

# Pennsylvania Society of Physician Assistants Comparison Regulations 2006 vs. 1993

Section	2006 Language	1993 Language	Discussion
<b>§16.11 &amp; §16.13 Physician Assistant Licensure</b>	Addition of the word “ License” goes into the language and “Certificate” is removed.	<a href="#">Certificate</a>	Prior to 2004, Physician Assistants were <i>certified</i> in the Commonwealth. Through legislative action signed into law in 2004, Physician Assistants became Licensed.
<b>§18.122. Definitions Supervising Physician</b>	Supervising Physician: Each physician who is identified in a written agreement as a physician who supervises a physician assistant.	<a href="#">Physician Assistant Supervisor</a>	This term needed clarification due to physician assistants who held administrative positions were titled “Physician Assistant Supervisors.” Likewise, supervising physicians were also listed as physician assistant supervisors. Therefore, changing the language to supervising physician delineates the physician supervisor from the administrative supervisor.
<b>§18.122. Definitions Direct Supervision</b>	The definition of “ Direct Supervision” is removed from the language.	<a href="#">Direct Supervision</a>	The amount of supervision will be determined by the supervising physician as outlined in the scope of practice agreement review component.
<b>§18.122. Definitions Medical Regimen</b>	Medical Regimen: A therapeutic, corrective or diagnostic measure performed or ordered by a physician, or performed or ordered by a physician assistant acting within the physician assistant’s scope of practice, and in accordance with the written agreement between the supervising physician and the physician assistant	<a href="#">Medical Regimen -Any therapeutic, corrective or diagnostic measure ordered by a physician assistant supervisor which is required for the management of a specific condition and which is incorporated into the written agreement</a>	This definition was changed to eliminate the confusion on whether written protocols were needed in the written agreements submitted to the Board of Medicine. The way the language was stated, it could have been construed that a list of written protocols were needed to be incorporated into the agreement.

<p><b>§18.122. Definitions Order</b></p>	<p>Order – An oral or written directive for a therapeutic, corrective or diagnostic measure, including a drug to be dispensed for onsite administration in a hospital, medical care facility or office setting</p>		<p>No previous definition for Order was present in the old language.</p>
<p><b>§18.122. Definitions Physician Assistant Program</b></p>	<p>Physician assistant program-- A program for the training and education of physician assistants which is recognized by the Board and accredited by the Committee on Allied Health Education and Accreditation (CAHEA), Commission For Accreditation of Allied Health Educational Programs (CAAHEP), Accreditation Review Commission (ARC-PA) or any successor agency.</p>	<p>Physician Assistant Program : The Board approves physician assistant educational programs developed by the accreditation review committee for the physician assistant, and accredited by the Committee on Allied Health Education and Accreditation (CAHEA) of the American Medical Association. Information regarding approved programs may be obtained directly from CAHEA, 515 North State Street, Chicago, IL 60610.</p>	<p>The Board of Medicine is not in the role of approving educational programs. Therefore, the term approval is changed to recognized. Additional language is added to list the various bodies that accredit PA programs</p>
<p><b>§18.122. Definitions Supervision</b></p>	<p>Supervision: Oversight and personal direction of, and responsibility for, the medical services rendered by a physician assistant. The constant physical presence of the supervising physician is not required so long as the supervising physician and the physician assistant are, or can be, easily in contact with each other by radio, telephone or other telecommunications device.</p> <p>(ii) An appropriate degree of supervision includes:</p> <p>(A) Active and continuing overview of the physician assistant's activities to determine that the physician's directions are being implemented.</p> <p>(B) Immediate availability of the supervising physician to the physician assistant for necessary consultations.</p> <p>(C) Personal and regular review within 10 days by the supervising physician of the patient records upon which entries are made by the physician assistant.</p>	<p>Supervision -The control and personal direction exercised by the physician assistant supervisor over the medical services provided by a physician assistant. Constant physical presence of the physician assistant supervisor is not required so long as the physician assistant supervisor and the physician assistant are, or can easily be, in contact with each other by radio, telephone or telecommunications. Supervision requires the availability of the physician assistant supervisor to the physician assistant. An appropriate degree of supervision includes:</p> <p>(i) Active and continuing overview of the physician assistant's activities to determine that the physician's directions are being implemented.</p> <p>(ii) Immediate availability of the physician assistant supervisor to the physician assistant for necessary consultations.</p> <p>(iii) Personal and regular-at least weekly-review by the physician assistant supervisor of the patient records upon which entries are made by the physician assistant.</p>	<p>The time frame for review of patient's records by a supervising physician has been increased from seven to ten days.</p>

