11-1B-7. Limitations on Supervision and Scope of Duties of Physician Assistants.

7.1. A supervising physician may not supervise more than three (3) physician assistants or their equivalent at any one time, except that a physician may supervise up to four (4) hospital employed physician assistants.

7.2. A supervising physician may also serve as an alternate supervising physician in the absence of another supervising physician, however the legal responsibility remains at all times with the supervising physician.

7.3. It is appropriate for a physician assistant to provide medical services to an alternate physician's patients at his or her direction in settings such as a health care facility, partnerships, group practices and other mutually agreed on patient coverage arrangements. Where a physician assistant is providing medical services to the alternate physician's patients at his or her direction in these settings, the alternate supervising physician is also legally responsible for the physician assistant.

7.4. A physician assistant shall not sign prescriptions except in the case of certain physician assistants authorized to do so by the Board in accordance with the provisions of subsection 14 of this rule.

7.5. A physician assistant shall not perform any services which his or her supervising physician is not qualified to perform.

~~7.6. A physician assistant may sign orders to be countersigned later by his or her supervising physician: Provided, that they are not in conflict with hospital regulations.~~

7.7 ~~6~~. A physician assistant shall not perform any services which are not included in his or her job description and approved by the Board.

~~7.8 7. No physician assistant shall be supervised by and work for more than three (3) supervising physicians at one time.~~ Physician assistants who are supervised by more than one supervising physician shall be those whose scope of professional duties require multiple physician supervisors or who have more than one employer.

7.9 ~~8~~. A supervising physician shall not permit a physician assistant to independently practice medicine. The supervising physician shall supervise the physician assistant at all times.

~~7.10 9.~~ A physician assistant shall not maintain an office separate and apart from the supervising physician's primary office for treating patients, unless the Board has granted the supervising physician specific permission to establish a satellite operation.

~~7.11 10.~~ A physician assistant shall not independently bill patients for services provided.

7.12 ~~11~~. A physician assistant shall not independently delegate a task assigned to him or her by his or her supervising physician to another individual.

~~7.13 12.~~ A physician assistant shall not perform acupuncture in any form.

7.14 ~~13~~. In the case of a physician assistant who has not been certified by the NCCPA, the presence of the supervising physician or alternate supervising physician is required on the premises where the noncertified physician assistant performs delegated medical tasks.

§11-1B-8. Identification of Physician Assistant.

8.1. When functioning as a physician assistant, the physician assistant must wear a name tag which identifies the physician assistant as a physician assistant.

§11-1B-9. Responsibilities of the Supervising Physician.

9.1. The supervising physician is responsible for observing, directing and evaluating the work, records and practices performed by the physician assistant.

9.2. The supervising physician shall notify the Board in writing of any termination of the employment of his or her physician assistant within ten (10) days of the termination.

9.3. The legal responsibility for any physician assistant remains that of his or her supervising physician at all times. Also, in temporary situations not to exceed twenty one (21) days, when a licensed and fully qualified physician assistant is substituting for another licensed physician assistant, the acts and omissions of the substituting physician assistant are the legal responsibility of the absent physician assistant's designated supervising physician.

9.4. The temporary change in supervisory responsibility shall be provided to the Board in writing, within ten (10) days of the effective date of the substitution, signed by the affected supervising physicians and physician assistants, and clearly specifying the dates of substitution.

§11-1B-10. Disciplinary Action Against a Physician Assistant; Physical and Mental Examinations.

10.1. The license of a physician assistant shall be restricted, suspended or revoked by the Board in accordance with all the alternatives set out at W. Va. Code §30-3-14(i) when, after due notice and a hearing in accordance with the manner and form prescribed by the contested case hearing procedure, W. Va. Code §§29A-5-1 et seq. and rules of the Board set out in Procedural Rule 11 CSR 3, if it is found:

