

Chapter 2: JOINT RULE REGARDING PHYSICIAN ASSISTANTS

SUMMARY: Chapter 2 is a joint rule pertaining to the licensure, registration, scope of practice, supervision, notification, and continuing education requirements for physician assistants who are supervised by either an allopathic or osteopathic physician. Chapter 2 also establishes a Physician Assistant Advisory Committee.

SECTION 1. DEFINITIONS

1. “Active-Nonclinical” means the physician assistant cannot render medical services or prescribe medication to any person in Maine.
2. “Active Unrestricted License” means the physician possesses an active Maine license to practice medicine that does not include any restrictions or limitations on the scope of practice or ability to supervise physician assistants.
3. “Administratively Complete Application” is a uniform application for licensure, or certificate of registration as developed by the Boards, which when submitted to one of the Boards has: a) all questions on the application completely answered; b) signature and date affixed; c) all required notarizations included; d) all required supplemental materials provided in correct form; e) all requests for additional information submitted; and f) all fees, charges, costs or fines paid.
4. “AMA” means the American Medical Association.
5. “AOA” means the American Osteopathic Association.
6. “Board” means the Board of Licensure in Medicine or the Board of Osteopathic Licensure.
7. “BOL” means the Board of Osteopathic Licensure as defined in 32 M.R.S. §2561.
8. “BOLIM” means the Board of Licensure in Medicine as defined in 32 M.R.S. §3263.
9. “Certificate of Registration” means a document issued by the Board to a licensed physician assistant that authorizes the physician assistant to render medical services under the supervision of a licensed physician pursuant to a written plan of supervision that meets the requirements of this rule.
10. “Covering Supervising Physician” (CSP) means a physician who has an active, unrestricted license in good standing issued by either the Board of Licensure in Medicine or the Board of Osteopathic Licensure, and who has agreed in writing to provide

supervision of the physician assistant when the primary supervising physician is not available, and when actively engaged as a supervisor, to be legally liable and responsible for all delegated medical services rendered by the physician assistant pursuant to a written plan of supervision that meets the requirements of this rule. A covering supervising physician must hold an active, unrestricted permanent, temporary, or emergency license unless the Board has waived the requirement that the CSP license be unrestricted. A covering supervising physician shall accept supervisory responsibility for periods of time not to exceed the time period specified in the written plan of supervision, which time period may not exceed forty-five (45) consecutive calendar days.

11. “License” means a document issued by the Board to a physician assistant that identifies the physician assistant as qualified by training and education to render medical services under the supervision of a licensed physician pursuant to a written plan of supervision that meets the requirements of this rule.
12. “NCCPA” means the National Commission on Certification of Physician Assistants.
13. “Physician” means an individual with an active, unrestricted license in good standing to practice medicine in Maine issued by the Board of Licensure in Medicine or the Board of Osteopathic Licensure.
14. “Physician Assistant” means a person who has graduated from a physician assistant program accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or their successors; and/or who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA) or its successor and possesses a current license and certificate of registration issued by the Board. Only physician assistants who are currently certified by the NCCPA may use the initials PA-C.
15. “Primary Supervising Physician” (PSP) means a physician who has an active, unrestricted license in good standing issued by either the Board of Licensure in Medicine or the Board of Osteopathic Licensure, and who has agreed in writing to provide supervision of a physician assistant and to be legally liable and responsible for all delegated medical services rendered by the physician assistant pursuant to a written plan of supervision that meets the requirements of this rule. A primary supervising physician must hold an active, unrestricted permanent, temporary, or emergency license, unless the Board has waived the requirement that the PSP license be unrestricted.
16. “Secondary Supervising Physician” (SSP) means a physician who has an active, unrestricted license in good standing issued by either the Board of Licensure in Medicine or the Board of Osteopathic Licensure, and who has agreed in writing to provide supervision of a physician assistant and, when actively engaged as a supervisor, to be legally liable and responsible for all delegated medical services rendered by the physician assistant pursuant to a written plan of supervision that meets the requirements of this rule. A secondary supervising physician must hold an active, unrestricted permanent, temporary, or emergency license, unless the Board has waived the requirement that the SSP license be unrestricted.

17. “Supervision” means that the supervising physician is responsible for overseeing, directing, and monitoring the medical services rendered by the physician assistant pursuant to a written plan of supervision that meets the requirements of this rule. Supervision shall be continuous, but does not require the physical presence of a supervising physician at the place where the physician assistant is rendering medical services; however, it is imperative that a supervising physician and a physician assistant are or can be in contact with each other by telecommunication.
18. “Written Plan of Supervision” means a document that meets the requirements of this rule and which identifies the physician assistant’s scope of practice, delegates only those medical tasks appropriate to the physician assistant’s level of competence, identifies the relationship of and access to the supervising physician(s), and describes the process for evaluating the physician assistant’s performance.