<p><b>§18.122. Definitions Counter-Signature</b></p>	<p>Counter Signature: Require that the supervising physician shall countersign the patient record completed by the physician assistant within a reasonable amount of time. This time period may not exceed 10 days.</p>	<p>Counter Signature: Required within 3 days</p>	<p>The time frame for chart countersignature has been increased from three to ten days.</p>
<p><b>§18.144. Responsibility of primary physician assistant supervisor.</b></p>	<p>Every Third Visit Rule: Is eliminated. The new language reads as follows:</p> <p>“Review directly with the patient the progress of the patient’s care as needed based upon the patient’s medical condition and prognosis or as requested by the patient.”</p>	<p>Every Third Visit Rule: See each patient in his office every third visit, but at least once a year.</p>	<p>This rule created a significant access to care issue for patients and impacted the efficiency of the physician/PA team. Revising the language allows the supervisor physician and the PA flexibility in patient management while maintaining the patients’ ability to have direct physician access at the patients’ request.</p>

**§18.151 Role of the Physician Assistant**

Role of physician assistant: The physician assistant practices medicine with physician supervision. A physician assistant may perform those duties and responsibilities, including the ordering, prescribing, dispensing, and administration of drugs and medical devices, as well as the ordering, prescribing, and executing of diagnostic and therapeutic medical regimens, as directed by the supervising physician.

(b) The physician assistant may provide any medical service as directed by the supervising physician when the service is within the physician assistant's skills, training and experience, forms a component of the physician's scope of practice, is included in the written agreement and is provided with the amount of supervision in keeping with the accepted standards of medical practice.

(c) The physician assistant may pronounce death, but not the cause of death, and may authenticate with the physician assistant's signature any form related to pronouncing death. If the attending physician is not available, the physician assistant shall notify the county coroner. The authority to release the body of the deceased to the funeral director shall be that of the coroner.

(d) The physician assistant may authenticate with the physician assistant's signature any form that may otherwise be authenticated by a physician's signature as permitted by the supervising physician, State or Federal law and facility protocol, if applicable.

(e) The physician assistant shall be considered the agent of the supervising physician in the performance of all practice-related activities including the ordering of diagnostic, therapeutic and other medical services

Role of physician assistant : The physician assistant shall, under appropriate direction and supervision by a physician assistant supervisor, augment the physician's data gathering abilities in order to assist the physician in reaching decisions and instituting care plans for the physician's patients. Physician assistants may be permitted to perform the following functions. This list is not intended to be all-inclusive.

- (1) Screen patients to determine need for medical attention.
- (2) Review patient records to determine health status.
- (3) Take a patient history.
- (4) Perform a physical examination.
- (5) Perform developmental screening examination on children.
- (6) Record pertinent patient data.
- (7) Make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem of the follow-up evaluation of a previously diagnosed and stabilized condition.
- (8) Prepare patient summaries.
- (9) Initiate requests for commonly performed initial laboratory studies.
- (10) Collect specimens for and carry out commonly performed blood, urine and stool analyses and cultures.
- (11) Identify normal and abnormal findings on history, physical examination and commonly performed laboratory studies.
- (12) Initiate appropriate evaluation and emergency management for emergency situations, for example, cardiac arrest, respiratory distress, injuries, burns and hemorrhage.
- (13) Perform clinical procedures such as:
  - (i) Venipuncture.
  - (ii) Intradermal tests.
  - (iii) Electrocardiogram.
  - (iv) Care and suturing of minor lacerations.
  - (v) Casting and splinting.
  - (vi) Control of external hemorrhage.
  - (vii) Application of dressings and bandages.
  - (viii) Administration of medications, except as

This section was revised to eliminate the laundry list of duties that were previously in place. The old language could have been interpreted to mean that treatment protocols were needed to be submitted with the work agreements. It would have been very difficult to keep those protocols current with the ever changing practice of medicine.

