

**THE PA DIFFERENCE  
WHY SHOULD IHS FEDERAL/TRIBAL/URBAN CLINICS HIRE PHYSICIAN ASSISTANTS**



**Physician Assistants are valuable members of Indian Health System’s Health Care Team. Attached is a brief history of the Physician Assistant role in IHS. Provided are brief answers to questions related to PA training, reimbursement, supervision and state specific licensure requirements (within each IHS Area).**

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### The Physician Assistant

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### How Are Physician Assistants Trained?

Physician Assistant education is modeled on physician education. They receive a broad-based generalist education with an emphasis in primary care. Along with classroom curriculum, PA's receive 2,000 hours of supervised clinical practice prior to graduation. This includes clinical rotations in family medicine, internal medicine, OB/GYN, pediatrics, general surgery, emergency medicine and psychiatry. This training allows PA's to work as members of physician-directed teams in the care of patients from the neonatal intensive care unit to long-term care facilities. PA's are licensed medical providers and are part of many IHS medical staff, extending specialty service in Orthopedics, ENT, OB/GYN, Surgery, Emergency Medicine, as Hospitalist, and Community Health providers. PAs serve as Service Unit Directors and Clinical Directors.

### Can PA Prescribe Medications? What about reimbursement?

All states, the District of Columbia, and Guam have enacted laws that authorize PA prescribing. Medicare, Medicaid and private insurance pays 85 - 100% of the physician's fee schedule for PA services.

### But don't they always have to work with a physician?

In accordance with IHS PA practice policy, "PAs may practice at remote sites or after hours without a supervising or consultative physician on-site as long as voice telephone or two-way radio contact with an advising physician is available. The advising physician must be the PA's clinical supervisor or a designated alternate active or temporary medical staff member."

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### State Specific Rules (abridged): ABERDEEN AREA

**South Dakota:** PA may prescribe medication including Schedules II-V, limited to 30 days for Schedule II. PAs who prescribe controlled medications must register with the state and the DEA.

**Supervision:** May be by personal contact or indirect (radio or telephone). If PA utilized in satellite office, physician must provide at least half a day per week of on-site personal supervision

**North Dakota:** PAs may prescribe medications and Schedules III-V controlled substances. PA may dispense prepackaged medications (Schedules IV and V and non-controlled substances) prepared by pharmacist acting on physician's written order and labeled to show names of PA and physician. Dispensing must be authorized by and within pre-established guidelines of supervising physician. PA prescribers of controlled drugs must register with the DEA.

**Supervision:** Physician must be continuously available for contact personally or by telephone or radio.

**Iowa:** PA may prescribe non-controlled and controlled substances (except schedule II depressants). PAs who prescribe controlled medications must register with the DEA.

**Supervision:** Physician need not be physically present, but must be readily available by telecommunication.

**Nebraska:** PA may prescribe medications as delegated to do so by supervising physician. Delegated authority may include legend drugs and Schedules II-V controlled medications. PAs authorized to prescribe controlled medications must register with the DEA.

**Supervision:** Physician must be readily available for consultation; telecommunication shall be sufficient. Physician and PA must be together 20% of the time, less if physician shows good cause. Board approval required for PA utilization in secondary site; physician must visit secondary site at least one half-day each month and review 100% of charts.

### Do IHS Physician Assistants Need a State License?

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PAs employed by Tribal and Urban clinics must be licensed within the state in which they are employed.

### What is the Difference Between Nurse Practitioners (NP) and Physician Assistants?

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### State Specific Rules (abridged): ALASKA AREA

**Alaska:** Prescriptive authority for non-controlled drugs and Schedules III to V drugs (controlled substances). Prescription written and signed by PA must include collaborating physician's name and Drug Enforcement Administration (DEA) number and PA's name and DEA number. PA may order, administer and dispense Schedule II drugs with the approval of the collaborating physician.

**Supervision:** Periodic assessment by physician and at least monthly telephone or radio review of patient care and records. PAs in remote locations with less than two years of experience must first work 40 to 160 hours under physician's direct and immediate supervision and periodic assessment must include at least one direct personal contact visit from supervising physician at least every four months for at least four hours.

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### State Specific Rules (abridged): ALBUQUERQUE AREA

**Colorado:** PA may prescribe controlled (Schedules II-V) and non-controlled substances. PA prescribing controlled substances must be registered with DEA.