SECTION 2. UNIFORM QUALIFICATIONS TO PRACTICE

1. License and Certificate of Registration Required

An individual must hold BOTH an active license and a current certificate of registration issued by the Board in order to render medical services as a physician assistant in the State of Maine.

2. Uniform Application for License/Certificate of Registration

- A. The Boards shall develop a uniform application form for licensure and a uniform application form for a certificate of registration.
- B. Applicants for physician assistant licensure and a certificate of registration shall complete the Board-approved forms, and submit them to the Board together with all required fees and required documentation.

3. Uniform Requirements for Temporary/New Graduate License

- A. The Board, or if delegated, Board staff may issue a one-time, non-renewable temporary license to practice as a physician assistant to an applicant who:
 - (1) Submits an administratively complete application on forms approved by the Board;
 - (2) Pays the appropriate uniform licensure fee;
 - (3) Has successfully completed an educational program for physician assistants accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or their successors;
 - (4) Has no license, certification or registration as a physician assistant, or any other type or classification of health care provider license, certification or registration under current discipline, revocation, suspension, restriction or probation;

- (5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law;
- (6) Passes, at the time of license application, a jurisprudence examination administered by the Board; and
- (7) Is currently scheduled to take, but has not yet taken, the national certifying examination administered by the NCCPA (NCCPA examination) or its successor organization, or has taken the NCCPA examination and is awaiting the results. **An applicant who has taken the NCCPA examination and failed to pass is not eligible to apply for a temporary license.**

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

C. A temporary license is valid until one of the following occurs:

- (1) A period not to exceed six (6) months from the date of issuance has elapsed;
- (2) The Board and/or physician assistant receive notice of the failure to pass the NCCPA examination; or
- (3) Board staff receives notice of the passage of the NCCPA examination, upon which Board staff shall issue a full license so long as all other qualifications have been met and no cause exists that may be considered grounds for disciplinary action or denial of licensure as provided by law.

D. **Incomplete Application**

Any application for a temporary license that has been on file without action for four (4) months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process in order to proceed to licensure.

4. **Uniform Requirements for Full License**

A. The Board, or if delegated, Board staff may issue a full license as a physician assistant to an applicant who:

- (1) Submits an administratively complete application on forms approved by the Board;
- (2) Pays the appropriate uniform licensure fee;
- (3) Has successfully completed an educational program for physician assistants accredited by the American Medical Association Committee on

Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or their successors;

- (4) Has no license, certification or registration as a physician assistant, or any other type or classification of health care provider license, certification or registration under current discipline, revocation, suspension, restriction or probation;
- (5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law;
- (6) Passes, at the time of license application, a jurisprudence examination administered by the Board; and
- (7) Has passed the NCCPA certification examination and holds a current certification issued by the NCCPA that has not been subject to disciplinary action by the NCCPA at the time the license application is acted upon by the Board.

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

C. **Incomplete Application**

Any application that has been on file without action for one (1) year shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process in order to proceed to licensure.

5. **Uniform Requirements for Certificate of Registration**

A. In order to render medical services, a physician assistant must have BOTH a current license and a certificate of registration issued by the Board for each primary supervising physician relationship. The Board may issue a certificate of registration to a physician assistant who:

- (1) Possesses a temporary or full license issued by the Board;
- (2) Submits an administratively complete application for a certificate of registration on a form approved by the Board;
- (3) Pays the appropriate uniform fee for certificate of registration; and
- (4) Submits a written plan of supervision that conforms to the requirements of this rule.

6. **Uniform Requirements for Active-Nonclinical License**

A. **Active-Nonclinical License.** The Board, or if delegated, Board staff shall issue an active-nonclinical license to an applicant who meets the qualifications for

licensure, but who does not have an active current certificate of registration or does not currently have a primary supervising physician registered with the Board.

- B. **License Conversion:** The Board, or if delegated, Board staff shall convert an active license to an active-nonclinical license for any licensee who meets the qualifications for licensure, but who does not have a current certificate of registration issued by the Board or does not currently have a primary supervising physician registered with the Board.