The new language more reflects the way that the physician/ PA functions with the PA acting as the agent of the supervising physician in all medical practice related activities.

<p><b>§18.151 Role of the Physician Assistant Pronouncement of Death</b></p>	<p>(c) The physician assistant may pronounce death, but not the cause of death, and may authenticate with the physician assistant's signature any form related to pronouncing death. If the attending physician is not available, the physician assistant shall notify the county coroner. The coroner has the authority to release the body of the deceased to the funeral director.</p>	<p>Prohibitions: Pronounce a patient dead.</p>	<p>The previous regulation prohibited pronouncement of death.</p>
<p><b>§18.153 Executing and Relaying Medical Regimens</b></p>	<p>Executing and relaying medical regimens: As provided for in the written agreement, the physician assistant shall report orally or in writing, to a supervising physician, A physician assistant may execute a written or oral order for a medical regimen or may relay a written or oral order for a medical regimen to be executed by a health care practitioner subject to the requirements of this section within 36 hours, those medical regimens executed or relayed by the physician assistant while the supervising physician was not physically present, and the basis for each decision to execute or relay a medical regimen.</p> <p>(c) The physician assistant shall record, date and authenticate the medical regimen on the patient's chart at the time it is executed or relayed. When working in a medical care facility, a physician assistant may comply with the recordation requirement by directing the recipient of the order to record, date and authenticate they received the order, if such practice is consistent with the medical care facility's written policies. The supervising physician shall countersign the patient record within a reasonable time not to exceed 10 days, unless countersignature is required sooner by regulation, policy within the medical care facility or the requirements of a third-party payor.</p>	<p>Executing and relaying medical regimens :</p> <p>(a) A physician assistant may execute a medical regimen or may relay a medical regimen to be executed by a health care practitioner subject to the requirements of this section.</p> <p>(b) The physician assistant shall report orally or in writing, to a physician assistant supervisor, within 12 hours, medical regimens executed or relayed by him while the physician assistant supervisor was not physically present, and the basis for each decision to execute or relay a medical regimen.</p> <p>(c) The physician assistant shall record, date and authenticate the medical regimen on the patient's chart at the time it is executed or relayed. The physician assistant supervisor shall countersign the patient's record within a reasonable time, not to exceed 3 days, unless countersignature is required sooner by regulation, policy within the medical care facility or the requirements of a third-party payor.</p> <p>(d) A physician assistant or physician assistant supervisor shall provide immediate access to the written agreement to anyone seeking to confirm the physician assistant's authority to relay a medical regimen or administer a therapeutic or diagnostic measure</p>	<p>The time frame for reporting to the supervising physician of any executing of a written or oral order in the absence of the supervisor has been increased from 12 to 36 hours.</p>

