

## CHAPTER 450

*An Act to amend and reenact §§ 54.1-2949, 54.1-2950, 54.1-2951.1, 54.1-2952, 54.1-2952.1, and 54.1-2953 of the Code of Virginia, relating to physician assistants.*

[S 551]

Approved March 11, 2016

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 54.1-2949, 54.1-2950, 54.1-2951.1, 54.1-2952, 54.1-2952.1, and 54.1-2953 of the Code of Virginia are amended and reenacted as follows:**

**§ 54.1-2949. License required.**

It shall be unlawful for a person to practice or to hold himself out as practicing as a physician assistant *or to use in connection with his name the words or letters "Physician Assistant" or "PA"* unless he holds a license as such issued by the Board.

**§ 54.1-2950. Requisite training and educational achievements of assistants.**

The Board shall establish a testing program to determine the training and educational achievements of the *physician* assistant or the Board may accept other evidence, such as experience or completion of an approved training program, in lieu of testing and shall establish this as a prerequisite for approval of the licensee's application.

Pending the outcome of the next examination administered by the National Commission for Certification of Physician Assistants, the Board may grant provisional licensure to graduates of physician assistants curricula that are approved by the Accreditation Review Commission on Education for the Physician Assistant. Such provisional licensure shall be granted at the discretion of the Board.

**§ 54.1-2951.1. Requirements for licensure as a physician assistant.**

A. The Board shall promulgate regulations establishing requirements for licensure as a physician assistant ~~which that~~ shall include, ~~but not be limited to,~~ the following:

1. Successful completion of a physician assistant program or surgical physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant;
2. Passage of the certifying examination administered by the National Commission on Certification of Physician Assistants; and
3. Documentation that the applicant for licensure has not had his license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

B. Prior to initiating practice with a supervising physician, the physician assistant shall ~~notify the Board and provide information which shall include, but not be limited to,~~ the following:

1. The name, address, telephone number and any changes thereto, of the physician or physicians who will supervise the assistant in the relevant practice setting; and
2. A description of the practice and the way in which the physician assistant will be utilized *enter into a written or electronic practice agreement with at least one supervising physician or podiatrist.*

C. A practice agreement shall include delegated activities pursuant to § 54.1-2952, provisions for the periodic review of patient charts or electronic health records, guidelines for availability and ongoing communications among the parties to the agreement and the patient, periodic joint evaluation of the services delivered, and provisions for appropriate physician input in complex clinical cases, in patient emergencies, and for referrals.

A practice agreement may include provisions for periodic site visits by supervising licensees who supervise and direct assistants who provide services at a location other than where the licensee regularly practices. Such visits shall be in the manner and at the frequency as determined by the supervising physician or podiatrist.

D. Evidence of a practice agreement shall be maintained by the physician assistant and provided to the Board upon request.

**§ 54.1-2952. Supervision of assistants by licensed physician, or podiatrist; services that may be performed by assistants; responsibility of licensee; employment of assistants.**

A. A physician or a podiatrist licensed under this chapter may ~~apply to the Board to~~ supervise *physician* assistants and delegate certain acts which constitute the practice of medicine to the extent and in the manner authorized by the Board. The physician shall provide continuous supervision as required by this section; however, the requirement for physician supervision of *physician* assistants shall not be construed as requiring the physical presence of the supervising physician during all times and places of service delivery by *physician* assistants. Each team of supervising physician and physician assistant shall identify the relevant physician assistant's scope of practice, including, ~~but not limited to,~~ the delegation of medical tasks as appropriate to the physician assistant's level of competence, the physician assistant's

relationship with and access to the supervising physician, and an evaluation process for the physician assistant's performance.

Physician assistants appointed as medical examiners pursuant to § 32.1-282 shall be under the continuous supervision of a licensed doctor of medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282.

No licensee shall be allowed to supervise more than six *physician* assistants at any one time.

Any professional corporation or partnership of any licensee, any hospital and any commercial enterprise having medical facilities for its employees which are supervised by one or more physicians or podiatrists may employ one or more *physician* assistants in accordance with the provisions of this section.

Activities shall be delegated in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a ~~written~~ practice supervision agreement between the *physician* assistant and the supervising ~~health care provider~~ *physician or podiatrist* and may include health care services which are educational, diagnostic, therapeutic, preventive, or include treatment, but shall not include the establishment of a final diagnosis or treatment plan for the patient unless set forth in the ~~written~~ practice supervision agreement. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a licensee is authorized to delegate and supervise initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, when performed under the direction, supervision and control of the supervising licensee. When practicing in a hospital, the *physician* assistant shall report any acute or significant finding or change in a patient's clinical status to the supervising physician as soon as circumstances require, and shall record such finding in appropriate institutional records. The *physician* assistant shall transfer to a supervising physician the direction of care of a patient in an emergency department who has a life-threatening injury or illness. ~~The supervising physician shall review, prior~~ *Prior* to the patient's discharge, the services rendered to each patient by a physician assistant in a hospital's emergency department *shall be reviewed in accordance with the practice agreement and the policies and procedures of the health care institution.* ~~An~~ A *physician* assistant who is employed to practice in an emergency department shall be under the supervision of a physician present within the facility.