7. **Uniform Process for Conversion of Active-Nonclinical License to Active License**

- A. The Board, or if delegated, Board staff may convert the status of a physician assistant's license from active-nonclinical to active for an applicant who:
- (1) Submits an administratively complete application for a certificate of registration on a form approved by the Board;
 - (2) Pays the appropriate uniform fee for a certificate of registration; and
 - (3) If not actively engaged in clinical practice for twelve (12) of the eighteen (18) months prior to submission of the administratively complete application, provides documentation to the satisfaction of the Board demonstrating current clinical competency. Such proof may include the completion of additional training or education.
 - (4) Submits a written plan of supervision that conforms to the requirements of this rule.
- B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding CME credits or active clinical practice, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

8. **Uniform Requirements for Renewal of License and Certificate of Registration**

A. **Uniform expiration**

Commencing January 1, 2016, regardless of the date of initial licensure or last license renewal, the license and certificate of registration of every physician assistant born in an odd-numbered year expires at midnight on the last day of the month of the physician assistant's birth every odd-numbered year. The license and certificate of registration of every physician assistant born in an even-numbered year expires at midnight on the last day of the month of the physician assistant's birth every even-numbered year. Prior to expiration of the license and certificate of registration, the physician assistant must renew the license and certificate of registration every two (2) years by the last day of the month of birth of the physician assistant seeking renewal, by means of application to the Board on forms prescribed and supplied by the Board.

CME may be pro-rated to accommodate the first transition cycle.

B. Uniform license/certificate of registration renewal notification

At least sixty (60) days prior to the expiration of a current license and certificate of registration, the Board shall mail or e-mail to each licensee, at the licensee's last known address, a notice of the requirement to renew the license and certificate(s) of registration.

C. Uniform criteria for license renewal

- (1) The Board, or if delegated, Board staff may renew the license of a physician assistant who meets all of the following requirements:
 - (a) Submits an administratively complete license renewal application form;
 - (b) Pays the appropriate uniform license renewal fee;
 - (c) Affirms that the licensee has met the continuing medical education (CME) requirements. In the event that the required CME is not complete, the physician assistant may request an extension of time for good cause to complete the CME. The Board Secretary, Board Chair, or their designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits;
 - (d) Maintains a copy of the current written plan of supervision for each practice location, which must be made available upon request by the Board or Board staff; and
 - (e) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.
- (2) In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

D. Uniform criteria for renewal of certificate of registration

- (1) The Board, or if delegated, Board staff may renew a certificate of registration of a physician assistant who meets all of the following requirements:
 - (a) Submits an administratively complete renewal application form;
 - (b) Pays the appropriate uniform renewal of certificate of registration fee;

- (c) Maintains a copy of the current plan of supervision for each practice location which must be made available upon request by the Board or Board staff; and
 - (d) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of the certificate of registration as provided by law.
- (2) In the event that the Board delegates licensing decisions to Board staff and there is any question regarding renewal of the certificate of registration, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

E. Uniform criteria for change of certificate of registration

- (1) The Board, or if delegated, Board staff may change a certificate of registration for a physician assistant who meets all of the following requirements:
- (a) Submits an administratively complete certificate of registration application form;
 - (b) Pays the appropriate uniform fee for certificate of registration;
 - (c) Submits a written plan of supervision, if requested, that conforms to the requirements of this rule; and
 - (d) Has no cause existing that may be considered grounds for disciplinary action or denial of the certificate of registration as provided by law.
- (2) In the event that the Board delegates licensing decisions to Board staff and there is any question regarding change of the certificate of registration, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

9. Uniform Criteria for License Reinstatement

- A. The Board, or if delegated, Board staff may reinstate a lapsed or withdrawn license of a physician assistant who meets all of the following requirements:
- (1) Submits an administratively complete reinstatement application form;
 - (2) Pays the appropriate uniform reinstatement fee;
 - (3) Provides a written statement explaining why he/she withdrew or allowed the license to lapse and a detailed listing of his/her activities since that time; and

- (4) Has no cause existing that may be considered grounds for disciplinary action or denial of license reinstatement as provided by law.
- B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding reinstatement of the license, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.
- C. A physician assistant whose license has lapsed or been withdrawn for more than five (5) years shall apply for a new license.
- D. The Board, at its discretion, may not reinstate the license of any physician assistant who has not provided evidence satisfactory to the Board of having actively engaged in the supervised rendering of medical services for at least twelve (12) of the eighteen (18) months prior to submission of the administratively complete reinstatement application under the license of another jurisdiction of the United States or Canada. The applicant may not be reinstated unless the Board is satisfied with the applicant's current clinical competence. If the applicant has not been in active practice, the Board may require the applicant to complete a competency update after review of the application. Possible competency updates may include programs as approved by the Board.

