Advisory Board on Physician Assistants

Virginia Board of Medicine

October 5, 2017 1:00 p.m.

Advisory Board on Physician Assistants

Board of Medicine October 5, 2017, 1:00 PM 9960 Mayland Drive, Suite 201 Henrico, Virginia

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Call to Order – Thomas Parrish, PA-C Chair	
Emergency Egress Procedures – Alan Heaberlin	i
Roll Call – ShaRon Clanton	
Approval of Minutes	1-3
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
NEW BUSINESS	
 Request that the PA Advisory Board consider amending 18VAC85-50-10, 18VAC85-50-101 and 18VAC85-50-110 for removal of definitions and requirement of direct, general and personal supervision. However maintaining "Continuous supervision" pursuant to 54.1-2952. Thomas Parrish, PA-C 	4-6
 18VAC85-50-181. Pharmacotherapy For Weight Loss – Language in Regulation That Would Allow Physician Assistants to Conduct Evaluations And Prescribe – Elaine Yeatts 	7
3. Discussion of Student Exemption and License Applicant Status – Dr. Harp	
. 4. Approval of 2018 Meeting Calendar – Alan Heaberlin	8-9
5. Election of Officers – Thomas Parrish, PA-C	

Announcements

Next Scheduled Meeting: February 1, 2018 @ 1:00 p.m.

Adjournment

PERIMETER CENTER CONFERENCE CENTER EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS (Script to be read at the beginning of each meeting.)

Training Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the doors, turn LEFT. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

---DRAFT UNAPPROVED---

ADVISORY BOARD ON PHYSICIAN ASSISTANTS

Board of Medicine June 8, 2017, 1:00 PM 9960 Mayland Drive, Suite 201 Richmond, VA Training Room 2

The Advisory Board on Physician Assistants met Thursday, June 8, 2017, at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:

Thomas Parish PA-C, Chair

Portia Tomlinson, PA-C, Vice-Chair

Rachel Carlson, PA-C

MEMBERS ABSENT:

James Potter, MD

Citizen Member, vacant

STAFF PRESENT:

William L. Harp, MD, Executive Director

R. Alan Heaberlin, Deputy Director, Licensure Elaine Yeatts, DHP Senior Policy Analyst ShaRon Clanton, Licensing Specialist

GUESTS PRESENT:

David Falkenstein, VAPA

Robert Glasgow, PA-C, VAPA

W. Scott Johnson-MSV Hassan Shah, MD-VCU Srinivasa Punyala, MD-VCU

Call to Order

Mr. Parish called the meeting to order at 1:05 pm.

Emergency Egress Procedures

Alan Heaberlin provided the emergency evacuation instructions.

Roll Call

Ms. Clanton called the roll, and a quorum was declared.

---DRAFT UNAPPROVED---

Approval of Minutes June 9, 2016 & February 2, 2017

Ms. Carlson moved to approve the minutes from June 9, 2016 and February 2, 2017. The motion was seconded and carried.

Adoption of Agenda

Ms. Yeatts requested the addition of a NOIRA for laser hair removal as an item on the agenda. A motion was made by Rachel Carlson, PA-C to approve the amended agenda; it was seconded and carried.

Public Comment on Agenda Items

Mr. Falkenstein discussed a proposal to amend the levels of supervision in the regulations for PA's. He also discussed amending 18VAC85-50-181 to clarify that PA's can do pharmacotherapy for weight loss.

Mr. Johnson provided websites from MSV to help with opioid prescribing.

NEW BUSINESS

- 1. The Advisory Board discussed a request to consider amending 18VAC85-50-10, 18VAC85-50-101 and 18VAC85-50-110 by the removing definitions and requirements for direct, general and personal supervision. Mr. Parish asked to table this item until the next meeting of the Advisory Board which was agreed to by acclamation.
- 2. Review of Amendments effective June 29, 2017

Ms. Yeatts reviewed the amendments affecting 18VAC85-50-110 by noting that PA's will no longer need to seek Board approval to perform invasive procedures under continuous or general supervision. Ms. Yeatts further recommended a NOIRA to amend 18VAC85-50-181 by including the language from subsection C of Section 18VAC85-20-90 of the Regulations Governing the Medicine, Osteopathy, Podiatry and Chiropractic to clarify the authority of PA's in the pharmacotherapy of weight loss.

3. Review of Regulations for Prescribing Opioids and Buprenorphine effective March 15, 2017

Mrs. Yeatts provided an overview of new requirements pertaining to PA's prescribing opioids.