- a. That the physician assistant has held himself or herself out or permitted another person to represent him or her as a licensed physician;
- b. That the physician assistant has in fact performed other than at the direction and under the supervision of a supervising physician licensed by the Board;
- c. That the physician assistant has been delegated and performed a task or tasks beyond his or her competence and not in accordance with the job description approved by the Board;
- d. That the physician assistant is a habitual user of intoxicants or drugs to such an extent that he or she is unable to safely perform as an assistant to the physician.
- e. That the physician assistant has been convicted in any court, state or federal, of any felony or other criminal offense involving moral turpitude;
- f. That the physician assistant has been adjudicated a mental incompetent or his or her mental condition renders him or her unable to safely perform as an assistant to a physician.
- g. That the physician assistant has failed to comply with any of the provisions of this rule or the West Virginia Medical Practice Act; W. Va. Code §§30-3-1 et seq.; or
- h. That the physician assistant is guilty of unprofessional conduct which includes, but is not limited to, the following:
 1. Misrepresentation or concealment of any material fact in obtaining any certificate or license or a reinstatement of any certificate or license;
 2. The commission of an offense against any provision of state law related to the practice of physician assistants, or any rule promulgated under the law;

3. The commission of any act involving moral turpitude, dishonesty or corruption, when the act directly or indirectly affects the health, welfare or safety of citizens of this State. If the act constitutes a crime, conviction of the crime in a criminal proceeding is not a condition precedent to disciplinary action;

4. Conviction of a felony, as defined under the laws of this State or under the laws of any other state, territory or country; except as provided in 10.2.

5. Misconduct in his or her practice as a physician assistant or performing tasks fraudulently, beyond his or her authorized scope of practice, with incompetence or with negligence on a particular occasion or negligence on repeated occasions;

6. Performing tasks as a physician assistant while the ability to do so is impaired by alcohol, drugs, physical disability or mental instability;

7. Impersonation of a licensed physician or another certified or licensed physician assistant;

8. Offering, undertaking or agreeing to cure or treat disease by a secret method, procedure, treatment or medicine; treating or prescribing for any human condition by a method, means or procedure which the physician assistant refuses to divulge upon demand of the Board; or using methods or treatment processes not accepted by a reasonable segment of the medical profession;

9. Prescribing a prescription drug, including any controlled substance under state or federal law, other than in good faith and a therapeutic manner in accordance with accepted medical standards;

10. Prescribing a controlled substance under state or federal law, to or for himself or herself, or to or for any member of his or her immediate family; or

11. Prescribing a prescription drug, including any controlled substance under state or federal law, which is not included in the approved job description for that physician assistant or which is not included in the approved state formulary for physician

assistants.

12. Administration of anabolic steroids for other than therapeutic purposes;

13. Failing to keep written records justifying the course of treatment of a patient, the records to include, but not be limited to, patient histories, examination and test results and treatment rendered, if any;

14. Exercising influence within a patient-physician assistant relationship for the purpose of engaging a patient in sexual activity; or

15. Failure to report a known or observed violation of this rule, and/or provisions of the West Virginia Medical Practice Act or rules.

10.2 The Board shall deny any application for a license in this state to any applicant who, and shall revoke the license of any physician assistant licensed or otherwise lawfully practicing within this state who, is found guilty by any court of competent jurisdiction of any felony involving prescribing, selling, administering, dispensing, mixing or otherwise preparing any prescription drug, including any controlled substance under state or federal law, for other

than generally accepted therapeutic purposes. Presentation to the board of a certified copy of the guilty verdict or plea rendered in the court is sufficient proof thereof for the purposes of this article. A plea of nolo contendere has the same effect as a verdict or plea of guilt. Upon application of the physician assistant that has had his or her license revoked because of a drug related felony conviction, upon completion of any sentence of confinement, parole, probation or other court-ordered supervision and full satisfaction of any fines, judgments or other fees imposed by the sentencing court, the board may issue the applicant a new license upon a finding that the physician assistant is, except for the underlying conviction, otherwise qualified to practice: Provided, that the board may place whatever terms conditions or limitations it deems appropriate upon a physician assistant licensed pursuant to this subsection.