10. Uniform Process for Withdrawal of License

A physician assistant licensed by the Board may request to withdraw from licensure by submitting an administratively complete renewal application which states the reason for requesting withdrawal of licensure.

11. Uniform Fees

- A. Board staff shall collect the following fees prior to the issuance of any license or certificate:
 - (1) Initial License Application \$200
 - (2) Initial Certificate of Registration \$50
(Not to exceed \$250 per license biennium)
 - (3) License Renewal \$200
 - (4) Certificate of Registration Renewal \$50
(Not to exceed \$250 per license biennium)
 - (5) Certificate of Registration Change \$50
 - (6) License Reinstatement after Withdrawal \$200
 - (7) License Reinstatement after Lapse \$400
- B. Board staff may prorate the fees for any license or registration that will expire less than twelve (12) months after its issuance.

SECTION 3. UNIFORM SCOPE OF PRACTICE FOR PHYSICIAN ASSISTANTS

1. Delegated Authority

- A. Physician assistants render medical services under physician supervision. Physician assistants may render only those medical services that have been delegated to the physician assistant by a supervising physician pursuant to a written plan of supervision.
- B. Supervising physicians and the physician assistants whom they supervise are responsible for ensuring that any medical service that is delegated is:
 - (1) Within the scope of practice of the supervising physician;
 - (2) Suitable to be performed by the physician assistant, taking into account the physician assistant's education, training, and level of competence and experience; and
 - (3) Included in the written plan of supervision.
- C. Medical services that may be delegated by a physician to a physician assistant pursuant to a written plan of supervision include:
 - (1) Ordering and performing diagnostic, therapeutic, and other medical services.
 - (2) Prescribing, administering, and dispensing of all medical devices and legend drugs, including all drugs in Schedules II-V, as defined in the *Controlled Substances Act*, 21 U.S.C. §801, *et seq.*, to the extent permitted by state and federal law and in accordance with the following:
 - (a) If authorized and delegated by the primary supervising physician, the delegation of the authority to prescribe, administer, or dispense scheduled drugs must be specifically included in the written plan of supervision and must identify which scheduled drugs (e.g. schedule II, schedule III, etc.) the physician assistant is authorized to prescribe, administer or dispense.
 - (b) The primary supervising physician shall perform a review of the physician assistant's scheduled drug prescribing practices every three months during the first year of the physician assistant's delegation of scheduled drug prescribing authority in the plan of supervision. Thereafter, the primary supervising physician shall conduct such a review every six months. All reviews shall include a review of patient charts and a review of the Prescription Monitoring Program reports. The primary supervising physician shall take corrective action regarding any deficiencies noted regarding the physician assistant's scheduled drug prescribing practices.

- (c) Physician assistants may not prescribe Methadone, Suboxone (Buprenorphine), or Subutex unless allowed under state and federal laws. If permitted under state and federal laws, and if delegated by the primary supervising physician, the authority to prescribe Methadone, Suboxone (Buprenorphine), or Subutex must be specifically included in the written plan of supervision.
 - (d) Physicians are ultimately responsible for the prescribing practices of the physician assistants working under their delegation, and should closely monitor the prescribing of all scheduled drugs and controlled substances. Inappropriate prescribing practices by a physician assistant shall constitute grounds to discipline the physician assistant and supervising physicians(s).
- (3) The rendering of medical services that are not routinely within the practice or regularly performed by the primary supervising physician so long as adequate oversight is ensured by a secondary supervising physician with the requisite training and experience to ensure competent provision of the medical services delivered by the physician assistant.

2. **Practice Setting**

A physician assistant may render medical services only in a practice setting in which the supervising physician agrees to provide supervision as documented in the written plan of supervision.

3. **Delegation by Physician Assistants**

- A. Physician assistants rendering medical services under delegation from a supervising physician may delegate certain medical services to medical assistants when the medical services are under the control of the physician assistant or the supervising physician, one of whom must be present on the premises at the time the medical services are performed.
- B. The supervising physician is ultimately responsible for any medical services delegated to the medical assistant by the physician assistant.
- C. The medical services delegated by the physician assistant to a medical assistant must be described in the written plan of supervision.
- D. The medical assistant may perform all assigned tasks authorized by the supervising physician as delegated by the physician assistant and identified in the physician assistant's plan of supervision, with the following exceptions:
 - (1) Patient triage;
 - (2) Patient examination; and
 - (3) Obtaining informed consent (except for immunizations)

SECTION 4. UNIFORM STANDARDS FOR PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS

1. Supervising Physician Requirements

A. Prior to supervising a physician assistant a physician must:

- (1) Have an active, unrestricted permanent, temporary or emergency license to practice medicine in this state, unless the Board has waived the requirement that the PSP license be unrestricted;
- (2) Prepare and sign a written plan of supervision that includes all of the elements and technical requirements of supervision as set forth in this rule; and
- (3) Maintain a copy of the written plan of supervision on file at the location specified in the plan of supervision, which shall be immediately produced upon request of the Board or the Board staff.

