ARKANSAS REGISTER

Proposed Rule Cover Sheet

Secretary of State
John Thurston
500 Woodlane Street, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-5070
www.sos.arkansas.gov

Name of Department Department of Health

Agency or Division Name Division of Health Related Boards and Commissions/Arkansas State Medical Board

Other Subdivision or Department, If Applicable

Previous Agency Name, If Applicable

Contact Person Amy Embry, Executive Director

Contact E-mail Amy.Embry@armedicalboard.org

Contact Phone 501-296-1802

Name of Rule Proposed Amendment to Rule 24 - Rules Governing Physician Assistants

Newspaper Name Daily Record

Date of Publishing Unknown at this time

Final Date for Public Comment Unknown at this time

Location and Time of Public Meeting 1401 West Capitol Avenue, Suite 340, Little Rock, AR 72201

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL

DEPARTMENT/AGENCY Department of Health

DIVISION Division of Health Related Boards and Commissions/Arkansas State Medical Board

DIVISION DIRECTOR Matt Gilmore, ADH Boards and Commissions

CONTACT PERSON Amy Embry, Director, Arkansas State Medical Board

ADDRESS 1401 West Capitol Avenue, Suite 340, Little Rock, AR 72201

PHONE NO. 501-296-1802 **FAX NO.** 501-296-1805 **E-MAIL** Amy.embry@armedicalboard.or

NAME OF PRESENTER AT COMMITTEE MEETING Kevin M. O'Dwyer, Attorney

PRESENTER E-MAIL kodwyer@htolaw.com

INSTRUCTIONS

A. Please make copies of this form for future use.
B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Jessica Sutton
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

****

1. What is the short title of this rule? Rule 24 – Proposed Amendments to Rule 24 Governing Physician Assistants

2. What is the subject of the proposed rule? To add new regulation governing physician assistants

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ☐ No X
   If yes, please provide the federal rule, regulation, and/or statute citation. _____

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
   Yes ☐ No X
   If yes, what is the effective date of the emergency rule? N/A
   When does the emergency rule expire? N/A
   Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?
   Yes ☐ No X

5. Is this a new rule? Yes X No
If yes, please provide a brief summary explaining the regulation. To add new regulation regarding physician assistants.

Does this repeal an existing rule? Yes ☐ No X
If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. _____

Is this an amendment to an existing rule? Yes No X
If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. ACA §17-95-303(2) and A.C.A. §17-105-108

17-105

7. What is the purpose of this proposed rule? Why is it necessary? To add new regulation regarding physician assistants.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). www.armedicalboard.org

9. Will a public hearing be held on this proposed rule? Yes X No ☐
If yes, please complete the following:

Date: June 4, 2020
Time: 8:30 a.m.
Place: 1401 W. Capitol Ave. Suite 340, Little Rock AR 72201

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)
June 4, 2020

11. What is the proposed effective date of this proposed rule? (Must provide a date.)
Unknown at this time

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice. Proof of publication will be provided as soon as it is received.

13. Please provide proof of filing the rule with the Secretary of State and the Arkansas State Library as required pursuant to Ark. Code Ann. § 25-15-204(e). Will provide after approval by Governor.

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known. Arkansas Medical Society; Arkansas Osteopathic Association.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Health

DIVISION Division of Health Related Boards and Commissions/Arkansas State Medical Board

PERSON COMPLETING THIS STATEMENT Kevin M. O'Dwyer, Attorney

TELEPHONE 501-372-4144 **FAX** 501-372-7480 **EMAIL:** kodwyer@htolaw.com

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Rule 24 - Rules Governing Physician Assistants

1. Does this proposed, amended, or repealed rule have a financial impact? Yes ☐ No X

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes X No ☐

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes X No ☐

   If an agency is proposing a more costly rule, please state the following:

   (a) How the additional benefits of the more costly rule justify its additional cost;
   N/A

   (b) The reason for adoption of the more costly rule;
   N/A

   (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;
   N/A

   (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.
   N/A

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

   (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year		**Next Fiscal Year**	
General Revenue	N/A	General Revenue	N/A
Federal Funds		Federal Funds	
Cash Funds		Cash Funds	
Special Revenue		Special Revenue	
Other (Identify)		Other (Identify)	
Total		Total	

(b) What is the additional cost of the state rule?