10.3 The board under any circumstances may require a physician assistant or person applying for licensure or other authorization to practice as a physician assistant in this state to submit to a physical or mental examination by a physician or physicians approved by the board. A physician assistant submitting to any such examination has the right, at his or her expense, to designate another physician to be present at the examination and make an independent report to the board. The expense of the examination shall be paid by the board. Any individual who applies for or accepts the privilege of practicing as a physician assistant in this state is considered to have given his or her consent to submit to all examinations when requested to do so in writing by the board and to have waived all objections to the admissibility of the testimony or examination report of any examining physician on the ground that the testimony or report is privileged communication. If a person fails or refuses to submit to any such examination under circumstances which the board finds are not beyond his or her control, failure or refusal is prima facie evidence of his or her inability to practice as a physician assistant competently and in compliance with the standards of acceptable and prevailing practice as a physician assistant.

§11-1B-11. Denial of Licensure of Physician Assistant.

11.1. The burden of satisfying the Board of his or her qualifications for licensure is on the applicant.

11.2. Whenever the Board determines that an applicant has failed to satisfy the Board that he or she should be licensed, the Board shall immediately notify the applicant in writing of its decision and indicate in what respect the applicant has failed to satisfy the Board. The applicant shall be given a formal hearing before the Board upon request of the applicant filed with or mailed by registered or certified mail to the Secretary of the Board, 101 Dee Drive, Charleston, West Virginia 25311. The request must be filed within thirty (30) days after receipt of the Board's decision, stating the reasons for the request. The Board shall within twenty (20) days of receipt of the request, notify the applicant of the time and place of a public hearing, which shall be held within a reasonable time. Following the hearing, the Board shall determine on the basis of this rule whether the applicant is qualified to be licensed. The decision of the Board is final as to that application.

§11-1B-12. Complaint and Disciplinary Procedures.

12.1. The complaint and disciplinary process and procedures set forth in the contested case hearing procedure, W. Va. Code §§29A-5-1 et seq., and in the Board Procedural Rule 11 CSR 3, also apply to the complaint process for physician assistants and to disciplinary actions instituted against physician assistants with the same provisions regarding the appeal of decisions made to circuit courts.

§11-1B-13. Physician Assistant Utilization.

13.1. The tasks a physician assistant may perform are those which require technical skill, execution of standing orders, routine patient care tasks and those diagnostic and therapeutic procedures which the supervising physician may wish to delegate to the physician assistant after the supervising physician has satisfied himself or herself as to the ability and competence of the physician assistant. The supervising physician may, with due regard for the safety of the patient and in keeping with sound medical practice, delegate to the physician assistant those medical procedures and other tasks that are usually performed within the normal scope of the supervising physician's practice, subject to the limitations set forth in this section and the West Virginia Medical Practice Act, W. Va. Code §§30-3-1 et seq., and the training and expertise of the physician assistant.

13.2. The physician assistant shall, under appropriate direction and supervision by a physician, augment the physician's data gathering abilities in order to assist the supervising physician in reaching decisions and instituting care plans for the physician's patients. A physician assistant shall have, as a minimum, the knowledge and competency to perform the following functions and may under appropriate supervision perform them; this standard job description is not intended to be specific or all-inclusive:

- a. Screen patients to determine the need for medical attention;
- b. Review patient records to determine health status;
- c. Take a patient history;
- d. Perform a physical examination;
- e. Perform development screening examinations on children;
- f. Record pertinent patient data;
- g. Make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem or the follow-up evaluation of a previously diagnosed and stabilized condition;
- h. Prepare patient summaries;
- i. Initiate requests for commonly performed initial laboratory studies;
- j. Collect specimens for and carry out commonly performed blood, urine and stool analyses and cultures;
- k. Identify normal and abnormal findings in history, physical examination and commonly performed laboratory studies;
- l. Initiate appropriate evaluation and emergency management for emergency situations; for example, cardiac arrest, respiratory distress, injuries, burns and hemorrhage;
- m. Perform clinical procedures such as:
 - A. Venipuncture;

- B. Electrocardiogram;
- C. Care and suturing of minor lacerations;
- D. Casting and splinting;
- E. Control of external hemorrhage;
- F. Application of dressings and bandages;
- G. Removal of superficial foreign bodies;
- H. Cardiopulmonary resuscitation;
- I. Audiometry screening;
- J. Visual screening; and
- K. Carry out aseptic and isolation techniques;

and

n. Provide counseling and instruction regarding common patient problems;

o. Execute documents at the direction of and for the supervising physician.

p. Prepare patient discharge summaries if physician assistant has been directly involved in patient care;

q. Assist in surgery; and

r. Assist physician under direct supervision in a manner by which to learn and become proficient in new procedures.