B. **Prohibited physician conduct**

- (1) No physician shall delegate to any person other than another physician licensed by the Board of Licensure in Medicine or the Board of Osteopathic Licensure the performance of medical services which constitute the practice of medicine or surgery, except in full compliance with this chapter or pursuant to 32 M.R.S. §3270-E or 32 M.R.S. §2594-E.
- (2) No physician shall supervise a physician assistant who does not possess a valid license and certificate of registration issued by the Board.
- (3) No physician shall supervise a physician assistant without complying with the requirements of this rule.

2. A supervising physician is responsible for observing, directing and evaluating the work, records and practices performed by the physician assistant pursuant to a written plan of supervision and is legally responsible for the practice of the physician assistant at all times.

3. A supervising physician may not permit a physician assistant to practice independently.

4. A supervising physician is responsible for providing continuous supervision of the physician assistant. Constant physical presence of the supervising physician at the time and place that the services are rendered by the physician assistant is not required:

- A. So long as the supervising physician and the physician assistant are, or can be, easily in contact with one another by electronic communication, including but not limited to telecommunication; and
- B. Unless physical presence is necessary to provide the same quality of patient care as provided by the physician.

5. Appropriate supervision shall include:
 - A. Active and continuing overview of the physician assistant's activities to determine that the supervising physician's directions are being implemented;
 - B. Immediate availability of the supervising physician, either in-person or by electronic communication, to the physician assistant for all necessary consultations;
 - C. Personal and regular review, at least quarterly, by the supervising physician of selected patient records upon which entries are made by the physician assistant. The supervising physician shall select the patient records for review on the basis of written criteria established by the supervising physician and the physician assistant and the chart review will be sufficient in number to assure adequate review of the physician assistant's scope of practice; and
 - D. Periodic, in person, education and review sessions discussing specific conditions, protocols, procedures and specific patients shall be held by the supervising physician for the physician assistant in accordance with the terms of the written plan of supervision. These sessions must occur at least twice each calendar year, and must be documented by the supervising physician and the physician assistant.
6. It is the responsibility of the primary supervising physician to ensure that supervision is maintained in his or her absence. A primary supervising physician may designate one or more covering supervising physicians. To serve as a covering supervising physician, a physician must hold an active, unrestricted license to practice medicine in this State. A covering supervising physician, jointly with the supervising physician, shall be legally responsible for the acts of the physician assistant which occur during periods of time when the covering supervising physician is providing supervision to the physician assistant. A covering supervising physician shall accept supervisory responsibility for periods of time not to exceed the time period specified in the written plan of supervision, which time period may not exceed forty-five (45) consecutive calendar days.
7. In the event of the sudden departure, incapacity, or death of the supervising physician, a registered secondary or covering supervising physician may assume the role of supervising physician in order to provide continuity of care for the patients of the former supervising physician.

SECTION 5. UNIFORM ELEMENTS OF WRITTEN PLANS OF SUPERVISION

1. All written plans of supervision shall include at a minimum:
 - A. The physician assistant's scope of practice and practice setting, including the types of patients and patient encounters common to the practice, a general overview of the role of the physician assistant in the practice, and the tasks that the physician assistant may delegate to medical assistants.
 - B. A description of the type and level of supervision, including:

