Alaska State Medical Board – 2021 Time Limited Physician Assistant Work Group

Per a recommendation endorsed by the Medical Board during the August 2021 Board Meeting, an open work group was formed comprised of Board members and members of the public for the purpose of reviewing and making recommended revisions to the existing regulations that govern the Physician Assistant Licensing process. A series of working meetings were held during which group members discussed various edits and conceptual changes to modernize Article 5 of 12 AAC 40.40. Minutes for these meetings were not generated due to the frequency of the meetings, workload and staff shortage issues. Instead, the working document with the edits made during the meeting is provided. A recording of the meeting is available upon request to: Medicalboard@alaska.gov

Chapter 40 - State Medical Board

- Article 1 - Rules of Professional Conduct (§§ 40.010 — 40.058)
- Article 2 - Abortions (§§ 40.060 — 40.140)
- Article 3 - Continuing Medical Education (§§ 40.200 — 40.240)
- Article 4 - Mobile Intensive Care Paramedics (§§ 40.300 — 40.390)
- Article 5 - Physician Assistants (§§ 40.400 — 40.490)
- Article 6 - General Provisions (§§ 40.905 — 40.990)

Article 5 - Physician Assistants

- Section 12 AAC 40.400 - Physician assistant license
- Section 12 AAC 40.405 - Temporary license
- Section 12 AAC 40.406 - Locum tenens authorization to practice (Repealed)
- Section 12 AAC 40.408 - Authorization to practice as a physician assistant (Repealed)
- Section 12 AAC 40.410 - Collaborative relationship and plan
- Section 12 AAC 40.415 - Remote practice location
- Section 12 AAC 40.420 - Currently practicing physician assistant (Repealed)
- ~~Section 12 AAC 40.430 - [Effective until11/18/2021]Performance and assessment of practice~~
- Section 12 AAC 40.430 - [Effective11/18/2021]Performance and assessment of practice
- Section 12 AAC 40.440 - Student physician assistant permit (Repealed)
- Section 12 AAC 40.445 - Graduate physician assistant license
- Section 12 AAC 40.447 - Authorization to practice as a graduate physician assistant (Repealed)
- Section 12 AAC 40.450 - Authority to prescribe, order, administer, and dispense medications
- Section 12 AAC 40.460 - Identification
- Section 12 AAC 40.470 - Renewal of a physician assistant license
- Section 12 AAC 40.473 - Inactive physician assistant license
- Section 12 AAC 40.475 - Lapsed physician assistant license
- Section 12 AAC 40.480 - Exemptions

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Info taken from the AMA Advocacy Resource Center https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/arc-public/state-law-physician-assistant-scope-practice.pdf

Prescriptive authority
• PAs are authorized to prescribe Schedule II-V medication in most states (44)
• PAs lack the authority to prescribe Schedule II medication in 6 states (AL, AR, GA, HI, IA, WV)
• PAs lack the authority to prescribe legend drugs in 1 state (KY)

♣ Requirements for collaborative or supervisory arrangement
• In 47 states, PAs are supervised by physicians
• In 2 states, PAs are subject to collaborative agreements with physicians (AK, IL)
• 2 states allow for an alternate arrangements: New Mexico calls for supervision for PAs with less than 3 years of clinical experience, and for specialty care PAs, and in Michigan, PAs work under a participating physician
♣ Regulation – In most states (43), PAs are regulated by the medical board. However, in 8 states (AZ, CA, IA, MA, MI, RI, TN, UT), PAs have a separate and independent regulatory board

♣ Scope of practice determination – In most states (47), PA scope of practice is determined with the supervising/collaborating physician at the practice site

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- Section 12 AAC 40.490 - Grounds for suspension, revocation, or denial of license

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12 Alaska Admin. Code § 40.400

Current through November 11, 2021

Section 12 AAC 40.400 - Physician assistant license

(a) An individual who desires to undertake medical diagnosis and treatment or the practice of medicine under AS 08.64.380(6) or AS 08.64.380(7) as a physician assistant

(1) shall apply for a permanent renewable license on a form provided by the department;

(2) shall pay the appropriate fees established in 12 AAC 02.250; and

(3) must be approved by the board.

