



VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
January 27, 2022

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-3)**
- B. Approval of Minutes of December 10, 2021 (4)**
- C. Reminders: Conflicts of Interest, Scheduling Concerns
- D. Introductions, Announcements and Recognition
- E. Administrative Matters – Discussion and Consideration**
 - 1. Department, Staff and Board Updates
 - 2. Annual Policy Review **(5-8)**
 - 3. Election of Officers, Appointment of Liaisons and Alternates, Delegation of Authorities **(9-14)**
 - 4. Board Members – Term Expiration Dates
 - a) Collins, Clark A. – 7/1/2023
 - b) Edwards, Jacqueline K. – 7/1/2025
 - c) Elliot, Eric M. – 7/1/2024
 - d) Fischer, Jean M. – 7/1/2023
 - e) Holmes-Drammeh, Emelle S. – 7/1/2024
 - f) Jarrett, Jennifer L. – 7/1/2024
 - g) Martin, Cynthia S. – 7/1/2023
 - h) Sanders, Robert W. – 7/1/2024
 - i) Streit, Tara E. – 7/1/2023
 - 5. Wis. Stat. s 15.085 (3)(b) – Biannual Meeting with the Medical Examining Board
- F. Legislation and Policy Matters – Discussion and Consideration**
- G. Administrative Rule Matters – Discussion and Consideration (15-80)**
 - 1. PA 1 to 5, Relating to Physician Assistants
 - 2. Pending & Possible Rulemaking Projects

- H. Controlled Substances Board Overview – Discussion and Consideration**
- I. Physician Assistant License Portability Project Update – Discussion and Consideration**
- J. Newsletter Matters – Discussion and Consideration**
- K. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration**
 - 1. Federation of State Medical Boards (FSMB) Annual Meeting – April 28-30, 2022 – New Orleans, LA
- L. COVID-19 – Discussion and Consideration**
- M. Discussion and Consideration of Items Added After Preparation of Agenda:
 - 1. Introductions, Announcements and Recognition
 - 2. Nominations, Elections, and Appointments
 - 3. Administrative Matters
 - 4. Election of Officers
 - 5. Appointment of Liaisons and Alternates
 - 6. Delegation of Authorities
 - 7. Education and Examination Matters
 - 8. Credentialing Matters
 - 9. Practice Matters
 - 10. Legislative and Policy Matters
 - 11. Administrative Rule Matters
 - 12. Liaison Reports
 - 13. Board Liaison Training and Appointment of Mentors
 - 14. Informational Items
 - 15. Division of Legal Services and Compliance (DLSC) Matters
 - 16. Presentations of Petitions for Summary Suspension
 - 17. Petitions for Designation of Hearing Examiner
 - 18. Presentation of Stipulations, Final Decisions and Orders
 - 19. Presentation of Proposed Final Decisions and Orders
 - 20. Presentation of Interim Orders
 - 21. Petitions for Re-Hearing
 - 22. Petitions for Assessments
 - 23. Petitions to Vacate Orders
 - 24. Requests for Disciplinary Proceeding Presentations
 - 25. Motions
 - 26. Petitions
 - 27. Appearances from Requests Received or Renewed
 - 28. Speaking Engagements, Travel, or Public Relation Requests, and Reports
- N) Public Comments

ADJOURNMENT

NEXT MEETING: FEBRUARY 24, 2022

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED
WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the deaf or hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, 608-266-2112, or the Meeting Staff at 608-266-5439.

**VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT
AFFILIATED CREDENTIALING BOARD
DECEMBER 10, 2021**

PRESENT: Clark Collins, Jacqueline Edwards, Eric Elliot, Jean Fischer, Emelle Holmes-Drammeh (*arrived at 9:20 a.m., excused at 10:24 a.m.*), Jennifer Jarrett, Cynthia Martin (*arrived at 9:07 a.m.*), Robert Sanders, Tara Streit

STAFF: Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department Staff

CALL TO ORDER

Jennifer Jarrett, Chairperson, called the meeting to order at 9:00 a.m. A quorum was confirmed with seven (7) members present.

ADOPTION OF AGENDA

MOTION: Eric Elliot moved, seconded by Clark Collins, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF NOVEMBER 29, 2021

MOTION: Jacqueline Edwards moved, seconded by Robert Sanders, to approve the Minutes of November 29, 2021 as published. Motion carried unanimously.

(Cynthia Martin arrived at 9:07 a.m.)

(Emelle Holmes-Drammeh arrived at 9:20 a.m.)

WEBSITE UPDATES

MOTION: Tara Streit moved, seconded by Jacqueline Edwards, to authorize Eric Elliot to create an article regarding the Collaborative Arrangement for the website and as a proposal for the Medical Examining Board newsletter. Motion carried unanimously.

(Emelle Holmes-Drammeh was excused at 10:24 a.m.)

ADJOURNMENT

MOTION: Eric Elliot moved, seconded by Tara Streit, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:39 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Kimberly Wood, Program Assistant Supervisor-Adv. on behalf of Division of Policy Development Executive Directors		2) Date when request submitted: 12/13/2021 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: All Boards			
4) Meeting Date: First Meeting of 2022	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Annual Policy Review	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: Please be advised of the following Annual Policy Review items: <ol style="list-style-type: none"> 1. Attendance/Quorum: Thank you for your service and for your commitment to meeting attendance. If you cannot attend a meeting or if you have scheduling conflicts impacting your attendance, please let us know ASAP. Timely notification is appreciated as quorum is required for our Boards, Sections and Councils to meet pursuant to Open Meetings Law. 2. Walking Quorum: Board/Section/Council members must not collectively discuss the body's business outside of a properly noticed meeting. Should several members of a body do so, the members could be violating the open meetings law. 3. Agenda Deadlines: Please communicate agenda topics to your Executive Director before the agenda submission deadline which is at 12:00 pm, 8 business days prior to a meeting. (Attachment: Timeline of a Meeting) 4. Travel Voucher and Per Diem Submissions: Please submit all Per Diem and Reimbursement claims to DSPS within 30 days of the close of each month in which expenses are incurred. (Attachments: Per Diem Example, Travel Voucher Example) 5. Lodging Accommodations/Hotel Cancellation Policy: Lodging accommodations are available to eligible members. Standard eligibility: member must leave home before 6:00 a.m. to attend a meeting by the scheduled start time. <ul style="list-style-type: none"> • If a member cannot attend a meeting it is their responsibility to cancel their reservation within the applicable cancellation timeframe. If a meeting is changed to occur remotely or is cancelled or rescheduled DSPS staff will cancel or modify reservations as appropriate. 6. Inclement Weather Policy: In the event of inclement weather the agency may change a meeting from an in-person venue to one that is executed remotely. 			
11) Authorization			
Kimberly Wood		12/13/2021	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

Timeline of a Meeting

8 business days prior to the meeting: All agenda materials are due to the Department by 12:00 pm, 8 business days prior to the meeting date.

7 business days prior to the meeting: The draft agenda page is due to the Executive Director. The Executive Director transmits to the Chair for review and approval.

5 business days prior to the meeting: The approved agenda is returned to the Bureau Assistant for agenda packet production and compilation.

4 business days prior to the meeting: Agenda packets are posted on the DSPS Board SharePoint site and on the Department website.

Agenda Item Examples:

- Approval of the Agenda and Minutes (from the last meeting)
- Open Session Items
 - Public Hearings (on Admin Rules)
 - Administrative Matters
 - Legislation and Policy Matters
 - Administrative Rules Matters
 - Credentialing Matters
 - Education and Exam Issues
 - Public Agenda Requests
 - Current Issues Affecting the Profession
 - Public Comments
- Closed Session items
 - Deliberations on Proposed Disciplinary Actions
 - Stipulations
 - Administrative Warnings
 - Case Closings
 - Monitoring Matters
 - Professional Assistance Procedure (PAP) Issues
 - Proposed Final Decisions and Orders
 - Orders Fixing Costs/Matters Relating to Costs
 - Credentialing Matters
 - Education and Exam Issues

Thursday of the Week Prior to the Meeting: Agendas are published for public notice on the Public Notices and Meeting Minutes website: publicmeetings.wi.gov.

1 business day after the Meeting: "Action" lists are distributed by staff detailing board actions on closed session business.

5 business days after the Meeting: "To Do" lists are distributed to staff to ensure that board decisions are acted on and/or implemented within the appropriate divisions in the Department. Minutes approved by the board are published on the the Public Notices and Meeting Minutes website: publicmeetings.wi.gov.

Department of Safety and Professional Services

PER DIEM REPORT

INSTRUCTIONS: Claimant records board-related activities by entering the date of an activity, the duration of time spent in that activity, the relevant purpose code (see purpose code descriptions below), where the activity is conducted, and the type of activity performed. Only one (1) \$25.00 per diem payment can be issued on any given calendar day.

Purpose Codes:

- A. Official meetings including video/teleconference calls** (automatic day of per diem): i.e., board, committee, board training or screening panels; **Hearings**, i.e., Senate Confirmation, legislative, disciplinary or informal settlement conferences; **Examinations and Test Development Sessions**, i.e., test administration, test review or analysis events, national testing events, tour of test facilities, etc.)
- B. Other** (One (1) per diem will be issued for every five (5) hours spent in category B, per calendar month): i.e., review of disciplinary cases, consultation on cases, review of meeting materials, board liaison work e.g., contacts regarding Monitoring, Professional Assistance Procedure, Credentialing, Education and Examinations

NAME OF EXAMINING BOARD OR COUNCIL EXAMPLE EXAMINING BOARD			BOARD OR COUNCIL MEMBER'S NAME MARY SUNSHINE	
Activity Date MM/DD/YY	Duration of Activity Hours/Minutes	Purpose Code A or B	Where Performed City/Location (Home, Work, DSPS)	Activity Describe Activity Performed (see purpose codes)
12/2/20	2 hrs	B	Pleasant Prairie/Home	Review of screening panel materials
12/3/20	2 hr / 30 mins	B	Pleasant Prairie/Home	Review of screening panel materials
12/10/20	1 hr	A	Pleasant Prairie/Home	Screening Panel Meeting - Teleconference
12/12/20	1 hr / 30 mins	B	Pleasant Prairie/Home	Case consultation
12/13/20	1 hr	B	Pleasant Prairie/Home	Liaison: Application Review
12/16/20	6 hrs	A	Madison/DSPS	Board Member Training
				<p>The 5-hour rule applies to "B" code activities. Add the 'B' codes within the calendar month and then divide by five (5) hours to calculate your per diem payment. In this case the total is seven (7) hours which equals one (1) day of per diem.</p> <p>Each 'A' code is an automatic day of per diem regardless of time spent in that activity. Ms. Sunshine is eligible for two (2) additional days of payment.</p> <p>Department staff completes the fields titled "Total Days Claimed".</p>
CLAIMANT'S CERTIFICATION			Comments:	
The undersigned certifies, in accordance with § 16.53, Wis. Stats., that this account for per diem, is just and correct; and that this claim is for service necessarily incurred in the performance of duties required by the State, as authorized by law.				
<i>Mary Sunshine</i>		<i>1/4/2021</i>		
Claimant's Signature	Date	Supervisor	Date	

EMPL ID: 100012345-0

To be completed by Department staff: TOTAL DAYS CLAIMED: 3 @ \$25.00 = 75.00

Travel Voucher

Staple Receipts Face Up On Backside

For Agency Use Only

Safety & Professional Services						
Department/ Division			Example Examining Board			
State Officer/Employee Name			Mary Sunshine			
Mo/Yr			From/To:			
Emp ID			100012345	Z		
Address			2424 Happy Road			
City			Pleasant Prairie	State	WI	Zip-Code
					53158	

FY	FUND	BUSINESS UNIT	DEPART	APPR CLASS	OBJECT	PROJECT	BALANCE SHEET ACCT	REPORTING CATEGORY	PROJECT NUMBER	AMOUNT	
										DEBIT	CREDIT
2021	10000	16500	1651300200	12100	7340000	16500P1<BRD ID>					
				12800		16500P2<TRD ID>					
				22100							
										TOTALS	

Official Business		Travel Points		HDQS-TIME		Personal Vehicle	Lodging	Meals, including tips			Other Allowable Expenses		Total Allowable Expenses	
Date	Purpose of Trip	From	To	Depart	Return	Miles		Morning	Noon	Evening	Item	Amount	Taxable	Non-Taxable
Use	Board Meeting	Home base	Madison	Report times you left		Miles	P-card	\$8.00	\$10.00	\$20.00			Report	Report
separate		Madison	Home base	and returned home if		must be		Maximum in-state amounts					meal cost	meal cost
lines for	You must identify			meals are claimed		split.	Enter		or				here if there	here if there
each leg	the purpose of					Cannot	"P-card"	\$10.00	\$15.00	\$25.00			is NO	IS an
of your	your trip.					place	when hotel	Maximum out-of-state amounts					overnight	overnight
trip.						roundtrip	is provided						stay.	stay.
						total on	by DSPS	Must leave	Must leave	Must return				
						one line.		home	home	home after				
								before	before	7:00 p.m.				
								6:00 a.m.	10:30 a.m.					
									and return					
									home after					
									2:30 p.m.					
	LEGEND:	Staff can fill in these areas.												
		Board Member MUST fill in these areas												

*Item billed directly to the state agency

Sub-Totals														
								Mileage Costs						
	Miles at							0.510 cents/mile			Totals			
										Total Expenditure				
										Less Travel Advance				
										Net Amount Due				

Claimant's Statement § 16.53 Wisconsin Statutes

I declare, under penalties, that all claimed travel expenses are true and correct and are in conformity with Wisconsin statute 16.53 and related agreements. This claim represents reasonable and actual expenses necessarily incurred by me personally in the performance of official duties and no portion was previously reimbursed to me by the State or any other source.

Date _____ Claimant's Signature _____

I certify that this travel claim is reasonable, proper, and in conformity with applicable statutes, travel schedule amounts, and/or collective bargaining agreements.

I certify that all expenses on this voucher conform to statutory, departmental or applicable collective bargaining provisions, and were necessary in the official performance of duties required by the State Expenditures are determined to be reasonable and proper, and that sufficient funds are available to pay this claim.

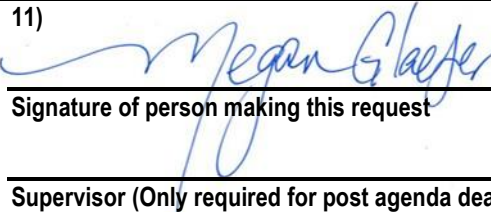
Agency Head or Authorized Representative _____

Date _____ Supervisor's Signature _____

Audited in accordance with S. 16.53 Wisconsin Statutes and allowed by the provisions of chapter 20.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Megan Glaeser, Bureau Assistant		2) Date when request submitted: 18 January 2022 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board			
4) Meeting Date: 27 January 2022	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters <ul style="list-style-type: none"> • Election of Officers, Appointment of Liaisons and Alternates, Delegation of Authorities 	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: 1) The Board, Council or Section should conduct Election Officers: Chairperson, Vice Chairperson & Secretary 2) The newly elected Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate 3) The Board should review and then consider its existing delegated authorities including any modification of these delegations and any proposals for additional delegations.			
11)	Authorization		18 January 2022
		Signature of person making this request	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Physician Assistant Affiliated Credentialing Board

2021 Elections and Liaison Appointments

ELECTION RESULTS	
Chairperson	Jennifer Jarrett
Vice Chairperson	Eric Elliot
Secretary	Jacqueline Edwards

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS	
Legislative Liaison(s)	Jennifer Jarrett <i>Alternate: Eric Elliot</i>
MEB Liaison(s)	Jennifer Jarrett <i>Alternate: Eric Elliot</i>
Administrative Rules Liaison(s)	Eric Elliot <i>Alternate: Tara Streit</i>
Travel Authorization Liaison(s)	Jennifer Jarrett <i>Alternate: Eric Elliot</i>
Website Liaison(s)	Tara Streit <i>Alternate: Clark Collins</i>

Delegation of Authorities

Document Signature Delegations

MOTION: Eric Elliot moved, seconded by Clark Collins, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: Tara Streit moved, seconded by Jacqueline Edwards, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings.

The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Tara Streit moved, seconded by Jacqueline Edwards, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: Jacqueline Edwards moved, seconded by Tara Streit, to authorize the Department staff to provide national regulatory related bodies with all board member e-mail address information that the Department retains on file. Motion carried unanimously.

Legislative Liaison(s) Delegation

MOTION: Eric Elliot moved, seconded by Tara Streit, to delegate authority to the Legislative Liaison(s) to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Medical Examining Board Liaison(s) Delegation

MOTION: Eric Elliot moved, seconded by Tara Streit, to designate the MEB Liaison to represent the Board before the Medical Examining Board and to confer with the Medical Examining Board on matters of joint interest. Motion carried unanimously.

Administrative Rules Liaison(s) Delegation

MOTION: Eric Elliot moved, seconded by Tara Streit, to delegate authority to the Administrative Rules Liaison(s) to address all rulemaking as related to drafting and making recommendations to the full Board. Motion carried unanimously.

Travel Authorization Liaison(s) Delegation

MOTION: Eric Elliot moved, seconded by Tara Streit, to delegate authority to the Travel Liaison(s) to approve any board member travel. Motion carried unanimously.

Website Liaison(s) Delegation

MOTION: Eric Elliot moved, seconded by Tara Streit, to delegate authority to the Website Liaison(s) to act on behalf of the Board regarding website updates. Motion carried unanimously.

Roles and Authorities Delegated for Monitoring

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors (“Monitor”) to enforce Board/Section orders as explained below.

Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/disciplinary/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing/disciplinary/remedial education.
6. Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.
7. Grant a maximum of one extension, if warranted and requested in writing by Respondent, to complete a Board/Section-ordered evaluation or exam.
8. Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain written authorization from the Liaison to sign on their behalf.
9. Grant or deny a request to appear before the Board/Section in closed session.
10. The Liaison may determine whether Respondent’s petition is eligible for consideration by the full Board/Section.
11. *(Except Pharmacy and Medical)* Accept Respondent’s written request to surrender credential. If accepted by the Liaison, Monitor will consult with Board Counsel to determine if a stipulation is necessary. If a stipulation is not necessary, Monitor will draft an order and sign on behalf of the Liaison. If denied by the Liaison, the request to surrender credential will go to the full Board for review.

12. Grant Respondent's petition for a reduction in drug screens per the standard schedule, below. If approved, Monitor will draft an order and sign on behalf of the Liaison. Orders that do not start at 49 screens will still follow the same standard schedule.
 - a. Initial: 49 screens (including 1 hair test, if required by original order)
 - b. 1st Reduction: 36 screens (plus 1 hair test, if required by original order)
 - c. 2nd Reduction: 28 screens plus 1 hair test
 - d. 3rd Reduction: 14 screens plus 1 hair test
13. (*Dentistry only*) Ability to approve or deny all requests from a respondent.
14. The Liaison may approve or deny Respondent's request to be excused from drug and alcohol testing for work, travel, etc.

Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

- 1) Grant full reinstatement of licensure if education is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
- 2) Suspend the license if Respondent has not completed Board/Section-ordered education and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof of completion and/or payment have been received.
- 3) Suspend the license (or remove stay of suspension) if Respondent fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if Respondent ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
- 4) **Grant or deny approval when Respondent proposes treatment providers [, mentors, supervisors, etc.] unless the Order specifically requires full-Board/Section or Board designee approval.**

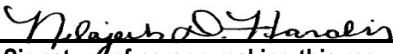
Authorities Delegated to Board Legal Counsel

Board Legal Counsel may take the following actions on behalf of the Board/Section:

1. Sign Monitoring orders that result from Board/Section meetings on behalf of the Board/Section Chair.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin Administrative Rules Coordinator		2) Date when request submitted: 01/14/22 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board			
4) Meeting Date: 01/27/22	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters Discussion and Consideration 1. PA 1 to 5, Relating to Physician Assistants 2. Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Work on Emergency Rule Draft on PA 1 to 5, Relating to Physician Assistants Attachments: EmR Rule Draft Text Med 8 2021 WI Act 23 PA Practice Laws – Utah, Minnesota, Maine			
11) Authorization			
 Signature of person making this request		01/14/22 Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

CHAPTER PA 1
AUTHORITY AND DEFINITIONS

PA 1.01 Authority. The rules in chapters PA 1 to 5 are adopted by the Physician Assistant Affiliated Credentialing Board pursuant to the authority delegated by ss. 15.085 (5) (b) and 448.973 (1), stats.