**Supervision:** PA must practice with personal and responsible supervision of physician. In acute care hospital PA may practice without physical presence of physician if physician regularly practices in the hospital or if hospital is located in a health professional shortage area; physician must review medical records every two working days. In other settings, physician must be available via telecommunication.

**New Mexico:** PA may prescribe, administer, and distribute non-controlled medications and Schedules II-V under direction of supervising physician and within parameters of board-approved formulary and guidelines. PA prescribers of controlled medications must register with the DEA.

**Supervision:** Must be immediate communication between physician and PA; can be through telecommunication. Physician must review at least ten of more complicated medical records each month. Physician must visit PA practicing in remote site at least once every two weeks.

**Texas: Scope of practice:** Medical services delegated by the supervising physician within education, training, and experience of PA.

**Prescribing/dispensing:** PA may carry out or sign a prescription drug order if delegated this task under standing orders. Authority includes Schedules III-V and non-controlled medications.

**Supervision:** Supervision shall be continuous but constant physical presence of physician not required

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### State Specific Rules (abridged): BEMIDJI AREA

**Minnesota:** PAs may prescribe controlled (Schedules II-V) and non-controlled drugs. Physician must review prescribing by the PA on a regular basis. PAs authorized to prescribe controlled medications must register with DEA.

**Supervision:** Constant presence of supervising physician is not required so long as the PA and supervising physician can be in touch via telecommunication.

**Michigan:** PA may prescribe non-controlled and Schedules III-V medications as delegated by supervising physician. PA may prescribe seven-day supply of Schedule II drugs as discharge medications. PA prescribers of controlled medications must register with the DEA.

**Supervision:** Physician must be continuously available for direct communication in person or by radio, telephone, or telecommunication and must regularly review PA performance and patient records, consult, and educate.

**Wisconsin:** PA may prescribe Schedules II-V and non-controlled drugs in situations specified in written guidelines developed by supervising physician. Supervising physician must sign patient record within 72 hours, review patient record within 72 hours or review by telephone within 48 hours, and sign patient record within one week. PA prescribers of controlled medications must register with the DEA.

**Supervision:** Physician must be available at all times for consultation either in person or within 15 minutes of contact by telephone, two-way radio, or television. Physician must visit and review on-site any facilities attended by PA at least once a month.

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### State Specific Rules: (abridged) BILLINGS AREA

**Montana: Scope of practice:** Duties delegated by the supervising physician and the PA's training and experience.

**Prescribing/dispensing:** PA may prescribe and dispense drugs, including Schedules II-V controlled substances, as delegated by physician.

**Supervision:** On-site supervision of PA not required if supervising physician has provided a means of communication or an alternate means of supervision. If practicing in a remote site, PA and supervising physician must work together in direct contact for a minimum of two weeks before PA delivers services in remote site. .

**Wyoming: Scope of practice:** Medical services delegated by supervising physician and approved by the board in the specialty area(s) for which physician and PA are trained or experienced.

**Prescribing/dispensing:** Physicians may delegate prescribing of non-controlled and Schedules II-V medications to PAs

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At the heart of the Physician Assistant practice is the PA-Physician Team. A PA's scope of practice is determined by state law or federal standard, the supervising physician's delegation of responsibilities, the PA's education and experience, and the specialty and setting in which the PA works. Direction of the medical practice of the physician assistant is assured by the supervising physician, **but this does not necessarily require the physical presence of a supervising physician at the place where services are rendered.** Nor does this suggest that the PA does not exercise autonomous medical decision-making. Accountability for physician supervision of PA's may be determined prospectively, by scheduling, or retrospectively, by review of the charts – as determined by the physician-PA team.

All health care is subject to supervision – whether it is medical care provided by a physician or physician assistant or nursing care provided by a nurse practitioner. For the physician-PA team, supervision is, by design, more defined. The fact that the supervisory role is part of the physician-PA team practice – whether it be a physician visit every two weeks for a PA practicing in an urban health clinic or by telephone communication on an as-needed basis for a PA working in rural health clinic – should not be construed to suggest that PAs possess a lesser degree of competency or exercise a lesser degree of autonomy in the provision of medical care.

The whole idea of the physician assistant is that of teamwork. A good PA will know his or her limits and defer to the physician for further consultation that would best serve the patients. This is an integral part of PA training.