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5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year
$ N/A

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$ N/A

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year
$ N/A

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$ N/A

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars ($100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☐ No X

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:
(a) justifies the agency's need for the proposed rule; and
(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

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(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:

(a) the rule is achieving the statutory objectives;
(b) the benefits of the rule continue to justify its costs; and
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7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars ($100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

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MARKUP

RULE NO. 24 - RULES GOVERNING PHYSICIAN ASSISTANTS

1. A physician assistant must possess a license issued by the Arkansas State Medical Board prior to engaging in such occupation.

2. To obtain a license from the Arkansas State Medical Board the physician assistant must do the following:

   a. Answer all questions to include the providing of all documentation requested on an application form as provided by the Arkansas State Medical Board;

   b. Pay the required fee for licensure as delineated elsewhere in this rule;

   c. Provide proof of successful completion of Physician Assistant National Certifying Examination, as administered by the National Commission on Certification of Physician Assistants;

   d. Certify and provide such documentation, as the Arkansas State Medical Board should require that the applicant is mentally and physically able to engage safely in the role as a physician assistant;

   e. Certify that the applicant is not under any current discipline, revocation, suspension or probation or investigation from any other licensing board;

   f. Provide letters of recommendation as to good moral character and quality of practice history;

   g. The applicant should be at least 21 years of age;

   h. Show proof of graduation with a Bachelor's Degree from an accredited college or university or prior service as a military corpsman;

   i. Provide proof of graduation ~~of~~ from a physician assistant education program recognized by the ~~Committee on Allied Health Education and~~ Accreditation Review Commission on Education for the Physician Assistant or by its successor agency, and has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;

   j. The submission and approval by the Board of a ~~protocol~~ delegation agreement delineating the scope of practice that the physician assistant will engage in, the program of evaluation and supervision by the supervising physician;

k. The receipt and approval by the Arkansas State Medical Board of the supervising physician for the physician assistant on such forms as issued by the Arkansas State Medical Board;

3. If an applicant for a license submits all of the required information, complies with all the requirements in paragraph 2, except paragraph 2 (j) and the same is reviewed and approved by the Board, then the applicant may request a Letter of Intent from the Board and the Board may issue the same. Said Letter of Intent from the Board will state that the applicant has complied with all licensure requirements of the Board except the submission of a ~~protocol~~ Delegation Agreement and supervising physician and that upon those being submitted and approved by the Board, it is the intent of the board to license the applicant as a physician assistant. Said Letter of Intent will expire six (6) months from date of issue.

4. The ~~Protocol~~ Delegation Agreement

a. This ~~protocol~~ delegation agreement is to be completed and signed by the physician assistant and his/her designated supervising physician. Said ~~protocol~~ delegation agreement will be written in the form issued by the Arkansas State Medical Board. Said protocol must be accepted and approved by the Arkansas State Medical Board prior to licensure of the physician assistant.

~~b. Any change in protocol will be submitted to the Board an approved by the Board prior to any change in the protocol being enacted by the physician assistant.~~

b. The ~~protocol form~~ delegation agreement as completed by the physician assistant and the supervising physician will include the following:

(1) area or type of practice;
(2) location of practice;
(3) geographic range of supervising physician;
(4) the type and frequency of supervision by the supervising physician;
(5) the process of evaluation by the supervising physician;
(6) the name of the supervising physician;
(7) the qualifications of the supervising physician in the area or type of practice that the physician assistant will be functioning in;
(8) the type of drug prescribing authorization delegated to the physician assistant by the supervising physician;
(9) the name of the back-up supervising physician(s) and a description of when the back-up supervising physician(s) will be utilized.

c. A copy of the approved ~~protocol~~ delegation agreement must be kept at the practice location of the physician assistant.

