

Title 46
PROFESSIONAL AND
OCCUPATIONAL
STANDARDS

Part XLV. Medical Professions

Subpart 2. Licensure and
Certification

Chapter 15. Physician
Assistants

§1503. Definitions

A. As used in this Chapter, the following terms shall have the meanings specified.

* * *

Controlled Substance—for purposes of this definition, any substance designated or that may hereafter be designated as a Scheduled II, III, IV, or V controlled substance in R.S. 40:964.

* * *

Physician Assistant (PA)—~~an individual licensed under the Act and this Chapter. As members of the health care team, physician assistants~~ a health care professional qualified by academic and clinical education and licensed by the board to provide a broad range of medical health care services that would otherwise be provided by at the direction and under the supervision of a physician or a group of physicians approved by the board as a supervising physician(s).

* * *

Protocol or Clinical Practice Guidelines or Clinical Practice Guidelines or Protocols—a written set of directives or instructions regarding routine medical conditions, to be followed by a physician assistant in patient care activities. If prescriptive authority has been delegated to the physician assistant by the supervising physician the clinical practice guidelines or protocols shall contain each of the components specified by §1521.A.5. The Advisory Committee shall periodically publish and disseminate to supervising physicians and all physician assistants, model forms and examples of clinical practice guidelines and protocols. ~~When a physician assistant has been delegated prescriptive authority, the~~ The supervising

physician and physician assistant shall maintain a written copy of such clinical practice guidelines and protocols, ~~in each office location that the supervising physician and physician assistant practices. Such written clinical practice guidelines and protocols which shall be~~ made immediately available for inspection by authorized representatives of the board.

* * *

Supervision—responsible direction and control, with the supervising physician assuming responsibility for the services rendered by a physician assistant in the course and scope of the physician assistant's employment, with respect to patients for whose care, or aspect of care, the physician is responsible. Supervision shall not be construed in every case to require the physical presence of the supervising physician. However, the supervising physician and physician assistant must have the capability to be in contact with each other by either telephone or other telecommunications device. Supervision shall exist when the supervising physician responsible for the care, or aspect of care of the patient, gives informed concurrence of the actions of the physician assistant, whether given prior to or after the action, and when a medical treatment plan or action is made in accordance with written clinical practice guidelines or protocols set forth by the supervising physician. Such guidelines or protocols shall require that the physician assistant contact the supervising physician when there is a question or uncertainty as to what should be done in a given case or when an approved protocol does not address the clinical situation presented. The level and method of supervision shall be at the physician and physician assistant level, shall be documented and reviewed annually, and shall reflect the acuity of the patient care and nature of the procedure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:109 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1102 (November 1991), LR 22:201 (March 1996), LR 25:27 (January 1999), LR 31:73 (January 2005), LR 34:244 (February 2008), LR

§1505. Necessity for License; Registration of Prescriptive Authority

A.1. ...

B. Any person who acts or undertakes to perform the functions of a physician assistant

without a current physician assistant license issued under this Chapter, or prescribes medication or medical devices without or beyond registration of such authority approved by the board, shall be deemed to be engaging in the practice of medicine; provided, however, that none of the provisions of this Chapter shall apply to:

1. ~~any person-physician assistant employed by the federal government while performing duties incidental to that employment, and acting under the supervision and direction of, any commissioned physician or surgeon of the United States Armed Services, or Public Health Services, practicing in the discharge of his official duties;~~

2. ...

3. any physician assistant student enrolled in a physician assistant educational program accredited by the ~~Advisory Committee on Allied Health Education and Accreditation Review Commission on Education for the Physician Assistant, its predecessors or its successor;~~ provided, however, that a physician assistant student shall not prescribe legend drugs or medical devices or be eligible for registration of prescriptive authority; and

4. a physician assistant administering medical services in cases of emergency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:109 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1102 (November 1991), LR 22:201 (March 1996), LR 25:28 (January 1999), LR 31:74 (January 2005); LR

§1507. Qualifications for Licensure

A. To be eligible for licensure under this Chapter, an applicant shall:

1.-2. ...

3. demonstrate his competence to provide patient services under the supervision and direction of a supervising physician by:

a. ~~presenting to the board a valid diploma certifying that the applicant is being a graduate of a physician assistant training program accredited by the Committee on Allied Health Education and Accreditation (CAHEA), or its predecessors or successors, including but not limited to the Accreditation Review Commission~~

on Education for the Physician Assistant, and by presenting or causing to be presented to the board satisfactory evidence that the applicant has successfully passed the national certification examination administered by the National Commission on Certificate of Physician Assistants (NCCPA) or its successors, together with satisfactory documentation of current certification; or

3.b.-B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:109 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1102 (November 1991), LR 22:201 (March 1996), LR 25:28 (January 1999); LR

§1508. Qualifications for Registration as Supervising Physician

A. To be eligible for approval and registration under this Chapter, a proposed primary supervising physician or locum tenens physician shall, as of the date of the application:

1. ~~hold an unrestricted license~~ be licensed to practice medicine in the state of Louisiana; and

A.2.-B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(b)(6), 37:1360.23(D) and (F).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 22:202 (March 1996), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 25:29 (January 1999), LR 34:244 (February 2008); LR

§1510. Application for Registration as Supervising Physician; Procedure

A.-A.6. ...