### State Specific Rules: (abridged) CALIFORNIA AREA

**California- Scope of practice:** Medical services delegated in writing, within supervising physician's customary practice and within PA's competence. **Prescribing/dispensing:** PA may transmit orally or in writing on patient record or in a drug order, an order to a person who may lawfully furnish the medication. Authority limited by delegation from supervising physician. Drug orders for controlled medications require PA's DEA registration number. Medical record of patient receiving prescription for Schedule II medication must be countersigned by supervising physician within 7 days.

**Supervision:** Physician must be available in person or by electronic communication at all times PA is caring for patients. Supervising physician must review, countersign, and date at least 10% of medical records within 30 days for patients treated by PA, for PAs working under protocols.

### Do IHS Physician Assistants Need a State License?

The IHS does not require PAs to be licensed in the State(s) in which they will be performing their official duties. Based upon Federal sovereignty and supremacy principles, a State may not require that an IHS employee who provides health care within the State as part of his or her Federal duties be licensed in that State. However, DEA regulations require the PA be authorized to prescribe controlled substances by the jurisdiction (e.g., State) in which he/she is licensed, registered, or otherwise specifically recognized to practice his/her profession.

PAs employed by Tribal and Urban clinics must be licensed within the state in which they are employed.

### What is the Difference Between Nurse Practitioners (NP) and Physician Assistants?

Physician Assistants and NP's are extremely important medical providers nationally and especially to IHS medical system. The main difference is that PA's are trained in the medical model and NP's trained in the nursing model. Providers in both disciplines evaluate and treat patients, write prescriptions, order and interpret labs and tests, make diagnoses and make referrals. Both professions work closely with physicians, who are ultimately responsible for the care of all patients treated.

# THE PA DIFFERENCE

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### The Physician Assistant

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### How Are Physician Assistants Trained?

Physician Assistant education is modeled on physician education. They receive a broad-based generalist education with an emphasis in primary care. Along with classroom curriculum, PA's receive 2,000 hours of supervised clinical practice prior to graduation. This includes clinical rotations in family medicine, internal medicine, OB/GYN, pediatrics, general surgery, emergency medicine and psychiatry. This training allows PA's to work as members of physician-directed teams in the care of patients from the neonatal intensive care unit to long-term care facilities. PA's are licensed medical providers and are part of many IHS medical staff, extending specialty service in Orthopedics, ENT, OB/GYN, Surgery, Emergency Medicine, as Hospitalist, and Community Health providers. PAs serve as Service Unit Directors and Clinical Directors.

### Can PA Prescribe Medications? What about reimbursement?

All states, the District of Columbia, and Guam have enacted laws that authorize PA prescribing. Medicare, Medicaid and private insurance pays 85 - 100% of the physician's fee schedule for PA services.

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### State Specific Rules: (abridged) NASHVILLE AREA 1

**Louisiana: Scope of practice:** Medical services within the PA's education, training and experience which are delegated by the supervising physician.

**Prescribing/dispensing:** PAs may prescribe Schedules III-V and non-controlled medications. PA must register with state controlled drug agency and DEA.

**Supervision:** Continuous but does not require the physical presence of supervisor at time and place services are rendered.

**Maine: Scope of practice:** Delegated medical services within supervising physician's proficiency and scope of practice.

**Prescribing/dispensing:** PA may prescribe and dispense drugs and medical devices, including non-controlled and Schedules III-V controlled substances.

**Supervision:** Physician must be available by radio, telephone or telecommunication device.

**Massachusetts: Scope of practice:** Medical services delegated by the supervising physician.

**Prescribing/dispensing:** PA may prescribe non-controlled drugs and controlled substances (Schedules II to V). PAs who prescribe controlled substances must register with the DEA.

**Supervision:** Physician need not be physically present when PA renders medical services; patient records must be reviewed in a timely manner.

### Do IHS Physician Assistants Need a State License?

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# THE PA DIFFERENCE

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### State Specific Rules: (abridged) NASHVILLE AREA 2

**Alabama:** Taking histories, physical exams, ordering and/or performing diagnostic and therapeutic procedures, formulating a working diagnosis.

**Prescribing/dispensing:** PAs may prescribe non-controlled drugs from board-approved formulary.

**Supervision:** Oversight and direction but not direct, on-site physician supervision.

**Connecticut:** Medical functions delegated by supervising physician in accordance with written protocols.

**Prescribing/dispensing:** PA may be delegated the authority to prescribe and administer drugs, including controlled substances.

**Supervision:** Includes but is not limited to the continuous availability of direct communication between PA and physician either in person or by radio, telephone, or telecommunication.