PA 1.02 Definitions. As used in chapters PA 1 to 5:

- (1) “Board” means the Physician Assistant Affiliated Credentialing Board.
- (2) “DEA” means the United States Drug Enforcement Agency.
- (3) “Department” means the Department of Safety and Professional Services
- (4) “Educational Program” means a program for educating and preparing physician assistants which is approved by the board.
- (5) “Physician” has the meaning giving in s. 448.01 (5), stats.
- (6) “Physician Assistant” means a person licensed under s. 448.974, stats.
- (7) “Physician Associate” is analogous to and has the same meaning as “physician assistant”.
- (8) “Podiatry” or “Podiatric Medicine and Surgery” has the meaning given in s. 448.60 (4), stats.
- (9) “Podiatrist” has the meaning given in s. 448.60 (3), stats.

CHAPTER PA 2
LICENSE TO PRACTICE AS A PHYSICIAN ASSISTANT

PA 2.01 Licensure. Except as provided under sub. (3), the board shall grant an initial license to practice as a physician assistant to any applicant who has been found qualified by three-fourths of the members of the Board and satisfies all of the following requirements, as determined by the board:

- (1) The applicant shall submit all of the following:
 - (a) A completed application form.
Note: Application forms are available from the department of safety and professional services’ website at <http://dsps.wi.gov>.
 - (b) The fee determined by the Department under s. 448.07 (2), stats.
 - (c) Verified evidence of graduation from an educational program approved under PA 2.02.
 - (d) Evidence of having successfully passed the examinations required under PA 2.03.
 - (e) Proof of current certification by the National Commission on Certification of Physician Assistants or another agency approved by the board.
 - (f) A listing of all employers, practice settings, internships, residencies, fellowships, and other employment for the past 7 years.

- (g) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken no more than 60 days prior to the date of application which has on the reverse side a statement of a notary public that the photograph is a true likeness of the applicant.
- (2) Subject to ss. 111.321, 111.322, and 111.335, stats., the applicant does not have an arrest or conviction record.
- (3) Subsection (1) (c) of this section does not apply to an applicant who provides evidence that the applicant is a licensed physician assistant or physician associate in another state, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States and the board determines that the requirements for obtaining the license in that state or territory are substantially equivalent to the requirements under sub. (1) (c) of this section.
- (4) The board may require an applicant to complete a personal appearance for purposes of an interview, or review of credentials, or both. An applicant's performance at a personal appearance is satisfactory if the applicant establishes to the board's satisfaction that the applicant has met requirements for licensure and is minimally competent to practice as a physician assistant.
- (5) Notwithstanding sub. (1) of this section, an individual who, as of March 26, 2021, was licensed by the medical examining board as a physician assistant under subchapter II of chapter 448, 2017 stats., shall be considered to have been licensed as a physician assistant for the purposes of these rules, and, upon the license's expiration, shall renew in accordance with the provisions of PA 2.05.
- (6) If any of the documents required under this chapter are in a language other than English, the applicant shall also submit a verified English translation and the cost of that translation shall be borne by the applicant.

Commented [HN-D1]: Will need to confirm that the Department is still allowed to collect licensee photos under statute

PA 2.02 Education Program Approval. The board shall approve only education programs for physician assistants or physician associates that are accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor, or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs. If the applicant does not satisfy this requirement, the applicant may show that, prior to January 1, 1986, the applicant successfully passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.

PA 2.03 Examinations. (1) Each applicant shall provide evidence of passage of the following examinations:

- (a) The National Commission on Certification of Physician Assistants Certification Examination or an equivalent national examination approved by the board.
- (b) An open book examination on statutes and rules governing the practice of physician assistants in Wisconsin.
- (c) An oral examination or personal appearance before the board, if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant's ability to practice as a physician assistant with reasonable skill and safety.
2. Uses chemical substances that impair in any way the applicant's ability to practice as a physician assistant with reasonable skill and safety.
3. Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.
4. Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.
5. Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has graduated from an approved educational program under PA 2.02.
6. Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of medicine.
7. Has been diagnosed with any condition that may create a risk of harm to a patient or the public.
8. Has within the last 2 years engaged in the illegal use of controlled substances.
9. Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(2) An application filed under this chapter shall be reviewed by an application review panel, designated by the chairperson of the board, to determine whether an applicant is required to complete an oral examination or a personal appearance or both under sub. (1) (c) of this section. If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral examination or a personal appearance or both, the application shall be referred to the board for a final determination.

(3) An oral examination, if required, is scored as pass or fail.

(4) The board shall notify each applicant requiring an oral examination of the time and place scheduled for that applicant's examination. Unless prior scheduling arrangements have been made with the board by the applicant, failure of an applicant to appear for examination as scheduled shall void that applicant's application and require the applicant to reapply for licensure.

(5) Where both written and oral examinations are required, they shall be scored separately, and the applicant shall achieve a passing grade on both examinations to qualify for a license.

(6) Otherwise qualified applicants with disabilities, as defined by the Americans with Disabilities Act, shall be provided with reasonable accommodations.

(7) An applicant who fails to receive a passing score on the examinations required under this subsection may reapply by payment of the fee specified in PA 2.01 (1) (b). An applicant may reapply twice at not less than 4-month intervals. If an applicant fails the examination 3 times, he

or she may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

PA 2.04 Temporary Licenses. (1) An applicant for licensure may apply to the board for a temporary license to practice as a physician assistant if the applicant:

- (a) Remits the fee specified in s. 440.05(6), Stats.; and either
- (b) Is a graduate of an educational program under PA 2.02 and is scheduled to take the examination required by PA 2.03 (1) (a) or has taken the examination and is awaiting the results; or
- (c) Submits proof of successful completion of the examination required by PA 2.03 (1) (a) and applies for a temporary license no later than 30 days prior to the date scheduled for the next oral examination.

(2) (a) Except as specified in par. (b) of this subsection, a temporary license expires on the date the board grants or denies an applicant permanent licensure. Permanent licensure to practice as a physician assistant is deemed denied by the board on the date the applicant is sent notice from the board that they have failed the examination required by PA 2.03 (1) (a).

- (b) A temporary license expires on the first day of the next regularly scheduled oral examination for permanent licensure if the applicant is required to take, but failed to apply for, the examination.

(3) A temporary license may not be renewed.

PA 2.05 Renewal and Continuing Medical Education. (1) Each licensee shall renew their license biennially. The renewal date and fee are specified by s. 440.08(2)(a) and s. 440.03(9)(a), Stats.

(2) Every even-numbered year, each licensee shall complete a renewal application and return it with the required fee prior to March 1 of that year.

Note: Instructions for renewal applications can be found on the department of safety and professional services' website at <http://dsps.wi.gov>.

(3) The board shall notify the licensee within 30 business days of receipt of a completed application form whether the application for renewal is approved or denied.

(4) Licensees shall retain certificates of continuing education attendance for a minimum of four years.

PA 2.06 Reinstatement. (1) A licensee who fails for any reason to be licensed as required under this chapter shall not exercise the rights or privileges conferred by any license granted by the board.

(2) Failure to renew a license as specified in s. 440.08 (2) (a), stats. shall cause the license to lapse. A licensee who allows the license to lapse may apply for reinstatement of the license by the board, subject to 440.08 (4), Stats., as follows:

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- (a) If the licensee applies for renewal of the license less than five years after its expiration, the license shall be renewed upon payment of the renewal fee and fulfillment of the continuing education requirements.
- (b) If the licensee applies for renewal of the license more than five years after its expiration, the board shall make an inquiry to determine whether the applicant is competent to practice under the license in this state, and shall impose any reasonable conditions on the renewal of the license, including oral examination, as the board deems appropriate. All applicants under this paragraph shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants. This paragraph does not apply to licensees who have unmet disciplinary requirements or whose licenses have been surrendered or revoked.
- (3) A licensee who has unmet disciplinary requirements and failed to renew a license within five years of the renewal date or whose license has been surrendered or revoked may apply to have a license reinstated if the applicant provides all of the following:
 - (a) Evidence of completion of requirements under PA 2.06 (2) (b) if the licensee has not held an active Wisconsin license in the last five years.
 - (b) Evidence of completion of disciplinary requirements, if applicable.
 - (c) Evidence of rehabilitation or a change in circumstances, warranting reinstatement of the license.

Commented [HN-D3]: Needs to be reviewed by Legal Counsel

PA 2.07 Register of Licensees. Pursuant to s. 440.035(1m) (d), the board shall maintain a register of the names and addresses of all current licensees, as well as the names of all licensees who have had their license suspended or revoked within the prior two calendar years. The board shall make this register available to the public for inspection.

PA 2.08 Title Protection. No person may designate himself or herself as a “physician assistant” or “physician associate” or use or assume the title “physician assistant” or “physician associate” or append to the person’s name the words or letters “physician assistant”, “physician associate” or “P.A.” or any other titles, letters, or designation which represents or may tend to represent that person as a physician assistant or physician associate unless that person is a physician assistant licensed by the board or a federally credentialed physician assistant or physician associate.

(Reciprocal Credentials for Service Members – 2019 WI Act 143 – s. 440.09, stats.)

Commented [HN-D4]: Need to confirm if necessary or if statute is sufficient

CHAPTER PA 3
COLLABORATION AND PRACTICE

PA 3.01 Collaboration Standards. (1) A physician assistant shall practice in collaboration with a physician or with the supervision and direction of a podiatrist by either:

- (a) Pursuant to s. 448.975 (2) (a), stats. and subject to s. 448.975 (6), stats., a physician is designated who is primarily responsible for the overall direction and management of the physician assistant's professional activities and for assuring that the services provided by the physician assistant are consistent with the physician assistant's education, training, and experience. This requirement may be satisfied by:
 - 1. When the physician assistant possesses less than 2080 hours of collaborative practice experience in the same practice specialty or concentration, the designated physician shall provide ongoing general oversight and direction for the performance, practice and activities of the physician assistant; or,
 - 2. When the physician assistant possesses 2080 or more hours of collaborative practice experience in the same practice specialty or concentration, the designated physician and the physician assistant shall each remain reasonably accessible for the purpose of collaboration and consultation.
- (b) The physician assistant enters into a written collaborative agreement with a physician pursuant to s. 448.975 (2) (b), Stats. and sub. (3) of this section.
- (2) Physician assistants who engage in collaboration pursuant to sub. (1) (a) of this section are not required to enter into a written collaborative agreement with a physician.
- (3) If a physician assistant practices pursuant to a collaboration agreement under sub. (1) (b) of this section, the agreement must be kept on file at the practice site. The agreement must include, at a minimum:
 - (a) A statement that the collaborating physician shall remain reasonably available to the physician assistant for consultation via telecommunications or other electronic means and that consultation shall occur within a medically reasonable time;
 - (b) A statement that the collaborating physician may designate an alternative collaborator to be consulted when the collaborating physician is temporarily unavailable. An alternative collaborator may be any of the following:
 - 1. A physician, or;
 - 2. A physician assistant possessing at least 2,080 hours of experience in the same specialty or concentration. When the alternate is a physician assistant, the physician assistant must be practicing in accordance with PA 3.01 (1) (a) and the duration this form of alternate collaboration shall not exceed fourteen consecutive days.
 - (c) A statement that if the patient requests a physician consultation, arrangements must be made for such a consult within a medically appropriate time;
 - (d) A clause specifying that either party may terminate the collaborative agreement by providing written notice at least 30 days prior to the date of termination, or in a manner otherwise specified by the collaborating physician and the physician assistant; and
 - (e) The signature of both the collaborating physician and the physician assistant.
- (4) A physician assistant shall ensure all of the following:

- (a) That the physician assistant’s scope of practice is based on the physician assistant’s education, training, and experience and identified as part of the physician assistant’s collaboration with a physician pursuant to sub. (1)(a)(i)-(ii) of this section;
- (b) That the physician assistant’s relationship with and access to the physician assistant’s collaborating physician is defined;
- (c) That the physician assistant consults with or refers to other health care providers as appropriate.
- (d) That, in the event of a permanent change in collaborating physicians, the physician assistant complies with the requirements of sub. (1) of this section with regard to a new collaborating physician. A physician assistant may not practice without a collaborating physician as specified in sub. (1) unless the emergency provisions of PA 3.03 or temporary practice provisions of PA 3.04 apply.

Commented [s5]: This raised a lot of questions from Pas – indicates a need for a sample agreement template.

PA 3.02 Scope of Practice and Supervision. (1) A physician assistant’s scope of practice, including the medical services the physician assistant may perform pursuant to s. 448.975(1), Stats., shall be determined at the practice level and based on the physician assistant’s education, training, and experience, the needs of the practice, the patient population, and the standard of care.

(2) A physician assistant may practice with the supervision and direction of a podiatrist pursuant to s. 448.975(1)(b)(2) and the rules promulgated under s. 448.695(4), Stats.

PA 3.03 Emergency, Disaster, and Volunteer Practice. (1) A physician assistant licensed under s. PA 2 may perform any of the following:

- (a) Render such emergency medical care that they are able to provide at the scene of an accident or emergency situation (not to be defined as an emergency situation that occurs in the place of one’s employment) in the absence of an employment or collaborative agreement entered into under PA 3.01 (1).
- (b) Render such emergency medical care that they are able to provide during a state or local disaster, notwithstanding an employment or collaborative agreement entered into under PA 3.01 (1).
- (c) Provide unpaid volunteer care at licensed youth camps and sporting events.

(2) Physician assistants who voluntarily and gratuitously render emergency, disaster, or volunteer care pursuant to sub. (1) of this section shall not be liable for civil damages for any personal injuries that result from acts or omissions which may constitute ordinary negligence. The immunity granted by this section shall not apply to acts or omissions constituting gross, willful, or wanton negligence.

Commented [s6]: Should this cite governing statute?

PA 3.04 Practice During Interruption in Collaboration. (1) If a designated physician under PA 3.01 (1) (a) is unable to collaborate as specified in that section due to extended leave of absence such that the physician is unreachable via telecommunication, change in employment, change in license or privileges, or death:

Commented [s7]: Employer Designated Collaborator (statue does not require a written agreement)

- (a) Within two business days, an alternate physician shall be designated provide interim collaboration to the physician assistant in accordance with s. 448.975 (2) (a), stats and s. PA 3.01 (1) (a).
- (b) If no physician within the same practice setting as the collaborating physician is available to collaborate with the physician assistant, either:
 - 1. A Physician Assistant possessing at least 2,080 hours of practice experience in the same specialty or concentration shall notify the board within 3 business days of the designated physician's absence along with the employer's attestation to an active search for replacement of designated or collaborative physician. The physician assistant may continue to practice in the same practice setting for up to 90 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, and the potential availability of collaborating physicians when reviewing requests to extend practice under this subsection; or
 - 2. A Physician Assistant possessing less than 2,080 hours of practice experience in the same specialty or concentration shall enter into an interim collaborative agreement with a physician assistant possessing at least 10,000 hours of practice experience in the same specialty or concentration; and shall notify the board within 3 business days of the collaborating physician's absence along with employer's attestation to active search for replacement of designated or collaborating physician. The physician assistant may continue to practice in the same practice setting with the interim physician assistant collaboration agreement for up to 30 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, the interim collaborating physician assistant and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection.
- (c) The board may audit and review the practice of a physician assistant temporarily practicing without a collaborating physician under sub. (b) of this section at any time during or after the designated collaborating physician's absence.
- (d) Physician assistants temporarily practicing without a collaborating physician under sub. (b) of this section shall not practice outside of their education, training, and experience and shall refer patients to another provider when appropriate to the patient's condition and the standard of care.
- (2) If a physician assistant's collaborating physician under PA 3.01 (1) (b) is unable to collaborate as specified in that section due to an interruption in licensed practice, extended leave of absence such that the physician is unreachable via telecommunication, change in employment, change in license or privileges, or death:
 - (a) When the interruption is temporary, and an alternate has not been identified in the current agreement, or is otherwise not available, a new alternate physician may provide temporary collaboration to the physician assistant. An interim collaborative agreement shall be documented within and maintained at the site of practice in accordance with s. PA 3.01 (1) (b).
 - (b) If the collaborating physician will be unavailable for more than 90 business days due to an interruption in licensure or privileges, employment extended leave of absence or

Commented [s8]: This recognizes challenges for continued practice for a new versus experienced PA. Provides reasonable method of board supervision.

death, the physician assistant shall secure a new collaborating physician and document the agreement in accordance with s. PA 3.01 (1) (b).

- (c) If no physician is available to collaborate with the physician assistant, either:
1. A Physician Assistant possessing at least 2,080 hours of practice experience in the same specialty or concentration shall notify the board within 3 business days of the collaborating physician's absence and attestation to active search for replacement. The physician assistant may continue to practice under the current terms of the physician assistant's collaboration agreement without physician collaboration for up to 90 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection; or
 2. A Physician Assistant possessing less than 2,080 hours of practice experience in the same specialty or concentration shall enter into a written interim collaborative agreement with a physician assistant possessing at least 10,000 hours of practice experience in the same specialty or concentration; and shall notify the board within 3 business days of the collaborating physician's absence,, provide a copy of the interim written collaborative agreement and, an attestation to active search for replacement of the Collaborating Physician. The physician assistant may continue to practice under the current terms of the physician assistant's interim collaboration agreement with physician assistant collaboration for up to 30 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, the collaborating physician assistant and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection. This interim collaborative agreement may not exceed 180 consecutive days or 180 days in any calendar year.
- (d) The board may audit and review the practice of a physician assistant temporarily practicing without a collaborating physician under sub. (c) of this section at any time during or after the collaborating physician's absence.
- (e) Physician assistants temporarily practicing without a collaborating physician under sub. (c) of this section shall not practice outside of their education, training, and experience and shall refer patients to another provider when appropriate to the patient's condition and the standard of care.

PA 3.05 Minimum Standards for Patient Health Care Records. (1) A physician assistant shall maintain patient health care records on every patient for a period of not less than 5 years after the date of the last entry, or for a longer period as may be otherwise required by law.

(2) A patient health care record shall contain all of the following clinical health care information which applies to the patient's medical condition:

- (a) Pertinent patient history.
 - (b) Pertinent objective findings related to examination and test results.
 - (c) Assessment or diagnosis.
 - (d) Plan of treatment for the patient.
- (3) Each patient health care record entry shall be dated, shall identify the physician assistant, and shall be sufficiently legible to allow interventions by other health care practitioners.

PA 3.06 Standards for Dispensing and Prescribing Drugs. (1) Prescriptive Authority.

- (a) A physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, medical devices, services, and supplies.
 - (b) A physician assistant practicing under the supervision and direction of a podiatrist may issue a prescription order for a drug or device in accordance with guidelines established by the supervising podiatrist and the physician assistant.
- (2) *Packaging.* A prescription drug dispensed by a physician assistant shall be dispensed in a child-resistant container if it is a substance requiring special packaging under 16 CFR 1700.14 (1982) of the federal regulations for the federal poison packaging act of 1970.
- (3) *Labeling.* (a) A prescription drug dispensed by a physician assistant shall contain a legible label affixed to the immediate container disclosing all of the following:
- 1. The name and address of the facility from which the prescribed drug is dispensed.
 - 2. The date on which the prescription is dispensed.
 - 3. The name of the physician assistant who prescribed the drug or device.
 - 4. The full name of the patient.
 - 5. The generic name and strength of the prescription drug dispensed unless the prescribing physician assistant requests omission of the name and strength of the drug dispensed.
 - 6. Directions for the use of the prescribed drug and cautionary statements, if any, contained in the prescription or required by law.
- (b) The labeling requirement in sub (a) does not apply to complimentary samples dispensed by a physician assistant in original containers or packaging supplied to the physician assistant by a pharmaceutical manufacturer or distributor.
- (4) *Recordkeeping.* A physician assistant shall maintain complete and accurate records of each prescription drug received, dispensed, or disposed of in any other manner.
- (a) Records required by the federal controlled substances act and ch. 961, Stats., shall be maintained at the location where the drug is received, distributed, or dispensed and be available for inspection by authorized persons for at least 5 years from the date of the record.
 - (b) Controlled substances dispensed by a physician assistant shall be recorded on a separate log, in a separate bound logbook in which each schedule of controlled substances dispensed is recorded separately and in chronological order with the following information:
 - 1. The name of the substance.

2. Dosage form and strength of the substance.
3. Name and address of the person for whom dispensed.
4. Date of dispensing
5. Quantity Dispensed.
6. Name or initials of physician assistant who dispensed the substance.