5. a. A physician assistant must be authorized by his supervising physician to prescribe legend drugs and scheduled medication for patients. Said authorization must be stated in the ~~protocol~~ delegation agreement ~~submitted by the physician to the Board~~ and the request approved by the Board. A supervising physician may only authorize a physician assistant to prescribe schedule medication that the physician is authorized to prescribe. A physician assistant may only be authorized to prescribe schedule 3 through 5 medications, except that a physician assistant may prescribe hydrocodone combination products reclassified from Schedule 3 to Schedule 2 as of October 6, 2014, if authorized by the physician assistant's supervising physician, and in accord with other requirements of the section. Prescriptions written by a physician assistant must contain the name of the supervising physician on the prescription.

b. The physician assistant will make an entry in the patient chart noting the name of the medication, the strength, the dosage, the quantity prescribed, the directions, the number of refills, together with the signature of the physician assistant and the printed name of the supervising physician for every prescription written for a patient by the physician assistant.

c. The supervising physician shall be identified on all prescriptions and orders of the patient in the patient chart if issued by a physician assistant.

d. Physician assistants who prescribe controlled substances shall register with the Drug Enforcement Administration as part of the Drug Enforcement Administration's Mid-Level Practitioner Registry, 21 C.F.R. Part 1300, 58 FR 3 1 171-31175, and the Controlled Substances Act.

6. A supervising physician and/or back-up supervising physician(s) should be available for immediate telephone contact with the physician assistant any time the physician assistant is rendering services to the public.

7. a. The supervising physician for a physician assistant must fill out a form provided by the Board prior to him becoming a supervising physician. Said supervising physician must provide to the Board his name, business address, licensure, his qualifications in the field of practice in which the physician assistant will be practicing and the name(s) of the physician assistant(s) he intends to supervise.

b. The supervising physician must attest to ~~submit to~~ the Board ~~a notarized letter stating~~ that they have read the rules governing physician assistant and will abide by them and that they understand that they take full responsibility for the actions of the physician assistant while that physician assistant is under their supervision.

c. Back-up or alternating supervising physicians must adhere to the same statutory and regulatory rules as the primary supervising physician.

d. The supervising physician and the back-up supervising physician must be skilled and trained in ~~the same~~ a similar scope of practice as the tasks that have been assigned to and will be performed by the physician assistant that they will supervise.

8. a. Physician assistants provide medical services to patients in a pre-approved area of medicine. Physician assistants will have to provide medical services to the patients consistent with the standards that a licensed physician would provide to a patient. As such, the physician assistant must comply with the standards of medical care of a licensed physician as stated in the Medical Practices Act, the Rules and Rules of the Board and the Orders of the Arkansas State Medical Board. A violation of said standards can result in the revocation or suspension of the license when ordered by the Board after disciplinary charges are brought.

b. A physician assistant must clearly identify himself or herself to the patient by displaying an appropriate designation, that is a badge, name plate with the words "physician assistant" appearing thereon.

c. A physician assistant will not receive directly from a patient or an insurance provider of a patient any monies for the services he or she renders the patient. Payment of any bills or fees for labor performed by the physician assistant will be paid to the employer of the physician assistant and not directly to the physician assistant.

9. The supervising physician is liable for the acts of a physician assistant whom he or she is supervising if said acts of the physician assistant arise out of the powers granted the physician assistant by the supervising physician. The supervising physician may have charges brought against him by the Arkansas State Medical Board and receive sanctions if the physician assistant should violate the standards of medical practice as set forth in the Medical Practices Act, the Rules and Rules of the Board and the standards of the medical community.

A supervising physician will notify the Arkansas State Medical Board within 10 days after notification of a claim or filing of a lawsuit for medical malpractice against a Physician Assistant, whom he supervises. Notice to the Board shall be sent ~~by registered letter~~ to the office of the Board and upon such forms as may be approved by the Board. If the malpractice claim is in the form of a complaint in a filed lawsuit, a copy of the complaint shall be furnished to the Board along with the notification required by this Section.