<p><b>§ 18.155. Satellite locations.</b></p>	<p>Satellite locations</p> <p>(3) The supervising physician shall review directly with the patient the progress of the patient’s care as needed based upon the patient’s medical condition and prognosis or as requested by the patient.</p> <p>(4) The supervising physician will visit the satellite location at least once every 10 days and devote enough time onsite to provide supervision and personally review the records of selected patients seen by the physician assistant in this setting. The supervising physician shall notate those patient records as reviewed.</p>	<p>Satellite locations.</p> <p>(3) The supervisor will see each patient every third visit, but at least once a year.</p> <p>(4) The supervisor will visit the satellite location at least weekly and devote enough time onsite to provide supervision and personally review the records of each patient seen by the physician assistant in this setting.</p>	<p><b>The definition of a satellite location is:</b> A location, other than the primary place at which the physician assistant supervisor provides medical services to patients, where a physician assistant provides medical services.</p> <p>The time frame for supervising physician visiting a satellite location has increased from seven to ten days. The physician now only needs to review selected patient records.</p>
<p><b>§ 18.157 Administration of controlled substances and whole blood and blood components.</b></p>	<p>Administration of controlled substances and whole blood and blood components:</p> <p>(a) In a hospital, medical care facility or office setting, the physician assistant may order or administer, or both order and administer, controlled substances and whole blood and blood components if the authority to order and administer these medications and fluids is expressly set forth in the written agreement</p> <p>(b) The physician assistant shall comply with the minimum standards for ordering and administering controlled substances specified in § 16.92 (relating to prescribing, administering and dispensing controlled substances).</p>	<p>Administration of controlled substances and whole blood and blood components : Administration of controlled substances and whole blood and blood components.</p> <p>(a) The physician assistant may administer controlled substances and whole blood and blood components if the authority to administer these medications and fluids is expressly set forth in the written agreement and the administration of these medications and fluids is separately ordered by the physician assistant supervisor and the physician assistant supervisor specifies a named drug for a named patient.</p> <p>(b) The physician assistant shall comply with the minimum standards for administering controlled substances specified in § 16.92 (relating to prescribing, administering and dispensing controlled substances).</p>	

**§ 18.158 Prescribing and dispensing drugs, pharmaceutical aids and devices.**

Prescribing and dispensing drugs, pharmaceutical aids and devices.

The supervising physician may delegate to the physician assistant the prescribing, dispensing and administering of drugs and therapeutic devices.

(2) A physician assistant may not prescribe or dispense Schedule I controlled substances as defined by section 4 of the Controlled Substances, Drug, Device, and Cosmetic Act (35 P.S. §780-104).

(3) A physician assistant may prescribe a Schedule II controlled substance for initial therapy, up to a 72-hour dose. The physician assistant shall notify the supervising physician of the prescription as soon as possible but in no event longer than 24 hours from the issuance of the prescription. A physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply if it was approved by the supervising physician for ongoing therapy. The prescription must clearly state on its face that it is for initial or ongoing therapy.

(4) A physician assistant may only prescribe or dispense a drug for a patient who is under the care of the physician responsible for the supervision of the physician assistant and only in accordance with the supervising physician's instructions and written agreement.

(5) A physician assistant may request, receive and sign for professional samples and may distribute professional samples to patients.

(6) A physician assistant authorized to prescribe or dispense, or both, controlled substances must register with the Drug Enforcement Administration

Prescribing and dispensing drugs:

(a) The Board adopts the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification to identify drugs which a physician assistant may prescribe and dispense subject to the restrictions specified in subsection (c).

(1) Categories from which a physician assistant may prescribe and dispense without limitation are as follows:

- (i) Antihistamines.
- (ii) Anti-infective agents.
- (iii) Cardiovascular drugs.
- (iv) Contraceptives—for example, foams and devices.
- (v) Diagnostic agents.
- (vi) Disinfectants—for agents used on objects other than skin.
- (vii) Electrolytic, caloric and water balance.
- (viii) Enzymes.
- (ix) Antitussives, expectorants and mucolytic agents.
- (x) Gastrointestinal drugs.
- (xi) Local anesthetics.
- (xii) Serums, toxoids and vaccines.
- (xiii) Skin and mucous membrane agents.
- (xiv) Smooth muscle relaxants.
- (xv) Vitamins.

(2) Categories from which a physician assistant may prescribe and dispense subject to exclusions and limitations listed:

- (i) Autonomic drugs. Drugs excluded under this category: Sympathomimetic (adrenergic) agents.
- (ii) Blood formation and coagulation. Drugs excluded under this category:
  - (A) Anti-coagulants and coagulants.
  - (B) Thrombolytic agents.
- (iii) Central nervous system agents. Drugs excluded under this category:
  - (A) General anesthetics.
  - (B) Monoamine oxidase inhibitors.
- (iv) Eye, ear, nose and throat preparations. Drugs limited under this category: Miotics and mydriatics used as eye preparations require specific approval from the physician assistant supervisor for a named patient.