- (1) Whether the delegation of medical services is appropriate to the physician assistant's level of competence;
- (2) If any medical services to be rendered are outside the normal practice of the primary supervising physician;
- (3) The supervisory arrangements that assure appropriately trained supervision by a physician with the requisite specialty training if outside the normal practice of the primary supervising physician;
- (4) A description of the relationship and ability to access the supervising physician(s); and
- (5) A description of physician supervision when the primary supervising physician is not available. In such a circumstance, a covering supervising physician should be available for direct consultation with the physician assistant.
- (6) A description of the mechanism and process for evaluating the physician assistant's performance. Such a process must include:
 - (a) **Primary Supervising Physician.** At least two documented meetings each licensure year between each primary supervising physician and the physician assistant during the physician assistant's two-year licensing cycle to evaluate the physician assistant's performance (semi-annual evaluations). All four semi-annual evaluations shall be documented on a form attached to the most current plan of supervision. If the primary supervising physician supervises the physician assistant for less than six months of a licensure year, only one evaluation need be completed for that licensure year. Semi-annual evaluations must be signed by the primary supervising physician and the physician assistant and the information must be kept by the physician assistant. Each semi-annual meeting evaluation shall address the following areas:
 - (i) clinical and procedural care delivery, including physician assistant supervision of medical assistants;
 - (ii) patient relations and professionalism;
 - (iii) documentation review. It is recommended that a representative sample of patient charts be reviewed on a routine basis; and
 - (iv) prescriptive practices. Special attention shall be devoted to the prescribing of controlled substances, if such prescribing is authorized. If controlled substances are prescribed a review of Prescription Monitoring Program reports shall be conducted.

- (7) **Secondary Supervising Physician.** If the physician assistant is routinely working under the supervision of a secondary supervising physician who is a medical specialist (i.e. cardiologist, neurologist, etc.) outside of the primary supervising physician's field of practice, then the secondary supervising physician shall also perform semi-annual evaluations that shall address the following areas:
 - (a) clinical and procedural care delivery, including physician assistant supervision of medical assistants;
 - (b) patient relations and professionalism;
 - (c) documentation review. It is recommended that a representative sample of patient charts be reviewed on a routine basis; and
 - (d) prescriptive practices. Special attention shall be devoted to the prescribing of controlled substances, if such prescribing is authorized. If controlled substances are prescribed a review of Prescription Monitoring Program reports shall be conducted.

C. Maintenance and production of plan of supervision

- (1) Physician assistants licensed and registered to practice in accordance with these rules and their supervising physicians must prepare and have on file in the main administrative office of the practice or practice location a written, dated plan of supervision that is signed by both the supervising physician(s) and the physician assistant and contains the elements of supervision as required by this rule. The plan of supervision shall specify at which location the plan of supervision will be maintained.
- (2) The plan of supervision must be reviewed and updated as necessary but at least every two years at license/registration renewal. A statement shall be attached to the plan stating the date the plan was reviewed and any changes to the plan, and shall be signed by the physician assistant and supervising physicians(s).
- (3) If a physician assistant is to be supervised by (a) secondary supervising physician(s), the secondary supervising physician(s) must accept delegation of supervision in writing as part of the plan of supervision.
- (4) Failure to have a current written plan of supervision on file at the location specified in the plan of supervision and/or failure to produce a current written plan of supervision upon request of the Board or Board staff shall result in a citation and/or possible disciplinary action.

D. Plan of supervision audit

- (1) Board staff may perform random audits of all plans of supervision by requesting that the physician assistant produce a copy of any plan of supervision.

- (2) Upon request of the Board or Board staff, a physician assistant shall immediately provide a copy of the plan of supervision and, if applicable, the document showing the delegation of that plan to a secondary supervising physician, and/or copies of relevant performance review documentation. Such request may be made in writing or in person at the practice setting, in which case the plan shall be provided immediately. The Board may require the plan to be amended for purposes of ensuring public safety as required by law.

SECTION 6. UNIFORM NOTIFICATION REQUIREMENTS FOR PHYSICIAN ASSISTANTS

1. Change of Primary Supervising Physician(S)

- A. A physician assistant licensed by the Board, upon changing a primary supervising physician, shall notify the Board in writing within ten (10) calendar days by submitting a uniform form approved by the Board, which shall include:
 - (1) The name, business address, and telephone number of the new primary supervising physician(s); and
 - (2) A statement that the new primary supervising physician has agreed to accept responsibility for all acts of the physician assistant and has signed a written plan of supervision that meets the requirements of this rule.

2. Termination of Plan of Supervision

A physician assistant licensed by the Board shall notify the Board in writing within ten (10) calendar days regarding the termination of any plan of supervision or supervisory relationship and the basis for the termination of the plan of supervision or supervisory relationship.

3. Change of Contact Information

A physician assistant licensed by the Board shall notify the Board in writing within ten (10) calendar days of any change in work or home address, email, phone, or other contact information.

4. Death/Departure of Supervising Physician

A physician assistant licensed by the Board shall notify the Board in writing within ten (10) calendar days of any death or permanent or long-term departure of the supervising physician from the practice location.

5. Failure to Pass NCCPA Examination

A physician assistant issued a temporary license by the Board shall notify the Board in writing within ten (10) calendar days of the failure to pass the NCCPA examination.