CHAPTER PA 4 UNPROFESSIONAL CONDUCT

PA 4.01 Definition. The term “unprofessional conduct” is defined to mean and include but not be limited to the following, or aiding or abetting the same:

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- (1) Violating or attempting to violate any provision or term of subch. VIII of ch. 448, Stats., or of any valid rule of the board.
- (2) Violating or attempting to violate any term, provision, or condition of any order of the board.
- (3) Knowingly making or presenting or causing to be made or presented any false, fraudulent, or forged statement, writing, certificate, diploma, or other thing in connection with any application for a license.
- (4) Practicing fraud, forgery, deception, collusion, or conspiracy in connection with any examination for a license.
- (5) Engaging or attempting to engage in practice under any license under any given name or surname other than that under which originally licensed or registered to practice in this or any other state. This subsection does not apply to change of name resulting from marriage, divorce, or order by a court of record.
- (6) Knowingly giving false, fraudulent, or deceptive testimony while serving as an expert witness.
- (7) Employing illegal or unethical business practices.
- (8) Engaging in any act of fraud, deceit, or misrepresentation, including acts of omission to the board or any person acting on the board’s behalf.
- (9) Any practice or conduct that tends to constitute a danger to the health, welfare, or safety of a patient or the public.
- (10) Practicing or attempting to practice under any license when unable to do so with reasonable skill and safety to patients. A certified copy of an order issued by a court of competent jurisdiction finding that a person is mentally incompetent is conclusive evidence that the physician assistant was, for any period covered by the order, unable to practice with reasonable skill and safety.
- (11) Subject to ss. 111.321, 111.322, and 111.34, Stats., practicing as a physician assistant while his or her ability is impaired by alcohol or other drugs.
- (12) Practicing or attempting to practice under any license beyond the scope of that license.

- (13) Offering, undertaking, or agreeing to treat or cure a disease or condition by a secret means, method, device, or instrumentality; or refusing to divulge to the board upon demand the means, method, device, or instrumentality used in the treatment of a disease or condition.
- (14) Representing that a manifestly incurable disease or condition can or will be permanently cured; or that a curable disease or condition can be cured within a stated time, if such is not the fact.
- (15) Knowingly making any false statement, written or oral, in practicing under any license, with fraudulent intent; or obtaining or attempting to obtain any professional fee or compensation of any form by fraud or deceit.
- (16) Willfully divulging a privileged communication or confidence entrusted by a patient or deficiencies in the character of patients observed in the course of professional attendance, unless lawfully required to do so.
- (17) Engaging in uninvited, in--person solicitation of actual or potential patients who, because of their particular circumstances, are vulnerable to undue influence, or engaging in false, misleading or deceptive advertising.
- (18) Administering, dispensing, prescribing, supplying, or obtaining controlled substances as defined in s. 961.01 (4), Stats., other than in the course of legitimate professional practice, or as otherwise prohibited by law.
- (19) Having a license, certificate, permit, registration, or other practice credential granted by another state or by any agency of the federal government to practice medicine and surgery, which becomes limited, restricted, suspended, or revoked, or having been subject to other adverse action by the state licensing authority or by any agency of the federal government, including but not limited to the denial or limitation of an original credential, or the surrender of a credential, whether or not accompanied by findings of negligence or unprofessional conduct.
- (20) Conviction of any crime which may relate to practice under any license, or of violation of any federal or state law regulating the possession, distribution, or use of controlled substances as defined in s. 961.01 (4), Stats. A certified copy of a judgment of a court of record showing such conviction, within this state or without, shall be presumptive evidence thereof.
- (21) Prescribing, ordering, dispensing, administering, supplying, selling, or giving any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance pursuant to the provisions of s. 961.16 (5), Stats., to or for any person except for use as an adjunct to opioid analgesic compounds for treatment of cancer--related pain.
- (22) Aiding or abetting unlicensed practice as a physician assistant.
- (23) Failure of a licensee whose principal place of practice is in this state to submit to the board on or before June 30 of each year evidence that the physician assistant has in effect malpractice liability insurance coverage in the amount of at least \$1,000,000 per occurrence and \$3,000,000 for all occurrences in one year.
- (24) Using in advertising the term "certified," "PA-C," or a similar phrase or designation of like meaning by a licensee unless the licensee is certified by the National Commission on

Certification of Physician Assistants or a successor certifying body approved by the board and the advertisement discloses the complete name of the board which conferred the certification.

(25) Violating or aiding and abetting the violation of any law or administrative rule or regulation, the circumstances of which substantially relate to the circumstances of practice as a physician assistant.

(26) Failure by a licensee to maintain patient health care records consistent with the requirements of ss. PA 3.05 and 3.06 (4).

(27) Performing deceptive, misleading, or fraudulent treatment, evaluation, or medical or surgical services.

(28) Engaging in sexually explicit conduct, sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient, a patient's immediate family, or a person responsible for the patient's welfare.

(a) Sexual motivation may be determined from the totality of the circumstances and shall be presumed when the physician assistant has contact with a patient's intimate parts without legitimate medical justification for doing so.

(b) For the purpose of this paragraph, an adult receiving treatment shall be considered a patient for 2 years after the termination of professional services.

(c) If the person receiving treatment is a child, the person shall be considered a patient for the purposes of this paragraph for 2 years after termination of services or for 2 years after the patient reaches the age of majority, whichever is longer.

(29) Engaging in any sexual conduct with or in the presence of a patient or former patient who lacks the ability to consent for any reason, including medication or psychological or cognitive disability.

(30) Performing physician assistant services without required informed consent under s. 448.9785, Stats. or ch. PA 6.

(31) Failing to cooperate with the board or failing to timely respond to a request for information by the board in connection with an investigation under this section.

(32) Failing, within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgment of conviction.

PA 4.02 Discipline. (1) The board may conduct investigations and hearings to determine whether a licensee has violated PA 4.01 or has violated any state or federal law that substantially relates to the practice of a physician assistant.

(2) The board may reprimand a physician assistant or deny, limit, suspend, or revoke a physician assistant's license if the physician assistant has violated PA 4.01 or if the physician assistant:

(a) Makes a material misstatement in an application for a license or an application for renewal of a license.

(b) Violates any law of this state or federal law that substantially relates to the practice of a physician assistant.

(c) Advertises, practices, or attempts to practice under another person's name.

- (d) Is arrested for or convicted of a felony, subject to ss. 111.321, 111.322, and 111.335, Stats.
- (e) Engages in fraud or deceit in obtaining or using his or her license.
- (f) Is adjudicated mentally incompetent by a court.
- (g) Demonstrates gross negligence, incompetence, or misconduct in practice.
- (h) Is or has been disciplined by another state or jurisdiction based upon acts or conduct similar to acts or conduct prohibited under PA 4.01 or this subsection.

CHAPTER PA 5
INFORMED CONSENT

PA 5.01 Informed Consent. (1) Pursuant to s. 448.9785, Stats., a physician assistant shall communicate alternate modes of treatment to a patient.

(2) Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternative modes of treatment and about the benefits and risks of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant would know and disclose under the circumstances.

(3) The physician assistant's duty to inform the patient under this section does not require disclosure of any of the following:

- (a) Detailed technical information that in all probability a patient would not understand.
- (b) Risks apparent or known to the patient.
- (c) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (d) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (e) Information in cases where the patient is incapable of consenting.
- (f) Information about alternate modes of treatment for any condition the physician assistant has not included in the physician assistant's diagnosis at the time the physician assistant informs the patient.

(4) A physician assistant's record shall include documentation that alternate modes of treatment have been communicated to the patient and informed consent has been obtained from the patient.

Commented [HN-D10]: This may fit under PA 3, instead of as a separate chapter.

Chapter Med 8

PHYSICIAN ASSISTANTS

<p>Med 8.01 Authority and purpose. Med 8.02 Definitions. Med 8.03 Council. Med 8.04 Educational program approval. Med 8.05 Panel review of applications; examinations required. Med 8.053 Examination review by applicant.</p>	<p>Med 8.056 Board review of examination error claim. Med 8.06 Temporary license. Med 8.07 Practice. Med 8.09 Employee status. Med 8.10 Physician or podiatrist to physician assistant ratio.</p>
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Note: Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976. Sections Med 8.03 to 8.10 as they existed on July 31, 1984 were repealed and recreated effective August 1, 1984. **Chapter Med 8 is repealed effective April 1, 2022, by 2021 Wis. Act 23.**

Med 8.01 Authority and purpose. (1) The rules in this chapter are adopted by the medical examining board pursuant to authority in ss. 15.08 (5), 227.11, 448.04 (1) (f) and 448.40, Stats., and govern the licensure and regulation of physician assistants.

(2) Physician assistants provide health care services as part of physician-led or podiatrist-led teams, the objectives of which include safe, efficient, and economical health care. The realities of the modern practice of medicine and surgery require supervising physicians and podiatrists and physician assistants to use discretion in delivering health care services, typically at the level of general supervision. The constant physical presence of a supervising physician or podiatrist is often unnecessary. The supervising physician or podiatrist and the physician assistant are jointly responsible for employing more intensive supervision when circumstances require direct observation or hands-on assistance from the supervising physician.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. Register, April, 1981, No. 304, eff. 5-1-81; am. Register, July, 1984, No. 343, eff. 8-1-84; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005; renum. to (1), cr. (2) Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227; am. (2) Register April 2018 No. 748, eff. 5-1-18.

Med 8.02 Definitions. (1) “Board” means the medical examining board.

(2) “Council” means the council on physician assistants.

(3m) “DEA” means the United States drug enforcement administration.

(4) “Educational program” means a program for educating and preparing physician assistants which is approved by the board.

(5) “Individual” means a natural person, and does not include the terms firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

(5m) “License” means documentary evidence issued by the board to applicants for licensure as a physician assistant who meet all of the requirements of the board.

(5x) “Podiatrist” has the meaning given in s. 448.60 (3), Stats.

(6) “Supervision” means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementation of one’s own or another’s intentions.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (6) and (7) (b) to (e), Register, June, 1980, No. 294, eff. 7-1-80; r. (7), Register, July, 1984, No. 343, eff. 8-1-84; am. (2), (3) and (4) and cr. (3m), Register, October, 1996, No. 490, eff. 11-1-96; renum. (3) to be (5m) and am., am. (6), Register, December, 1999, No. 528, eff. 1-1-00; 2017 Wis. Act 227; cr. (5x) Register April 2018 No. 748, eff. 5-1-18.

Med 8.03 Council. As specified in s. 15.407 (2), Stats., the council shall advise the board on the formulation of rules on the

education, examination, licensure and practice of a physician assistant.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; correction made under s. 13.92 (4) (b) 7., Stats., Register August 2009 No. 644.

Med 8.04 Educational program approval. The board shall approve only educational programs accredited and approved by the committee on allied health education and accreditation of the American medical association, the commission for accreditation of allied health education programs, or its successor agency.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1994, No. 466, eff. 11-1-94; am. Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.05 Panel review of applications; examinations required. The board may use a written examination prepared, administered and scored by the national commission on certification of physician assistants or its successor agency, or a written examination from other professional testing services as approved by the board.

(1) APPLICATION. An applicant for examination for licensure as a physician assistant shall submit to the board:

(a) An application on a form prescribed by the board.

Note: An application form may be obtained upon request to the Department of Safety and Professional Services office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(b) After July 1, 1993, proof of successful completion of an educational program, as defined in ss. Med 8.02 (4) and 8.04.

(c) Proof of successful completion of the national certifying examination.

(cm) Proof that the applicant is currently certified by the national commission on certification of physician assistants or its successor agency.

(d) The fee specified in s. 440.05 (1), Stats.

(e) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken no more than 60 days prior to the date of application which has on the reverse side a statement of a notary public that the photograph is a true likeness of the applicant.

(2) EXAMINATIONS, PANEL REVIEW OF APPLICATIONS. (a) All applicants shall complete the written examination under this section, and an open book examination on statutes and rules governing the practice of physician assistants in Wisconsin.

(b) An applicant may be required to complete an oral examination if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant’s ability to practice as a physician assistant with reasonable skill and safety.

2. Uses chemical substances so as to impair in any way the applicant’s ability to practice as a physician assistant with reasonable skill and safety.

3. Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

4. Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.

5. Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from an approved educational program for physician assistants within that period.

6. Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of medicine.

7. Has been diagnosed with any condition that may create a risk of harm to a patient or the public.

8. Has within the past 2 years engaged in the illegal use of controlled substances.

9. Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(c) An application filed under this chapter shall be reviewed by an application review panel of at least 2 council members designated by the chairperson of the board to determine whether an applicant is required to complete an oral examination or a personal appearance or both under par. (b). If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral examination or a personal appearance or both, the application shall be referred to the board for a final determination.

(d) Where both written and oral examinations are required they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a license.

(e) The board may require an applicant to complete a personal appearance for purposes of interview or review of credentials or both. An applicant's performance at a personal appearance is satisfactory if the applicant establishes to the board's satisfaction that the applicant has met requirements for licensure and is minimally competent to practice as a physician assistant.

(3) EXAMINATION FAILURE. An applicant who fails to receive a passing score on an examination may reapply by payment of the fee specified in sub. (1) (d). An applicant may reapply twice at not less than 4-month intervals. If an applicant fails the examination 3 times, he or she may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

Note: There is no provision for waiver of examination nor reciprocity under rules in s. Med 8.05.

(4) LICENSURE; RENEWAL. At the time of licensure and each biennial registration of licensure thereafter, a physician assistant shall list with the board the name and address of the supervising physician or podiatrist and shall notify the board within 20 days of any change of a supervising physician or podiatrist.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (intro.), r. and recr. (2), Register, October, 1989, No. 406, eff. 11-1-89; am. (1) (b), cr. (1) (cm), Register, July, 1993, No. 451, eff. 8-1-93; am. (intro.), (1) (intro), (cm), (2) (b) 4., 5., 6., (c) and (4), Register, October, 1996, No. 490, eff. 11-1-96; am. (2) (a), (b) (intro.) and 3. to 5., r. and recr. (2) (b) 1. and 2., cr. (2) (b) 7. to 11., Register, February, 1997, No. 494, eff. 3-1-97; am. (intro.), (1) (intro.) and (cm), (2) (b) 5., (c), (d) and (4), r. (2) (b) 10. and 11., Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: am. (2) (b) 7., (c), cr. (2) (e) Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227: am. (4) Register April 2018 No. 748, eff. 5-1-18.

Med 8.053 Examination review by applicant. (1) An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(4) An applicant may review the oral examination for not more than 2 hours.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be permitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97.

Med 8.056 Board review of examination error claim.

(1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all of the following:

(a) The applicant's name and address.

(b) The type of license for which the applicant applied.

(c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

(d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. SPS 1.05.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97; correction in (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

Med 8.06 Temporary license. (1) An applicant for licensure may apply to the board for a temporary license to practice as a physician assistant if the applicant:

(a) Remits the fee specified in s. 440.05 (6), Stats.

(b) Is a graduate of an approved school and is scheduled to take the examination for physician assistants required by s. Med 8.05 (1) or has taken the examination and is awaiting the results; or

(c) Submits proof of successful completion of the examination required by s. Med 8.05 (1) and applies for a temporary license no later than 30 days prior to the date scheduled for the next oral examination.

(2) (a) Except as specified in par. (b), a temporary license expires on the date the board grants or denies an applicant permanent licensure. Permanent licensure to practice as a physician assistant is deemed denied by the board on the date the applicant is sent notice from the board that he or she has failed the examination required by s. Med 8.05 (1) (c).

(b) A temporary license expires on the first day of the next regularly scheduled oral examination for permanent licensure if the applicant is required to take, but failed to apply for, the examination.

(3) A temporary license may not be renewed.

(4) An applicant holding a temporary license may apply for one transfer of supervising physician and location during the term of the temporary license.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1) (b) and (c), Register, October, 1989, No. 406, eff. 11-1-89; am. (2) (a), Register, January, 1994, No. 457, eff. 2-1-94; am. (1) (intro.) and (2) (a), Register, October, 1996, No. 490, eff.

11-1-96; am. (1) (intro.) and (b) to (3), cr. (4), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.07 Practice. (1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of one or more licensed physicians, physicians exempt from licensure requirements pursuant to s. 448.03 (2) (b), Stats., or licensed podiatrists. The scope of practice is limited to providing medical care as specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the physician or podiatrist providing supervision. A medical care task assigned by the supervising physician or podiatrist to a physician assistant may not be delegated by the physician assistant to another person.

(2) MEDICAL CARE. Medical care a physician assistant may provide include:

(a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient.

(b) Performing, or assisting in performing, routine diagnostic studies as appropriate for a specific practice setting.

(c) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations, and the suturing and care of wounds.

(d) Instructing and counseling a patient on physical and mental health, including diet, disease, treatment, and normal growth and development.

(e) Assisting the supervising physician in a hospital or facility, as defined in s. 50.01 (1m), Stats., by assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries, and accurately writing or executing orders.

(f) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.

(g) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.

(h) Facilitating referral of patients to other appropriate community health-care facilities, agencies and resources.

(i) Issuing written prescription orders for drugs provided the physician assistant has had an initial and at least annual thereafter, review of the physician assistant's prescriptive practices by a physician or podiatrist providing supervision. Such reviews shall be documented in writing, signed by the reviewing physician or podiatrist and by the physician assistant, and made available to the Board for inspection upon reasonable request.

(3) IDENTIFYING SUPERVISING PHYSICIAN OR PODIATRIST. The physician or podiatrist providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (2) (i), Register, July, 1994, No. 463, eff. 8-1-94; am. (1) and (2) (intro.), Register, October, 1996, No. 490, eff. 11-1-96; am. (1), (2) (intro.), (c), (e), (f) and (i), Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: am. (1), (2) (a), (e), (i), cr. (3) Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227: am. (1), (2) (i), (3) Register April 2018 No. 748, eff. 5-1-18.

Med 8.09 Employee status. No physician assistant may be self-employed. If the employer of a physician assistant is other than a licensed physician or podiatrist, the employer shall provide for, and may not interfere with, the supervisory responsibilities of the physician or podiatrist, as defined in s. Med 8.02 (6) and required in ss. Med 8.07 (1) and 8.10.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96; 2017 Wis. Act 227: am. Register April 2018 No. 748, eff. 5-1-18.

Med 8.10 Physician or podiatrist to physician assistant ratio. (1) No physician or podiatrist may supervise more than 4 on-duty physician assistants at any time unless a written plan to do so has been submitted to and approved by the board. Nothing herein shall limit the number of physician assistants for whom a physician or podiatrist may provide supervision over time. A physician assistant may be supervised by more than one physician or podiatrist while on duty.

(2) A supervising physician or podiatrist shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telecommunication or other means.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1), Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006: am. (3) Register August 2009 No. 644, eff. 9-1-09; CR 12-005: r. and recr. Register February 2014 No. 698, eff. 3-1-14; 2017 Wis. Act 227: am. Register April 2018 No. 748, eff. 5-1-18.

State of Wisconsin



2021 Assembly Bill 125

Date of enactment: **March 26, 2021**

Date of publication*: **March 27, 2021**

2021 WISCONSIN ACT 23

AN ACT to repeal 15.407 (2), 50.01 (4p), 252.01 (5), 448.01 (6), 448.03 (1) (b), 448.03 (3) (e), 448.04 (1) (f), 448.05 (5), 448.20, 448.21, 448.40 (2) (f) and 450.01 (15r); **to renumber** 448.970, subchapter VIII of chapter 448 [precedes 448.980] and subchapter IX of chapter 448 [precedes 448.985]; **to amend** 15.08 (1m) (b), 15.085 (1m) (b), 16.417 (1) (e) 3m., 46.03 (44), 48.981 (2m) (b) 1., 49.45 (9r) (a) 7. a., 50.08 (2), 50.39 (3), 55.14 (8) (b), 69.01 (6g), 70.47 (8) (intro.), 97.67 (5m) (a) 3., 118.2925 (1) (f), 146.81 (1) (d), 146.82 (3) (a), 146.89 (1) (r) 1., 146.997 (1) (d) 5., 154.01 (3) (intro.), 154.03 (2), 154.07 (1) (a) (intro.), 165.77 (1) (a), 255.07 (1) (d), 343.16 (5) (a), 440.035 (2m) (b), 440.035 (2m) (c) 1. (intro.), 448.015 (4) (am) 2., 448.02 (1), 448.03 (2) (a), 448.03 (2) (e), 448.03 (2) (k), 448.03 (5) (b), 448.035 (2) to (4), 448.037 (2) (a) (intro.) and (b) and (3), 448.62 (7), 448.695 (4) (a) and (b), 450.01 (16) (hm) 3., 450.11 (1), 450.11 (1g) (b), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. c., 450.11 (1i) (c) 2., 450.11 (8) (b), 462.02 (2) (e), 462.04, 961.01 (19) (a) and 971.14 (4) (a); **and to create** 15.406 (7), 49.45 (9r) (a) 7. e., 69.18 (1) (ck), 146.81 (1) (eu), subchapter VIII of chapter 448 [precedes 448.971], 450.11 (1i) (b) 2. cm., 450.11 (8) (f) and 990.01 (27s) of the statutes; **relating to:** regulation of physician assistants, creating a Physician Assistant Affiliated Credentialing Board, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 15.08 (1m) (b) of the statutes is amended to read:

15.08 (1m) (b) The public members of the chiropractic examining board, the dentistry examining board, the hearing and speech examining board, the medical examining board, the physical therapy examining board, the perfusionists examining council, the respiratory care practitioners examining council and council on physician assistants, the board of nursing, the nursing home administrator examining board, the veterinary examining board, the optometry examining board, the pharmacy examining board, the marriage and family therapy, professional counseling, and social work examining board,

the psychology examining board, and the radiography examining board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

SECTION 2. 15.085 (1m) (b) of the statutes is amended to read:

15.085 (1m) (b) The public members of the podiatry affiliated credentialing board ~~or the occupational therapists affiliated credentialing board~~, and the physician assistant affiliated credentialing board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

SECTION 3. 15.406 (7) of the statutes is created to read:

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

15.406 (7) PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD. There is created in the department of safety and professional services, attached to the medical examining board, a physician assistant affiliated credentialing board consisting of the following members appointed for staggered 4-year terms:

(a) Eight physician assistants licensed under subch. VIII of ch. 448.