13.3. A physician assistant making application to the Board for job description changes or additions shall document that his or her training and competency supports the request.

13.4. A physician assistant may pronounce death provided that:

a. It is contained in his or her job description;

b. The physician assistant has a need to do so within his or her scope of practice; and

c. That the pronouncement is in accordance with applicable West Virginia law and rules.

13.5. The supervising physician shall monitor and supervise the activities of the physician assistant and require appropriate documentation, including organized medical records with symptoms, pertinent physical findings, impressions and treatment plans indicated. The supervising physician may also provide written protocols for the use of the physician assistant in the performance of delegated tasks. The established protocols shall be available for public inspection upon request and may be reviewed by the Board as required.

13.6 Provision shall be made for the supervising physician to see each regular patient periodically; at least, every third visit.

13.6~~7~~. If the supervising physician absents himself or herself in such a manner or to such an extent that he or she is unavailable to aid the physician assistant when required, the supervising physician shall not delegate patient care to his or her physician assistant unless he or she has made appropriate arrangements for an alternate supervising physician. The legal responsibility for the acts and omissions of the physician assistant remains with the supervising physician at all times.

13.7~~8~~. It is the responsibility of the supervising physician to ensure that supervision is maintained in his or her absence.

13.8~~9~~. No physician assistant may be utilized in an office or clinic separate and apart from the supervising physician's primary place for meeting patients unless the supervising physician has obtained specific approval from the Board. A supervising physician may supervise only two (2) satellite operations. The criteria for granting the approval is that the supervising physician demonstrate the following to the satisfaction of the Board:

a. That the physician assistant will be utilized in a designated manpower shortage area or an area of medical need as defined by the Board;

b. That there is adequate provision for direct communication between the physician assistant and the supervising physician and that the distance between the main office and the satellite operation is not so great as to prohibit or impede appropriate emergency services;

c. That provision is made for the supervising physician to see each regular patient periodically; ~~for example~~ at least, every third visit; and

d. That the supervising physician visits the remote office at least once every fourteen (14) days and demonstrate that he or she spends enough time on site to provide supervision and personal and regular review of the selected records upon which entries are made by the physician assistant. Patient records shall be selected on the basis of written criteria established by the supervising physician and the physician assistant and shall be of sufficient number to assure adequate review of the physician assistant's scope of practice.

13.9~~10~~. The supervising physician shall maintain appropriate records of supervisory contact and shall make them available for Board review if required. A supervising physician who fails to maintain the standards required for a satellite operation may lose the privilege to maintain a satellite operation.

~~13.10~~ 11. Designated representatives of the Board are authorized to make on-site visits to the offices of supervising physicians and medical care facilities utilizing physician assistants to review the following:

a. The supervision of physician assistants;

b. The maintenance of and compliance with, any protocols;

c. Utilization of physician assistants in conformity with the provisions of this section;

d. Identification of physician assistants; and

e. Compliance with licensure and registration requirements.

~~13.11~~ 12. The Board reserves the right to review physician assistant utilization without prior notice to either the physician assistant or the supervising physician. It is a violation of this rule for a supervising physician or a physician assistant to refuse to undergo a review by the Board.

~~13.12~~ 13. The provisions of this section shall not be construed to require medical care facilities to accept physician assistants or to use them within their premises. It is appropriate for the physician assistant to provide services to the hospitalized patients of his or her supervising physician under the supervision of the physician, if the medical care facility permits it.

~~13.13~~ 14. Physician assistants employed directly by medical care facilities shall perform services only under the supervision of a clearly identified supervising physician, and the physician shall supervise no more than three (3) physician assistants or their equivalent, except that a supervising physician may supervise up to four (4) hospital employed physician assistants. Medical facility staff and attending physicians who provide medical direction to or utilize the services of physician assistants employed by a health care facility shall be considered to be alternate supervising physicians.

~~13.14~~ 15. So long as the facility permits, a physician assistant may:

a. Assess and record the patient's progress within the parameters of an approved job description and report the patient's progress to the supervising physician; and

b. Make entries in medical records and patient charts so long as an appropriate mechanism is established for authentication by the supervising physician through countersignature.

c. Write and sign diagnostic and treatment orders to be countersigned later by his or her supervising physician.