(b) The application must contain documented evidence of

(1) graduation from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by its predecessor accrediting agencies the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs;

(2) a passing score on the certifying examination administered by the National Commission on Certification of Physician Assistants;

(3) verification of current certification issued by the National Commission on Certification of Physician Assistants (NCCPA);

~~(~~4) compliance with continuing medical education standards established by the National Commission on Certification of Physician Assistants but no less than XX credits of CME per year.

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Redundant – must be compliant in order to be licensed..

(5) verification of registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant or any other health care professional;

(6) verification of successful completion of a physician assistant program that meets the requirements of (1) of this subsection; that verification must be sent directly from the program to the board;

(7) verification of the applicant's completion of at least two hours of education in pain management and opioid use and addiction in a continuing medical education program approved by the National Commission on Certification of Physician assistants (NCCPA), a Category I continuing medical education program accredited by the American Medical

Association, or a Category I or II continuing medical education accredited by the American Osteopathic Association, applicant who does not currently hold a valid federal Drug Enforcement Administration registration number, the verification will be waived until the applicant applies for a valid registration number;

(8) clearance from the Board Action Data Bank maintained by the Federation of State Medical Boards; and

(9) clearance from the federal Drug Enforcement Administration (DEA).

(c) Repealed 9/1/2007.

(d) Notwithstanding (b) of this section, an applicant for a physician assistant license submit the credentials verification documents through the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

12 Alaska Admin. Code § 40.405

Current through November 11, 2021

Section 12 AAC 40.405 - Temporary license

(a) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits, may approve a temporary physician assistant license of an applicant who meets the requirements of 12 AAC 40.400 or 12 AAC 40.445 and pays the fee set out in 12 AAC 02.250,

(b) A temporary license is valid for six months or until the board meets and considers the application for a permanent renewable license, whichever occurs first.

(c) The board may renew a temporary license once only, based on good cause.

(d) Repealed 7/25/2008.

(e) An applicant who meets the requirements on the checklist established in this section has demonstrated the necessary qualifications for the temporary permit applied for and will be approved by the board, the executive secretary, or the board's designee for issuance of that permit. An applicant who does not meet the requirements on the checklist established in this section for that permit will not be issued a temporary permit unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.64 and this chapter for that permit. The form titled *Alaska State Medical Board - Checklist, Temporary Permit for Physician* Assistant, dated February 2018, is adopted by reference. This form is established by the board for the use by the executive secretary or another employee of the division in completing the application processing for a temporary permit under this section.

12 Alaska Admin. Code § 40.406

Current through November 11, 2021

Section 12 AAC 40.406 - Locum tenens authorization to practice (Repealed)

12 Alaska Admin. Code § 40.408

Current through November 11, 2021

Section 12 AAC 40.408 - Authorization to practice as a physician assistant (Repealed)

12 Alaska Admin. Code § 40.410

Current through November 11, 2021

Section 12 AAC 40.410 - Collaborative relationship/Practice agreement ~~and plan~~

(a) A licensed physician assistant may not practice without **an active** practice agreement established under this chapter. The ~~collaborative relationship~~ practice agreement must be documented by a ~~collaborative plan~~ practice agreement on **a form provided by the board** file**d** at the practice level **with a de minimis form filed with the Board as supplied by the Board to document that the practice agreement has been executed. This form should be filed within 14 days of the commencement of the agreement. The practice level agreement** must include at a minimum:

(1) the name, license number, and specialty, if any, **or the practice scope** for the primary collaborating**/ supervising** physician and **if there is only one collaborating/supervising physician, a plan as to how the transition to another collaborating/supervising physician will be made in a timely fashion ?not greater than 7 days?** ~~and at least one alternate collaborating physician;~~

(2) the name, place of employment, and both residence and mailing addresses of the physician assistant with whom the physician intends to establish a collaborative relationship;

(3) the beginning date of employment under the collaborative plan and the physical location of practice;

(4) compliance with 12 AAC 40.415 if the practice location is a remote practice location; **(4)** The duties and responsibilities of the physician assistant, the collaborating physician, and any alternate physicians. The practice agreement must describe the collaborating requirements for specified procedures or areas of practice. The practice agreement may only include acts, tasks, or functions that the ~~physician assistant and~~ collaborating physician or alternate physicians are qualified to perform by education, training, or experience and that are within the scope of expertise and clinical practice of the physician assistant and the collaborating physician or alternate physicians, unless otherwise authorized by law, rule, or the medical board;

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PAs practice medicine as part of healthcare teams. PA scope of practice is based on the PA's education and experience, state law, policies of employers and facilities, and the needs of the patients at the practice. To a large extent, PA scope of practice is determined by the PA, collaborating physicians and the healthcare team. This allows for flexible and customized team function. As teams decide on clinical roles in a practice, the needs of patients and the education, experience and preferences of the team members shape these roles.