(b) One public member.

SECTION 4. 15.407 (2) of the statutes is repealed.

SECTION 5. 16.417 (1) (e) 3m. of the statutes is amended to read:

16.417 (1) (e) 3m. A physician assistant who is licensed under s. 448.04 (1) (f) ~~448.974~~.

SECTION 6. 46.03 (44) of the statutes is amended to read:

46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and keep current an information sheet to be distributed to a patient by a physician, physician assistant, or certified advanced practice nurse prescriber providing expedited partner therapy to that patient under s. 448.035 or 448.9725. The information sheet shall include information about sexually transmitted diseases and their treatment and about the risk of drug allergies. The information sheet shall also include a statement advising a person with questions about the information to contact his or her physician, pharmacist, or local health department, as defined in s. 250.01 (4).

SECTION 7. 48.981 (2m) (b) 1. of the statutes is amended to read:

48.981 (2m) (b) 1. "Health care provider" means a physician, as defined under s. 448.01 (5), a physician assistant, as defined under s. 448.01 (6) ~~448.971 (2)~~, or a nurse holding a license under s. 441.06 (1) or a license under s. 441.10.

SECTION 8. 49.45 (9r) (a) 7. a. of the statutes is amended to read:

49.45 (9r) (a) 7. a. A physician ~~or physician assistant~~ licensed under subch. II of ch. 448.

SECTION 9. 49.45 (9r) (a) 7. e. of the statutes is created to read:

49.45 (9r) (a) 7. e. A physician assistant licensed under subch. VIII of ch. 448.

SECTION 10. 50.01 (4p) of the statutes is repealed.

SECTION 11. 50.08 (2) of the statutes is amended to read:

50.08 (2) A physician, an advanced practice nurse prescriber certified under s. 441.16 (2), or a physician assistant licensed under ch. 448, who prescribes a psychotropic medication to a nursing home resident who has degenerative brain disorder shall notify the nursing home if the prescribed medication has a boxed warning under 21 CFR 201.57.

SECTION 12. 50.39 (3) of the statutes is amended to read:

50.39 (3) Facilities governed by ss. 45.50, 48.62, 49.70, 49.72, 50.02, 51.09, and 252.10, juvenile correctional facilities as defined in s. 938.02 (10p), correctional institutions governed by the department of corrections under s. 301.02, and the offices and clinics of persons licensed to treat the sick under chs. 446, 447, and 448 are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do not abridge the rights of the medical examining board, physician assistant affiliated credentialing board, physical therapy examining board, podiatry affiliated credentialing board, dentistry examining board, pharmacy examining board, chiropractic examining board, and board of nursing in carrying out their statutory duties and responsibilities.

SECTION 13. 55.14 (8) (b) of the statutes is amended to read:

55.14 (8) (b) Order the individual to comply with the treatment plan under par. (a). The order shall provide that if the individual fails to comply with provisions of the treatment plan that require the individual to take psychotropic medications, the medications may be administered involuntarily with consent of the guardian. The order shall specify the methods of involuntary administration of psychotropic medication to which the guardian may consent. An order authorizing the forcible restraint of an individual shall specify that a person licensed under s. 441.06, 441.10, ~~or 448.05 (2) or (5), or 448.974~~ shall be present at all times that psychotropic medication is administered in this manner and shall require the person or facility using forcible restraint to maintain records stating the date of each administration, the medication administered, and the method of forcible restraint utilized.

SECTION 14. 69.01 (6g) of the statutes is amended to read:

69.01 (6g) "Date of death" means the date that a person is pronounced dead by a physician, coroner, deputy coroner, medical examiner, deputy medical examiner, physician assistant, or hospice nurse.

SECTION 15. 69.18 (1) (ck) of the statutes is created to read:

69.18 (1) (ck) For purposes of preparation of the certificate of death and in accordance with accepted medical standards, a physician assistant who is directly involved with the care of a patient who dies may pronounce the date, time, and place of the patient's death.

SECTION 16. 70.47 (8) (intro.) of the statutes is amended to read:

70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who appear before it in relation to the assessment. Instead of appearing in person at the hearing, the board may allow the property owner, or the property owner's representative, at the request of either person, to appear before the board, under oath, by telephone or to submit written statements, under oath, to the

board. The board shall hear upon oath, by telephone, all ill or disabled persons who present to the board a letter from a physician, ~~osteopath~~, physician assistant, as defined in s. 448.01 (6), or advanced practice nurse prescriber certified under s. 441.16 (2) that confirms their illness or disability. At the request of the property owner or the property owner's representative, the board may postpone and reschedule a hearing under this subsection, but may not postpone and reschedule a hearing more than once during the same session for the same property. The board at such hearing shall proceed as follows:

SECTION 17. 97.67 (5m) (a) 3. of the statutes is amended to read:

97.67 (5m) (a) 3. A physician assistant licensed under subch. II VIII of ch. 448.

SECTION 18. 118.2925 (1) (f) of the statutes is amended to read:

118.2925 (1) (f) "Physician assistant" means a person licensed under s. 448.04 (1) ~~(f)~~ 448.974.

SECTION 19. 146.81 (1) (d) of the statutes is amended to read:

146.81 (1) (d) A physician, ~~physician assistant~~, perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448.

SECTION 20. 146.81 (1) (eu) of the statutes is created to read:

146.81 (1) (eu) A physician assistant licensed under subch. VIII of ch. 448.

SECTION 21. 146.82 (3) (a) of the statutes is amended to read:

146.82 (3) (a) Notwithstanding sub. (1), a physician, a physician assistant, ~~as defined in s. 448.01 (6)~~, or an advanced practice nurse prescriber certified under s. 441.16 (2) who treats a patient whose physical or mental condition in the physician's, physician assistant's, or advanced practice nurse prescriber's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

SECTION 22. 146.89 (1) (r) 1. of the statutes is amended to read:

146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental hygienist under ch. 447, a registered nurse, practical nurse, or nurse-midwife under ch. 441, an optometrist under ch. 449, a physician assistant under subch. VIII of ch. 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

SECTION 23. 146.997 (1) (d) 5. of the statutes is amended to read:

146.997 (1) (d) 5. An occupational therapist, occupational therapy assistant, physician assistant or respiratory care practitioner licensed or certified under ch. 448.

SECTION 24. 154.01 (3) (intro.) of the statutes is amended to read:

154.01 (3) (intro.) "Health care professional" means ~~who is, or who holds a compact privilege under subch. IX of ch. 448~~ any of the following:

SECTION 25. 154.03 (2) of the statutes is amended to read:

154.03 (2) The department shall prepare and provide copies of the declaration and accompanying information for distribution in quantities to persons licensed, certified, or registered under ch. 441, 448, or 455, persons who hold a compact privilege under subch. X of ch. 448, hospitals, nursing homes, county clerks and local bar associations and individually to private persons. The department shall include, in information accompanying the declaration, at least the statutory definitions of terms used in the declaration, statutory restrictions on who may be witnesses to a valid declaration, a statement explaining that valid witnesses acting in good faith are statutorily immune from civil or criminal liability, an instruction to potential declarants to read and understand the information before completing the declaration and a statement explaining that an instrument may, but need not be, filed with the register in probate of the declarant's county of residence. The department may charge a reasonable fee for the cost of preparation and distribution. The declaration distributed by the department of health services shall be easy to read, the type size may be no smaller than 10 point, and the declaration shall be in the following form, setting forth on the first page the wording before the ATTENTION statement and setting forth on the 2nd page the ATTENTION statement and remaining wording:

DECLARATION TO HEALTH CARE PROFESSIONALS
(WISCONSIN LIVING WILL)

I,....., being of sound mind, voluntarily state my desire that my dying not be prolonged under the circumstances specified in this document. Under those circumstances, I direct that I be permitted to die naturally. If I am unable to give directions regarding the use of life-sustaining procedures or feeding tubes, I intend that my family and physician, physician assistant, or advanced practice registered nurse honor this document as the final expression of my legal right to refuse medical or surgical treatment.

1. If I have a TERMINAL CONDITION, as determined by a physician, physician assistant, or advanced practice registered nurse who has personally examined me, and if a physician who has also personally examined me agrees with that determination, I do not want my dying to be artificially prolonged and I do not want life-sustaining procedures to be used. In addition, the following are my directions regarding the use of feeding tubes:

.... YES, I want feeding tubes used if I have a terminal condition.

.... NO, I do not want feeding tubes used if I have a terminal condition.

If you have not checked either box, feeding tubes will be used.

2. If I am in a PERSISTENT VEGETATIVE STATE, as determined by a physician, physician assistant, or advanced practice registered nurse who has personally examined me, and if a physician who has also personally examined me agrees with that determination, the following are my directions regarding the use of life-sustaining procedures:

.... YES, I want life-sustaining procedures used if I am in a persistent vegetative state.

.... NO, I do not want life-sustaining procedures used if I am in a persistent vegetative state.

If you have not checked either box, life-sustaining procedures will be used.

3. If I am in a PERSISTENT VEGETATIVE STATE, as determined by a physician, physician assistant, or advanced practice registered nurse who has personally examined me, and if a physician who has also personally examined me agrees with that determination, the following are my directions regarding the use of feeding tubes:

.... YES, I want feeding tubes used if I am in a persistent vegetative state.

.... NO, I do not want feeding tubes used if I am in a persistent vegetative state.

If you have not checked either box, feeding tubes will be used.

If you are interested in more information about the significant terms used in this document, see section 154.01 of the Wisconsin Statutes or the information accompanying this document.

ATTENTION: You and the 2 witnesses must sign the document at the same time.

Signed Date

Address Date of birth

I believe that the person signing this document is of sound mind. I am an adult and am not related to the person signing this document by blood, marriage or adoption. I am not entitled to and do not have a claim on any portion of the person's estate and am not otherwise restricted by law from being a witness.

Witness signature Date signed

Print name

Witness signature Date signed

Print name

DIRECTIVES TO ATTENDING PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE REGISTERED NURSE

1. This document authorizes the withholding or withdrawal of life-sustaining procedures or of feeding tubes when a physician and another physician, physician assistant, or advanced practice registered nurse, one of whom is the attending health care professional, have personally examined and certified in writing that the patient has a terminal condition or is in a persistent vegetative state.

2. The choices in this document were made by a competent adult. Under the law, the patient's stated desires must be followed unless you believe that withholding or withdrawing life-sustaining procedures or feeding tubes would cause the patient pain or reduced comfort and that the pain or discomfort cannot be alleviated through pain relief measures. If the patient's stated desires are that life-sustaining procedures or feeding tubes be used, this directive must be followed.

3. If you feel that you cannot comply with this document, you must make a good faith attempt to transfer the patient to another physician, physician assistant, or advanced practice registered nurse who will comply. Refusal or failure to make a good faith attempt to do so constitutes unprofessional conduct.

4. If you know that the patient is pregnant, this document has no effect during her pregnancy.

* * * * *

The person making this living will may use the following space to record the names of those individuals and health care providers to whom he or she has given copies of this document:

.....
.....
.....

SECTION 26. 154.07 (1) (a) (intro.) of the statutes is amended to read:

154.07 (1) (a) (intro.) No health care professional, inpatient health care facility or person licensed, certified, or registered under ch. 441, 448, or 455, or a person who holds a compact privilege under subch. X of ch. 448 acting under the direction of a health care professional may be held criminally or civilly liable, or charged with unprofessional conduct, for any of the following:

SECTION 27. 165.77 (1) (a) of the statutes is amended to read:

165.77 (1) (a) "Health care professional" means a person licensed, certified, or registered under ch. 441, 448, or 455 or a person who holds a compact privilege under subch. X of ch. 448.

SECTION 28. 252.01 (5) of the statutes is repealed.

SECTION 29. 255.07 (1) (d) of the statutes is amended to read:

255.07 (1) (d) "Health care practitioner" means a physician, a physician assistant licensed under s. 448.04 (1)-(f), or an advanced practice nurse who is certified to issue prescription orders under s. 441.16.

SECTION 30. 343.16 (5) (a) of the statutes is amended to read:

343.16 (5) (a) The secretary may require any applicant for a license or any licensed operator to submit to a special examination by such persons or agencies as the secretary may direct to determine incompetency, physical or mental disability, disease, or any other condition that might prevent such applicant or licensed person from exercising reasonable and ordinary control over a motor

vehicle. If the department requires the applicant to submit to an examination, the applicant shall pay for the examination. If the department receives an application for a renewal or duplicate license after voluntary surrender under s. 343.265 or receives a report from a physician, physician assistant, as defined in s. 448.01 (6), advanced practice nurse prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests within a one-year period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, the department shall determine, by interview or otherwise, whether the operator should submit to an examination under this section. The examination may consist of an assessment. If the examination indicates that education or treatment for a disability, disease or condition concerning the use of alcohol, a controlled substance or a controlled substance analog is appropriate, the department may order a driver safety plan in accordance with s. 343.30 (1q). If there is non-compliance with assessment or the driver safety plan, the department shall revoke the person's operating privilege in the manner specified in s. 343.30 (1q) (d).

SECTION 31. 440.035 (2m) (b) of the statutes is amended to read:

440.035 (2m) (b) The medical examining board, the physician assistant affiliated credentialing board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, or the optometry examining board may issue guidelines regarding best practices in prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

SECTION 32. 440.035 (2m) (c) 1. (intro.) of the statutes is amended to read:

440.035 (2m) (c) 1. (intro.) The medical examining board, the physician assistant affiliated credentialing board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, and the optometry examining board shall, by November 1, 2018, and annually thereafter of each year, submit a report to the persons specified in subd. 2. that does all of the following:

SECTION 33. 448.01 (6) of the statutes is repealed.

SECTION 34. 448.015 (4) (am) 2. of the statutes is amended to read:

448.015 (4) (am) 2. Any act by a physician ~~or physician assistant~~ in violation of ch. 450 or 961.

SECTION 35. 448.02 (1) of the statutes is amended to read:

448.02 (1) LICENSE. The board may grant licenses, including various classes of temporary licenses, to prac-

tice medicine and surgery, to practice as an administrative physician, to practice perfusion, and to practice as an anesthesiologist assistant, ~~and to practice as a physician assistant.~~

SECTION 36. 448.03 (1) (b) of the statutes is repealed.

SECTION 37. 448.03 (2) (a) of the statutes is amended to read:

448.03 (2) (a) Any person lawfully practicing within the scope of a license, permit, registration, certificate or certification granted to practice midwifery under subch. XIII of ch. 440, to practice professional or practical nursing or nurse-midwifery under ch. 441, to practice chiropractic under ch. 446, to practice dentistry or dental hygiene under ch. 447, to practice optometry under ch. 449, to practice as a physician assistant under subch. VIII, to practice acupuncture under ch. 451 or under any other statutory provision, or as otherwise provided by statute.

SECTION 38. 448.03 (2) (e) of the statutes is amended to read:

448.03 (2) (e) Any person other than ~~a physician assistant~~ or an anesthesiologist assistant who is providing patient services as directed, supervised and inspected by a physician who has the power to direct, decide and oversee the implementation of the patient services rendered.

SECTION 39. 448.03 (2) (k) of the statutes is amended to read:

448.03 (2) (k) Any persons, other than ~~physician assistants~~, anesthesiologist assistants, or perfusionists, who assist physicians.

SECTION 40. 448.03 (3) (e) of the statutes is repealed.

SECTION 41. 448.03 (5) (b) of the statutes is amended to read:

448.03 (5) (b) No physician ~~or physician assistant~~ shall be liable for any civil damages for either of the following:

1. Reporting in good faith to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient which in the physician's ~~or physician assistant's~~ judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

2. In good faith, not reporting to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient which in the physician's ~~or physician assistant's~~ judgment does not impair the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

SECTION 42. 448.035 (2) to (4) of the statutes are amended to read:

448.035 (2) Notwithstanding the requirements of s. 448.30, a physician, ~~physician assistant~~, or certified advanced practice nurse prescriber may provide expedited partner therapy if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or tri-

chomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician, ~~physician assistant~~, or certified advanced practice nurse prescriber shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the physician, ~~physician assistant~~, or certified advanced practice nurse prescriber is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."

(3) The physician, ~~physician assistant~~, or certified advanced practice nurse prescriber shall provide the patient with a copy of the information sheet prepared by the department of health services under s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.

(4) (a) Except as provided in par. (b), a physician, ~~physician assistant~~, or certified advanced practice nurse prescriber is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.

(b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician, ~~physician assistant~~, or certified advanced practice nurse prescriber whose act or omission involves reckless, wanton, or intentional misconduct.

SECTION 43. 448.037 (2) (a) (intro.) and (b) and (3) of the statutes are amended to read:

448.037 (2) (a) (intro.) A physician ~~or physician assistant~~ may do any of the following:

(b) A physician ~~or physician assistant~~ who prescribes or delivers an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid-related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

(3) A physician ~~or physician assistant~~ who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.02 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

SECTION 44. 448.04 (1) (f) of the statutes is repealed.

SECTION 45. 448.05 (5) of the statutes is repealed.

SECTION 46. 448.20 of the statutes is repealed.

SECTION 47. 448.21 of the statutes is repealed.

SECTION 48. 448.40 (2) (f) of the statutes is repealed.

SECTION 49. 448.62 (7) of the statutes is amended to read:

448.62 (7) A physician assistant who is acting under the supervision and direction of a podiatrist, subject to s. 448.21 (4) ~~448.975 (2) (a) 2m.~~, or an individual to whom the physician assistant delegates a task or order under s. 448.975 (4).

SECTION 50. 448.695 (4) (a) and (b) of the statutes are amended to read:

448.695 (4) (a) Practice standards for a physician assistant practicing podiatry as provided in s. 448.21 (4) ~~448.975 (2) (a) 2m.~~

(b) Requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.21 (4) ~~448.975 (2) (a) 2m.~~

SECTION 51. 448.970 of the statutes is renumbered 448.9695.

SECTION 52. Subchapter VIII of chapter 448 [precedes 448.971] of the statutes is created to read:

CHAPTER 448

SUBCHAPTER VIII

PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

448.971 Definitions. In this subchapter, unless the context requires otherwise:

(1) "Board" means the physician assistant affiliated credentialing board.

(2) "Physician assistant" means a person licensed under this subchapter.

(3) "Podiatrist" has the meaning given in s. 448.60 (3).

(4) "Podiatry" has the meaning given in s. 448.60 (4).

448.972 License required; exceptions. (1) Except as provided in subs. (2) and (3), no person may represent himself or herself as a "PA" or "physician assistant," use or assume the title "PA" or "physician assistant," or append to the person's name the words or letters "physician assistant," "PA," "PA-C," or any other titles, letters, or designation that represents or may tend to represent the person as a physician assistant, unless he or she is licensed by the board under this subchapter.

(2) Subsection (1) does not apply with respect to any of the following:

(a) An individual employed and duly credentialed as a physician assistant or physician associate by the federal government while performing duties incident to that employment, unless a license under this subchapter is required by the federal government.

(b) A person who satisfies the requirement under s. 448.974 (1) (a) 3. but who is not licensed under this subchapter. This paragraph does not allow such a person to

practice medicine and surgery in violation of s. 448.03 (1) (a) or to practice podiatry in violation of s. 448.61.

(3) A student who is enrolled in an accredited physician assistant educational program may use the title “physician assistant student,” “PA student,” or “PA-S.”

448.9725 Expedited partner therapy. (1) In this section:

(b) “Antimicrobial drug” has the meaning given in s. 448.035 (1) (b).