B. A physician seeking to supervise a physician assistant ~~shall~~ may be required to appear before the board upon his notification to the board of his intention to supervise a physician assistant:

1. upon a first notification to the board of the physician's intention to supervise a physician's assistant if the board finds discrepancies in the physician's application; or

B.2.-E ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 22:202 (March 1996), amended LR 25:29 (January 1999), LR 34:245 (February 2008), LR

§1513. Issuance of License; Registration of Prescriptive Authority; Working Permit; Updating Information

A.1.-2. . . .

B. The board may grant a working permit (temporary license), valid and effective for one year but renewable for one additional year, to an applicant who otherwise meets the qualifications, requirements and procedures for licensure, except that the applicant has not yet taken or is awaiting the results of the national certification examination.

C.-F. . . .

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:110 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1103 (November 1991), LR 22:203 (March 1996), LR 25:30 (January 1999), LR 31:74 (January 2005), LR

§1517. Expiration of Licensure; Renewals; Modification; Notification of Intent to Practice

A. . . .

B. Every license issued by the board under this Chapter shall be renewed annually on or before the first-last day of the month in which the licensee was born, by submitting to the board an application for renewal in a format approved by the board, together with:

1. satisfactory verification of current certification by the National Commission on Certificate of Physician Assistants or its successors; and

2. the applicable fee as provided in Chapter 1 of these rules; and

3. a list of all currently registered supervising physicians (primary and locum tenens).

C. A physician assistant licensed in this state, prior to initiating practice, shall submit in a format approved by the board notification of such intent to practice. Such notification may be deemed effective as of the date received by the

board, subject to final approval at the next by the board, meeting and shall include:

1. the name, business address, and telephone number of the supervising physicians (primary and any locum tenens physicians);

2. the name, business address, and telephone number of the physician assistant; and

3. certification that the physician assistant has notified all other primary supervising physicians of intent to practice with one or more additional supervising physician.

D.-F. . . .

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1281, 37:1360.23, 37:1360.24.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 4:111 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1104 (November 1991), LR 22:203 (March 1996), LR 24:1498 (August 1998), LR 25:31 (January 1999), LR 30:238 (February 2004), LR 34:245 (February 2008), LR

§1519. Transfer of Certification [Reserved] [Repealed].

A. A physician assistant previously certified by the board whose certification has terminated pursuant to §1517.D by virtue of the cessation or termination of an employment relationship with his or her approved supervising physician may apply to the board for transfer of certification to a new supervising physician pursuant to the provisions of this Section.

B. Application for transfer of certification to a new supervising physician shall include:

1. the information prescribed by §1510 hereof with respect to the proposed new supervising physician, along with an application for registration of prescriptive authority if such is to be delegated, in accordance with §§1525 and 1527; and

2. a report from the applicant's current or former supervising physician, if such physician is not deceased at the time of the application, describing the circumstances under which the physician's assistant's employment relationship was, or is proposed to be, terminated.

C. If the requirements and procedures of this Section are met to the satisfaction of the board, and the applicant and supervising physician demonstrate that the proposed new supervising physician satisfies the qualifications for approval

~~as a supervising physician prescribed by this Chapter, transfer of the applicant's certification to the proposed new supervising physician may be deemed approved as of the date the application for transfer is received by the board, subject to final approval at the next board meeting.~~

~~D. Approval of transfer of certification shall not be deemed to qualify a physician assistant eligible for registration of prescriptive authority.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 4:111 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1104 (November 1991), LR 31:75 (January 2005), LR 34:245 (February 2008); repealed LR.

§1521. Qualifications for Physician Assistant Registration of Prescriptive Authority

A. Legend Drugs/Medical Devices. To be eligible for registration of prescriptive authority for legend drugs or medical devices, or both, a physician assistant shall:

1. ...
2. possess a current license to practice as a physician assistant duly issued by the board and ~~not be the subject of a current investigation or pending disciplinary proceeding by the board;~~

3. ...