If PAs are to practice in the most efficient and effective way possible, state laws and regulations must define the relationship between PAs and physicians in a way that works well in all practice settings. Restrictions that impose a proximity requirement or require a physician to be on site with a PA at specified intervals are cumbersome and inefficient. A more adaptable approach allows teams to provide better care to more patients.
For instance, in some situations, such as assisting at surgery, the PA and physician will be in very close proximity. If, however, a PA is providing services in a rural primary care setting, mandating the physician to be constantly or even intermittently on site creates an inefficient use of the physician's time and limits the team's ability to expand access to care.
Similarly, mandated limitations on the distance a physician can be from a PA also affect efficiency and access. Telecommunication allows for nearly instantaneous communication between physicians and PAs. Requiring physicians and PAs to practice within a specific proximity limit inhibits creativity in workforce planning and fails to acknowledge the ability to consult using telecommunication. If a specific distance is included in law, it is likely to be too great for some settings and unnecessarily restrictive for others.
Several medical organizations, including the American College of Physicians, the American Academy of Family Physicians, and the American Osteopathic Association, have policy supporting adaptable collaboration requirements.

The ideal system for collaboration is the one designed at the practice or facility level. In the early years of the PA profession, cosigning PA chart entries was a way for physicians to demonstrate they were closely overseeing PA practice. But 50 years of collaboration between physicians and PAs has shown that decisions about patient care and chart review are best tailored to the needs of individual practices or institutions. State law requirements for physician cosignature remove a clinical team's discretion to decide what works best for their practice, impose an unnecessary burden and hinder the efficiency of the care delivered.
Healthcare facilities, institutions and group practices should establish collaboration policies that best suit the needs of the patients they serve. Chart review is only one method of communication between providers, and it is by definition retrospective. Ongoing communicati...

(5) prescriptive authority being granted to the physician assistant by the collaborating physician under the **Practice Agreement that is within the scope of the Collaborating/Supervising physician's scope of practice.** **(5)** A process between the physician assistant and collaborating physician or alternate physicians for communication, availability, and decision making when providing medical treatment to a patient or in the event of an acute health care crisis not previously covered by the practice agreement, such as a flu pandemic or other unforeseen emergency. Communications may occur in person, electronically, by telephone, or by an alternate method;

(6) If there is only one physician party to the practice agreement, a protocol for designating an alternate physician for consultation in situations in which the physician is not available;

(7) The signature of the physician assistant and the signature or signatures of the collaborating physician(s). A practice agreement may be signed electronically using a method for electronic signatures approved by the medical board; and

(8) A termination provision. A physician assistant or collaborating physician may terminate the practice agreement as it applies to a single collaborating physician without terminating the agreement with respect to the remaining participating **(alternate)** physicians. If the termination results in no collaborating physician being designated on the agreement, a new collaborating physician must be designated **as prescribed in the Practice Agreement** for the agreement to be valid.

(b) The De Minimis plan must be filed with the Board with 14 days after the effective date of the the Practice Agreement.
~~The collaborative plan must be filed with the division within 14 days after the effective date of the collaborative plan or within 14 days after the effective date of any change to that plan.~~

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(b) through (l).
Desire is to keep collaboration but at the practice level – not submitted to state but still available for audit at any time.

(c) Receipt by the board of the collaborative plan will be considered documented evidence of an established collaborative plan.

(d) Any physician assistant subject to a board order must have their collaborative plan approved by the board or its designee in advance of the effective date of the plan to insure that the collaborative plan conforms to the terms of the order.

(e) A copy of the **complete** current plan must be retained at the place of employment specified in the plan and must be available for both inspection by the public and audit by the medical board.