(c) “Expedited partner therapy” has the meaning given in s. 448.035 (1) (c).

(2) Notwithstanding the requirements of s. 448.9785, a physician assistant may provide expedited partner therapy if a patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician assistant shall attempt to obtain the name of the patient’s sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient’s sexual partner, if known. If the physician assistant is unable to obtain the name of the patient’s sexual partner, the prescription order shall include, in ordinary, bold-faced capital letters, the words, “expedited partner therapy” or the letters “EPT.”

(3) The physician assistant shall provide the patient with a copy of the information sheet prepared by the department of health services under s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.

(4) (a) Except as provided in par. (b), a physician assistant is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.

(b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician assistant whose act or omission involves reckless, wanton, or intentional misconduct.

448.9727 Prescriptions for and delivery of opioid antagonists. (1) In this section:

(a) “Administer” has the meaning given in s. 450.01 (1).

(b) “Deliver” has the meaning given in s. 450.01 (5).

(c) “Dispense” has the meaning given in s. 450.01 (7).

(d) “Opioid antagonist” has the meaning given in s. 450.01 (13v).

(e) “Opioid-related drug overdose” has the meaning given in s. 256.40 (1) (d).

(f) “Standing order” has the meaning given in s. 450.01 (21p).

(2) (a) A physician assistant may do any of the following:

1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this subdivision need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist is prescribed.

2. Issue a standing order to one or more persons authorizing the dispensing of an opioid antagonist.

(b) A physician assistant who prescribes or delivers an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid-related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

(3) A physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2) or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.978 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

448.973 Powers and duties of board. (1) (a) The board shall promulgate rules implementing s. 448.9785.

(b) The board shall promulgate rules establishing continuing education requirements for physician assistants.

(c) The board may promulgate other rules to carry out the purposes of this subchapter, including any of the following:

1. Rules defining what constitutes unprofessional conduct for physician assistants for purposes of s. 448.978 (2) (d).

2. Rules under s. 448.977 (2).

(2) The board shall include in the register the board maintains under s. 440.035 (1m) (d) the names of all persons whose licenses issued under this subchapter were suspended or revoked within the past 2 years. The register shall be available for purchase at cost.

448.974 License; renewal. (1) (a) Except as provided in par. (b), the board shall grant an initial license to practice as a physician assistant to any applicant who is found qualified by three-fourths of the members of the board and satisfies all of the following requirements, as determined by the board:

1. The applicant submits an application on a form provided by the department and pays the initial credential fee determined by the department under s. 440.03 (9) (a).

2. The applicant is at least 18 years of age.

3. The applicant provides evidence of one of the following:

a. That the applicant has successfully completed an educational program for physician assistants or physician associates that is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.

b. If the applicant does not satisfy subd. 3. a., that the applicant, prior to January 1, 1986, successfully passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.

4. The applicant passes the National Commission on Certification of Physician Assistants examination or an equivalent national examination adopted by the board.

5. The applicant provides a listing with all employers, practice settings, internships, residencies, fellowships, and other employment for the past 7 years.

6. Subject to ss. 111.321, 111.322, and 111.335, the applicant does not have an arrest or conviction record.

(b) Paragraph (a) 3. does not apply to an applicant if the applicant provides evidence that he or she is licensed as a physician assistant or physician associate in another state, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States and the board determines that the requirements for obtaining the license in that state or territory are substantially equivalent to the requirements under par. (a).

(2) (a) The renewal date for a license issued under this subchapter is specified under s. 440.08 (2) (a), and the renewal fees for such licenses are determined by the department under s. 440.03 (9) (a). Renewal of a license is subject to par. (b).

(b) An applicant for the renewal of a license under this subchapter shall submit with his or her application for renewal proof of having satisfied the continuing education requirements imposed by the board under s. 448.973 (1) (b). This paragraph does not apply to an applicant for renewal of a license that expires on the first renewal date after the date on which the board initially granted the license.

(3) Notwithstanding sub. (1), an individual who, on the effective date of this subsection [LRB inserts date], was licensed by the medical examining board as a physician assistant under subch. II of ch. 448, 2019 stats., shall be considered to have been licensed under sub. (1) for purposes of this subchapter.

448.975 Practice and employment. (1) (a) Subject to the limitations and requirements under sub. (2); the physician assistant's experience, education, and training;

and any rules promulgated under sub. (5), a physician assistant may do any of the following:

1. Examine into the fact, condition, or cause of human health or disease, or treat, operate, prescribe, or advise for the same, by any means or instrumentality.

2. Apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described in subd. 1. and in s. 448.971 (2).

3. Penetrate, pierce, or sever the tissues of a human being.

4. Offer, undertake, attempt, or hold himself or herself out in any manner as able to do any of the acts described in this paragraph.

(b) 1. Subject to subd. 2. and any rules promulgated by the board and consistent with his or her experience, education, and training, a physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, medical devices, services, and supplies.

2. A physician assistant practicing under the supervision and direction of a podiatrist under sub. (2) (a) 2m. may issue a prescription order for a drug or device in accordance with guidelines established by the supervising podiatrist and the physician assistant and with rules promulgated by the board. If any conflict exists between the guidelines and the rules, the rules shall control.

(c) A physician assistant may practice in ambulatory care, acute care, long-term care, home care, or other settings as a primary, specialty, or surgical care provider who may serve as a patient's primary care provider or specialty care provider.

(2) (a) 1. Except as provided in subds. 2m. and 3. and sub. (5) (a) 1. a. or b., a physician assistant who provides care to patients shall maintain and provide to the board upon request one of the following:

a. Evidence that, pursuant to the physician assistant's employment, there is a physician who is primarily responsible for the overall direction and management of the physician assistant's professional activities and for assuring that the services provided by the physician assistant are medically appropriate. In this subd. 1. a., "employment" includes an arrangement between the physician assistant and a 3rd party in which the 3rd party receives payment for services provided by the physician assistant.

b. A written collaborative agreement with a physician that, subject to subd. 1m., describes the physician assistant's individual scope of practice, that includes a protocol for identifying an alternative collaborating physician for situations in which the collaborating physician or the physician's designee is not available for consultation, and that includes other information as required by the board.

1m. All of the following apply to a written collaborative agreement between a physician and physician assistant under subd. 1. b.:

a. The agreement may be terminated by either party by providing written notice at least 30 days prior to the date of termination, or as otherwise agreed to by the physician and physician assistant.

b. The agreement shall specify that the collaborating physician shall remain reasonably available to the physician assistant through the use of telecommunications or other electronic means within a medically appropriate time frame and that the collaborating physician may designate an alternate collaborator during periods of unavailability.

c. The agreement shall specify an arrangement for physician consultation with the patient within a medically appropriate time frame for consultation, if requested by the patient or the physician assistant.

d. The agreement shall be signed by the physician assistant and the collaborating physician.

2. Subdivision 1. does not require the physical presence of a physician at the time and place a physician assistant renders a service.

2m. A physician assistant may practice under the supervision and direction of a podiatrist. A physician assistant who is practicing under the supervision and direction of a podiatrist shall be limited to providing non-surgical patient services. Subdivision 1. does not apply to a physician assistant who is practicing under the supervision and direction of a podiatrist.

3. Subdivision 1. does not apply with respect to a physician assistant who is employed by the federal government as a civilian or member of the uniformed services while performing duties incident to that employment or service.

(b) A physician assistant shall limit his or her practice to the scope of his or her experience, education, and training.

(c) No physician assistant may provide medical care, except routine screening and emergency care, in any of the following:

1. The practice of dentistry or dental hygiene within the meaning of ch. 447.

2. The practice of optometry within the meaning of ch. 449.

3. The practice of chiropractic within the meaning of ch. 446.

4. The practice of acupuncture within the meaning of ch. 451.

5. The practice of podiatry, except when the physician assistant is acting under the supervision and direction of a podiatrist, subject to par. (a) 2m. and the rules promulgated under s. 448.695 (4).

(3) (a) It shall be the obligation of a physician assistant to ensure all of the following:

1. That the scope of the practice of the physician assistant is identified and is appropriate with respect to his or her experience, education, and training.

2. For purposes of sub. (2) (a) 1. b., that the relationship with and access to a collaborating physician by the physician assistant is defined.

3. That the requirements and standards of licensure under this subchapter are complied with.

4. That consultation with or referral to other licensed health care providers with a scope of practice appropriate for a patient's care needs occurs when the patient's care needs exceed the physician assistant's experience, education, or training. A physician assistant shall ensure that he or she has awareness of options for the management of situations that are beyond the physician assistant's expertise.

(b) A physician assistant is individually and independently responsible for the quality of the care he or she renders.

(4) A physician assistant may delegate a care task or order to another clinically trained health care worker if the physician assistant is competent to perform the delegated task or order and has reasonable evidence that the clinically trained health care worker is minimally competent to perform the task or issue the order under the circumstances.

(5) (a) 1. The board shall, subject to subd. 2. and s. 448.695 (4), promulgate any rules necessary to implement this section, including rules to do any of the following:

a. Allow for temporary practice, specifically defined and actively monitored by the board, in the event of an interruption of a collaborative relationship under sub. (2) (a) 1. b.

b. Allow a physician assistant, in the absence of an employment or collaborative relationship under sub. (2) (a) 1., to provide medical care at the scene of an emergency, during a declared state of emergency or other disaster, or when volunteering at sporting events or at camps.

2. Rules promulgated by the board may not permit a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2). Notwithstanding s. 15.085 (5) (b) 2., if the Medical Examining Board reasonably determines that a rule submitted to it by the Physician Assistant Affiliated Credentialing Board under s. 15.085 (5) (b) 1. permits a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2), then the Physician Assistant Examining Board shall, prior to submitting the proposed rule to the legislative council staff under s. 227.15 (1), revise the proposed rule so that it does not exceed or permit a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2).

(b) The board shall develop and recommend to the podiatry affiliated credentialing board practice standards for physician assistants practicing under podiatrists under sub. (2) (a) 2m.

(6) The practice permissions provided in this section are permissions granted by the state authorizing the licensed practice of physician assistants. Nothing in this section prohibits an employer, hospital, health plan, or other similar entity employing or with a relationship with a physician assistant from establishing additional requirements for a physician assistant as a condition of employment or relationship.

448.976 Civil liability. No physician assistant shall be liable for any civil damages for either of the following:

(1) Reporting in good faith to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient that in the physician assistant's judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

(2) In good faith, not reporting to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient that in the physician assistant's judgment does not impair the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

448.977 Malpractice liability insurance. (1) Except as provided in subs. (2) and (3), no physician assistant may practice as authorized under s. 448.975 unless he or she has in effect malpractice liability insurance coverage evidenced by one of the following:

(a) Personal liability coverage in the amounts specified for health care providers under s. 655.23 (4).

(b) Coverage under a group liability policy providing individual coverage for the physician assistant in the amounts under s. 655.23 (4).

(2) The board may promulgate rules requiring a practicing physician assistant to have in effect malpractice liability insurance coverage in amounts greater than those specified in sub. (1) (a) or (b) or (4). If the board promulgates rules under this subsection, no physician assistant may practice as authorized under s. 448.975 unless he or she has in effect malpractice liability insurance coverage as required under those rules, except as provided in sub. (3).

(3) A physician assistant who is a state, county, or municipal employee, or federal employee or contractor covered under the federal tort claims act, as amended, and who is acting within the scope of his or her employment or contractual duties is not required to maintain in effect malpractice insurance coverage.

(4) Except as provided in subs. (2) and (3), a physician assistant may comply with sub. (1) if the physician assistant's employer has in effect malpractice liability insurance that is at least the minimum amount specified under s. 655.23 (4) and that provides coverage for claims against the physician assistant.

448.978 Professional discipline. (1) Subject to the rules promulgated under s. 440.03 (1), the board may conduct investigations and hearings to determine

whether a person has violated this subchapter or a rule promulgated under this subchapter.

(2) Subject to the rules promulgated under s. 440.03 (1), if a person who applies for or holds a license issued under s. 448.974 does any of the following, the board may reprimand the person or deny, limit, suspend, or revoke the person's license:

(a) Makes a material misstatement in an application for a license or an application for renewal of a license under s. 448.974.

(b) Violates any law of this state or federal law that substantially relates to the practice of a physician assistant, violates this subchapter, or violates a rule promulgated under this subchapter.

(c) Advertises, practices, or attempts to practice under another person's name.

(d) Engages in unprofessional conduct. In this paragraph, "unprofessional conduct" does not include any of the following:

1. Providing expedited partner therapy as described in s. 448.9725.

2. Prescribing or delivering an opioid antagonist in accordance with s. 448.9727 (2).

(e) Subject to ss. 111.321, 111.322, and 111.335, is arrested for or convicted of a felony.

(f) Subject to ss. 111.321, 111.322, and 111.34, practices as a physician assistant while his or her ability is impaired by alcohol or other drugs.

(g) Engages in fraud or deceit in obtaining or using his or her license.

(h) Is adjudicated mentally incompetent by a court.

(i) Demonstrates gross negligence, incompetence, or misconduct in practice.

(j) Knowingly, recklessly, or negligently divulges a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

(k) Fails to cooperate with the board, or fails to timely respond to a request for information by the board, in connection with an investigation under this section.

(L) Prescribes, sells, administers, distributes, orders, or provides a controlled substance for a purpose other than a medical purpose.

(m) Demonstrates a lack of physical or mental ability to safely practice as a physician assistant.

(n) Engages in any practice that is outside the scope of his or her experience, education, or training.

(o) Is disciplined or has been disciplined by another state or jurisdiction based upon acts or conduct similar to acts or conduct prohibited under pars. (a) to (n).

448.9785 Informed consent. Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The

reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant in the same or a similar medical specialty would know and disclose under the circumstances. The physician assistant's duty to inform the patient under this section does not require disclosure of any of the following:

- (1) Detailed technical information that in all probability a patient would not understand.
- (2) Risks apparent or known to the patient.
- (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (5) Information in cases where the patient is incapable of consenting.
- (6) Information about alternate medical modes of treatment for any condition the physician assistant has not included in his or her diagnosis at the time the physician informs the patient.

448.979 Penalties. Any person who violates this subchapter is subject to a fine not to exceed \$10,000 or imprisonment not to exceed 9 months, or both.

448.9793 Injunction. If it appears upon complaint to the board by any person or if it is known to the board that any person is violating this subchapter, or rules adopted by the board under this subchapter, the board or the attorney general may investigate and may, in addition to any other remedies, bring action in the name and on behalf of the state against any such person to enjoin such person from such violation. The attorney general shall represent the board in all proceedings.

448.9795 Duty to report. (1) A physician assistant who has reason to believe any of the following about another physician assistant shall promptly submit a written report to the board that includes facts relating to the conduct of the other physician assistant:

- (a) The other physician assistant is engaging or has engaged in acts that constitute a pattern of unprofessional conduct.
- (b) The other physician assistant is engaging or has engaged in an act that creates an immediate or continuing danger to one or more patients or to the public.
- (c) The other physician assistant is or may be medically incompetent.
- (d) The other physician assistant is or may be mentally or physically unable safely to engage in the practice of a physician assistant.

(2) No physician assistant who reports to the board under sub. (1) may be held civilly or criminally liable or be found guilty of unprofessional conduct for reporting in good faith.

SECTION 53. Subchapter VIII of chapter 448 [precedes 448.980] of the statutes is renumbered subchapter IX of chapter 448 [precedes 448.980].

SECTION 54. Subchapter IX of chapter 448 [precedes 448.985] of the statutes is renumbered subchapter X of chapter 448 [precedes 448.985].

SECTION 55. 450.01 (15r) of the statutes is repealed.

SECTION 56. 450.01 (16) (hm) 3. of the statutes is amended to read:

450.01 (16) (hm) 3. The patient's physician assistant, ~~if the physician assistant is under the supervision of the patient's personal attending physician.~~

SECTION 57. 450.11 (1) of the statutes is amended to read:

450.11 (1) DISPENSING. Except as provided in sub. (1i) (b) 2., no person may dispense any prescribed drug or device except upon the prescription order of a practitioner. All prescription orders shall, except as provided in sub. (1a), specify the date of issue, the name and address of the practitioner, the name and quantity of the drug product or device prescribed, directions for the use of the drug product or device, the symptom or purpose for which the drug is being prescribed if required under sub. (4) (a) 8., and, if the order is written by the practitioner, the signature of the practitioner. Except as provided in ss. 118.2925 (3), 255.07 (2), 441.18 (2) (a) 1., 448.035 (2), ~~and 448.037 (2) (a) 1., 448.9725 (2), and 448.9727 (2) (a) 1.~~ and except for standing orders issued under s. 441.18 (2) (a) 2. ~~or 448.037 (2) (a) 2., or 448.9727 (2) (a) 2.,~~ all prescription orders shall also specify the name and address of the patient. A prescription order issued under s. 118.2925 (3) shall specify the name and address of the school. A prescription order issued under s. 255.07 (2) shall specify the name and address of the authorized entity or authorized individual. Any oral prescription order shall be immediately reduced to writing by the pharmacist and filed according to sub. (2).

SECTION 58. 450.11 (1g) (b) of the statutes is amended to read:

450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner providing expedited partner therapy, as specified in s. 448.035 ~~or 448.9725~~, that complies with the requirements of sub. (1), dispense an antimicrobial drug as a course of therapy for treatment of chlamydial infections, gonorrhea, or trichomoniasis to the practitioner's patient or a person with whom the patient has had sexual contact for use by the person with whom the patient has had sexual contact. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the dispensing of a prescription to the person to whom the antimicrobial drug is dispensed. A pharmacist providing a consultation under this paragraph shall ask whether the person for whom the antimicrobial drug has been prescribed is allergic to the antimicrobial drug and advise that the person for whom the antimicrobial drug has been prescribed must discontinue use of the antimicrobial drug if the person is allergic

to or develops signs of an allergic reaction to the antimicrobial drug.

SECTION 59. 450.11 (1i) (a) 1. of the statutes is amended to read:

450.11 (1i) (a) 1. A pharmacist may, upon and in accordance with the prescription order of an advanced practice nurse prescriber under s. 441.18 (2) (a) 1., ~~or of a physician or physician assistant~~ under s. 448.037 (2) (a) 1., or of a physician assistant under s. 448.9727 (2) (a) 1. that complies with the requirements of sub. (1), deliver an opioid antagonist to a person specified in the prescription order and may, upon and in accordance with the standing order of an advanced practice nurse prescriber under s. 441.18 (2) (a) 2., ~~or of a physician or physician assistant~~ under s. 448.037 (2) (a) 2., or of a physician assistant under s. 448.9727 (2) (a) 2. that complies with the requirements of sub. (1), deliver an opioid antagonist to an individual in accordance with the order. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the delivery of a prescription to the person to whom the opioid antagonist is delivered.

SECTION 60. 450.11 (1i) (b) 2. c. of the statutes is amended to read:

450.11 (1i) (b) 2. c. A ~~physician or physician assistant~~ may only deliver or dispense an opioid antagonist in accordance with s. 448.037 (2) or in accordance with his or her other legal authority to dispense prescription drugs.

SECTION 61. 450.11 (1i) (b) 2. cm. of the statutes is created to read:

450.11 (1i) (b) 2. cm. A physician assistant may only deliver or dispense an opioid antagonist in accordance with s. 448.9727 (2) or in accordance with his or her other legal authority to dispense prescription drugs.

SECTION 62. 450.11 (1i) (c) 2. of the statutes is amended to read:

450.11 (1i) (c) 2. Subject to par. (a) 2. and ss. 441.18 (3) ~~and~~ 448.037 (3), and 448.9727 (3), any person who, acting in good faith, delivers or dispenses an opioid antagonist to another person shall be immune from civil or criminal liability for any outcomes resulting from delivering or dispensing the opioid antagonist.

SECTION 63. 450.11 (8) (b) of the statutes is amended to read:

450.11 (8) (b) The medical examining board, insofar as this section applies to physicians ~~and physician assistants~~.

SECTION 64. 450.11 (8) (f) of the statutes is created to read:

450.11 (8) (f) The physician assistant affiliated credentialing board, insofar as this section applies to physician assistants.

SECTION 65. 462.02 (2) (e) of the statutes is amended to read:

462.02 (2) (e) A physician assistant licensed under s. 448.04 (1) (f) 448.974.

SECTION 66. 462.04 of the statutes is amended to read:

462.04 Prescription or order required. A person who holds a license or limited X-ray machine operator permit under this chapter may not use diagnostic X-ray equipment on humans for diagnostic purposes unless authorized to do so by prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced practice nurse certified under s. 441.16 (2), a physician assistant licensed under s. 448.04 (1) (f) 448.974, or, subject to s. 448.56 (7) (a), a physical therapist who is licensed under s. 448.53 or who holds a compact privilege under subch. ~~IX~~ X of ch. 448.