4. ~~have completed:~~ [Reserved]

~~a. a minimum of one year of clinical rotations during training and one year of practice under a supervising physician; or~~

~~b. a minimum of two years of practice under a supervising physician;~~

5. practice under supervision as specified in clinical practice guidelines or protocols developed by the supervising physician that shall, ~~at a minimum, include :~~

~~a. the methods to be employed by the supervising physician to insure supervision of the physician assistant's prescriptive authority;~~

~~b. the nature, types and classifications of medication and/or medical devices a physician assistant is authorized to utilize by the supervising physician;~~

~~e. a plan to accommodate immediate consultation by telephone or direct~~

~~telecommunication with the supervising physician, or in his absence an approved locum tenens physician, to address medical emergencies, complications and other such matters;~~

~~d. a predetermined plan for emergency services, after hours, weekend, and vacation coverage;~~

~~e. a predetermined plan for patient referrals to other physicians, emergency rooms and admission to hospitals at which the supervising physician holds privileges. Such plan shall include a statement that the physician assistant shall not seek privileges at any institution unless the supervising physician holds privileges at such institution;~~

~~f. an acknowledgment of the mutual obligations and responsibilities of the supervising physician and physician assistant to comply with all requirements of §4511 of these rules; and~~

~~g. confirmation that the physician assistant shall not prescribe medication or medical devices if the supervising physician, or in his absence an approved locum tenens physician, is neither physically present nor available by telephone or other telecommunication device.~~

~~h. a performance plan, as specified in Section 4512 of these rules.~~

B. Controlled Substances. To be eligible for registration of prescriptive authority for controlled substances a physician assistant shall:

1. ...

2. possess a current, unrestricted permit or license to prescribe controlled substances in Louisiana duly issued by the Office of Narcotics and Dangerous Drugs, Department of Health and Hospitals, State of Louisiana Board of Pharmacy or its successor, and be currently registered to prescribe controlled substances without restriction as to the schedules delegated by the supervising physician with the Drug Enforcement Administration, United States Department of Justice (DEA). ~~A physician assistant authorized to prescribe controlled substances shall provide the board photocopies of his Louisiana permit and federal registration prior to prescribing controlled substances; and~~

3. not be deemed ineligible for registration for any of the causes set forth in §1521.C.;

4. have completed six months of practice under a supervising physician after graduation from an accredited PA education program satisfying the requirements of this Chapter; and

5. successfully complete an educational activity developed or approved by the board respecting controlled dangerous substances.

C.-C.4. . . .

5.—Reserved

~~6. has, within the five years preceding the application for registration, been denied, had suspended, revoked, restricted or relinquished staff or clinical privileges at a hospital or other health care institution following a hearing or an opportunity for hearing, as a result of professional competency or conduct or who is currently the subject of an unresolved investigation by a hospital medical staff for professional competency or conduct; or~~

~~7. has failed his most recent attempt at passage of the certification or recertification examination administered by the NCCPA and has yet to take or successfully pass such examination on a subsequent attempt.~~

D.-E. . . .

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 1360.23(D) and (F), and 1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 31:75 (January 2005), amended LR 38:3174 (December 2012), LR 41:925 (May 2015); LR

§1523. Qualifications of Supervising Physician for Registration of Delegation of Prescriptive Authority

A. Legend Drugs and Medical Devices. To be eligible for approval of registration to delegate authority to prescribe legend drugs or medical devices, or both, to a physician assistant a supervising physician shall:

1. . . .

~~2. not currently be enrolled in a medical residency or other postgraduate medical training program; [Reserved]~~

3.-4. . . .

B. Controlled Substances. To be eligible for approval of registration to delegate authority to prescribe controlled substances to a physician assistant a supervising physician shall:

1. satisfy the requirements of §1523.A; and

2. possess a current, unrestricted permit or license to prescribe controlled substances duly issued by the Office of Narcotics and Dangerous Drugs, Department of Health and Hospitals, State of Louisiana, and be currently registered to prescribe controlled substances, without restriction, with the Drug Enforcement Administration, United States Department of Justice (DEA);

~~3. not be employed by or serve as an independent contractor to a physician assistant or be a party to any other or similar employment, contractual or financial relationship. The board may, in its discretion, grant an exception to this requirement on a case by case basis where it has been shown to its satisfaction that such relationship is structured so as to prohibit interference or intrusion into the physician's relationship with patients, his exercise of independent medical judgment and satisfaction of the obligations and responsibilities imposed by law and the board's rules on a supervising physician; and~~

~~4. not be deemed ineligible for registration to delegate authority to prescribe controlled substances for any of the causes set forth in §1523.C of this Chapter.~~

C. A physician shall be deemed ineligible for registration to delegate authority to prescribe controlled substances to a physician assistant:

~~1. for any of the causes set forth in §1521.C.1-6; and~~

~~2. any of the causes enumerated by R.S. 37:1285A, or violation of any other provision of the Louisiana Medical Practice Act, R.S. 37:1261 et seq. or the board's rules.~~

D. . . .

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 31:76 (January 2005); amended LR

§1527. Supervising Physician Application for Registration of Delegation of Prescriptive Authority; Procedure

A. Physician application for approval and registration of delegation of prescriptive authority to a physician assistant shall be made upon forms supplied by the board and shall include:

1. ...