~~(f)~~ **If there is a change in the practice agreement the Board will be notified that such a change took place and its effective date and resubmit the De Minimis form with the relevant changes.**

~~A change in a collaborative plan automatically suspends a licensed physician assistant's authority to practice under that collaborative plan unless the change is only to replace the primary collaborating physician with an existing alternate collaborating physician and at least one alternate collaborating physician remains in place. Any change to collaborating physicians must be reported to the board in accordance with (b) of this section.~~

(g) Nothing in this section prohibits periodic board review and assessment of the collaborating physician and the collaborative plan.

(h) I**ndividually named physicians** who wish to establish a collaborative relationship with a physician assistant must hold a current, active, and unrestricted license to practice medicine in this state and be in active practice of medicine.

(i) ~~(i)~~ **The primary collaborating physician shall maintain in the physician's records a copy of each DEA Form 222 official order form submitted by each physician assistant with whom the physician has a collaborative relationship. The primary collaborating physician is responsible for ensuring that the physician assistant complies with state and federal inventory and record keeping requirements**~~.~~

(j) In this section, "active practice" means at least 200 hours**(25 8 hour shifts)** each year of practicing medicine with direct patient contact.

(k) PAs shall collaborate with, consult with and/or refer to the appropriate member(s) of the healthcare team as indicated by the patient's condition, the education, experience and competencies of the PA and the standard of care **(in alignment with the practice agreement)**. The degree of collaboration should be determined by the collaborating physician. **As in any collaborative arrangement the individuals providing care or supervising can be proportionally** responsible for the care they provide.

~~(l)~~ **A physician assistant must practice within the context of a collaborative agreement, within a hospital or integrated clinical setting where physician assistants and physicians work together to provide patient care. For purposes of this paragraph, a Practice Agreement is a mutually agreed upon plan for the overall working relationship and collaborative arrangement between a physician assistant, and one or more physicians licensed under chapter 08.64, that designates the scope of services that can be provided to manage the care of patients. The physician assistant and one of the collaborative physicians must have experience in providing care to patients with the same or similar medical conditions. The collaborating physician is not required to be physically present**

1) so long as the collaborating physician and physician assistant are or can be easily in contact with each other by telephone or other telecommunication device,

Commented [13]:
Changes to collaboration plan at state level have caused delay in practice and access to care. Keeping at practice level eliminates this step – while still requiring collaboration practice agreement to be updated and auditable at any time. *See detailed comment at beginning of this section.

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To maintain DEA license PA must comply with these rules. They would also belong in the practice agreement if DEA form 222 is used at that practice. Question the redundancy to spell out at state level?

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Article about litigation – PAs are being held accountable for the care they provide. Our Administrative Codes should reflect same.

2)The medical service provided does not require a physician present. "Collaborating physician" as used in this subsection means an Alaska licensed physician who oversees the performance, practice, and activities of a physician assistant.

12 Alaska Admin. Code § 40.415

Current through November 11, 2021

Section 12 AAC 40.415 - Remote practice location

~~(a)~~ To qualify to practice in a remote practice location, a physician assistant must have two years of appropriate practice/clinical experience.

~~**(b)** A physician assistant with less than two years of full-time clinical experience who practices in a remote practice location and who has a change of collaborating physician must work 40 hours under the direct and immediate supervision of the new collaborating physician within 60 days after the effective date of the new collaborative plan unless the change is only to replace the primary collaborating physician with an existing alternate collaborating physician.~~

~~(c)~~ A physician assistant with two or more years of full-time clinical experience who applies for authorization to practice in a remote practice location shall submit as part of their Practice Agreement:

(1) a detailed curriculum vitae documenting that the physician assistant's previous experience as a physician assistant is sufficient to meet the requirements of the location assignment; and

(2) a written recommendation and approval from the collaborating physician.

~~(d)~~ In this section, "remote practice location" means a location (to be fully defined based on geographic considerations, a distance or geographic barriers that are significant to a patient's care, and the abilities of the "remote" facility to care for, stabilize, and transport a patient) in which a physician assistant practices from the collaborating physician's primary office or the facility in which one is employed.

