

ARKANSAS REGISTER

Proposed Rule Cover Sheet



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Name of Department _____

Agency or Division Name _____

Other Subdivision or Department, If Applicable _____

Previous Agency Name, If Applicable _____

Contact Person _____

Contact E-mail _____

Contact Phone _____

Name of Rule _____

Newspaper Name _____

Date of Publishing _____

Final Date for Public Comment _____

Location and Time of Public Meeting _____

NOTICE OF PUBLIC HEARING

In compliance with ACA 25-15-204, the Arkansas State Medical Board gives notice of amendments to the Medical Practices Act and to the following rules: Rule 10 – Practice of Respiratory Care Practitioners; Rule 18 – Fee Schedule for Centralized Verification Service; Rule 24 – Physician Assistants; Rule 28 – Education Licenses; Rule 40 – Surgical Technologists; Rule 42 – Licensure for Uniformed Service Member, Veterans, and Spouses. A copy of the amended rules as referred to herein may be found at armedicalboard.org.

All individuals desiring to provide comments may do so. All written comments may be sent to Arkansas State Medical Board, 1401 W. Capitol, Suite 340, Little Rock, Arkansas, 72201 or to PublicHearingComments@armedicalboard.org. The public comment period will end on Monday, December 4, 2023 at 4:30 p.m.

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT _____
BOARD/COMMISSION _____
BOARD/COMMISSION DIRECTOR _____
CONTACT PERSON _____
ADDRESS _____
PHONE NO. _____ EMAIL _____
NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING _____
PRESENTER EMAIL(S) _____

INSTRUCTIONS

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, miller-ricer@blr.arkansas.gov, for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, garritym@blr.arkansas.gov, for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

1. What is the official title of this rule?

2. What is the subject of the proposed rule?
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No
If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).
If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes No

4. Is this rule being filed for permanent promulgation? Yes No

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, what was the effective date of the emergency rule? _____

On what date does the emergency rule expire? _____

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes No

If yes, please provide the federal statute, rule, and/or regulation citation.

6. Is this rule required to comply with a *state* statute or rule? Yes No

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No

If yes, please list the rules being repealed.

If no, please explain.

8. Is this a new rule? Yes No

Does this repeal an existing rule? Yes No

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes No

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?
Yes No

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

13. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

Please be sure to advise Bureau Staff if this information changes for any reason.

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. _____

15. What is the proposed effective date for this rule? _____

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes No

If yes, please explain.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT _____
BOARD/COMMISSION _____
PERSON COMPLETING THIS STATEMENT _____
TELEPHONE NO. _____ **EMAIL** _____

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE _____

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

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 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 No

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

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

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

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

Current Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

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

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

6. What is the total estimated cost by fiscal year to a state, county, or 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

\$ _____

Next Fiscal Year

\$ _____

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

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;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (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
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

RULE 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 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 to 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;
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 to 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 delegation agreement must be accepted 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 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 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 receive, prescribe, order and administer schedule 2 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. A physician assistant's prescriptive authority extends to

drugs in Schedule 2, except regarding hydrocodone as stated above, only if the prescription is for: (1) an opioid, if the prescription is only for a five-day period or less; or (2) a stimulant, if the prescription was originally initiated by a physician; the physician has evaluated the patient within six (6) months before the physician assistant issues a prescription; and the prescription by the physician assistant is to treat the same condition as the original 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. Patient care orders generated by a physician assistant shall be construed as having the same medical, health, and legal force and effect as if the orders were generated by the physician assistant's supervising physician. The orders shall be complied with and carried out as if the orders has been issued by the physician assistant's supervising physician.

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. Physician assistants provide medical services to patients consistent with the physician assistant's license, area of practice, or authorized under the delegation agreement. 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 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.~~

~~D~~ c. A physician assistant may pronounce death and may authenticate with his or her signature a form that may be authenticated by a supervising physician's signature as

authorized under A.C.A. §17-80-120.

e d. A physician assistant may render care within his or her scope of practice when responding to a need for medical care created by an emergency or a state or local disaster if the physician assistant is: (1) licensed in this state; (2) licensed or authorized to practice in another state or territory; or (3) credentialed as a physician assistant by a federal employer. A physician assistant who voluntarily and gratuitously, other than in the ordinary course of his or her employment or practice, renders emergency medical assistance is not liable for civil damages for personal injuries that result from acts or omissions of the physician assistant that may constitute ordinary negligence.

8. 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 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.

9. 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.

10. 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; Amended June 4, 2020, Effective August 7, 2020; Amended June 28, 2022, Effective November 19, 2022.

Replaced Regulation 4