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WILLIAM H. TRICE III (1946-2014)

May 24, 2018

Via Email and US Mail

Mark Martin
Secretary of State
State Capitol Room 026
Little Rock, AR 72201-1094

**Re: My Client: Arkansas State Medical Board
Amendment to Regulation 24- Governing Physicians Assistants**

To Whom It May Concern:

Enclosed is an Arkansas Register Transmittal Sheet and a copy of the Amendment to Regulation 24 regarding Physicians Assistants.

Please file this accordingly.

Respectfully,



Kevin M. O'Dwyer
Attorney for the Arkansas State Medical Board

KMO/jab
Enclosure

cc: register@sos.arkansas.gov
Karen Whatley, Executive Director, Arkansas State Medical Board

ARKANSAS REGISTER

Transmittal Sheet

* Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State
Mark Martin
State Capitol, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-3527
www.sos.arkansas.gov



For Office
Use Only:

Effective Date _____ Code Number _____

Name of Agency Arkansas State Medical Board

Department _____

Contact Kevin M. O'Dwyer E-mail kodwyer@htolaw.com Phone 501-372-4144

Statutory Authority for Promulgating Rules A.C.A. § 17-95-303(2)

Rule Title: Regulation 24 - Governing Physicians Assistants

Intended Effective Date
(Check One)

- Emergency (ACA 25-15-204)
- 30 Days After Filing (ACA 25-15-204)
- Other _____
(Must be more than 30 days after filing date.)

	Date
Legal Notice Published	<u>10/17/2017</u>
Final Date for Public Comment	<u>10/1/2017</u>
Reviewed by Legislative Council	<u>5/15/2018</u>
Adopted by State Agency	_____

Electronic Copy of Rule submitted under ACA 25-15-218 by:

<u>Kevin M. O'Dwyer</u>	<u>kodwyer@htolaw.com</u>	<u>5/24/2018</u>
<small>Contact Person</small>	<small>E-mail Address</small>	<small>Date</small>

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 the Arkansas Administrative Procedures Act. (ACA 25-15-201 et. seq.)

Kevin D. Doherty
Signature

501-296-1802
Phone Number E-mail Address _____

Executive Director, Arkansas State Medical Board
Title

5/24/2018
Date

REGULATION 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 regulation;
 - 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 a physician assistant education program recognized by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.
 - j. The submission and approval by the Board of a protocol 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 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.
 - a. This protocol is to be completed and signed by the physician assistant and his designated supervising physician. Said protocol 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 and approved by the Board prior to any change in the protocol being enacted by the physician assistant.
 - c. The protocol form 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.
- d. A copy of the approved protocol 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 submitted by the physician assistant to the Board and 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 31171-31175, and the Controlled Substances Act.
 6. A supervising physician should be available for immediate telephone contact with the physician assistant any time the physician assistant is rendering services to the public. A supervising physician must be able to reach the location of where the physician assistant is rendering services to the patients within one hour.
 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 submit to the Board a notarized letter stating that they have read the regulations 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 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 Regulations 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 Regulations 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.

11. Physician Assistants, HIV, HBV and HCV: Physicians assistants shall adhere to Regulation 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.

Replaced Regulation 4

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RULES GOVERNING PHYSICIAN ASSISTANTS**

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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 regulation;
 - 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 a physician assistant education program recognized by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.
 - j. The submission and approval by the Board of a protocol delineating the scope of practice that the physician assistant will engage in, the program of evaluation and supervision by the supervising physician;
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 - 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.
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