SECTION 67. 961.01 (19) (a) of the statutes is amended to read:

961.01 (19) (a) A physician, advanced practice nurse, dentist, veterinarian, podiatrist, optometrist, scientific investigator or, subject to s. 448.21 (3) 448.975 (1) (b), a physician assistant, or other person licensed, registered, certified or otherwise permitted to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in this state.

SECTION 68. 971.14 (4) (a) of the statutes is amended to read:

971.14 (4) (a) The court shall cause copies of the report to be delivered forthwith to the district attorney and the defense counsel, or the defendant personally if not represented by counsel. Upon the request of the sheriff or jailer charged with care and control of the jail in which the defendant is being held pending or during a trial or sentencing proceeding, the court shall cause a copy of the report to be delivered to the sheriff or jailer. The sheriff or jailer may provide a copy of the report to the person who is responsible for maintaining medical records for inmates of the jail, or to a nurse licensed under ch. 441, ~~or to a physician or physician assistant~~ licensed under subch. II of ch. 448, or to a physician assistant licensed under subch. VIII of ch. 448 who is a health care provider for the defendant or who is responsible for providing health care services to inmates of the jail. The report shall not be otherwise disclosed prior to the hearing under this subsection.

SECTION 69. 990.01 (27s) of the statutes is created to read:

990.01 (27s) PHYSICIAN ASSISTANT. "Physician assistant" means a person licensed as a physician assistant under subch. VIII of ch. 448.

SECTION 70. Chapter Med 8 of the administrative code is repealed.

SECTION 71. Cross-reference changes. In ss. 49.45 (9r) (a) 7. b., 146.81 (1) (dg), 146.997 (1) (d) 4., 155.01 (7), 252.14 (1) (ar) 4e., 446.01 (1v) (d), 448.956 (1m) and (4), 450.10 (3) (a) 5., and 451.02 (1), the cross-references to “subch. IX of ch. 448” are changed to “subch. X of ch. 448.”

SECTION 72. Nonstatutory provisions.

(1) BOARD; APPOINTMENTS.

(a) Notwithstanding the length of terms specified for the members of the physician assistant affiliated credentialing board under s. 15.406 (7), 4 of the initial members under s. 15.406 (7) (a) shall be appointed for terms expiring on July 1, 2023; 3 of the initial members under s. 15.406 (7) (a) and the initial member under s. 15.406 (7) (b) shall be appointed for terms expiring on July 1, 2024; and the remaining initial member under s. 15.406 (7) (a) shall be appointed for a term expiring on July 1, 2025.

(b) Notwithstanding s. 15.08 (1), the governor may provisionally appoint initial members of the physician assistant affiliated credentialing board under s. 15.406 (7). Those provisional appointments remain in force until withdrawn by the governor or acted upon by the senate and if confirmed by the senate, shall continue for the remainder of the unexpired term, if any, of the member and until a successor is chosen and qualifies. A provisional appointee may exercise all the powers and duties of board membership to which the person is appointed during the time in which the appointee qualifies.

(c) Notwithstanding s. 15.406 (7) (a), for purposes of an initial appointment to the physician assistant affiliated credentialing board made before the date specified in SECTION 73 (intro.) of this act, including any provisional appointment made under par. (b), the governor may appoint physician assistants licensed under subch. II of ch. 448 to the positions on the board specified under s. 15.406 (7) (a).

(2) EMERGENCY RULES.

(a) Using the procedure under s. 227.24, the physician assistant affiliated credentialing board may promulgate initial rules under ss. 448.973 (1) and 448.975 (5) (a) as emergency rules under s. 227.24 to allow for the licensure, discipline, and practice of physician assistants. The authority granted under this subsection applies only to rules described in this paragraph, and any other emergency rules promulgated by the board shall be as provided in, and subject to, s. 227.24.

(b) Notwithstanding s. 227.24 (1) (a) and (3), the physician assistant affiliated credentialing board is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

(c) Emergency rules promulgated under this subsection may not take effect prior to the date specified in SECTION 73 (intro.) of this act.

(d) Notwithstanding s. 227.24 (1) (c), emergency rules promulgated under this subsection remain in effect for one year, subject to extension under par. (e), or until

the date on which permanent rules take effect, whichever is sooner.

(e) Notwithstanding s. 227.24 (2) (a), the joint committee for review of administrative rules may, at any time prior to the expiration date of the emergency rule promulgated under this subsection, extend the effective period of the emergency rule at the request of the physician assistant affiliated credentialing board for a period specified by the committee not to exceed 180 days. Any number of extensions may be granted under this paragraph, but the total period for all extensions may not extend beyond the expiration date of the emergency rule’s statement of scope under s. 227.135 (5). Notwithstanding s. 227.24 (2) (b) 1., the physician assistant affiliated credentialing board is not required to provide evidence that there is a threat to the public peace, health, safety, or welfare that can be avoided only by extension of the emergency rule when making a request for an extension under this subsection, but s. 227.24 (2) (am) to (c) shall otherwise apply to extensions under this paragraph.

(f) If the physician assistant affiliated credentialing board promulgates emergency rules under this subsection, the board shall submit a single statement of scope for both permanent and emergency rules.

(3) BOARD; TRANSFERS.

(a) *Tangible personal property.* On the effective date of this paragraph, all tangible personal property, including records, of the medical examining board that the secretary of safety and professional services determines to be primarily related to the regulation of physician assistants is transferred to the physician assistant affiliated credentialing board.

(b) *Pending matters.* Any matter pending with the medical examining board on the effective date of this paragraph that is primarily related to the regulation of physician assistants, as determined by the secretary of safety and professional services, is transferred to the physician assistant affiliated credentialing board. All materials submitted to or actions taken by the medical examining board with respect to the pending matter are considered as having been submitted to or taken by the physician assistant affiliated credentialing board.

(c) *Contracts.* All contracts entered into by the medical examining board in effect on the effective date of this paragraph that are primarily related to the regulation of physician assistants, as determined by the secretary of safety and professional services, remain in effect and are transferred to the physician assistant affiliated credentialing board. The physician assistant affiliated credentialing board shall carry out any obligations under such a contract until the contract is modified or rescinded by the physician assistant affiliated credentialing board to the extent allowed under the contract.

(d) *Assets and liabilities.* On the effective date of this paragraph, the assets and liabilities of the medical examining board that are primarily related to the regulation of physician assistants, as determined by the secretary of safety and professional services, become the assets and liabilities of the physician assistant affiliated credentialing board.

(e) *Orders.* All orders issued by the medical examining board in effect on the effective date of this paragraph that are primarily related to the regulation of physician assistants remain in effect until their specified expiration

dates or until modified or rescinded by the physician assistant affiliated credentialing board.

SECTION 73. Effective dates. This act takes effect on the first day of the 13th month beginning after publication, except as follows:

(1) The treatment of s. 15.406 (7) and SECTION 72 (1) and (2) of this act take effect on the day after publication.

(2) Notwithstanding s. 227.265, the treatment of ch. Med 8 of the administrative code takes effect on the first day of the 13th month beginning after publication.

Effective 5/14/2019

**Chapter 70a
Utah Physician Assistant Act**

**Part 1
General Provisions**

58-70a-101 Title.

This chapter is known as the "Utah Physician Assistant Act."

Amended by Chapter 349, 2019 General Session

58-70a-102 Definitions.

In addition to the definitions in Section 58-1-102, as used in this chapter:

- (1) "Board" means the Physician Assistant Licensing Board created in Section 58-70a-201.
- (2) "Competence" means possessing the requisite cognitive, non-cognitive, and communicative abilities and qualities to perform effectively within the scope of practice of the physician assistant's practice while adhering to professional and ethical standards.
- (3) "Health care facility" means the same as that term is defined in Section 26-21-2.
- (4) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
- (5) "Physician" means the same as that term is defined in Section 58-67-102.
- (6) "Physician assistant" means an individual who is licensed to practice under this chapter.
- (7) "Practice as a physician assistant" means the professional activities and conduct of a physician assistant, also known as a PA, in diagnosing, treating, advising, or prescribing for any human disease, ailment, injury, infirmity, deformity, pain, or other condition under the provisions of this chapter.
- (8) "Practice of mental health therapy" means the same as that term is defined in Section 58-60-102.
- (9) "Unlawful conduct" means the same as that term is defined in Sections 58-1-501 and 58-70a-502.
- (10) "Unprofessional conduct" means "unprofessional conduct":
 - (a) as defined in Sections 58-1-501 and 58-70a-503; and
 - (b) as further defined by the division by rule.

Amended by Chapter 312, 2021 General Session

Amended by Chapter 313, 2021 General Session

**Part 2
Board**

58-70a-201 Board.

- (1) There is created the Physician Assistant Licensing Board, which consists of seven members:
 - (a) three licensed physicians, including at least one board certified psychiatrist, who currently work or have previously worked collaboratively with a physician assistant;
 - (b) three physician assistants, one of whom is involved in the administration of an approved physician assistant education program within the state; and

- (c) one person from the general public.
- (2) The board shall be appointed and serve in accordance with Section 58-1-201.
- (3)
 - (a) The duties and responsibilities of the board are in accordance with Sections 58-1-202 and 58-1-203.
 - (b) The board shall designate one of its members on a permanent or rotating basis to:
 - (i) assist the division in reviewing complaints concerning the unlawful or unprofessional conduct of a licensee; and
 - (ii) advise the division in the division's investigation of these complaints.
- (4)
 - (a) A board member who has, under Subsection (3), reviewed a complaint or advised in its investigation may be disqualified from participating with the board when the board serves as a presiding officer in an adjudicative proceeding concerning the complaint.
 - (b) The board member described in Subsection (4)(a) may be disqualified:
 - (i) on the member's own motion, due to actual or perceived bias or lack of objectivity; or
 - (ii) upon challenge for cause raised on the record by any party to the adjudicative proceeding.

Amended by Chapter 312, 2021 General Session

Amended by Chapter 313, 2021 General Session

Part 3 Licensing

58-70a-301 Licensure required -- License classifications.

- (1) A license is required to engage in practice as a physician assistant, except as specifically provided in Section 58-70a-305 or 58-1-307.
- (2) The division shall issue to an individual who qualifies under this chapter a license in the classification of physician assistant.

Amended by Chapter 309, 2017 General Session

58-70a-302 Qualifications for licensure.

Each applicant for licensure as a physician assistant shall:

- (1) submit an application in a form prescribed by the division;
- (2) pay a fee determined by the department under Section 63J-1-504;
- (3) have successfully completed a physician assistant program accredited by:
 - (a) the Accreditation Review Commission on Education for the Physician Assistant; or
 - (b) if prior to January 1, 2001, either the:
 - (i) Committee on Accreditation of Allied Health Education Programs; or
 - (ii) Committee on Allied Health Education and Accreditation;
- (4) have passed the licensing examinations required by division rule made in collaboration with the board; and
- (5) meet with the board and representatives of the division, if requested, for the purpose of evaluating the applicant's qualifications for licensure.

Amended by Chapter 312, 2021 General Session

58-70a-303 Term of license -- Expiration -- Renewal.

- (1)
 - (a) The division shall issue each license under this chapter in accordance with a two-year renewal cycle established by division rule.
 - (b) The division may by rule extend or shorten a renewal period by as much as one year to stagger the renewal cycles it administers.
- (2) At the time of renewal, the licensee shall show compliance with continuing education renewal requirements.
- (3) Each license issued under this chapter expires on the expiration date shown on the license unless renewed in accordance with Section 58-1-308.
- (4) The division shall accept and apply toward an hour requirement that the division establishes under Subsection (2) continuing education that a physician assistant completes in accordance with Section 26-61a-106.

Amended by Chapter 1, 2018 Special Session 3

58-70a-304 License renewal -- Continuing education.

- (1) Prior to license renewal, each licensee shall, during each two-year licensure cycle or other cycle defined by division rule:
 - (a) view a suicide prevention video described in Section 58-1-601 and submit proof in the form required by the division; and
 - (b) complete qualified continuing professional education requirements as defined by division rule made in collaboration with the board.
- (2) If a renewal period is extended or shortened under Section 58-70a-303, the continuing education hours required for license renewal under this section are increased or decreased proportionally.

Amended by Chapter 447, 2019 General Session

58-70a-305 Exemptions from licensure.

- (1) In addition to the exemptions from licensure in Section 58-1-307, an individual described in Subsection (2) may engage in acts included within the definition of practice as a physician assistant, subject to the stated circumstances and limitations, without being licensed under this chapter.
- (2) Subsection (1) applies to a student enrolled in an accredited physician assistant education program while engaged in activities as a physician assistant:
 - (a) that are a part of the education program;
 - (b) that are conducted at an affiliated medical facility under the direct supervision of a:
 - (i) physician associated with the program; or
 - (ii) licensed physician assistant associated with the medical faculty; and
 - (c) for which the program accepts in writing the responsibility for the student.

Amended by Chapter 312, 2021 General Session

58-70a-306 Temporary license.

- (1) An applicant for licensure as a physician assistant who has met all qualifications for licensure except passing an examination component as required in Section 58-70a-302, may apply for and be granted a temporary license to practice under Subsection (2).
- (2)
 - (a) The applicant shall submit to the division evidence of completion of a physician assistant program as defined in Subsection 58-70a-302(3).
 - (b)
 - (i) The temporary license shall be issued for a period not to exceed 120 days to allow the applicant to pass the Physician Assistant National Certifying Examination.
 - (ii) The temporary license may not be renewed or extended.
 - (c) A temporary license holder shall work under the direct supervision of a physician.

Amended by Chapter 312, 2021 General Session

58-70a-307 Collaboration requirements -- Clinical practice experience -- Requirements for independent practice in a new specialty.

- (1) As used in this section, "collaboration" means the interaction and relationship that a physician assistant has with one or more physicians in which:
 - (a) the physician assistant and physician are cognizant of the physician assistant's qualifications and limitations in caring for patients;
 - (b) the physician assistant, while responsible for care that the physician assistant provides, consults with the physician or physicians regarding patient care; and
 - (c) the physician or physicians give direction and guidance to the physician assistant.
- (2) A physician assistant with less than 10,000 hours of post-graduate clinical practice experience shall:
 - (a) practice under written policies and procedures established at a practice level that:
 - (i) describe how collaboration will occur in accordance with this section and Subsections 58-70a-501(2) and (3);
 - (ii) describe methods for evaluating the physician assistant's competency, knowledge, and skills;
 - (b) provide a copy of the written policies and procedures and documentation of compliance with this Subsection (2) to the board upon the board's request; and
 - (c) except as provided in Subsection 58-70a-501.1(4)(d) for a physician assistant specializing in mental health care, engage in collaboration with a physician for the first 4,000 hours of the physician assistant's post-graduate clinical practice experience.
- (3)
 - (a) Except as provided in Subsection 58-70a-501.1(4)(d) for a physician assistant specializing in mental health care, a physician assistant who has more than 4,000 hours of practice experience and less than 10,000 hours of practice experience shall enter into a written collaborative agreement with:
 - (i) a physician; or
 - (ii) a licensed physician assistant with more than 10,000 hours of practice experience in the same specialty as the physician assistant.
 - (b) The collaborative agreement described in Subsection (3)(a) shall:
 - (i) describe how collaboration under this section and Subsections 58-70a-501(2) and (3) will occur;
 - (ii) be kept on file at the physician assistant's practice location; and
 - (iii) be provided by the physician assistant to the board upon the board's request.

- (4) A physician assistant who wishes to change specialties to another specialty in which the PA has less than 4,000 hours of experience shall engage in collaboration for a minimum of 4,000 hours with a physician who is trained and experienced in the specialty to which the physician assistant is changing.

Enacted by Chapter 312, 2021 General Session

Amended by Chapter 313, 2021 General Session, (Coordination Clause)

Amended by Chapter 344, 2020 General Session, (Coordination Clause)

Part 4 License Denial and Discipline

58-70a-401 Grounds for denial of license -- Disciplinary proceedings.

- (1) Subject to Subsection (2), grounds for the following division actions regarding a licensee are under Section 58-1-401:
 - (a) refusing to issue a license to an applicant;
 - (b) refusing to renew the license of a licensee;
 - (c) revoking, suspending, restricting, or placing on probation the license of a licensee;
 - (d) issuing a public or private reprimand to a licensee; and
 - (e) issuing a cease and desist order.
- (2) The division may not refuse, revoke, suspend, or in any way restrict an applicant or licensee's license under this chapter solely because the applicant or licensee seeks or participates in mental health or substance abuse treatment.

Amended by Chapter 404, 2021 General Session

Part 5 Scope of Practice - Unlawful and Unprofessional Conduct - Penalties

58-70a-501 Scope of practice.

- (1) A physician assistant may provide any medical services that are not specifically prohibited under this chapter or rules adopted under this chapter, and that are within the physician assistant's skills and scope of competence.
- (2) A physician assistant shall consult, collaborate with, and refer to appropriate members of the health care team:
 - (a) as indicated by the patient's condition;
 - (b) based on the physician assistant's education, experience, and competencies;
 - (c) the applicable standard of care; and
 - (d) if applicable, in accordance with the requirements described in Section 58-70a-307.
- (3) Subject to Section 58-70a-307, the degree of collaboration under Subsection (2):
 - (a) shall be determined at the physician assistant's practice, including decisions made by the physician assistant's:
 - (i) employer;
 - (ii) group;
 - (iii) hospital service; or

- (iv) health care facility credentialing and privileging system; and
 - (b) may also be determined by a managed care organization with whom the physician assistant is a network provider.
- (4) A physician assistant may only provide healthcare services:
- (a) for which the physician assistant has been trained and credentialed, privileged, or authorized to perform; and
 - (b) that are within the physician assistant's practice specialty.
- (5) A physician assistant may authenticate through a signature, certification, stamp, verification, affidavit, or endorsement any document that may be authenticated by a physician and that is within the physician assistant's scope of practice.
- (6) A physician assistant is responsible for the care that the physician assistant provides.
- (7)
- (a) As used in this Subsection (7):
 - (i) "ALS/ACLS certification" means a certification:
 - (A) in advanced life support by the American Red Cross;
 - (B) in advanced cardiac life support by the American Heart Association; or
 - (C) that is equivalent to a certification described in Subsection (7)(a)(i)(A) or (B).
 - (ii) "Minimal sedation anxiolysis" means creating a drug induced state:
 - (A) during which a patient responds normally to verbal commands;
 - (B) which may impair cognitive function and physical coordination; and
 - (C) which does not affect airway, reflexes, or ventilatory and cardiovascular function.
 - (b) Except as provided in Subsections (c) through (e), a physician assistant may not administer general anesthetics.
 - (c) A physician assistant may perform minimal sedation anxiolysis if the procedure is within the physician assistant's scope of practice.
 - (d) A physician assistant may perform rapid sequence induction for intubation of a patient if:
 - (i) the procedure is within the physician assistant's scope of practice;
 - (ii) the physician assistant holds a valid ALS/ACLS certification and is credentialed and privileged at the hospital where the procedure is performed; and
 - (iii)
 - (A) a qualified physician is not available and able to perform the procedure; or
 - (B) the procedure is performed by the physician assistant under supervision of or delegation by a physician.
 - (e) Subsection (7)(b) does not apply to anesthetics administered by a physician assistant:
 - (i) in an intensive care unit of a hospital;
 - (ii) for the purpose of enabling a patient to tolerate ventilator support or intubation; and
 - (iii) under supervision of or delegation by a physician whose usual scope of practice includes the procedure.
- (8)
- (a) A physician assistant may prescribe or administer an appropriate controlled substance that is within the physician assistant's scope of practice if the physician assistant holds a Utah controlled substance license and a DEA registration.
 - (b) A physician assistant may prescribe, order, administer, and procure a drug or medical device that is within the physician assistant's scope of practice.
 - (c) A physician assistant may dispense a drug if dispensing the drug:
 - (i) is permitted under Title 58, Chapter 17b, Pharmacy Practice Act; and
 - (ii) is within the physician assistant's scope of practice.

- (9) A physician assistant practicing independently may only perform or provide a health care service that:
 - (a) is appropriate to perform or provide outside of a health care facility; and
 - (b) the physician assistant has been trained and credentialed or authorized to provide or perform independently without physician supervision.
- (10) A physician assistant, while practicing as a physician assistant:
 - (a) shall wear an identification badge showing the physician assistant's license classification as a physician assistant;
 - (b) shall identify themselves to a patient as a physician assistant; and
 - (c) may not identify themselves to any person in connection with activities allowed under this chapter other than as a physician assistant or PA.

Amended by Chapter 312, 2021 General Session

58-70a-501.1 Qualifications for a physician assistant specializing in mental health care -- Rulemaking.