12 Alaska Admin. Code § 40.420

Current through November 11, 2021

Section 12 AAC 40.420 - Currently practicing physician assistant (Repealed)

12 Alaska Admin. Code § 40.430

Current through November 11, 2021

Section 12 AAC 40.430 - [Effective11/18/2021] Performance and assessment of practice

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Telemedicine considerations will need to be made (per Medical Board comment).

Addressed this above in this section – this would be redundant now.

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Entire section 40.415
This section is potentially confusing – may no longer be relevant if other changes adopted (per medical board comment)

(a) A person may perform medical diagnosis and treatment as a physician assistant only if licensed by the board and within scope of practice established in practice agreement (40.410). ~~and only within the scope of practice of the collaborating physician.~~

(b) ~~A periodic method of assessment of the quality of practice must be established by the collaborating physician. In this subsection, "periodic method of assessment" means evaluation of medical care and clinic management.~~ Performance assessments are the responsibility of the physician and physician assistant collaboration and **shall** be included in the practice agreement on file at practice level.

(c) Repealed 3/27/2003.

(d) Repealed 3/27/2003.

(e~~)~~ Assessments must include at minimum twice annual direct personal contact between the physician assistant and the primary or alternate collaborating physician, at either the physician or physician assistant's work site. The collaborating physician shall document the evaluation on a form provided by the department. Methods of assessing performance will be decided at the practice level between collaborating physician and PA and included in practice agreement. ~~They shall include at a minimum two of the following:~~
Methods of assessing performance include all of the following:

a. Co-management of patients.
b. Direct observation**(if practice conditions allow i.e. remote setting**.)
c. Chart review.
d. Feedback from patients and other identified providers.
e. Other (must specify):

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(E though I) Determine practice agreement and assessment at practice level.

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Edited during 12/6/2021 MTG

~~**(f)** Except as provided in (h) of this section, collaborative plans in effect for less than two years must include at least one direct personal contact visit with the primary or alternate collaborating physician per calendar quarter for at least four hours duration.~~

~~**(g)** Except as provided in (h) of this section, collaborative plans in effect for two years or more must include at least two direct personal contact visits with the primary or alternate collaborating physician per year. Each visit must be of at least four hours duration and must be at least four months apart.~~

~~(h)~~ Physician assistants who practice under a new Practice Plan with a new collaborating/supervising MD must have at least one direct personal contact visit and performance assessment with the primary or alternate collaborating physician within the first 90 days of practice.

~~(i) Collaborative plans, regardless of duration, must include at least monthly telephone, radio, electronic, or direct personal contact between the physician assistant and the primary or alternate collaborating physician during the period in which the physician assistant is actively practicing under the collaborative plan. Dates of active practice under the collaborative plan and monthly contact must be documented.~~ **???**

~~(j) Contacts, whether direct personal contact or contact by telephone, radio, or other electronic means, must include reviews of patient care and review of health care records.~~

(k) The primary collaborating physician shall maintain records of practice agreement and performance assessments. The board may audit those records.

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Add "practice agreement"

(l) The primary collaborating physician shall maintain on file the completed records of assessment form for at least seven years after the date of the evaluation.

(m) If an alternate collaborating physician performs the evaluation, copies of the record of assessment must be provided to the primary collaborating physician for retention in the primary collaborating physician's records.

(n) The board's executive secretary may initiate audits of practice agreements and/or performance assessment records. In any one calendar year, the performance assessment records of **at least** 10 percent of the actively licensed physician assistants, selected randomly by computer, will be audited **initially by a preliminary form to be supplied by the Board**. For each audit,

(1) the collaborating physician **may be required to produce** records of assessment for the past two calendar years immediately preceding the year of audit and **a copy of the Practice Agreement**; and

(2) if the collaborative plan has been in effect for at least one year, but less than two years, only one year of records will be audited; ~~collaborative plans of less than one year's duration will not be audited.~~

~~(~~3) After review of the initial documents additional information may be requested in regard to the audit.

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This should be reviewed by board and changed as they feel necessary and maintainable.

(o) Repealed 5/8/2013.

(p) Repealed 5/8/2013.

(q) Repealed 5/8/2013.