10. Continuing Medical Education:

a. A physician assistant who holds an active license to practice in the State of Arkansas shall complete 20 credit hours per year continuing medical education.

b. If a person holding an active license as a physician assistant in this State fails to meet the foregoing requirement because of illness, military service, medical or religious missionary activity, residence in a foreign country, or other extenuating circumstances, the Board upon appropriate written application may grant an extension of time to complete the same on an individual basis.

c. Each year, with the application for renewal of an active license as a physician assistant in this state, the Board will include a form which requires the person holding the license to certify by signature, under penalty of perjury, and disciplined by the Board, that he or she has met the stipulating continuing medical education requirements. In addition, the Board may randomly require physician assistants submitting such a certification to demonstrate, prior to renewal of license, satisfaction of continuing medical education requirements stated in his or her certification.

d. Continuing medical education records must be kept by the licensee in an orderly manner. All records relative to continuing medical education must be maintained by the licensee for at least three years from the end of the reporting period. The records or copies of the forms must be provided or made available to the Arkansas State Medical Board.

e. Failure to complete continuing education hours as required or failure to be able to produce records reflecting that one has completed the required minimum medical education hours shall be a violation and may result in the licensee having his license suspended and/or revoked.

f. A physician assistant who is authorized to prescribe Schedule II hydrocodone combination products reclassified from Schedule 3 to Schedule 2 as of October 6, 2014, must complete at least five (5) continuing education hours in the area of pain management.

g. Each year, each physician assistant shall obtain at least one (1) hour of CME credit specifically regarding the prescribing of opioids and benzodiazepines. The one hour may be included in the twenty (20) credit hours per year of continuing medical education required and shall not constitute an additional hour of CME per year.

11. Physician Assistants, HIV, HBV and HCV: Physicians assistants shall adhere to Rule 16 concerning HIV, HBV, and HCV.

History: Adopted December 7, 1977; Amended October 9, 1999; Amended December 10, 1999; Amended February 4, 2000; Amended April 8, 2005; Amended June 5, 2008; Amended April 12, 2012; Amended October 1, 2015, Effective December 14, 2015; Amended December 7, 2017, Effective June 12, 2018.

Replaced Rule 4

MARKUP

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   b. Pay the required fee for licensure as delineated elsewhere in this rule;

   c. Provide proof of successful completion of Physician Assistant National Certifying Examination, as administered by the National Commission on Certification of Physician Assistants;

   d. Certify and provide such documentation, as the Arkansas State Medical Board should require that the applicant is mentally and physically able to engage safely in the role as a physician assistant;

   e. Certify that the applicant is not under any current discipline, revocation, suspension or probation or investigation from any other licensing board;

   f. Provide letters of recommendation as to good moral character and quality of practice history;

   g. The applicant should be at least 21 years of age;

   h. Show proof of graduation with a Bachelor's Degree from an accredited college or university or prior service as a military corpsman;

   i. Provide proof of graduation ~~of~~ from a physician assistant education program recognized by the ~~Committee on Allied Health Education and~~ Accreditation Review Commission on Education for the Physician Assistant or by its successor agency, and has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;

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4. The ~~Protocol~~ Delegation Agreement

a. This ~~protocol~~ delegation agreement is to be completed and signed by the physician assistant and his/her designated supervising physician. Said ~~protocol~~ delegation agreement will be written in the form issued by the Arkansas State Medical Board. Said protocol must be accepted and approved by the Arkansas State Medical Board prior to licensure of the physician assistant.

~~b. Any change in protocol will be submitted to the Board an approved by the Board prior to any change in the protocol being enacted by the physician assistant.~~

b. The ~~protocol form~~ delegation agreement as completed by the physician assistant and the supervising physician will include the following:

(1) area or type of practice;
(2) location of practice;
(3) geographic range of supervising physician;
(4) the type and frequency of supervision by the supervising physician;
(5) the process of evaluation by the supervising physician;
(6) the name of the supervising physician;
(7) the qualifications of the supervising physician in the area or type of practice that the physician assistant will be functioning in;
(8) the type of drug prescribing authorization delegated to the physician assistant by the supervising physician;
(9) the name of the back-up supervising physician(s) and a description of when the back-up supervising physician(s) will be utilized.

c. A copy of the approved ~~protocol~~ delegation agreement must be kept at the practice location of the physician assistant.