**Florida:** PA may perform delegated tasks & procedures for which he or she is skilled that are within supervising physician's scope of practice.

**Prescribing/dispensing:** PAs may prescribe drugs not listed on the formulary established by Council on PAs and adopted by medical and osteopathic boards. PAs may not prescribe controlled substances.

**Supervision:** Physical presence or easy availability (by telecommunications) of physician is required.

**Tennessee:** Medical services delegated in writing by supervising physician.

**Prescribing/dispensing:** PAs may prescribe non-controlled and Schedules II-V medications.

**Supervision:** Active and continuous overview, but physician not required to be physically present at all times

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### State Specific Rules: (abridged) NASHVILLE AREA 3

**Mississippi: Scope of practice:** Any delegated medical service within the PA's training and skills.

**Prescribing/dispensing:** PA may prescribe those non-controlled medications outlined in board-approved protocol. PA must apply to board for authority to prescribe controlled substances (Schedules II-V).

**Supervision:** On-site presence of physician required for the first 120 days. There after supervision must be continuous but does not require physical presence of supervising physician.

**New York: Scope of practice:** Medical acts and duties delegated by the supervising physician, within the physician's scope of practice and appropriate to the PA's education, training, and experience.

**Prescribing/dispensing:** PA may prescribe Schedules III-V and non-controlled medications. **Supervision:** Physician not required to be physically present at time and place where PA performs services.

**North Carolina: Scope of practice:** Medical acts and tasks delegated by supervising physician and within the PA's training.

**Prescribing/dispensing:** PA may prescribe non-controlled and controlled drugs in Schedules II-V

**Supervision:** Supervision continuous but physical presence of physician not required at all times.

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### State Specific Rules: (abridged) NASHVILLE AREA 4

**New Jersey:** Delegated tasks such as histories & physicals, surgery assist, patient education, determining & implementing therapeutic plans.

**Prescribing/dispensing:** PAs may prescribe non-controlled drugs as delegated by supervising physician. PAs may order or prescribe controlled medications in Schedules II-V if authorized by supervising physician. PAs authorized to prescribe controlled medications must register with the DEA.

**Supervision:** Constant availability through electronic communication; intermittent physical presence; regular review of records and countersignatures.

**Rhode Island:** Health care services delegated by supervising physician consistent with the physician's and the PA's expertise.

**Prescribing/dispensing:** PAs may prescribe legend and Schedules II-V drugs.

**Supervision:** Physician not required to be physically present but must be available for easy communication.

**South Carolina:** Medical acts, tasks or functions delegated by supervising physician in written scope of practice guidelines.

**Prescribing/dispensing:** PA may prescribe non-controlled and Schedules III-V medications as delegated by supervising physician in scope of practice guidelines.

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### State Specific Rules (abridged): NAVAJO AREA

**Utah; Scope of practice:** Delegated medical services within supervising physician's scope of practice, within PA's skills, and included on the delegation of services agreement.

**Prescribing/dispensing:** PA may prescribe Schedules II-V and non-scheduled drugs. Prescriptions for Schedules II and III medications require chart co-signature. PAs who prescribe controlled medications must register with the DEA and hold a state controlled substance license.

**Supervision:** Physician must be available for consultation by electronic means if not on-site.

**Arizona; Scope of practice:** Histories and physicals; diagnostic and therapeutic procedures; treatment plans; assisting in surgery; patient education and counseling; referrals; minor surgery (not including surgical abortion) and other non-surgical tasks as approved by the board.

**Prescribing/dispensing:** PA may prescribe non-controlled and controlled drugs. Schedules II and III limited to 72-hour supply. DEA registration required.

**Supervision:** Physician need not be present on-site; weekly meeting required. Board approval needed for PA utilization in separate location

**New Mexico; Scope of practice:** Medical services delegated by supervising physician, within PA's skills, and forming a usual component of physician's practice.

**Prescribing:** PA may prescribe, administer, and distribute non-controlled medications and Schedules II-V under direction of supervising physician and within parameters of board-approved formulary and guidelines. PA prescribers of controlled medications must register with the DEA.

**Supervision:** Must be immediate communication between physician and PA; can be through telecommunication. Physician must review at least ten of more complicated medical records each month. Physician must visit PA practicing in remote site at least once every two weeks.