12 Alaska Admin. Code § 40.440

Current through November 11, 2021

Section 12 AAC 40.440 - Student physician assistant permit (Repealed)

12 Alaska Admin. Code § 40.445

Current through November 11, 2021

Section 12 AAC 40.445 - Graduate physician assistant license

(a) An applicant for a license to practice as a graduate physician assistant
- **(1)** shall apply on a form provided by the department;
- **(2)** shall pay the fees established in 12 AAC 02.250; and
- **(3)** must be approved by the board.

(b) The application must include
- **(1)** evidence of having graduated from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by its predecessor accrediting agencies the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs; and
- **(2)** evidence of having been accepted to take the next entry level examination of the National Commission on Certification of Physician Assistants, Inc. (NCCPA) for initial certification.

(c) A graduate physician assistant license is automatically suspended on the date the board receives notice that the applicant failed to pass the NCCPA certifying examination required under (b)(2) of this section.

(d) Upon request, the board will reissue a graduate physician assistant license only if the licensee was prevented from taking a scheduled examination.

(e) A licensed graduate physician assistant must be under the continuous on-site supervision of a physician assistant licensed in this state or a physician licensed in this state.

(f) When licensed, the licensee shall display a nameplate designating that person as a "graduate physician assistant."

(g) Notwithstanding (b) of this section, an applicant for a graduate physician assistant license submit the credentials verification documents through the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

12 Alaska Admin. Code § 40.447

Current through November 11, 2021

Section 12 AAC 40.447 - Authorization to practice as a graduate physician assistant (Repealed)

12 Alaska Admin. Code § 40.450

Current through November 11, 2021

Section 12 AAC 40.450 - Authority to prescribe, order, administer, and dispense medications

(a) A physician assistant who prescribes, orders, administers, or dispenses controlled substances must

(1) have a current Drug Enforcement Administration (DEA) registration number, valid for that handling of that controlled substance on file with the department; and

(2) comply with 12 AAC 40.976.

(b) Repealed 9/1/2007.

(c) A physician assistant with a valid DEA registration number may order, administer, dispense, and write a prescription for a schedule II, III, IV, or V controlled substance **only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current Practice Plan on file with the the collaborating/supervising physician.**

(d~~)~~ The physician assistant's authority to prescribe may not exceed that of the primary collaborating physician as documented in the Practice Plan on file with the collaborating/supervising physician.

(e) A physician assistant with a valid DEA registration number may request, receive, order, or procure schedule II, III, IV, or V controlled substance supplies from a pharmaceutical distributor, warehouse, or other entity **only with the written authorization of the physician assistant's primary collaborating physician. If granted this authority~~,~~** the physician assistant is responsible for complying with all state and federal inventory and record keeping requirements. The authorization must be documented in the physician assistant's current ~~collaborative plan~~ practice agreement ~~on file with the division. Within 10 days after the date of issue on the form, the physician assistant shall provide to the primary collaborating physician a copy of each DEA Form 222 official order form used to obtain controlled substances.~~

(f) A physician assistant may prescribe, order, administer, or dispense a medication that is not a controlled substance as outlined in DEA registration license and following individual state prescriptive guidelines **in concordance with the Practice Agreement** ~~. only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current collaborative plan on file with the division.~~

(g) A graduate physician assistant licensed under this chapter may not prescribe, order, administer, or dispense a controlled substance.

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Prescribing medications, including Schedule II-V controlled medications, is integral to the practice of medicine. All PAs are required to complete extensive training in pharmacology as a part of their PA education. State laws should authorize PAs to prescribe all legal medications, including controlled medications in the Drug Enforcement Administration's Schedules II-V and noncontrolled medications and devices. Laws that restrict PA prescriptive authority have the potential to cause interruptions in the delivery of care. If a patient seen by a PA requires medication that state laws prohibit the PA from prescribing, then both patient and clinician are forced to take extra steps to ensure the patient receives the medication, which can result in additional costs to the system.

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National education accreditation standards require PA programs to include instruction in pharmacology and pharmacotherapeutics and their application in clinical practice. Knowledge of pharmacology and appropriate drug utilization are areas of practice tested on the national certifying examination, which is required for licensure.
All PA educational programs have pharmacology courses; nationally, the average amount of formal classroom instruction in pharmacology is 75 hours. This does not include instruction in pharmacology that students receive during clinical medicine coursework and clinical rotations.
Pharmacology is generally taught by doctoral level pharmacologists or clinical pharmacists. The courses address medical pharmacology topics, including indications and dosage, pharmacokinetics, drug interactions, adverse effects, and contraindications. These subjects are presented in relation to specific body systems, such as the cardiovascular, neurological and gastrointestinal systems. This instruction is augmented during clinical medicine units. In addition, pharmacology education occurs on each clinical clerkship or rotation. While on these rotations, students write medication orders and prescriptions. Students are required to develop diagnoses and offer ...