~~13.15~~ 16. A physician assistant may provide medical care or services in an emergency department so long as he or she has training in emergency medicine, is subject to standard emergency protocols, functions within the parameters of an approved job description which govern his or her performance and is under the supervision of a physician with whom he or she has ready contact and who is willing to assume full responsibility for the physician assistant's performance.

~~13.16~~ 17. No physician assistant shall render nonemergency outpatient medical services until the patient has been informed that the individual providing care is a physician assistant.

~~13.17~~ 18. It is the supervising physician's responsibility to be alert to patient complaints concerning the type or quality of services provided by the physician assistant.

~~13.18~~ 19. In the supervising physician's office and any satellite operation, a notice plainly visible to all patients shall be posted in a prominent place explaining the meaning of the term "Physician Assistant". The physician assistant's license must be prominently displayed in the office and any satellite operation in which he or she may function. A physician assistant may obtain a duplicate license from the Board if required.

~~13.19~~ 20. The physician assistant is required to notify the Board of ~~changes in~~ any ending of his or her employment within ~~thirty (30)~~ ten (10) days. The physician assistant must provide the Board with his or her new address and telephone number of his or her residence, address and telephone number of employment and name of his or her supervising physician.

13.20 21. The supervising physician is required to notify the Board of any ~~changes in~~ ending of his or her supervision of a physician assistant within ten (10) days.

11-1B-14. Limited Prescriptive Privileges for Physician Assistants.

14.1. A physician assistant may be authorized by the Board to issue written or oral prescriptions for certain medicinal drugs at the direction of his or her supervising physician if all of the following conditions are met:

a. The physician assistant has performed patient care services for a minimum of two (2) years immediately preceding the submission to the Board of the ~~job description~~ application requesting limited prescriptive privileges: Provided, That to meet this condition, the first year of patient care services may be as a student in an approved physician assistant program; Provided further, that immediately preceding means patient care services ending within a year of submission to the Board of the application requesting limited prescriptive privileges.

b. The physician assistant has successfully completed an accredited course of instruction in clinical pharmacology approved by the Board of not less than four (4) semester hours. The course of instruction may be completed within an approved undergraduate or graduate program for physician assistants. Physician assistants who have not met this requirement shall complete an additional course of study approved by the Board in which fifteen (15) contact hours equals one (1) semester hour. The Board may, at its discretion, grant up to fifteen (15) contact hours for two or more years of prescribing experience in other jurisdictions;

c. The physician assistant obtains Board approval of his or her job description which includes the categories of drugs the physician assistant proposes to prescribe at the direction of his or her supervising physician; and

d. The physician assistant continues to maintain national certification as a physician assistant, and in meeting the national certification requirements, completes a minimum of ten (10) hours of continuing education in rational drug therapy in each certification period.

14.2. Evidence of completion of all conditions for the granting of limited prescriptive privileges shall be included with the physician assistant's biennial renewal application and report to the Board.

14.3. The Board is responsible for approving a formulary classifying pharmacologic categories of all drugs which may be prescribed by a physician assistant authorized by the Board to prescribe drugs. The formulary shall exclude Schedules I and II of the Uniform Controlled Substances Act, anticoagulants, antineoplastics, radio-pharmaceuticals, general anesthetics and radiographic contrast materials. The formulary may be revised annually, and shall include the following designated sections:

a. Section a. -- A choice of drugs commonly used in primary care outpatient settings to be prescribable by physician assistants who have completed an accredited course of study in clinical pharmacology approved by the Board.

b. Section b. -- Additional drugs used less commonly in primary care outpatient settings to be prescribable by physician assistants who have satisfied the requirements to prescribe Section a. drugs set forth under paragraph 14.3.a., of this rule. In addition, Section b. drugs may be prescribed by physician assistants only in the following limited situations:

1. On a direct order from the supervising physician to the physician assistant during consultation at the time of the patient's examination by the physician assistant, which is specifically noted in the patient's chart; or

2. On a refill prescription for a previously diagnosed and stable patient whose prescription was initiated by the supervising physician.