### Do IHS Physician Assistants Need a State License?

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# THE PHYSICIAN ASSISTANT DIFFERENCE

## WHY SHOULD IHS FEDERAL/TRIBAL/URBAN CLINICS HIRE PHYSICIAN ASSISTANTS

### The Physician Assistant

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Physician Assistant education is modeled on physician education. They receive a broad-based generalist education with an emphasis in primary care. Along with classroom curriculum, PA's receive 2,000 hours of supervised clinical practice prior to graduation. This includes clinical rotations in family medicine, internal medicine, OB/GYN, pediatrics, general surgery, emergency medicine and psychiatry. This training allows PA's to work as members of physician-directed teams in the care of patients from the neonatal intensive care unit to long-term care facilities. PA's are licensed medical providers and are part of many IHS medical staff, extending specialty service in Orthopedics, ENT, OB/GYN, Surgery, Emergency Medicine, as Hospitalist, and Community Health providers. PAs serve as Service Unit Directors and Clinical Directors.

### Can PA Prescribe Medications? What about reimbursement?

All states, the District of Columbia, and Guam have enacted laws that authorize PA prescribing. Medicare, Medicaid and private insurance pays 85 - 100% of the physician's fee schedule for PA services.

### But don't they always have to work with a physician?

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At the heart of the Physician Assistant practice is the PA-Physician Team. A PA's scope of practice is determined by state law or federal standard, the supervising physician's delegation of responsibilities, the PA's education and experience, and the specialty and setting in which the PA works. Direction of the medical practice of the physician assistant is assured by the supervising physician, **but this does not necessarily require the physical presence of a supervising physician at the place where services are rendered.** Nor does this suggest that the PA does not exercise autonomous medical decision-making. Accountability for physician supervision of PA's may be determined prospectively, by scheduling, or retrospectively, by review of the charts – as determined by the physician-PA team.

All health care is subject to supervision – whether it is medical care provided by a physician or physician assistant or nursing care provided by a nurse practitioner. For the physician-PA team, supervision is, by design, more defined. The fact that the supervisory Frances P. Placide ([frances.placide@ihs.gov](mailto:frances.placide@ihs.gov)) Chief PA, IHS (828-497-9163)

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The whole idea of the physician assistant is that of teamwork. A good PA will know his or her limits and defer to the physician for further consultation that would best serve the patients. This is an integral part of PA training.

### State Specific Rules: (abridged) OKLAHOMA AREA

**Oklahoma: Scope of practice:** Diagnostic and therapeutic procedures common to the physician's practice.

**Prescribing/dispensing:** PAs may prescribe non-controlled and Schedules III-V drugs on board-approved formulary.

**Supervision:** Physician not required to be physically present when, nor specifically consulted before, PA performs delegated task.

**Kansas: Scope of practice:** Delegated acts constituting the practice of medicine and surgery that can be competently performed by the PA, based on his or her education, skill, and experience.

**Prescribing/dispensing:** PAs may prescribe Schedules II-V and non-controlled medications as authorized in a written protocol

**Supervision:** Physician need not be physically present, but must be immediately available for consultation by telecommunication.

**Texas: Scope of practice:** Medical services delegated by the supervising physician within education, training, and experience of PA.

**Prescribing/dispensing:** PA may carry out or sign a prescription drug order if delegated this task under standing orders. Authority includes Schedules III-V and non-controlled medications.

**Supervision:** Supervision shall be continuous but constant physical presence of physician not required

### Do IHS Physician Assistants Need a State License?

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PAs employed by Tribal and Urban clinics must be licensed within the state in which they are employed.

### What is the Difference Between Nurse Practitioners (NP) and Physician Assistants?

Physician Assistants and NP's are extremely important medical providers nationally and especially to IHS medical system. The main difference is that PA's are trained in the medical model and NP's trained in the nursing model. Providers in both disciplines evaluate and treat patients, write prescriptions, order and interpret labs and tests, make diagnoses and make referrals. Both professions work closely with physicians, who are ultimately responsible for the care of all patients treated.

# THE PA DIFFERENCE

## WHY SHOULD IHS FEDERAL/TRIBAL/URBAN CLINICS HIRE PHYSICIAN ASSISTANTS

### The Physician Assistant

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### How Are Physician Assistants Trained?

Physician Assistant education is modeled on physician education. They receive a broad-based generalist education with an emphasis in primary care. Along with classroom curriculum, PA's receive 2,000 hours of supervised clinical practice prior to graduation. This includes clinical rotations in family medicine, internal medicine, OB/GYN, pediatrics, general surgery, emergency medicine and psychiatry. This training allows PA's to work as members of physician-directed teams in the care of patients from the neonatal intensive care unit to long-term care facilities. PA's are licensed medical providers and are part of many IHS medical staff, extending specialty service in Orthopedics, ENT, OB/GYN, Surgery, Emergency Medicine, as Hospitalist, and Community Health providers. PAs serve as Service Unit Directors and Clinical Directors.