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STATE AUTHORITY FOR CONTROLLED PRESCRIBING
In 44 states and D.C., PAs are authorized to prescribe medications in schedules II-V.

PA authority to prescribe controlled medications enables more effective practice by the entire team. PAs are most effective when they can adequately provide care, including analgesia and the treatment of patients with acute pain. Allowing PAs to prescribe controlled ...

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DEA Form 222 Large volume order form.

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Insert reference to "graduate" permits

~~(h)~~ **Termination of a collaborative plan initiates the plan as outlined in the Practice Agreement to transition to an alternate collaborating/supervising physician (timing definitions yet to be determined).**

(i) A prescription written under this section by a physician assistant must include the

~~(1)~~ ~~primary collaborating physician's name;~~
~~(2)~~ ~~primary collaborating physician's DEA registration number;~~
(3) physician assistant's name; and
(4) physician assistant's DEA registration number.

(j) In this section, unless the context requires otherwise,

(1) "order" means writing instructions on an order sheet to dispense a medication to a patient from an on-site pharmacy or drug storage area; for purposes of this paragraph, "on-site pharmacy" means a secured area that provides for the storage and dispensing of controlled substances and other drugs and is located in the facility where the physician assistant is practicing;
(2) "prescription" means a written document regarding a medication prepared for transmittal to a licensed pharmacy for the dispensing of the medication;
(3) "schedule," used in conjunction with a controlled substance, means the relevant schedule of controlled substances under 21 U.S.C. 812 (Sec. 202, Federal Controlled Substances Act).

12 Alaska Admin. Code § 40.460

Current through November 11, 2021

Section 12 AAC 40.460 - Identification

A licensed physician assistant authorized to practice shall display **on the licensee's clothing a nameplate identifying the physician assistant as a "Physician Assistant-Certified (PA-C)" while performing any clinical duties.**

Have on display or immediately available

(1) a current state license; and
(2) ~~informing the public that~~ documents that show the licensed physician assistant's current education ~~and active state license~~ ~~and a copy of the current collaborative plan on file with the division are available for inspection.~~

Commented [27]:
This should be available for inspection/audit as stated in section 40.410.
Does education and practice agreement need to be "displayed" to the public?
Matching the requirements of "display" for our collaborating physicians would seem to make the most sense.

12 Alaska Admin. Code § 40.470

Current through November 11, 2021

Section 12 AAC 40.470 - Renewal of a physician assistant license

(a) A physician assistant license must be renewed biennially on the date set by the department.

(b) An application for renewal must be made on the form provided by the department and must include

(1) payment of the renewal fee established in 12 AAC 02.250;

(2) documented evidence that the applicant **has met the minimal CME requirements of the Board and** ~~has met the continuing medical education and recertification requirements of the NCCPA, including the NCCPA recertification examination, and~~ is currently certified by NCCPA;

(3) ~~verification on a form provided by the department of each authorization to practice issued before September 1, 2007 under which the physician assistant is practicing.~~

Clarify???

12 Alaska Admin. Code § 40.473

Current through November 11, 2021

Section 12 AAC 40.473 - Inactive physician assistant license

(a) A physician assistant who is not practicing in the state may hold an inactive license that may be renewed.

(b) A physician assistant may apply for an inactive license at the time of license renewal by

(1) indicating on the form for license renewal that the physician assistant is requesting an inactive license; and

(2) paying the inactive biennial license fee established in 12 AAC 02.250.

(c) A physician assistant licensed as inactive may not practice as a physician assistant in the state.

(d) A physician assistant licensed as inactive who wishes to resume active practice as a physician assistant in the state must

(1) submit a completed renewal application form indicating request for reactivation;

(2) pay the physician assistant biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period;

(3) submit a copy of a current certificate issued by the National Commission of Certification of Physician Assistants; and

(4) request a clearance report from the Federation of State Medical Board's Board Action Data Bank be sent directly to the board.