---DRAFT UNAPPROVED---

4. Notice of Intended Regulatory Action for Laser Hair Removal

Ms. Yeatts suggested a Notice of Intent for Regulatory Action in order to promulgate regulations for Code Section 54.1-2973.1 which takes effect on July 1, 2017. Of importance will be the definition of supervision.

Rachel Carlson moved to recommend a NOIRA to amend 18VAC85-50-181 by including the language from subsection C of Section 18VAC85-20-90 and to recommend a NOIRA to create regulations required by Section 54.1-2973.1 of the Code of Virginia. The motion was seconded and carried.

Announcements

Mr. Heaberlin gave the current license stats for PA's. There were 3512 with active licenses, 2732 with Virginia addresses, 775 out-of-state, and 25 with inactive licenses.

Next Scheduled Meeting: October 5, 2017 @ 1:00 p.m.

Adjournment

Mr. Parish adjourned the meeting at 2:11 p.m. The motion was seconded and carried.

Thomas Parish, PA-C, Chair
William L. Harp, M.D., Executive Director
ShaRon Clanton, Licensing Specialist

1. Request that the Physician Assistant Advisory Board consider amending 18VAC85-50-10, 18VAC85-50-101 and 18VAC85-50-110. for the removal of definitions and requirement of direct, general and personal supervision. However, maintaining "Continuous supervision" pursuant to 8 54.1-2952.

18VAC85-50-10. Definitions.

A. The following words and terms shall have the meanings ascribed to them in §54.1-2900 of the Code of Virginia:

"Board."

"Physician assistant."

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Group practice" means the practice of a group of two or more doctors of medicine, osteopathy, or podiatry licensed by the board who practice as a partnership or professional corporation.

"Institution" means a hospital, nursing home or other health care facility, community health center, public health center, industrial medicine or corporation clinic, a medical service facility, student health center, or other setting approved by the board.

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

"Practice agreement" means a written agreement developed by the supervising physician and the physician assistant that defines the supervisory relationship between the physician assistant and the physician, the prescriptive authority of the physician assistant, and the circumstances under which the physician will see and evaluate the patient.

"Supervision" means:

- 1. "Alternate supervising physician" means a member of the same group or professional corporation or partnership of any licensee, any hospital or any commercial enterprise with the supervising physician. Such alternating supervising physician shall be a physician licensed in the Commonwealth who has registered with the board and who has accepted responsibility for the supervision of the service that a physician assistant renders.
- 2. "Direct supervision" means the physician is in the room in which a procedure is being performed.

- 3. "General supervision" means the supervising physician is easily available and can be physically present or accessible for consultation with the physician assistant within one hour.
- 4. "Personal supervision" means the supervising physician is within the facility in which the physician's assistant is functioning.
- 5. "Supervising physician" means the doctor of medicine, osteopathy, or podiatry licensed in the Commonwealth who has accepted responsibility for the supervision of the service that a physician assistant renders.
- 6. "Continuous supervision" *pursuant to § 54.1-2952* means the supervising physician has ongoing, regular communication with the physician assistant on the care and treatment of patients.

18VAC85-50-101. Requirements for a practice agreement.

A. Prior to initiation of practice, a physician assistant and his supervising physician shall enter into a written or electronic practice agreement that spells out the roles and functions of the assistant. Any such practice agreement shall take into account such factors as the physician assistant's level of competence, the number of patients, the types of illness treated by the physician, the nature of the treatment, special procedures, and the nature of the physician availability in ensuring direct physician involvement at an early stage and regularly thereafter. The practice agreement shall also provide an evaluation process for the physician assistant's performance, including a requirement specifying the time period, proportionate to the acuity of care and practice setting, within which the supervising physician shall review the record of services rendered by the physician assistant. The practice agreement may include requirements for periodic site visits by supervising licensees who supervise and direct assistants who provide services at a location other than where the licensee regularly practices.

- B. The board may require information regarding the level of supervision, (i.e., "direct," "personal," or "general") with which the supervising physician plans to supervise the physician assistant for selected tasks. The board may also require the supervising physician to document the assistant's competence in performing such tasks.
- C. If the role of the assistant includes prescribing for drugs and devices, the written practice agreement shall include those schedules and categories of drugs and devices that are within the scope of practice and proficiency of the supervising physician.
- D. If the initial practice agreement did not include prescriptive authority, there shall be an addendum to the practice agreement for prescriptive authority.
- E. If there are any changes in supervision, authorization, or scope of practice, a revised practice agreement shall be entered into at the time of the change.

18VAC85-50-110. Responsibilities of the supervisor.