14.4. A prescription drug not included in the approved formulary shall not be contained in the job description of any physician assistant.

14.5. Prescriptions issued by a physician assistant shall be issued consistent with the supervising physician's directions or treatment protocol provided to his or her physician assistant. The maximum dosage shall be indicated in the protocol and in no case may the dosage exceed the manufacturer's recommended average therapeutic dose for that drug.

14.6. Each prescription and subsequent refills given by the physician assistant shall be entered on the patient's chart.

14.7. The prescription form utilized by a physician assistant approved for limited prescriptive privileges shall be imprinted with the name of the supervising physician, the name of the approved physician assistant, the physical address of the health care facility, the telephone number of the health care facility, the categories of drugs or drugs within a category which the assistant may prescribe and the statement, "Physician Assistant Prescription -it is a violation of state law to dispense drugs not imprinted on this prescription." The physician assistant shall write the name of the patient, the patient's address and the date on each prescription form. The physician assistant shall sign his or her name to each prescription followed by the letters "PA-C." The supervising physician shall provide the Board with a copy of the prescription form used by his or her physician assistant prior to its use. A copy of this prescription form shall be provided by the physician assistant to area pharmacies where the physician assistant may issue a prescription by word of mouth, telephone or other means of communication in his or her name at the direction of the supervising physician.

14.8. Physician assistants authorized to issue prescriptions for Schedules III through V controlled substances shall write on the prescription form the Federal Drug Enforcement Administration number issued to that physician assistant. Prescriptions written for Schedule III drugs shall be limited to a seventy-two (72) hour supply and may not authorize a refill. The maximum amount of Schedule IV or Schedule V drugs shall be no more than ninety (90) dosage units or a thirty (30) day supply, whichever is less.

14.9. Prescriptions for other legend drugs shall not be prescribed or refillable for a period exceeding six (6) months.

14.10. The Board of Medicine shall provide the Board of Pharmacy with a list of physician assistants with limited prescriptive privileges and shall update the list within ten (10) days after additions or deletions are made.

14.11. Nothing in this rule shall be construed to permit any physician assistant to independently prescribe or dispense drugs.

14.12. Physician assistants given limited prescriptive privileges under this subsection may accept professional samples as defined in Board of Medicine Rules for Dispensing of Legend Drugs by Physicians and Podiatrists, 11 CSR 5 2.10., on behalf of their respective supervising physician.

11-1B-15. Continuing Education.

15.1. Beginning the first day of April, 1993, each physician assistant, as a condition of his or her biennial renewal of physician assistant license, shall provide to the Board written documentation of participation in and successful completion during the preceding two (2) year period of a minimum of ~~fifty (50)~~ one hundred (100) hours of continuing education of which a minimum of fifty hours shall be designated as Category I by either the American Medical Association, American Academy of Physician Assistants or the Academy of Family Physicians, and ~~fifty (50) hours of continuing education designated~~ the remaining hours to total one hundred (100) may be obtained from Category I or Category II so designated by the association or either academy. The written documentation may consist of a current NCCPA ~~certificate certification.~~

15.2. For those individuals who are not NCCPA certified, written documentation shall consist of original certificates from the entities named in subdivision 15.1., of this rule, evidencing participation in and successful completion of the minimum ~~fifty (50)~~ one hundred (100) hours of continuing education and the ~~fifty (50) hours both as described in subdivision 15.1 of this rule of Category II for a total of one hundred (100) hours~~ as described in subdivision 15.1 of this rule.

15.3. A physician assistant shall submit all written documentation to the Board, with the completed biennial renewal form, so that the completed biennial renewal form and all written documentation is received prior to the first day of April of the year of renewal of the physician assistant license.

15.4 A physician assistant with prescriptive privileges shall submit documentation of ten (10) hours of continuing education in rational drug therapy in each certification period. The ten (10) hours may be part of the one hundred (100) hours of continuing education required in subdivision 15.1 of this rule.

~~15.4-5. The Board shall automatically suspend~~ The license of a physician assistant who fails to timely submit written documentation as set forth in subdivision 15.3. of this rule shall automatically expire until such time as the written documentation is submitted to and approved by the Board.