Prescribing now switches to a negative formulary. The physician/PA team will decide from which categories (if any) that the physician assistant **will not** be permitted to prescribe. This change eliminates the need to repeatedly update the written agreement prescribing form as new drugs are developed.

It also removes the barriers of prescribing sympathomimetic drugs, thrombolytic agents, anticoagulants among others.

The physician/PA team will need only report to the Board of Medicine any medications that are not permitted to be prescribed.

PAs will now be allowed to sign for and dispense sample medications.



<p><b>§ 18.159 Medical records.</b></p>	<p>Medical records:</p> <p>The supervising physician shall timely review, not to exceed 10 days, the medical records prepared by the physician assistant to ensure that the requirements of § 16.95 (relating to medical records) have been satisfied.</p>	<p>Medical records:</p> <p>The physician assistant supervisor shall timely review the medical records prepared by the physician assistant to ensure that the requirements of § 16.95 (relating to medical records) have been satisfied.</p>	
<p><b>§ 18.161 Physician Assistant employed by Medical Care Facilities.</b></p>	<p>Physician assistant employed by medical care facilities:</p> <p>(b) The physician assistant may not be responsible to more than three supervising physicians in a medical care facility.</p> <p>(c) This subchapter does not require medical care facilities to employ physician assistants or to permit their utilization on their premises. Physician assistants are permitted to provide medical services to the hospitalized patients of their supervising physician if the medical care facility permits it.</p> <p>(d) Physician assistants granted privileges by or practicing in a medical care facility shall conform to policies and requirements delineated by the facility.</p>	<p>Physician assistant employed by medical care facilities:</p> <p>(a) A physician assistant may be employed by a medical care facility, but shall comply with the requirements of the act and this subchapter.</p> <p>(b) The physician assistant may not be responsible to more than three physician assistant supervisors in a medical care facility.</p> <p>(c) This subchapter does not require medical care facilities to employ physician assistants or to permit their utilization on their premises. Physician assistants are permitted to provide medical services to the hospitalized patients of their physician assistant supervisor if the medical care facility permits it.</p>	<p>The Medical Board has consistently interpreted section (b) to mean that the PA may not be responsible to more than three PRIMARY supervising physicians in a medical care facility. There continues to be an unlimited number of substitute supervising physicians allowed. These ratios are mandated by the Medical Practice Act at the present time.</p> <p>This section also clarifies the present language and further states that physician assistants granted privileges by, or practicing in, a medical care facility shall conform to policies and requirements delineated by the facility. Health care facilities could still retain the ability to restrict the function of the physician/PA team.</p>



<p><b>§ 18.162 Emergency Medical Services.</b></p>	<p>Emergency medical services:</p> <p>(a) A physician assistant may only provide medical service in an emergency medical care setting if the physician assistant has training in emergency medicine, functions within the purview of his written agreement and is under the supervision of the supervising physician.</p> <p>(b) A physician assistant licensed in this State or licensed or authorized to practice in any other state of the United States who is responding to a need for medical care created by a declared state of emergency or a state or local disaster (not to be defined as an emergency situation which occurs in the place of one's employment) may render care consistent with relevant standards of care.</p>	<p>Emergency medical services:  A physician assistant may only provide medical services in an emergency medical care setting if the physician assistant has training in emergency medicine, functions within the purview of his written agreement and is under the direct supervision of the physician assistant supervisor.</p>	<p>Physician Assistants can now function in the emergency room setting without direct physician supervision.</p> <p>The language also expands the ability of the physician assistant to provide disaster relief services as declared by state or local agencies and rendering care consistent with relevant standards of care.</p> <p>It also allows for the use of those licensed in other states to function without the usual requirements for the PA and the physicians working with them.</p>
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