R156. Commerce, Occupational and Professional Licensing.
R156-70a. Physician Assistant Practice Act Rule.
R156-70a-101. Title.

This rule is known as the "Physician Assistant Practice Act Rule".

R156-70a-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 70a, as used in this rule:

(1) "Full time equivalent" or "FTE" means the equivalent of 2,080 hours of staff time for a one-year period.

R156-70a-103. Authority - Purpose.

This rule is adopted by the division under the authority of Subsection 58-1-106(1)(a) to enable the division to administer Title 58, Chapter 70a.

R156-70a-104. Organization - Relationship to Rule R156-1.

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

R156-70a-302. Qualification for Licensure - Examination Requirements.

(1) In accordance with Subsection 58-70a-302([~~5~~]4), the examination requirement for licensure as a physician assistant is a passing score on the National Commission on Certification of Physician Assistants (NCCPA) examination.

(2) The Certificate of Added Qualifications (CAQ) in Psychiatry exam for physician assistants who will specialize in psychiatry and mental health.

R156-70a-303. Renewal Cycle - Procedures.

(1) In accordance with Subsection 58-1-308(1), the renewal date for the two-year renewal cycle applicable to licensees under Title 58, Chapter 70a is established by rule in Section R156-1-308a(1).

(2) Renewal procedures shall be in accordance with Section R156-1-308c.

R156-70a-304. Continuing Education.

In accordance with Subsection 58-70a-304(1)[~~(a)~~], the requirements for qualified continuing professional education (CPE) are as follows:

(1) CPE shall consist of 40 hours during each two-year licensure cycle. A licensee's documentation to the Division of current national certification by NCCPA shall be deemed to meet the requirements in this section.

(2) Licensees may fulfill up to 15% of their CPE requirement by providing volunteer services within the scope of their license at a qualified location, in accordance with Section 58-13-3. For

every four documented hours of volunteer services, the license may earn one hour of CPE credit.

(3) A minimum of 34 hours shall be in category 1 offerings as established by the Accreditation Council for Continuing Medical Education (ACCME).

(4) Approved providers for ACCME offerings include the following:

(a) approved programs sponsored by the American Academy of Physician Assistants (AAPA); or

(b) programs approved by other health-related continuing education approval organizations, provided the continuing education is nationally recognized by a healthcare accredited agency and the education is related to the practice as a physician assistant.

(5) Continuing professional education for physician assistants specializing in mental health care shall include completing all CPE to maintain the CAQ in psychiatry:

(6) [~~A maximum of six CPE hours may be recognized for non- ACCME offerings of continuing education provided by the Divisionof Occupational and Professional Licensing~~].

[~~(7)~~]CPE under this section shall:

(a) be relevant to the licensee's professional practice;

(b) be prepared and presented by individuals who are qualified by education, training and experience to provide medical continuing education; and

(c) have a method of verification of attendance and completion.

(7) CPE credit shall be recognized in 50 minute hour blocks of time for education completed in formally established classroom courses, seminars, lectures, conferences or training sessions which meet the criteria listed in Subsection (6) above).

(8) A licensee shall maintain competent records of completed continuing professional education for a period of four years after close of the two-year licensure period. It is the responsibility of the licensee to demonstrate that their continuing education meets the requirements of this section.

(9) Continuing professional education for licensees who have not been licensed for the entire two-year period shall be prorated from the date of licensure.

R156-70a-305. Exemptions from Licensure.

"Temporary basis", as used in Subsection 58-70a-306[~~5(1)(b)(ii)~~](2), shall be limited as defined by the [~~Delegation of Service~~] Collaborative Practice Agreement and shall include the following:

(1) the circumstances and purpose under which any temporary supervision is permitted;

(2) the temporary supervision duties to be performed by the physician assistant;

(3) the amount of temporary supervision that is allowed; and

(4) how the physician will review the activities of students

R156-70a-503. Unprofessional Conduct

"Unprofessional Conduct" includes:

(1) prescribing to oneself any controlled substance drug, in violation of Subsection R156-37-502(1)(a);

(2) violating any federal or state law relating to controlled substances, including self-administering any controlled substance that is not lawfully prescribed by another licensed practitioner having authority to prescribe the drug, in violation of Section R156-37-502;

(3) as a physician assistant, failing to discuss the risks of using an opiate with a patient or the patient's guardian before issuing an initial opiate prescription in accordance with Section 58-37-19;

(4) failing to practice within limits of competence.

while under temporary supervision.

R156-70a-[~~501~~]307. [~~Working Relationship and Delegation of Duties~~]Collaboration Requirements.

In accordance with Section 58-70a-[~~501~~]307(2), the working relationship and [~~delegation of duties~~] collaborative agreement between the supervising physician and the physician assistant are specified as follows:

(1) The supervising physician shall provide supervision to the physician assistant to adequately serve the health care needs of the practice population and ensure that the patient's health, safety and welfare will not be adversely compromised. Physician assistants may authenticate with their signature any form that may be authenticated by a physician's signature.

(2) There shall be a method of immediate consultation by electronic means whenever the physician assistant is not under the direct supervision of the supervising physician.

(3) The physician and physician assistant shall review sufficient practice information which may include patient charts and medical records to ensure that the patient's health, safety, and welfare will not be adversely compromised. The ~~Delegation of Services~~ Collaborative Practice Agreement, maintained at the site of practice, shall outline specific parameters for quality review that are appropriate for the working relationship.

(4) [~~A supervising physician may not supervise more than four full time equivalent (FTE) physician assistants without the priorapproval of the division in collaboration with the board, and only for extenuating circumstances with a written request with justification.~~] The supervising physician shall ensure that patient health, safety, and welfare is not adversely compromised by supervising more physician assistants than the physician can competently supervise.

(5) In accordance with Section 58-70a-307(3)a physician assistant with more than 4,000 hours of post-graduate clinical practice experience may collaborate with a physician or a physician assistant who has over 10,000 hours of post-graduate clinical experience.

(6) Post-graduate clinical experience shall be documented by written attestation by the supervising physician or supervising physician assistant.

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