5. a. A physician assistant must be authorized by his supervising physician to prescribe legend drugs and scheduled medication for patients. Said authorization must be stated in the ~~protocol~~ delegation agreement ~~submitted by the physician to the Board~~ and the request approved by the Board. A supervising physician may only authorize a physician assistant to prescribe schedule medication that the physician is authorized to prescribe. A physician assistant may only be authorized to prescribe schedule 3 through 5 medications, except that a physician assistant may prescribe hydrocodone combination products reclassified from Schedule 3 to Schedule 2 as of October 6, 2014, if authorized by the physician assistant's supervising physician, and in accord with other requirements of the section. Prescriptions written by a physician assistant must contain the name of the supervising physician on the prescription.

b. The physician assistant will make an entry in the patient chart noting the name of the medication, the strength, the dosage, the quantity prescribed, the directions, the number of refills, together with the signature of the physician assistant and the printed name of the supervising physician for every prescription written for a patient by the physician assistant.

c. The supervising physician shall be identified on all prescriptions and orders of the patient in the patient chart if issued by a physician assistant.

d. Physician assistants who prescribe controlled substances shall register with the Drug Enforcement Administration as part of the Drug Enforcement Administration's Mid-Level Practitioner Registry, 21 C.F.R. Part 1300, 58 FR 3 1 171-31175, and the Controlled Substances Act.

6. A supervising physician and/or back-up supervising physician(s) should be available for immediate telephone contact with the physician assistant any time the physician assistant is rendering services to the public.

7. a. The supervising physician for a physician assistant must fill out a form provided by the Board prior to him becoming a supervising physician. Said supervising physician must provide to the Board his name, business address, licensure, his qualifications in the field of practice in which the physician assistant will be practicing and the name(s) of the physician assistant(s) he intends to supervise.

b. The supervising physician must attest to ~~submit to~~ the Board ~~a notarized letter stating~~ that they have read the rules governing physician assistant and will abide by them and that they understand that they take full responsibility for the actions of the physician assistant while that physician assistant is under their supervision.

c. Back-up or alternating supervising physicians must adhere to the same statutory and regulatory rules as the primary supervising physician.

d. The supervising physician and the back-up supervising physician must be skilled and trained in ~~the same~~ a similar scope of practice as the tasks that have been assigned to and will be performed by the physician assistant that they will supervise.

8. a. Physician assistants provide medical services to patients in a pre-approved area of medicine. Physician assistants will have to provide medical services to the patients consistent with the standards that a licensed physician would provide to a patient. As such, the physician assistant must comply with the standards of medical care of a licensed physician as stated in the Medical Practices Act, the Rules and Rules of the Board and the Orders of the Arkansas State Medical Board. A violation of said standards can result in the revocation or suspension of the license when ordered by the Board after disciplinary charges are brought.

b. A physician assistant must clearly identify himself or herself to the patient by displaying an appropriate designation, that is a badge, name plate with the words "physician assistant" appearing thereon.

c. A physician assistant will not receive directly from a patient or an insurance provider of a patient any monies for the services he or she renders the patient. Payment of any bills or fees for labor performed by the physician assistant will be paid to the employer of the physician assistant and not directly to the physician assistant.

9. The supervising physician is liable for the acts of a physician assistant whom he or she is supervising if said acts of the physician assistant arise out of the powers granted the physician assistant by the supervising physician. The supervising physician may have charges brought against him by the Arkansas State Medical Board and receive sanctions if the physician assistant should violate the standards of medical practice as set forth in the Medical Practices Act, the Rules and Rules of the Board and the standards of the medical community.

A supervising physician will notify the Arkansas State Medical Board within 10 days after notification of a claim or filing of a lawsuit for medical malpractice against a Physician Assistant, whom he supervises. Notice to the Board shall be sent ~~by registered letter~~ to the office of the Board and upon such forms as may be approved by the Board. If the malpractice claim is in the form of a complaint in a filed lawsuit, a copy of the complaint shall be furnished to the Board along with the notification required by this Section.