6. Criminal Arrest/Summons/Indictment/Conviction

A physician assistant shall notify the Board in writing within ten (10) calendar days of being arrested, summonsed, charged, indicted or convicted of any crime.

7. Change in Status of Employment or Hospital Privileges

A physician assistant shall notify the Board in writing within ten (10) calendar days of termination of employment, or any limitation, restriction, probation, suspension, revocation or termination of hospital privileges.

8. Disciplinary Action

A physician assistant shall notify the Board in writing within ten (10) calendar days of disciplinary action taken by any licensing authority including, but not limited to, warning, reprimand, fine, suspension, revocation, restriction in practice or probation.

9. Material Change

A physician assistant shall notify the Board in writing within ten (10) calendar days of any material change in qualifications or the information and responses provided to the Board in connection with the physician assistant's most recent application.

SECTION 7. UNIFORM CITATION

1. The board, or if delegated, board staff may issue citations in lieu of taking disciplinary action for:

A. The failure to have a current plan of supervision that conforms to the requirements of this rule and performance review documentation on file at the location specified in the plan of supervision. The administrative fine for each violation is \$200; or

B. The failure to file a written notification form with the relevant Board as required by this rule. The administrative fine for each violation is \$100.

2. Service of Citation

The citation may be served on the licensee by mail sent from the Board office.

3. Right to Hearing

The citation shall inform the licensee that the licensee may pay the administrative fine or request in writing a hearing before the Board regarding the violation. If the licensee requests a hearing, the citation shall be processed in the same manner as a complaint pursuant to 32 M.R.S. §3282-A, or 32 M.R.S. §2591-A except that the licensee's written response to the citation must be filed at the same time as the written request for hearing.

4. Time for Payment or Request for Hearing

The licensee shall either pay the administrative fine within thirty (30) days following issuance of the citation or request a hearing in writing within thirty (30) days following issuance of the citation. Failure to take either action within this thirty-day (30-day) period is a violation of the Board's rules that may subject the licensee to further disciplinary action by the Board for unprofessional conduct, including but not limited to an additional fine and action against the license.

5. Citation Violations Not Reportable

Administrative fines paid solely in response to citations issued pursuant to this rule do not constitute discipline or negative action or finding and shall not be reported to the Federation of State Medical Boards or the National Practitioner Databank or to any other person, organization, or regulatory body except as allowed by law. Citation violations and administrative fines are public records within the meaning of 1 M.R.S. §402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. §408-A.

SECTION 8. CONDUCT SUBJECT TO DISCIPLINE

Violation of this rule by a physician or physician assistant constitutes unprofessional conduct and is grounds for discipline of a physician's or physician assistant's license.

SECTION 9. UNIFORM CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS AND DEFINITIONS

In order to qualify to renew a license, a physician assistant must meet the following CME requirements:

1. Requirements

- A. Each physician assistant who possesses an active license shall complete, during each biennial licensing period, a minimum of one hundred (100) credit hours of continuing medical education subject to the following:
 - (1) At least forty (40) hours must be in Category 1 (as defined by this rule);
 - (2) The total one hundred (100) hours may be in Category 1.
 - (3) Sixty (60) credit hours may be in Category 2 (as defined by this rule).
- B. If the required CME is not completed and submitted, then an inactive status license renewal will be issued unless the Board has granted an extension of time or deferment as described in Subsection 2C below.
- C. Proof of current NCCPA certification at the time an application for renewal is submitted satisfies CME requirements.

2. **Definitions of CME Categories**

A. Category 1 CME includes:

- (1) CME programs sponsored or co-sponsored by an organization or institution accredited by: the American Academy of Physician Assistants (AAPA); the American Medical Association Council on Medical Education (AMA); the Accreditation Council for Continuing Medical Education (ACCME); the American Academy of Family Practice (AAFP); the Committee on Continuing Medical Education of the Maine Medical Association (MMA); the American Osteopathic Association (AOA); or the Maine Osteopathic Association (MOA). Programs will be properly identified as such by approved sponsoring or co-sponsoring organizations. VALUE: One (1) credit hour per hour of participation. VERIFICATION: Certificate of completion, if requested by the Board as part of a CME audit.
- (2) Papers or articles published in peer reviewed medical journals (journals included in Index Medicus) VALUE: Ten (10) credit hours for each article. Limit one article per year. VERIFICATION: Copy of first page of article, if requested by the Board as part of a CME audit.
- (3) Poster preparation for an exhibit at a meeting designated for AMA/AOA/AAPA category 1 credit, with a published abstract. VALUE: Five (5) credit hours per poster. Limit one poster per year. VERIFICATION: Copy of program with abstract and presenter identified, if requested by the Board as part of CME audit.
- (4) Teaching or presentation in activities designated for AMA/AOA/AAPA category 1 Credit, VALUE: Two (2) credit hours for each hour of preparation and presentation of new and original material. Limit ten (10) hours per year. VERIFICATION: Copy of program from activity, if requested by the Board as part of CME audit.
- (5) Medically related degrees, i.e. MPH, Ph.D. VALUE: Twenty five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of CME audit.
- (6) Postgraduate training or advanced specialty training. VALUE: Fifty (50) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of CME audit.
- (7) Other programs developed or approved from time to time by the Board. VALUE: Determined by the Board at the time of approval. VERIFICATION: Determined by the Board at the time of approval.