Further, unless otherwise prohibited by federal law or by hospital bylaws, rules, or policies, nothing in this section shall prohibit any physician assistant who is not employed by the emergency physician or his professional entity from practicing in a hospital emergency department, within the scope of his practice, while under continuous physician supervision as required by this section, whether or not the supervising physician is physically present in the facility. The supervising physician who authorizes such practice by his *physician* assistant shall (i) retain exclusive supervisory control of and responsibility for the *physician* assistant and (ii) be available at all times for consultation with both the *physician* assistant and the emergency department physician. Prior to the patient's discharge from the emergency department, the *physician* assistant shall communicate the proposed disposition plan for any patient under his care to both his supervising physician and the emergency department physician. No person shall have control of or supervisory responsibility for any physician assistant who is not employed by the person or the person's business entity.

B. No *physician* assistant shall perform any delegated acts except at the direction of the licensee and under his supervision and control. No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient has signed the practice agreement, pursuant to regulations of the Board, to act as supervising physician for that *physician* assistant. Every licensee, professional corporation or partnership of licensees, hospital or commercial enterprise that employs ~~an~~ a *physician* assistant shall be fully responsible for the acts of the *physician* assistant in the care and treatment of human beings.

C. Notwithstanding the provisions of § 54.1-2956.8:1, a licensed physician assistant who (i) is working under the supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, (ii) has been trained in the proper use of equipment for the purpose of performing radiologic technology procedures consistent with Board regulations, and (iii) has successfully completed the exam administered by the American Registry of Radiologic Technologists for physician assistants for the purpose of performing radiologic technology procedures may use fluoroscopy for guidance of diagnostic and therapeutic procedures.

**§ 54.1-2952.1. Prescription of certain controlled substances and devices by licensed physician assistants.**

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.) ~~of this title~~, a licensed physician assistant shall have the authority to prescribe controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.) ~~of this title as follows:~~ (i) Schedules V and VI controlled substances on and after July 1, 2001, (ii) Schedules IV through VI controlled substances on and after January 1, 2003, (iii) Schedule III through VI controlled substances on and after July 1, 2004, and (iv) Schedules II through VI controlled substances on and after July 1, 2007.

A licensed physician assistant shall have such prescriptive authority upon the provision to the Board of Medicine of such evidence as it may require, *provided* that the *physician* assistant has entered into and is, at the time of writing a prescription, a party to a ~~written~~ *practice* agreement with a licensed physician or podiatrist ~~which~~ *that* provides for the direction and supervision by such licensee of the prescriptive practices of the *physician* assistant. Such ~~written~~ *practice* agreements shall include the controlled substances the physician assistant is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the physician or podiatrist providing direction and supervision.

B. It shall be unlawful for the *physician* assistant to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the ~~written~~ *practice* agreement between the licensee and the assistant.

C. The Board of Medicine, in consultation with the Board of Pharmacy, shall promulgate such regulations governing the prescriptive authority of physician assistants as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

The regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued physician assistant competency that may include continuing education, testing, and/or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients; *and* (ii) requirements for periodic site visits by supervising licensees who supervise and direct assistants who provide services at a location other than where the licensee regularly practices; *and* (iii) a requirement that the *physician* assistant disclose to his patients the name, address, and telephone number of the supervising licensee and that he is a physician assistant. A separate office for the *physician* assistant shall not be established.

D. This section shall not prohibit a licensed physician assistant from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

**§ 54.1-2953. Renewal, revocation, suspension, and refusal.**

The Board may revoke, suspend, or refuse to renew an approval for any of the following:

1. Any reason stated in this chapter for revocation or suspension of the license of a practitioner;
2. Failure of the supervising licensee to supervise the *physician* assistant or failure of the employer to provide a licensee to supervise the *physician* assistant;
3. The *physician* assistant's engaging in acts beyond the scope of authority as approved by the Board;
4. Negligence or incompetence on the part of the *physician* assistant or the supervising licensee in his use of the *physician* assistant;
5. Violating or cooperating with others in violating any provision of this chapter or the regulations of the Board; or
6. A change in the Board's requirements for approval with which the *physician* assistant or the licensee does not comply.