10. Continuing Medical Education:

a. A physician assistant who holds an active license to practice in the State of Arkansas shall complete 20 credit hours per year continuing medical education.

b. If a person holding an active license as a physician assistant in this State fails to meet the foregoing requirement because of illness, military service, medical or religious missionary activity, residence in a foreign country, or other extenuating circumstances, the Board upon appropriate written application may grant an extension of time to complete the same on an individual basis.

c. Each year, with the application for renewal of an active license as a physician assistant in this state, the Board will include a form which requires the person holding the license to certify by signature, under penalty of perjury, and disciplined by the Board, that he or she has met the stipulating continuing medical education requirements. In addition, the Board may randomly require physician assistants submitting such a certification to demonstrate, prior to renewal of license, satisfaction of continuing medical education requirements stated in his or her certification.

d. Continuing medical education records must be kept by the licensee in an orderly manner. All records relative to continuing medical education must be maintained by the licensee for at least three years from the end of the reporting period. The records or copies of the forms must be provided or made available to the Arkansas State Medical Board.

e. Failure to complete continuing education hours as required or failure to be able to produce records reflecting that one has completed the required minimum medical education hours shall be a violation and may result in the licensee having his license suspended and/or revoked.

f. A physician assistant who is authorized to prescribe Schedule II hydrocodone combination products reclassified from Schedule 3 to Schedule 2 as of October 6, 2014, must complete at least five (5) continuing education hours in the area of pain management.

g. Each year, each physician assistant shall obtain at least one (l) hour of CME credit specifically regarding the prescribing of opioids and benzodiazepines. The one hour may be included in the twenty (20) credit hours per year of continuing medical education required and shall not constitute an additional hour of CME per year.

11. Physician Assistants, HIV, HBV and HCV: Physicians assistants shall adhere to Rule 16 concerning HIV, HBV, and HCV.

History: Adopted December 7, 1977; Amended October 9, 1999; Amended December 10, 1999; Amended February 4, 2000; Amended April 8, 2005; Amended June 5, 2008; Amended April 12, 2012; Amended October 1, 2015, Effective December 14, 2015; Amended December 7, 2017, Effective June 12, 2018.

Replaced Rule 4

CLEAN COPY

RULE NO. 24 - RULES GOVERNING PHYSICIAN ASSISTANTS

1. A physician assistant must possess a license issued by the Arkansas State Medical Board prior to engaging in such occupation.

2. To obtain a license from the Arkansas State Medical Board the physician assistant must do the following:

   a. Answer all questions to include the providing of all documentation requested on an application form as provided by the Arkansas State Medical Board;

   b. Pay the required fee for licensure as delineated elsewhere in this rule;

   c. Provide proof of successful completion of Physician Assistant National Certifying Examination, as administered by the National Commission on Certification of Physician Assistants;

   d. Certify and provide such documentation, as the Arkansas State Medical Board should require that the applicant is mentally and physically able to engage safely in the role as a physician assistant;

   e. Certify that the applicant is not under any current discipline, revocation, suspension or probation or investigation from any other licensing board;

   f. Provide letters of recommendation as to good moral character and quality of practice history;

   g. The applicant should be at least 21 years of age;

   h. Show proof of graduation with a Bachelor's Degree from an accredited college or university or prior service as a military corpsman;

   i. Provide proof of graduation from a physician assistant education program recognized by the Accreditation Review Commission on Education for the Physician Assistant or by its successor agency. and has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;

   j. The submission and approval by the Board of a delegation agreement delineating the scope of practice that the physician assistant will engage in, the program of evaluation and supervision by the supervising physician;

k. The receipt and approval by the Arkansas State Medical Board of the supervising physician for the physician assistant on such forms as issued by the Arkansas State Medical Board;

3. If an applicant for a license submits all of the required information, complies with all the requirements in paragraph 2, except paragraph 2 (j) and the same is reviewed and approved by the Board, then the applicant may request a Letter of Intent from the Board and the Board may issue the same. Said Letter of Intent from the Board will state that the applicant has complied with all licensure requirements of the Board except the submission of a Delegation Agreement and supervising physician and that upon those being submitted and approved by the Board, it is the intent of the board to license the applicant as a physician assistant. Said Letter of Intent will expire six (6) months from date of issue.