B. Category 2 CME includes:

- (1) CME programs with non-accredited sponsorship, i.e. those not meeting the definition of Category 1 as defined in Subsection 2(A) above. VALUE: One (1) credit hour per hour of participation.

- (2) Medical teaching of medical students, interns, residents, fellows, practicing physicians, or allied professionals. VALUE: One (1) credit hour per hour of teaching.
- (3) Authoring papers, publications, books, or book chapters, not meeting the definition of Category 1 as defined in Subsection 2(A) above. VALUE: Ten (10) credit hours per publication. Limit ten (10) hours per year.
- (4) Non-supervised individual activities, i.e. journal reading, peer review activities, self-assessment programs which are not sponsored by an accredited Category 1 organization. VALUE: One (1) credit hour per hour of participation.

C. Exceptions to CME requirements

- (1) The Board, at its discretion, may grant an extension of time or deferment to a licensee who because of prolonged illness, undue hardship, or other extenuating circumstances has been unable to meet the requirements of CME.
- (2) CME will be prorated during the first licensure period.
- (3) CME requirements will be stayed for physician assistants called to active military duty according to current Board policy.

D. Evidence of completion

Board staff shall perform random audits of CME.

SECTION 10. IDENTIFICATION REQUIREMENTS

Physician assistants licensed under these rules shall keep their license and certificate of registration available for inspection at the location where they render medical services and shall, when rendering medical services, wear a name tag identifying themselves as a physician assistant.

SECTION 11. PHYSICIAN ASSISTANT ADVISORY COMMITTEE

1. The Boards shall appoint a Physician Assistant Advisory Committee (the Advisory Committee) comprised of such persons as it deems appropriate, but the Advisory Committee shall include at least two physicians and two physician assistants licensed by either the BOLIM or the BOL. The PA members of the BOL and the BOLIM shall also be members of the committee. The Boards may also appoint such Advisory Committee members it deems appropriate.
2. The duties of the Advisory Committee shall be to review matters and make recommendations pertaining to physician assistants and the supervision of physician assistants which the Boards request the Advisory Committee to consider.

3. Members of the Advisory Committee shall be appointed by the Boards for terms of up to four years. A member may be appointed by the Board for a second, and final four-year term. If a member is appointed to complete a term created by the premature departure of another member, the appointed member may still serve two full terms. The Boards may, at their discretion, remove any member from the Advisory Committee.
 4. Members of the Advisory Committee shall not hold a leadership position or be an officer in a professional association regarding any professional occupation(s) licensed or regulated by the Boards.
 5. The Chairperson of the Advisory Committee shall be a physician assistant member and shall not be a regular member of the Board of Licensure in Medicine or the Board of Osteopathic Licensure, and shall be elected by a vote of the members of the Advisory Committee. The Chairperson shall serve for a term of two years and may not be re-elected.
 6. The Advisory Committee shall meet at the request of either Board. Five (5) members of the Advisory Committee shall constitute a quorum for the purpose of holding a meeting and conducting business.
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STATUTORY AUTHORITY: 32 M.R.S. §§ 3269(7) and 3270-A, B, C and E; 10 M.R.S. §8003(5)(C)(4).

EFFECTIVE DATE:

November 1, 1994

EFFECTIVE DATE (ELECTRONIC CONVERSION):

October 22, 1996

NON-SUBSTANTIVE CHANGES:

January 29, 1999 - converted to Microsoft Word.

REPEALED AND REPLACED:

May 8, 2001

August 22, 2005 – filing 2005-333

August 23, 2006 – filing 2006-390

March 9, 2013 – filing 2013-056

July 18, 2016 – filing 2016-122 (*a joint rule with 02-383 – Board of Osteopathic Licensure*)