The supervising physician shall:

- 1. Review the clinical course and treatment plan for any patient who presents for the same acute complaint twice in a single episode of care and has failed to improve as expected. The supervising physician shall be involved with any patient with a continuing illness as noted in the written or electronic practice agreement for the evaluation process.
- 2. Be responsible for all invasive procedures.
- a. Under general supervision, a physician assistant may insert a nasogastric tube, bladder catheter, needle, or peripheral intravenous catheter, but not a flow-directed catheter, and may perform minor suturing, venipuncture, and subcutaneous intramuscular or intravenous injection.
- b. All other invasive procedures not listed in subdivision 2 a of this section must be performed under direct-supervision unless, after directly supervising the performance of a specific invasive procedure three times or more, the supervising physician attests to the competence of the physician assistant to perform the specific procedure without direct supervision by certifying to the board in writing the number of times the specific procedure has been performed and that the physician assistant is competent to perform the specific procedure. After such certification has been accepted and approved by the board, the physician assistant may perform the procedure under general supervision.
- 3. Be responsible for all prescriptions issued by the assistant and attest to the competence of the assistant to prescribe drugs and devices.

2. Request that the Physician Assistant Advisory Board discuss for the purpose of determining the necessity for maintaining the prohibition for the below regulation. 18VAC85-50-181. Pharmacotherapy for weight loss.

18VAC85-50-181. Pharmacotherapy for weight loss.

A.A practitioner shall not prescribe amphetamine, Schedule II, for the purpose of weight reduction or control.

- B. A practitioner shall not prescribe controlled substances, Schedules III through VI, for the purpose of weight reduction or control in the treatment of obesity, unless the following conditions are met:
- 1. An appropriate history and physical examination, are performed and recorded at the time of initiation of pharmacotherapy for obesity by the prescribing physician, and the physician reviews the results of laboratory work, as indicated, including testing for thyroid function;
- 2. If the drug to be prescribed could adversely affect cardiac function, the physician shall review the results of an electrocardiogram performed and interpreted within 90 days of initial prescribing for treatment of obesity;
- 3. A diet and exercise program for weight loss is prescribed and recorded;
- 4. The patient is seen within the first 30 days following initiation of pharmacotherapy for weight loss, by the prescribing physician or a licensed practitioner with prescriptive authority working under the supervision of the prescribing physician, at which time a recording shall be made of blood pressure, pulse, and any other tests as may be necessary for monitoring potential adverse effects of drug therapy;
- 5. The treating physician shall direct the follow-up care, including the intervals for patient visits and the continuation of or any subsequent changes in pharmacotherapy. Continuation of prescribing for treatment of obesity shall occur only if the patient has continued progress toward achieving or maintaining a target weight and has no significant adverse effects from the prescribed program.

Advisory Board on:

Behavioral Analysts January 29	June 4	10:00 a.m. October 1
Genetic Counseling January 29	June 4	1:00 p.m. October 1
Occupational Therapy January 30	June 5	10:00 a.m. October 2
Respiratory Care : January 30	June 5	October 2
Acupuncture January 31	June 6	10:00 a.m. October 3
Radiological Technology January 31	June 6	1:00 p.m. October 3
Athletic Training February 1	June 7	10:00 a.m. October 4
Physician Assistants February 1	June 7	1:00 p.m. October 4
Midwifery February 2		10:00 a.m. October 5
Polysomnographic Technology February 2	June 8	1:00 p.m. October 5
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TBA

Virginia Board of Medicine 2018 Board Meeting Dates

Full Board Meetings

February 15-17, 2018 DHP/Richmond, VA Board Rooms TBA
June 14-16, 2018 DHP/Richmond, VA Board Rooms TBA
October 18-20, 2018 DHP/Richmond, VA Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Executive Committee Meetings

April 13, 2018 DHP/Richmond, VA Board Rooms TBA
August 3, 2018 DHP/Richmond, VA Board Rooms TBA
December 7, 2018 DHP/Richmond, VA Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Legislative Committee Meetings

January 19, 2018DHP/Richmond, VABoard Rooms TBAMay 18, 2018DHP/Richmond, VABoard Rooms TBASeptember 7, 2018DHP/Richmond, VABoard Rooms TBA

Times for the above meetings are 8:30 a.m. to 1:00 p.m.

Credentials Committee Meetings

 January 24, 2018
 February 28, 2018
 March 21, 2018

 April 25, 2018
 May 30, 2018
 June 27, 2018

 July 25, 2018
 August 22, 2018
 September 26, 2018

 October 24, 2018
 November 14, 2018
 December (TBA), 2018

Times for the Credentials Committee meetings - TBA