4. The Delegation Agreement

a. This delegation agreement is to be completed and signed by the physician assistant and his/her designated supervising physician. Said delegation agreement will be written in the form issued by the Arkansas State Medical Board. Said protocol must be accepted and approved by the Arkansas State Medical Board prior to licensure of the physician assistant.

b. The delegation agreement as completed by the physician assistant and the supervising physician will include the following:

(1) area or type of practice;
(2) location of practice;
(3) geographic range of supervising physician;
(4) the type and frequency of supervision by the supervising physician;
(5) the process of evaluation by the supervising physician;
(6) the name of the supervising physician;
(7) the qualifications of the supervising physician in the area or type of practice that the physician assistant will be functioning in;
(8) the type of drug prescribing authorization delegated to the physician assistant by the supervising physician;
(9) the name of the back-up supervising physician(s) and a description of when the back-up supervising physician(s) will be utilized.

c. A copy of the approved must be kept at the practice location of the physician assistant.

5. a. A physician assistant must be authorized by his supervising physician to prescribe legend drugs and scheduled medication for patients. Said authorization must be

stated in the delegation agreement and the request approved by the Board. A supervising physician may only authorize a physician assistant to prescribe schedule medication that the physician is authorized to prescribe. A physician assistant may only be authorized to prescribe schedule 3 through 5 medications, except that a physician assistant may prescribe hydrocodone combination products reclassified from Schedule 3 to Schedule 2 as of October 6, 2014, if authorized by the physician assistant's supervising physician, and in accord with other requirements of the section. Prescriptions written by a physician assistant must contain the name of the supervising physician on the prescription.

b. The physician assistant will make an entry in the patient chart noting the name of the medication, the strength, the dosage, the quantity prescribed, the directions, the number of refills, together with the signature of the physician assistant and the printed name of the supervising physician for every prescription written for a patient by the physician assistant.

c. The supervising physician shall be identified on all prescriptions and orders of the patient in the patient chart if issued by a physician assistant.

d. Physician assistants who prescribe controlled substances shall register with the Drug Enforcement Administration as part of the Drug Enforcement Administration's Mid-Level Practitioner Registry, 21 C.F.R. Part 1300, 58 FR 3 1 171-31175, and the Controlled Substances Act.

6. A supervising physician and/or back-up supervising physician(s) should be available for immediate telephone contact with the physician assistant any time the physician assistant is rendering services to the public.

7. a. The supervising physician for a physician assistant must fill out a form provided by the Board prior to him becoming a supervising physician. Said supervising physician must provide to the Board his name, business address, licensure, his qualifications in the field of practice in which the physician assistant will be practicing and the name(s) of the physician assistant(s) he intends to supervise.

b. The supervising physician must attest to the Board that they have read the rules governing physician assistant and will abide by them and that they understand that they take full responsibility for the actions of the physician assistant while that physician assistant is under their supervision.

c. Back-up or alternating supervising physicians must adhere to the same statutory and regulatory rules as the primary supervising physician.

d. The supervising physician and the back-up supervising physician must be skilled and trained in a similar scope of practice as the tasks that have been assigned to and will be performed by the physician assistant that they will supervise.

8. a. Physician assistants provide medical services to patients in a pre-approved area of medicine. Physician assistants will have to provide medical services to the patients consistent with the standards that a licensed physician would provide to a patient. As such, the physician assistant must comply with the standards of medical care of a licensed physician as stated in the Medical Practices Act, the Rules and Rules of the Board and the Orders of the Arkansas State Medical Board. A violation of said standards can result in the revocation or suspension of the license when ordered by the Board after disciplinary charges are brought.

b. A physician assistant must clearly identify himself or herself to the patient by displaying an appropriate designation, that is a badge, name plate with the words "physician assistant" appearing thereon.

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9. The supervising physician is liable for the acts of a physician assistant whom he or she is supervising if said acts of the physician assistant arise out of the powers granted the physician assistant by the supervising physician. The supervising physician may have charges brought against him by the Arkansas State Medical Board and receive sanctions if the physician assistant should violate the standards of medical practice as set forth in the Medical Practices Act, the Rules and Rules of the Board and the standards of the medical community.