### Can PA Prescribe Medications? What about reimbursement?

All states, the District of Columbia, and Guam have enacted laws that authorize PA prescribing. Medicare, Medicaid and private insurance pays 85 - 100% of the physician's fee schedule for PA services.

### But don't they always have to work with a physician?

In accordance with IHS PA practice policy, "PAs may practice at remote sites or after hours without a supervising or consultative physician on-site as long as voice telephone or two-way radio contact with an advising physician is available. The advising physician must be the PA's clinical supervisor or a designated alternate active or temporary medical staff member."

At the heart of the Physician Assistant practice is the PA-Physician Team. A PA's scope of practice is determined by state law or federal standard, the supervising physician's delegation of responsibilities, the PA's education and experience, and the specialty and setting in which the PA works. Direction of the medical practice of the physician assistant is assured by the supervising physician, **but this does not necessarily require the physical presence of a supervising physician at the place where services are rendered.** Nor does this suggest that the PA does not exercise autonomous medical decision-making. Accountability for physician supervision of PA's may be determined prospectively, by scheduling, or retrospectively, by review of the charts – as determined by the physician-PA team.

All health care is subject to supervision – whether it is medical care provided by a physician or physician assistant or nursing care provided by a nurse practitioner. For the physician-PA team, supervision is, by design, more defined. The fact that the supervisory role is part of the physician-PA team practice – whether it be a

physician visit every two weeks for a PA practicing in an urban health clinic or by telephone communication on an as-needed basis for a PA working in rural health clinic – should not be construed to suggest that PAs possess a lesser degree of competency or exercise a lesser degree of autonomy in the provision of medical care.

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### State Specific Rules (abridged): PHOENIX AREA

**Utah: Scope of practice:** Delegated medical services within supervising physician's scope of practice, within PA's skills, and included on the delegation of services agreement.

**Prescribing/dispensing:** PA may prescribe Schedules II-V and non-scheduled drugs. Prescriptions for Schedules II and III medications require chart co-signature. PAs who prescribe controlled medications must register with DEA and hold a state controlled substance license.

**Supervision:** Physician must be available for consultation by electronic means if not on-site.

**Arizona: Scope of practice:** Histories and physicals; diagnostic and therapeutic procedures; treatment plans; assisting in surgery; patient education and counseling; referrals; minor surgery (not including surgical abortion) and other non-surgical tasks as approved by the board.

**Prescribing/dispensing:** PA may prescribe non-controlled and controlled drugs. Schedules II and III limited to 72-hour supply. DEA registration required.

**Supervision:** Physician need not be present on-site; weekly meeting required. Board approval needed for PA utilization in separate location

**Nevada: Scope of practice:** Medical services delegated by the supervising physician.

**Prescribing/dispensing:** With board approval, PA may prescribe and dispense drugs and devices, including Schedules II-V controlled substances, as delegated by the supervising physician.

**Supervision:** Supervising physician must be available at all times for consultation, which may be indirect (by telecommunication).

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### State Specific Rules (abridged) PORTLAND AREA

**Idaho:** PA may apply for approval to prescribe Schedules II-V and non-controlled medications. PAs authorized to prescribe controlled medications must register with the DEA and Idaho Board of Pharmacy. Dispensing limited to times when pharmacist is not available.

**Supervision:** Supervising physician must conduct on-site visit at least monthly. Must be available by phone or in person; hold regularly scheduled conferences; review sampling of charts. Supervising physician must designate an alternate supervising physician in his or her temporary absence

**Oregon:** PA may prescribe medications, including Schedules II-V controlled substances, as determined by physician and approved by board. PAs prescribing Schedule IIs must have current NCCPA certification. DEA registration required. PA may apply for emergency dispensing authority for medications prepackaged by pharmacist.

**Supervision:** Physician must always be available for verbal communication. Board approval required for PA utilization at remote site. Supervising physician must provide four hours of on-site supervision every two weeks.

**Washington:** PAs may write and sign prescriptions, including controlled substances in Schedules II-V. PAs who prescribe controlled medications must register with the DEA. PAs supervised by osteopathic physicians may prescribe controlled substances in Schedules III-V.

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