- (1) A physician assistant specializing in mental health care under this section shall:
 - (a) hold a valid license as a physician assistant under this chapter;
 - (b) obtain and maintain a Certification of Added Qualification in psychiatry issued by the National Commission on Certification of Physician Assistants;
 - (c) complete:
 - (i) an accredited doctorate level academic program for physician assistants approved by the division in collaboration with the board;
 - (ii) a post-graduate certificate program for physician assistants to practice within psychiatric and mental health care that is approved by the division in collaboration with the board; or
 - (iii) a post-graduate residency in psychiatry and additional clinical practice or coursework in accordance with requirements approved by the division in collaboration with the board; and
 - (d) complete the clinical practice requirement described in Subsection (4).
- (2) The division, in collaboration with the board, may approve a program under Subsections (1)(c) (i) and (ii), if the program:
 - (a) is an accredited doctoral level or post-graduate academic program;
 - (b) includes at least 1,600 hours of accredited instructional hours that results in:
 - (i) a doctorate degree or equivalent; or
 - (ii) a graduate level certification in psychiatric mental health; and
 - (c) provides graduate level instruction in:
 - (i) at least 2 credit hours or equivalent of neuroscience;
 - (ii) health care law and ethics;
 - (iii) health care delivery;
 - (iv) evidence-based mental health medicine;
 - (v) evidence-based mental health research;
 - (vi) at least 3 credit hours or equivalent of psychotherapy;
 - (vii) psychiatric assessment;
 - (viii) crisis intervention;
 - (ix) group and family therapy;
 - (x) suicide risk assessment;
 - (xi) violence risk assessment;
 - (xii) at least 3 credit hours or equivalent of psychopharmacology;

- (xiii) a comprehensive review of mental disorders as characterized by the current Diagnostic and Statistical Manual of Mental Disorders, including diagnostic criteria and prevalence; and
 - (xiv) medical and therapeutic management of each condition across the lifespan in diverse populations and in a variety of clinical settings.
- (3) The division, in collaboration with the board, may:
- (a) approve and accept the completion of a post-graduate residency in psychiatry under Subsection (1)(c)(iii) if the residency includes clinical and academic training that is substantially equivalent to the training described in Subsections (2)(b) and (c); and
 - (b) require the completion of additional coursework or clinical hours for an individual who meets the training requirement under Subsection (1)(c) through a post-graduate residency in psychiatry.
- (4)
- (a) A physician assistant specializing in mental health care under this section shall complete 10,000 hours of clinical practice in mental health.
 - (b) The clinical practice hours described in Subsection (4)(a) shall be completed after the individual passes the Physician Assistant National Certifying Exam administered by the National Commission on Certification of Physician Assistants.
 - (c) Up to 1,000 hours of clinical practice under Subsection (4)(a) may be completed as part of an approved education program in mental health if the clinical practice hours meet the requirements described in Subsection (4)(d).
 - (d)
 - (i) At least the first 4,000 hours of the clinical practice hours described in Subsection (4)(a) shall be completed under the supervision of a psychiatrist.
 - (ii) At least 2,000 hours of the clinical practice hours described in Subsection (4)(a) shall be completed in psychotherapy under the supervision of a mental health therapist or a psychiatrist who has been trained in and has at least two years of practice experience in psychotherapy.
 - (iii) The remaining clinical practice hours required under Subsection (4)(a) and not received under Subsections (4)(d)(i) and (ii) shall be completed in collaboration as defined in Section 58-70a-307 with a psychiatrist.
- (5) The division, in collaboration with the board, shall establish continuing education requirements for a physician assistant specializing in mental health care under this section.

Enacted by Chapter 313, 2021 General Session

Amended by Chapter 313, 2021 General Session, (Coordination Clause)

Amended by Chapter 344, 2020 General Session, (Coordination Clause)

58-70a-501.2 Scope of practice for a physician assistant specializing in mental health care.

- (1)
- (a) A physician assistant specializing in mental health care under Section 58-70a-501.1 may engage in the practice of mental health therapy consistent with the physician assistant's education, experience, and competence.
 - (b) Section 58-70a-501 applies to a physician assistant specializing in mental health care in addition to this section.
- (2) A physician assistant specializing in mental health care is responsible for meeting the local standards of care in the provision of services, including mental health therapy and psychopharmacology.
- (3)

- (a) Except as provided in Subsection (3)(b), a physician assistant specializing in mental health care may administer a behavioral health screening instrument.
- (b) A physician assistant specializing in mental health care may not perform a psychological or neuropsychological assessment or evaluation, including:
 - (i) an intellectual assessment;
 - (ii) a forensic assessment or evaluation; and
 - (iii) administration of a psychological or neuropsychological test or instrument that requires qualification level B or qualification level C under the Standards for Educational and Psychological Testing approved as policy by the American Psychological Association.
- (4)
 - (a) A physician assistant may not administer neurostimulation or neuromodulation.
 - (b) Subsection (4)(a) does not apply to neurostimulation or neuromodulation administered by a physician assistant:
 - (i) in a health care facility; and
 - (ii) under supervision of a physician whose usual scope of practice includes neurostimulation or neuromodulation.
- (5) As a condition of probation or reinstatement of a license, the division may require that, for a specified duration, a physician assistant specializing in mental health care collaborate with or practice under the supervision of a physician who is board certified in psychiatry.
- (6) A physician assistant who is in the process of completing the clinical training requirement in Subsection 58-70a-501.1(1)(d), may engage in the practice of mental health therapy if the physician assistant:
 - (a) meets the requirements described in Subsections 58-70a-501.1(1)(a) through (c);
 - (b) engages in the practice of mental health therapy under the supervision of:
 - (i) a mental health therapist who has been trained in and has at least two years of practice experience in psychotherapy; or
 - (ii) a physician who is board certified in psychiatry; and
 - (c) engages in the practice of mental health therapy in accordance with rules made by the division regarding the supervision described in Subsection (6)(b).

Enacted by Chapter 313, 2021 General Session

58-70a-502 Unlawful conduct.

Reserved.

Amended by Chapter 312, 2021 General Session

58-70a-503 Unprofessional conduct.

- (1) "Unprofessional conduct" includes:
 - (a) violation of a patient confidence to any person who does not have a legal right and a professional need to know the information concerning the patient;
 - (b) knowingly prescribing, selling, giving away, or directly or indirectly administering, or offering to prescribe, sell, furnish, give away, or administer any prescription drug except for a legitimate medical purpose upon a proper diagnosis indicating use of that drug in the amounts prescribed or provided;
 - (c) prescribing prescription drugs for oneself or administering prescription drugs to oneself, except those that have been legally prescribed for the physician assistant by a licensed

practitioner and that are used in accordance with the prescription order for the condition diagnosed;

- (d) in a practice that has physician assistant ownership interests, failure to allow a physician the independent final decision making authority on treatment decisions for the physician's patient;
 - (e) violating the dispensing requirements of Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, if applicable; and
 - (f) falsely making an entry in, or altering, a medical record with the intent to conceal:
 - (i) a wrongful or negligent act or omission of an individual licensed under this chapter or an individual under the direction or control of an individual licensed under this chapter; or
 - (ii) conduct described in Subsections (1)(a) through (e) or Subsection 58-1-501(1).
- (2)
- (a) "Unprofessional conduct" does not include, in accordance with Title 26, Chapter 61a, Utah Medical Cannabis Act, when registered as a qualified medical provider or acting as a limited medical provider, as those terms are defined in Section 26-61a-102, recommending the use of medical cannabis.
 - (b) Notwithstanding Subsection (2)(a), the division, in consultation with the board and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, shall define unprofessional conduct for a physician assistant described in Subsection (2)(a).

Amended by Chapter 312, 2021 General Session

Amended by Chapter 337, 2021 General Session

58-70a-504 Penalty for unlawful conduct.

- (1) Any person who violates the unlawful conduct provision defined in Subsection 58-1-501(1)(a) is guilty of a third degree felony.
- (2) Any person who violates any of the unlawful conduct provisions defined in Subsections 58-1-501(1)(b) through (1)(e) or Section 58-70a-502 is guilty of a class A misdemeanor.

Enacted by Chapter 229, 1997 General Session

58-70a-505 Opiate antagonist -- Exclusion from unlawful or unprofessional conduct.

- (1) As used in this section:
 - (a) "Dispense" means the same as that term is defined in Section 58-17b-102.
 - (b) "Increased risk" means the same as that term is defined in Section 26-55-102.
 - (c) "Opiate antagonist" means the same as that term is defined in Section 26-55-102.
 - (d) "Opiate-related drug overdose event" means the same as that term is defined in Section 26-55-102.
 - (e) "Prescribe" means the same as that term is defined in Section 58-17b-102.
- (2) The prescribing or dispensing of an opiate antagonist by a licensee under this chapter is not unprofessional or unlawful conduct if the licensee prescribed or dispensed the opiate antagonist:
 - (a) in a good faith effort to assist:
 - (i) an individual who is at increased risk of experiencing an opiate-related drug overdose event; or
 - (ii) a family member of, friend of, or other person, including a person described in Subsections 26-55-107(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; or
 - (b) to an overdose outreach provider pursuant to Subsection 26-55-104(2)(a)(iii).

- (3) The provisions of this section and Title 26, Chapter 55, Opiate Overdose Response Act, do not establish a duty or standard of care in the prescribing, dispensing, or administration of an opiate antagonist.

Amended by Chapter 202, 2016 General Session, (Coordination Clause)

Amended by Chapter 202, 2016 General Session

Amended by Chapter 207, 2016 General Session

Amended by Chapter 208, 2016 General Session

58-70a-507 Volunteer health care services.

- (1) A physician assistant may provide health care services as a volunteer for a charitable organization or at a public or private event, including a religious event, youth camp, community event, or health fair, if the physician assistant:
 - (a) receives no compensation for such services; and
 - (b) provides the health care services in a manner that is consistent with the physician assistant's education, experience, and scope of practice.
- (2) Notwithstanding Subsection 58-70a-501(8), a physician assistant who is providing volunteer health services under this section may not issue a prescription to a patient for a controlled substance.

Enacted by Chapter 312, 2021 General Session

147A.02 QUALIFICATIONS FOR LICENSURE.

(a) The board may grant a license as a physician assistant to an applicant who:

(1) submits an application on forms approved by the board;

(2) pays the appropriate fee as determined by the board;

(3) has current certification from the National Commission on Certification of Physician Assistants, or its successor agency as approved by the board;

(4) certifies that the applicant is mentally and physically able to engage safely in practice as a physician assistant;

(5) has no licensure, certification, or registration as a physician assistant under current discipline, revocation, suspension, or probation for cause resulting from the applicant's practice as a physician assistant, unless the board considers the condition and agrees to licensure;

(6) submits any other information the board deems necessary to evaluate the applicant's qualifications; and

(7) has been approved by the board.

(b) All persons registered as physician assistants as of June 30, 1995, are eligible for continuing license renewal. All persons applying for licensure after that date shall be licensed according to this chapter.

(c) A physician assistant who qualifies for licensure must practice for at least 2,080 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. The physician assistant shall submit written evidence to the board with the application, or upon completion of the required collaborative practice experience. For purposes of this paragraph, a collaborative agreement is a mutually agreed upon plan for the overall working relationship and collaborative arrangement between a physician assistant, and one or more physicians licensed under chapter 147, that designates the scope of services that can be provided to manage the care of patients. The physician assistant and one of the collaborative physicians must have experience in providing care to patients with the same or similar medical conditions. The collaborating physician is not required to be physically present so long as the collaborating physician and physician assistant are or can be easily in contact with each other by radio, telephone, or other telecommunication device.

History: 1995 c 205 art 1 s 2; 2004 c 279 art 2 s 1; 2009 c 159 s 15; 2020 c 115 art 2 s 8

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

373 BOARD OF LICENSURE IN MEDICINE

a joint rule with

383 BOARD OF OSTEOPATHIC LICENSURE

Chapter 2: JOINT RULE REGARDING PHYSICIAN ASSISTANTS

SUMMARY: Chapter 2 is a joint rule pertaining to the licensure, scope of practice, continuing clinical competency, consultation, collaborative agreements, practice agreements, notification, and continuing education requirements for physician assistants who are licensed in Maine. Chapter 2 also establishes a Physician Assistant Advisory Committee.

SECTION 1. DEFINITIONS

1. “AAPA” means the American Academy of Physician Assistants.
2. “Active Unrestricted Physician License” means an active Maine physician license to practice medicine that does not include any restrictions or limitations on the scope of practice or ability to consult with or collaborate with physician assistants.
3. “Administratively Complete Application” is a uniform application for licensure as developed by the Boards, which when submitted to one of the Boards has: a) all questions on the application completely answered; b) signature and date affixed; c) all required notarizations included; d) all required supplemental materials provided in correct form; e) all requests for additional information submitted; and f) all fees, charges, costs or fines paid.
4. “AMA” means the American Medical Association.
5. “AOA” means the American Osteopathic Association.
6. “Board” means the Board of Licensure in Medicine or the Board of Osteopathic Licensure.
7. “BOL” means the Board of Osteopathic Licensure as defined in 32 M.R.S. §2561.
8. “BOLIM” means the Board of Licensure in Medicine as defined in 32 M.R.S. §3263.
9. “Collaborative Agreement” means a document agreed to by a physician assistant and a physician that describes the scope of practice for the physician assistant as determined by the practice setting and describes the decision-making process for a health care team, including communication and consultation among health care team members. A collaborative agreement is subject to review and approval by the Board.

10. “Consultation” means engagement in a process in which members of a health care team use their complimentary training, skill, knowledge and experience to provide the best care for a patient.
11. “Health care facility” means a facility, institution or entity licensed pursuant to State law or certified by the United States Department of Health and Human Services, Health Resources and Services Administration that offers healthcare to persons in this State, including hospitals and any clinics or offices affiliated with hospitals and any community health center, each of which has a system of credentialing and granting of privileges to perform health care services and that follows a written professional competence review process.
12. “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 assistant, advance practice nurse, nurse, physical therapist, occupational therapist, speech therapist, social worker, nutritionist, psychotherapist, counselor or other licensed professional.
13. “Inactive Status License” means the physician assistant has an inactive license and cannot render medical services in Maine.
14. “License” means a document issued by the Board to a physician assistant that identifies the physician assistant as qualified by training and education to render medical services.
15. “NCCPA” means the National Commission on Certification of Physician Assistants.
16. “Physician” means a person licensed as a physician by the Maine Board of Licensure in Medicine or the Maine Board of Osteopathic Licensure.
17. “Physician Assistant” means a person who has graduated from a physician assistant program accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or their successors; and/or who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA) or its successor and possesses a current license issued by the Board. Only physician assistants who are currently certified by the NCCPA may use the initials PA-C.
18. “Physician Group Practice” means an entity composed of 2 or more physicians that offers healthcare to persons in this State and that has a system of credentialing and granting of privileges to perform health care services and that follows a written professional competence review process.
19. “Practice agreement” means a document agreed to by a physician assistant who is the principal clinical provider in a practice and a physician that states the physician will be

available to the physician assistant for collaboration or consultation. A practice agreement is subject to review and approval by the Board.

SECTION 2. UNIFORM QUALIFICATIONS FOR LICENSURE

1. License Required

An individual must hold an active license issued by the Board in order to render medical services as a physician assistant in the State of Maine.

2. Uniform Application for Licensure

- A. The Boards shall develop a uniform application form for licensure.
- B. Applicants for physician assistant licensure shall complete the Board-approved application forms and submit them to the Board together with all required fees and required documentation.

3. Uniform Requirements for Temporary/New Graduate License

- A. The Board, or if delegated, Board staff may issue a one-time, non-renewable temporary license to practice as a physician assistant to an applicant who:
 - (1) Submits an administratively complete application;
 - (2) Pays the appropriate uniform licensure fee;
 - (3) Has successfully completed an educational program for physician assistants accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or their successors;
 - (4) Has no license, certification or registration as a physician assistant, or any other type or classification of health care provider license, certification or registration under current discipline, revocation, suspension, restriction or probation;
 - (5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law;
 - (6) Passes, at the time of license application, a jurisprudence examination administered by the Board; and
 - (7) Is currently scheduled to take, but has not yet taken, the national certifying examination administered by the NCCPA (NCCPA examination) or its successor organization or has taken the NCCPA examination and is awaiting

the results. **An applicant who has taken the NCCPA examination and failed to pass is not eligible to apply for a temporary license.**

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

C. A temporary license is valid until one of the following occurs:

- (1) A period not to exceed six (6) months from the date of issuance has elapsed;
- (2) The Board and/or physician assistant receive notice of the failure to pass the NCCPA examination; or
- (3) Board staff receives notice of the passage of the NCCPA examination, upon which Board staff shall issue a full license so long as all other qualifications have been met and no cause exists that may be considered grounds for disciplinary action or denial of licensure as provided by law.

D. Incomplete Application

Any application for a temporary license that has been on file without action for three (3) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process in order to proceed to licensure.

4. Uniform Requirements for Full License

A. The Board, or if delegated, Board staff may issue a full license as a physician assistant to an applicant who:

- (1) Submits an administratively complete application form;
- (2) Pays the appropriate uniform licensure fee;
- (3) Has successfully completed an educational program for physician assistants accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or their successors;
- (4) Has no license, certification or registration as a physician assistant, or any other type or classification of health care provider license, certification or registration under current discipline, revocation, suspension, restriction or probation;

- (5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law;
 - (6) Passes, at the time of license application, a jurisprudence examination administered by the Board; and
 - (7) Has passed the NCCPA certification examination and holds a current certification issued by the NCCPA that has not been subject to disciplinary action by the NCCPA at the time the license application is acted upon by the Board.
 - (8) Demonstrates current clinical competency as required by this rule.
 - (9) A new licensee who is scheduled to renew three (3) months or less from the date of original licensure will be issued a license through the next renewal cycle.
- B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

C. Incomplete Application

Any application that has been on file without action for one (1) year shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process in order to proceed to licensure.

SECTION 3. UNIFORM REQUIREMENTS FOR RENEWAL/INACTIVE STATUS/REINSTATEMENT/ WITHDRAWAL OF LICENSE

1. License Expiration and Renewal

Except for temporary licenses, the license of every physician assistant born in an odd-numbered year expires at midnight on the last day of the month of the physician assistant's birth every odd-numbered year. The license of every physician assistant born in an even-numbered year expires at midnight on the last day of the month of the physician assistant's birth every even-numbered year. The physician assistant must renew the license every two (2) years prior to the expiration of the license by submitting an administratively complete application to the Board on forms approved by the Board.

2. Renewal Notification

At least sixty (60) days prior to the expiration of a current license, the Board shall notify each licensee of the requirement to renew the license. If an administratively complete re-licensure application has not been submitted prior to the expiration date of the existing license, the license immediately and automatically expires. A license may be reinstated up to 90 days after the date of expiration upon payment of the renewal fee and late fee. If an administratively complete renewal application is not submitted within 90 days of the date of the expiration of the license, the license immediately and automatically lapses. The Board may reinstate a license pursuant to law.

3. Criteria for Active License Renewal

- A. The Board, or if delegated, Board staff may renew the active license of a physician assistant who meets the following requirements:
- (1) Submits an administratively complete license renewal application form;
 - (2) Pays the appropriate license renewal fee and/or late fee (if any);
 - (3) Affirms that the licensee has met the CME requirements. In the event that the required CME is not complete, the physician assistant may request an extension of time for good cause to complete the CME. The Board Secretary, Board Chair, or their designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits;
 - (4) Demonstrates continuing clinical competency as required by this rule;
 - (5) Successfully completes the Board's jurisprudence examination when directed by the Board; and
 - (6) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.
- B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

C. Timeliness of Application

If an application for renewal of license is not administratively complete and postmarked or received electronically by the date of expiration of the license, the late fee shall be assessed.

4. Criteria for Inactive License Renewals

A. The Board, or if delegated, Board staff may renew the inactive license of a physician assistant who meets all of the following requirements:

- (1) Submits an administratively complete license application form;
- (2) Pays the appropriate license renewal fee and/or late fee (if any); and
- (3) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.

B. Timeliness of Application

If an application for renewal of license is not administratively complete and postmarked or received electronically by the date of expiration of the license, the late fee shall be assessed.

5. License Status Conversions Between Scheduled Renewal Dates

A. Process for Conversion from Active to Inactive License

A physician assistant may convert an active license to an inactive license between scheduled renewal dates by filing a written request with the Board. Upon receipt of a written request, the Board staff shall convert the active license to an inactive license. The biennial renewal date remains unchanged.