A supervising physician will notify the Arkansas State Medical Board within 10 days after notification of a claim or filing of a lawsuit for medical malpractice against a Physician Assistant, whom he supervises. Notice to the Board shall be sent to the office of the Board and upon such forms as may be approved by the Board. If the malpractice claim is in the form of a complaint in a filed lawsuit, a copy of the complaint shall be furnished to the Board along with the notification required by this Section.

10. Continuing Medical Education:

a. A physician assistant who holds an active license to practice in the State of Arkansas shall complete 20 credit hours per year continuing medical education.

b. If a person holding an active license as a physician assistant in this State fails to meet the foregoing requirement because of illness, military service, medical or religious missionary activity, residence in a foreign country, or other extenuating circumstances, the Board upon appropriate written application may grant an extension of time to complete the same on an individual basis.

c. Each year, with the application for renewal of an active license as a physician assistant in this state, the Board will include a form which requires the person holding the license to certify by signature, under penalty of perjury, and disciplined by the Board, that he or she has met the stipulating continuing medical education requirements. In addition, the Board may randomly require physician assistants submitting such a certification to demonstrate, prior to renewal of license, satisfaction of continuing medical education requirements stated in his or her certification.

d. Continuing medical education records must be kept by the licensee in an orderly manner. All records relative to continuing medical education must be maintained by the licensee for at least three years from the end of the reporting period. The records or copies of the forms must be provided or made available to the Arkansas State Medical Board.

e. Failure to complete continuing education hours as required or failure to be able to produce records reflecting that one has completed the required minimum medical education hours shall be a violation and may result in the licensee having his license suspended and/or revoked.

f. A physician assistant who is authorized to prescribe Schedule II hydrocodone combination products reclassified from Schedule 3 to Schedule 2 as of October 6, 2014, must complete at least five (5) continuing education hours in the area of pain management.

g. Each year, each physician assistant shall obtain at least one (1) hour of CME credit specifically regarding the prescribing of opioids and benzodiazepines. The one hour may be included in the twenty (20) credit hours per year of continuing medical education required and shall not constitute an additional hour of CME per year.

11. Physician Assistants, HIV, HBV and HCV: Physicians assistants shall adhere to Rule 16 concerning HIV, HBV, and HCV.

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   b. Pay the required fee for licensure as delineated elsewhere in this rule;

   c. Provide proof of successful completion of Physician Assistant National Certifying Examination, as administered by the National Commission on Certification of Physician Assistants;

   d. Certify and provide such documentation, as the Arkansas State Medical Board should require that the applicant is mentally and physically able to engage safely in the role as a physician assistant;

   e. Certify that the applicant is not under any current discipline, revocation, suspension or probation or investigation from any other licensing board;

   f. Provide letters of recommendation as to good moral character and quality of practice history;

   g. The applicant should be at least 21 years of age;

   h. Show proof of graduation with a Bachelor's Degree from an accredited college or university or prior service as a military corpsman;

   i. Provide proof of graduation from a physician assistant education program recognized by the Accreditation Review Commission on Education for the Physician Assistant or by its successor agency, and has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;

   j. The submission and approval by the Board of a delegation agreement delineating the scope of practice that the physician assistant will engage in, the program of evaluation and supervision by the supervising physician;

k. The receipt and approval by the Arkansas State Medical Board of the supervising physician for the physician assistant on such forms as issued by the Arkansas State Medical Board;

3. If an applicant for a license submits all of the required information, complies with all the requirements in paragraph 2, except paragraph 2 (j) and the same is reviewed and approved by the Board, then the applicant may request a Letter of Intent from the Board and the Board may issue the same. Said Letter of Intent from the Board will state that the applicant has complied with all licensure requirements of the Board except the submission of a Delegation Agreement and supervising physician and that upon those being submitted and approved by the Board, it is the intent of the board to license the applicant as a physician assistant. Said Letter of Intent will expire six (6) months from date of issue.

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d. Continuing medical education records must be kept by the licensee in an orderly manner. All records relative to continuing medical education must be maintained by the licensee for at least three years from the end of the reporting period. The records or copies of the forms must be provided or made available to the Arkansas State Medical Board.

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