(e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician assistant authorization for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

Commented [28]:
This is redundant, to be certified PAs must complete required 100 CME and other recertification requirements.

Commented [29]:
Need to include CME's specific to Opioids and pain management

Commented [30]:
Are these authorization to practice issued before 2007 still required for relicensure?

Commented [31]:
Stopped reviewing here on 12/06/2021

12 Alaska Admin. Code § 40.475

Current through November 11, 2021

Section 12 AAC 40.475 - Lapsed physician assistant license

(a) A physician assistant license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant submits

(1) a complete renewal application form;
(2) documentation that the continuing medical education requirements of 12 AAC 40.470(b) (2) have been met; and
(3) the renewal fees required by 12 AAC 02.250.

(b) A physician assistant license that has been lapsed for at least one year but less than five years will be reinstated if the applicant submits

(1) a complete renewal application on a form provided by the department;
(2) documentation that the continuing medical education requirements of 12 AAC 40.470(b) (2) have been met for the entire period that the authorization has been lapsed;
(3) verification of licensure from the appropriate licensing authority in each state, territory, or province where the applicant holds or has ever held a license as a physician assistant or other health care professional;
(4) clearance from the Federation of State Medical Boards sent directly to the division;
(5) clearance from the federal Drug Enforcement Administration (DEA); and
(6) the applicable fees required in 12 AAC 02.250.

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician assistant license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

12 Alaska Admin. Code § 40.480

Current through November 11, 2021

Section 12 AAC 40.480 – Exemptions

(a) Nothing in this chapter prevents or regulates the use of a community health aide in the usual and customary manner in the rural areas of the State of Alaska.

(b) Nothing in this chapter regulates, restricts, or alters the functions of a person traditionally employed in an office, by a physician, performing duties not regulated by the State Medical Board under AS 08.64.

12 Alaska Admin. Code § 40.490

Current through November 11, 2021

Section 12 AAC 40.490 - Grounds for suspension, revocation, or denial of license
The board, after compliance with the Administrative Procedure Act (AS 44.62), will, in its discretion, suspend, revoke, or deny the license of a physician assistant who

(1) fails to pay the fees established in 12 AAC 02.250;
(2) has obtained, or attempted to obtain, a license or authorization to practice as a physician assistant by fraud, deceit, material misrepresentation, or false statement;
(3) habitually abuses alcoholic beverages, or illegally uses depressants, hallucinogenic or stimulant drugs as defined by AS 17.12.150(3), or uses narcotic drugs as defined by AS 17.10.230(13);
(4) consistently fails to comply with 12 AAC 40.460;
(5) practices without the required practice agreement held at the practice level. ~~collaborative plan as required by 12 AAC 40.410;~~
(6) represents or uses any signs, figures, or letters to represent himself or herself as a physician, surgeon, doctor, or doctor of medicine;
(7) violates any section of this chapter;
(8) is found to have demonstrated professional incompetence as defined in 12 AAC 40.970;
(9) in a clinical setting,
(A) fails to clearly identify oneself as a physician assistant to a patient;
(B) uses or permits to be used on the physician assistant's behalf the term "doctor," "Dr.," or "doc"; or
(C) holds oneself out in any way to be a physician or surgeon;
(10) practices without maintaining certification by the National Commission on Certification of Physician Assistants (NCCPA).

Commented [32]:
Hold individual physician and PA responsible to have in place.

Commented [33]:
We agree to correct this when we become PAs. But even with correction this will happen – with no encouragement from ourselves. We can only correct as we are taught to do.

12 AAC 02.250. State Medical Board

[...]
(b) The following fees are established for physician assistants:
(1) nonrefundable application fee for
(A) initial license, $200;
(B) emergency courtesy license, $50;
(2) temporary license fee, $75;
(3) repealed 8/30/2018;
(4) repealed 8/30/2018;
(5) ~~fee for establishing or changing a collaborative relationship, $125~~;
(6) license fee for all or part of the initial biennial license period, $250; [...]

Commented [34]:
Collaborative relationship – to be "practice agreement" kept at the practice level. Auditable at any time.