

PROPOSED REGULATIONS

Title of Regulations: 18 VAC 85-50-10 et seq. Regulations Governing the Practice of Physician Assistants

Statutory Authority: § 54.1-2400 and Chapter 29 (§ 54.1-2900 et. seq.) of Title 54.1 of the Code of Virginia

Effective Date: **Replacing emergency regulations in effect: July 19, 2002 through July 18, 2003**

Summary: The Board has adopted regulations governing the practice of physician assistants. These regulations protect the health, safety and welfare of the citizens of the Commonwealth by establishing educational and examination requirements, renewal and reinstatement requirements, and practice standards.

PART I.
General Provisions.

18 VAC 85-50-10. Definitions

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

"*Board*"

"Physician assistant"

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

"*Committee*" means the Advisory Committee on Physician Assistants as specified in § 54.1-2950.1 of the Code of Virginia.

"*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.

"*Protocol*" means a set of directions developed by the supervising physician that defines the supervisory relationship between the physician assistant and the physician 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 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" means the supervising physician has on-going, regular communication with the physician assistant on the care and treatment of patients.

18 VAC 85-50-40. General requirements.

- A. No person shall practice as a physician assistant in the Commonwealth of Virginia except as provided in this chapter.
- B. All services rendered by a physician assistant shall be performed only under the continuous supervision of a doctor of medicine, osteopathy, or podiatry licensed by this board to practice in the Commonwealth.

18 VAC 85-50-59. Registration for voluntary practice by out-of-state licensees.

Any physician assistant who does not hold a license to practice in Virginia and who seeks registration to practice under § 54.1-2901 (27) of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization with no paid employees that sponsors the provision of health care to populations of underserved people throughout the world shall:

1. File a complete application for registration on a form provided by the board at least 15 days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;
3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of § 54.1-2901 (27) of the Code of Virginia.

18 VAC 85-50-101. Requirements for a protocol.

- A. Prior to initiation of practice, a physician assistant and his supervising physician shall submit a written protocol which spells out the roles and functions of the assistant. Any such protocol 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 protocol 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.

B. The board may require information regarding the level of supervision; "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 protocol shall include those schedules and categories of drugs and devices that are within the scope of practice and proficiency of the supervising physician.

18 VAC 85-50-110. Responsibilities of the supervisor.

The supervising physician shall:

1. See and evaluate any patient who presents with the same complaint twice in a single episode of care and has failed to improve significantly. Such physician involvement shall occur not less frequently than every fourth visit for a continuing illness.
- ~~2. Review the record of services rendered the patient by the physician assistant and sign such records within 72 hours after any such care was rendered by the assistant.~~
- 3 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 above 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.
- 4 3. Be responsible for all prescriptions issued by the assistant and attest to the competence of the assistant to prescribe drugs and devices.

18 VAC 85-50-115. Responsibilities of the physician assistant.

A. The physician assistant shall not render independent health care and shall:

1. Perform only those medical care services that are within the scope of the practice and proficiency of the supervising physician as prescribed in the physician assistant's protocol. When a physician assistant is to be supervised by an alternate supervising physician, outside the scope of specialty of the supervising physician, then the physician assistant's functions shall be limited to those areas not requiring specialized clinical judgment, unless a separate protocol for that alternate supervising physician is approved and on file with the board.
2. Prescribe only those drugs and devices as allowed in Part IV (18 VAC 85-50-130 et seq.) of this chapter.
3. Wear during the course of performing his duties identification showing clearly that he is a physician assistant.

~~B. If the assistant is to perform duties away from the supervising physician, such supervising physician shall obtain board approval in advance for any such arrangement and shall establish written policies to protect the patient.~~

B. If, due to illness, vacation, or unexpected absence, the supervising physician is unable to supervise personally the activities of his assistant, such supervising physician may temporarily delegate the responsibility to another doctor of medicine, osteopathy, or podiatry. The employing supervising physician so delegating his responsibility shall report such arrangement for coverage, with the reason therefore, to the board office in writing, subject to the following provisions:

1. For planned absence, such notification shall be received at the board office at least one month prior to the supervising physician absence.
2. For sudden illness or other unexpected absence, the board office shall be notified as promptly as possible, but in no event later than one week.
3. Temporary coverage may not exceed four weeks unless special permission is granted by the board.

D C. With respect to assistants employed by institutions, the following additional regulations shall apply:

1. No assistant may render care to a patient unless the physician responsible for that patient has signed the protocol to act as supervising physician for that assistant. The board shall make available appropriate forms for physicians to join the protocol for an assistant employed by an institution.
2. Any such application as described in subdivision 1 of this subsection shall delineate the duties which said physician authorizes the assistant to perform.
3. The assistant shall as soon as circumstances may dictate but, within an hour, with an acute or significant finding or change in clinical status, report to the supervising physician concerning the examination of the patient. The assistant shall also record his findings in appropriate institutional records.

E D. Practice by a physician assistant in a hospital, including an emergency department, shall be in accordance with § 54.1-2952 of the Code of Virginia.