B. Process for Conversion from Inactive to Active License

The Board, or if delegated, Board staff may convert the status of a physician assistant's license from inactive to active for an applicant who:

- (1) Files an administratively complete application with the Board;

- (2) Pays the appropriate conversion fee;
 - (3) Provides evidence of having met the Board's requirements for CME;
 - (4) Demonstrates continuing clinical competency as required by this rule;
 - (5) Meets the jurisprudence examination requirement; and
 - (6) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.
- C. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding an applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

6. Uniform Process for Withdrawal of License or Withdrawal of an Application for License

- A. A physician assistant may request to withdraw a license by submitting an administratively complete renewal application which states the reason for requesting the withdrawal of the license.
- B. An applicant may request to withdraw their application for a license by submitting a written request which states the reason for requesting to withdraw the application.
- C. The Board staff may approve an application to withdraw a license or a request to withdraw an application if the Board has no open investigation or complaint regarding the applicant, and no cause exists that may be considered grounds for disciplinary action or denial or licensure as provided by law.
- D. If a request to withdraw a license or an application for a license is presented to the Board, the Board shall determine whether to grant the request and whether the request was made while the applicant was under investigation by the Board.

7. Requirements for License Reinstatement

- A. The Board, or if delegated, Board staff may reinstate a lapsed or withdrawn license of a physician assistant who meets all of the following requirements:

- (1) Submits an administratively complete reinstatement application;
 - (2) Pays the appropriate reinstatement fee(s);
 - (3) Provides a written statement explaining why he/she withdrew or allowed the license to lapse and a detailed listing of his/her activities since that time;
 - (4) Held a Maine physician assistant license or was deemed to have held a valid Maine physician assistant license prior to filing an application for reinstatement;
 - (5) Passes, at the time of license application, a jurisprudence examination administered by the Board;
 - (6) Has passed the NCCPA certification examination and holds a current certification issued by the NCCPA that has not been subject to disciplinary action by the NCCPA at the time the license application is acted upon by the Board;
 - (7) Demonstrates current clinical competency as required by this rule; and
 - (8) Has no cause existing that may be considered grounds for disciplinary action or denial of license reinstatement as provided by law.
- B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding reinstatement of the license, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.
- C. A physician assistant whose license has lapsed or been withdrawn for more than five (5) years shall apply for a new license.
- D. The applicant's license may not be reinstated if the applicant has not provided evidence satisfactory to the Board of having actively engaged in active rendering of medical services continuously for at least the past 12 months under the license of another jurisdiction of the United States or Canada unless the applicant has first satisfied the Board of the applicant's current competency by passage of written examinations or practical demonstrations as the Board may prescribe, including but not limited to meeting the continued clinical competency requirements of this rule.

SECTION 4. UNIFORM CONTINUING CLINICAL COMPETENCY REQUIREMENTS

1. Requirements

A. General

If an applicant has not engaged in the active rendering of medical services during the 24 months immediately preceding the filing of the application, the Board may determine on a case by case basis in its discretion whether the applicant has adequately demonstrated continued competency to render medical services.

B. Demonstrating Current Competency

The Board may require an applicant to submit to any competency assessment(s) or evaluation(s) conducted by a program approved by the Board. If the assessment/evaluation identifies gaps or deficiencies, the applicant must complete an educational/remedial program to address them or engage in supervised practice as required by the Board. The Board retains the discretion regarding the method of determining continued competency based upon the applicant's specific circumstances. The methodology may include but is not limited to successful passage of examination(s), completion of additional training, and successful completion of a formal reentry to practice plan approved by the Board.

C. If the Board determines that an applicant requires a period of supervised practice and/or the completion of an educational or training program, the Board may at its discretion issue the applicant a probationary license pursuant to a consent agreement or issue an applicant a temporary license in conjunction with a reentry to practice plan.

D. All expenses, including but not limited to, expenses associated with the assessment, evaluation, test, supervision and/or training requirements are the sole responsibility of the applicant.

SECTION 5. UNIFORM FEES

A. Board staff shall collect the following fees prior to the issuance of any license or certificate:

(1) Initial License Application	\$300
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(2) Late Fee	\$50
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(3) License Renewal	\$250
(4) License Reinstatement after Withdrawal	\$200
(5) License Reinstatement after Lapse	\$400

- B. Board staff may prorate the fees for any license that will expire less than six (6) months after its issuance.

SECTION 6. UNIFORM SCOPE OF PRACTICE FOR PHYSICIAN ASSISTANTS

1. General

A physician assistant may provide any medical service for which the physician assistant has been prepared by education, training and experience and is competent to perform. The scope of practice of a physician assistant is determined by the practice setting. Physician assistant scope of practice delineated in collaborative agreements or practice agreements are subject to review and approval by the Board.

2. Practice Setting

A physician assistant may render medical services in the following settings 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.

3. Consultation

Physician assistants shall, as indicated by a patient's condition, the education, competencies and experience of the physician assistant 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 required 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. A physician must be accessible to the physician assistant at all times for consultation. Consultation may occur electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team. Upon request of the Board, a physician assistant shall identify the physician who is currently available or was available for consultation with the physician assistant.

4. Delegation by Physician Assistants

A physician assistant may delegate to the physician assistant's employees or support staff or members of a health care team, including medical assistants, certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician assistant. The physician assistant who delegates an activity is legally liable for the activity performed by the employee, medical assistant, support staff or a member of a health care team.

5. Dispensing Drugs

Except for distributing a professional sample of a prescription or legend drug, a physician assistant who dispenses a prescription or legend drug:

- A. Shall comply with all relevant federal and state laws and federal regulations and state rules; and
- 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.

6. Legal Liability

A physician assistant is legally liable for any medical service rendered by the physician assistant.

7. Collaborative Agreements/Practice Agreements

Physician assistants who are required to have either a collaborative agreement or a practice agreement with an actively licensed Maine physician shall conform their scope of practice to that which has been reviewed and approved by the Board. Such agreements must be kept on file at the physician assistant's main location of practice and be made available to the Board or the Board's representative upon request. Upon any change to the parties in a practice agreement or other substantive change to the practice agreement, the physician assistant shall submit the revised practice agreement to the Board for review and approval.

8. Criteria for Requiring Collaborative Agreements or Practice Agreements

- A. **Collaborative Agreement.** Physician assistants with less than 4,000 hours of documented clinical practice must have one (1) of the following in order to render medical services under their Maine license:
- (1) A Board-approved collaborative practice agreement with a Maine physician holding an active, unrestricted physician license; or
 - (2) A scope of practice agreement through employment with a health care system or physician group practice as defined by this rule that has a system of credentialing and granting of privileges.
- B. **Practice Agreement.** Physician assistants with more than 4,000 hours of documented clinical practice as determined by the Board and who are the principal clinical provider without a physician partner or who own and/or operate an independent practice must have the following in order to render medical services under their Maine license:
- (1) A Board-approved practice agreement with a Maine physician holding an active, unrestricted physician license.
- C. Physician assistants with more than 4,000 hours of documented clinical practice as determined by the Board and are employed with a health care facility or with a practice that includes a physician partner – regardless of whether or not the facility or practice have a system of credentialing and granting of privileges - are not required to have either a collaborative agreement or practice agreement.
- D. Acceptable documentation of clinical practice includes, but is not limited to the following:
- (1) Copies of previous plans of supervision, together with physician reviews;
 - (2) Copies of any credentialing and privileging scope of practice agreements, together with any employment or practice reviews;
 - (3) Letter(s) from a physician(s) attesting to the physician assistant's competency to render the medical services proposed;
 - (4) Attestation of completion of 4,000 hours of clinical practice, together with an employment history;
 - (5) Verification of active licensure in the State of Maine or another jurisdiction for 24 months or longer.

9. Criteria for Reviewing Scope of Practice for Physician Assistants in Collaborative Agreements or Practice Agreements

- A. In reviewing a proposed scope of practice delineated in a collaborative agreement or a practice agreement, the Board may request any of the following from the physician assistant:
- (1) Documentation of at least 24 months of clinical practice within a particular medical specialty during the 48 months immediately preceding the date of the collaborative agreement or practice agreement;
 - (2) Copies of previous plans of supervision, together with physician reviews;
 - (3) Copies of any credentialing and privileging scope of practice agreements, together with any employment or practice reviews;
 - (4) Letter(s) from a physician(s) attesting to the physician assistant's competency to render the medical services proposed;
 - (5) Completion of Specialty Certificates of Added Qualifications (CAQs) in a medical specialty obtained through the NCCPA or its successor organization;
 - (6) Preparation of a plan for rendering medical services for a period of time under the supervision of a physician;
 - (7) Successful completion of an educational and/or training program approved by the Board.
- B. Physician assistants who work outside of a health care facility or physician group practice may not render medical services until their scope of practice is reviewed and approved by the Board.

SECTION 7. UNIFORM ELEMENTS OF WRITTEN COLLABORATIVE AND PRACTICE AGREEMENTS

1. All written collaborative agreements and practice agreements shall include at a minimum:
 - A. The physician assistant's scope of practice and practice setting, including the types of patients and patient encounters common to the practice, a general overview of the role of the physician assistant in the practice setting, and the tasks that the physician assistant may be delegating to medical assistants.

- B. Identify any and all active Maine physician(s) who are signatories to a collaborative or practice agreement that describes the physician assistants' scope of practice;
- C. Identify the method(s) of consultation with the active Maine physicians who are signatories to a collaborative or practice agreement, and any limitations regarding the ability of the physician(s) to provide consultation, including limitations as to scope of practice or availability. The physician(s) who are signatories to a collaborative or practice agreement shall provide consultation only within their scope of practice and must be available for consultation with the physician assistant at all times and for all medical services rendered by the physician assistant.
- D. Maintenance and production of collaborative and practice agreements
 - (1) Physician assistants licensed to practice in accordance with these rules must prepare and have on file in the main administrative office of the practice or practice location a written, dated collaborative or practice agreement that is signed by both the physician(s) and the physician assistant and contains the elements as required by this rule.
 - (2) Failure to have a current written collaborative or practice agreement on file and/or failure to produce a current collaborative or practice agreement upon request of the Board or Board staff shall result in a citation and/or possible disciplinary action.

SECTION 8. UNIFORM NOTIFICATION REQUIREMENTS FOR PHYSICIAN ASSISTANTS

1. Change of Collaborative Agreement or Practice Agreement

A physician assistant licensed by the Board shall notify the Board in writing within ten (10) calendar days of any change to a collaborative agreement or practice agreement by submitting a revised collaborative agreement or practice agreement to the Board for review and approval.

2. Termination of Collaborative or Practice Agreement

A physician assistant licensed by the Board shall notify the Board in writing within ten (10) calendar days regarding the termination of any collaborative or practice agreement. Such notification shall include the reason for the termination.

3. Change of Contact Information

A physician assistant licensed by the Board shall notify the Board in writing within ten (10) calendar days of any change in work or home address, email, phone, or other contact information.

4. Death/Departure of Collaborating Physician

A physician assistant licensed by the Board shall notify the Board in writing within ten (10) calendar days of the death or permanent or long-term departure of a collaborating physician who is a signatory to either a collaborative agreement or a practice agreement.

5. Failure to Pass NCCPA Examination

A physician assistant issued a temporary license by the Board shall notify the Board in writing within ten (10) calendar days of the failure to pass the NCCPA examination.

6. Criminal Arrest/Summons/Indictment/Conviction

A physician assistant shall notify the Board in writing within ten (10) calendar days of being arrested, summonsed, charged, indicted or convicted of any crime.

7. Change in Status of Employment or Hospital Privileges

A physician assistant shall notify the Board in writing within ten (10) calendar days of termination of employment, or any limitation, restriction, probation, suspension, revocation or termination of hospital privileges.

8. Disciplinary Action

A physician assistant shall notify the Board in writing within ten (10) calendar days of disciplinary action taken by any licensing authority including, but not limited to, warning, reprimand, fine, suspension, revocation, restriction in practice or probation.

9. Material Change

A physician assistant shall notify the Board in writing within ten (10) calendar days of any material change in qualifications or the information and responses provided to the Board in connection with the physician assistant's most recent application.

10. Name Change

A physician assistant licensed by the Board shall notify the Board in writing within thirty (30) calendar days regarding any legal change in her/his name and provide the Board with a copy of the pertinent legal document (e.g. marriage certificate or court order).

SECTION 9. UNIFORM CITATION

1. The board, or if delegated, board staff may issue citations in lieu of taking disciplinary action for:
 - A. The failure to have a current written collaborative or practice agreement that conforms to the requirements of this rule on file at the location specified. The administrative fine for each violation is \$200; or
 - B. The failure to file a written notification form with the relevant Board as required by this rule. The administrative fine for each violation is \$100.

2. Service of Citation

The citation may be served on the licensee by mail sent from the Board office.

3. Right to Hearing

The citation shall inform the licensee that the licensee may pay the administrative fine or request in writing a hearing before the Board regarding the violation. If the licensee requests a hearing, the citation shall be processed in the same manner as a complaint pursuant to 32 M.R.S. §3282-A, or 32 M.R.S. §2591-A except that the licensee's written response to the citation must be filed at the same time as the written request for hearing.

4. Time for Payment or Request for Hearing

The licensee shall either pay the administrative fine within thirty (30) days following issuance of the citation or request a hearing in writing within thirty (30) days following issuance of the citation. Failure to take either action within this thirty-day (30-day) period is a violation of the Board's rules that may subject the licensee to further disciplinary action by the Board for unprofessional conduct, including but not limited to an additional fine and action against the license.

5. Citation Violations Not Reportable

Administrative fines paid solely in response to citations issued pursuant to this rule do not constitute discipline or negative action or finding and shall not be reported to the

Federation of State Medical Boards or the National Practitioner Databank or to any other person, organization, or regulatory body except as allowed by law. Citation violations and administrative fines are public records within the meaning of 1 M.R.S. §402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. §408-A.

SECTION 10. CONDUCT SUBJECT TO DISCIPLINE

Violation of this rule by a physician assistant constitutes unprofessional conduct and is grounds for discipline of a physician assistant's license.

SECTION 11. UNIFORM CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS AND DEFINITIONS

In order to qualify to renew a license, a physician assistant must meet the following CME requirements:

1. Requirements

A. Each physician assistant who possesses an active license shall complete, during each biennial licensing period, a minimum of one hundred (100) credit hours of continuing medical education subject to the following:

- (1) At least fifty (50) hours must be in Category 1 (as defined by this rule);
- (2) The total one hundred (100) hours may be in Category 1.
- (3) Fifty (50) credit hours may be in Category 2 (as defined by this rule).

B. If the required CME is not completed and submitted, then an inactive status license renewal will be issued unless the Board has granted an extension of time or deferment as described in Subsection 2C below.

C. Proof of current NCCPA certification at the time an application for renewal is submitted satisfies CME requirements.

D. CME for Opioid Prescribing

Physician assistants must complete 3 hours of Category 1 credit CME every two years on the prescribing of opioid medication as required by Board Rule Chapter 21 "Use of Controlled Substances for Treatment of Pain."

2. Definitions of CME Categories

A. Category 1 CME includes:

- (1) CME programs sponsored or co-sponsored by an organization or institution accredited by: the American Academy of Physician Assistants (AAPA); the American Medical Association Council on Medical Education (AMA); the Accreditation Council for Continuing Medical Education (ACCME); the American Academy of Family Practice (AAFP); the Committee on Continuing Medical Education of the Maine Medical Association (MMA); the American Osteopathic Association (AOA); or the Maine Osteopathic Association (MOA). Programs will be properly identified as such by approved sponsoring or co-sponsoring organizations. VALUE: One (1) credit hour per hour of participation. VERIFICATION: Certificate of completion, if requested by the Board as part of a CME audit.
- (2) Papers or articles published in peer reviewed medical journals (journals included in Index Medicus) VALUE: Ten (10) credit hours for each article. Limit one article per year. VERIFICATION: Copy of first page of article, if requested by the Board as part of a CME audit.
- (3) Poster preparation for an exhibit at a meeting designated for AMA/AOA/AAPA category 1 credit, with a published abstract. VALUE: Five (5) credit hours per poster. Limit one poster per year. VERIFICATION: Copy of program with abstract and presenter identified, if requested by the Board as part of CME audit.
- (4) Teaching or presentation in activities designated for AMA/AOA/AAPA category 1 Credit, VALUE: Two (2) credit hours for each hour of preparation and presentation of new and original material. Limit ten (10) hours per year. VERIFICATION: Copy of program from activity, if requested by the Board as part of CME audit.
- (5) Medically related degrees, i.e. MPH, Ph.D. VALUE: Twenty-five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of CME audit.
- (6) Postgraduate training or advanced specialty training. VALUE: Fifty (50) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of CME audit.
- (7) Other programs developed or approved from time to time by the Board. VALUE: Determined by the Board at the time of approval. VERIFICATION: Determined by the Board at the time of approval.

B. Category 2 CME includes:

- (1) CME programs with non-accredited sponsorship, i.e. those not meeting the definition of Category 1 as defined in Subsection 2(A) above. VALUE: One (1) credit hour per hour of participation.
- (2) Medical teaching of medical students, interns, residents, fellows, practicing physicians, or allied professionals. VALUE: One (1) credit hour per hour of teaching.
- (3) Authoring papers, publications, books, or book chapters, not meeting the definition of Category 1 as defined in Subsection 2(A) above. VALUE: Ten (10) credit hours per publication. Limit ten (10) hours per year.
- (4) Non-supervised individual activities, i.e. journal reading, peer review activities, self-assessment programs which are not sponsored by an accredited Category 1 organization. VALUE: One (1) credit hour per hour of participation.

C. Exceptions to CME requirements

- (1) The Board, at its discretion, may grant an extension of time or deferment to a licensee who because of prolonged illness, undue hardship, or other extenuating circumstances has been unable to meet the requirements of CME.
- (2) CME will be prorated during the first licensure period.
- (3) CME requirements will be stayed for physician assistants called to active military duty according to current Board policy.

D. Evidence of completion

Board staff shall perform random audits of CME.

SECTION 12. IDENTIFICATION REQUIREMENTS

1. Physician assistants licensed under this rule shall:

- A. Keep their licenses available for inspection at the location where they render medical services;
- B. When rendering medical services, wear a name tag identifying themselves as physician assistants; and

- C. Verbally identify themselves as physician assistants whenever greeting patients during initial patient encounters and whenever patients incorrectly refer to them as “doctors.”

SECTION 13. PHYSICIAN ASSISTANT ADVISORY COMMITTEE

1. The Boards shall appoint a Physician Assistant Advisory Committee (the Advisory Committee) comprised of such persons as it deems appropriate, but the Advisory Committee shall include at least two physicians and two physician assistants licensed by either the BOLIM or the BOL. The PA members of the BOL and the BOLIM shall also be members of the committee. The Boards may also appoint such Advisory Committee members it deems appropriate.
 2. The duties of the Advisory Committee shall be to review matters and make recommendations pertaining to physician assistants which the Boards request the Advisory Committee to consider.
 3. Members of the Advisory Committee shall be appointed by the Boards for terms of up to four years. A member may be appointed by the Board for a second, and final four-year term. If a member is appointed to complete a term created by the premature departure of another member, the appointed member may still serve two full terms. The Boards may, at their discretion, remove any member from the Advisory Committee.
 4. Members of the Advisory Committee shall not hold a leadership position or be an officer in a professional association regarding any professional occupation(s) licensed or regulated by the Boards.
 5. The Chairperson of the Advisory Committee shall be a physician assistant member and shall not be a regular member of the Board of Licensure in Medicine or the Board of Osteopathic Licensure and shall be elected by a vote of the members of the Advisory Committee. The Chairperson shall serve for a term of two years and may not be re-elected.
 6. The Advisory Committee shall meet at the request of either Board. Five (5) members of the Advisory Committee shall constitute a quorum for the purpose of holding a meeting and conducting business.
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STATUTORY AUTHORITY:

32 M.R.S. §§ 2562 and 2594-E(5); §§ 32 M.R.S. 3269(7) and 3270-E(5); 10 M.R.S. §8003(5)(C)(4).

EFFECTIVE DATE:

November 1, 1994

EFFECTIVE DATE (ELECTRONIC CONVERSION):

October 22, 1996

NON-SUBSTANTIVE CHANGES:

January 29, 1999 - converted to Microsoft Word.

REPEALED AND REPLACED:

May 8, 2001

August 22, 2005 – filing 2005-333

August 23, 2006 – filing 2006-390

March 9, 2013 – filing 2013-056

July 18, 2016 – filing 2016-122 (*a joint rule with 02-383 – Board of Osteopathic Licensure*)

AMENDED:

December 16, 2020 – filing 2020-246 (*a joint rule with 02-383 – Board of Osteopathic Licensure*)