2. confirmation that the physician has delegated prescriptive authority to the physician assistant and the nature, extent, and limits thereof as documented in clinical practice guidelines;

3. a description of the manner and circumstances in which the physician assistant has been authorized to utilize prescriptive authority and the geographical location(s) where such activities will be carried out as documented in clinical practice guidelines;

A.4.-C....

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 31:77 (January 2005); amended LR

§1529. Expiration of Registration of Prescriptive Authority; Renewal; Continuing Education

A.-B. ...

~~C. Registration of prescriptive authority shall be renewed annually by a physician assistant by submitting to the board an application for renewal upon forms supplied by the board, together with the supervising physician's verification of the accuracy of registration information on file with the board, and confirmation of compliance with the continuing education requirements prescribed by §1529.D The PA, together with the SP, shall annually verify the accuracy of registration information on file with the board, and confirm compliance with the continuing education requirements prescribed by this Section.~~

D. Continuing Education. Every physician assistant seeking renewal of registration of prescriptive authority shall:

~~1. obtain 100 hours of such continuing medical education biannually, or such greater number of hours as may be required by the NCCPA, in courses qualifying for to maintain current NCCPA certification or recertification; and~~

~~2. pass the pharmacology/pharmacotheapeutic and all other segments of the NCCPA recertification examination every six years, or at such other intervals as the NCCPA may require, to maintain current NCCPA certification.~~

E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 31:77 (January 2005); amended LR

**TITLE 46
PROFESSIONAL AND
OCCUPATIONAL
STANDARDS**

Part XLV. Medical Professions

Subpart 3. Practice

Chapter 45. Physician Assistants

§4505. Services Performed by Physician Assistants

A. The practice of a physician assistant shall include the performance of medical services that are delegated by the supervising physician and are within the scope of the physician assistant's education, training, and licensure. A physician assistant is considered to be and is deemed the agent of his supervising physician in the performance of all practice-related activities, including but not limited to assisting in surgery and ordering and interpretation of diagnostic and other medical services with appropriate supervision provided. The level and method of supervision shall be at the supervising physician and physician assistant level, shall be documented in clinical practice guidelines, reviewed annually and shall reflect the acuity of patient care and the nature of a procedure.

B. In accordance with a written clinical practice guideline or protocol medical services rendered by a physician assistant may include: screening patients to determine need for medical attention; eliciting patient histories; reviewing patient records to determine health status; performing physical examinations; recording pertinent patient data; performing developmental screening examinations on children; making preliminary decisions regarding data gathering and appropriate management and treatment of patients being seen for initial evaluation of a problem or follow-up evaluation of a previously diagnosed and stabilized condition; making appropriate referrals; preparing patient

summaries; requesting initial laboratory studies; collecting specimens for blood, urine and stool analyses; performing urine analyses, blood counts and other laboratory procedures; identifying normal and abnormal findings on history, physical examinations and laboratory studies; initiating appropriate evaluation and emergency management for emergency situations such as cardiac arrest, respiratory distress, burns and hemorrhage; performing clinical procedures such as venipuncture, intradermal testing, electrocardiography, care and suturing of wounds and lacerations, casting and splinting, control of external hemorrhage, application of dressings and bandages, administration of medications, intravenous fluids, and transfusion of blood or blood components, removal of superficial foreign bodies, cardio-pulmonary resuscitation, audiometry screening, visual screening, aseptic and isolation techniques; providing counseling and instruction regarding common patient problems; monitoring the effectiveness of therapeutic intervention; assisting in surgery; signing for receipt of medical supplies or devices that are delivered to the supervising physician or supervising physician group; and, to the extent delegated by the supervising physician, prescribing legend drugs and controlled substances listed in R.S. 40:964 as Schedule II, III, IV and V substances and prescribing medical devices. A physician assistant may inject local anesthetic agents subcutaneously, including digital blocks or apply topical anesthetic agents when delegated to so by a supervising physician. This list is illustrative only, and does not constitute the limits or parameters of the physician assistant's practice.

~~C. A physician assistant who performs the suturing of lacerations, may undertake to do so with respect to a particular patient, only when specifically delegated to do so by the supervising physician.~~

C. A physician assistant may prescribe, order and administer drugs to the extent delegated by the SP, except as provided pursuant to R.S. 37:930 relative to anesthetics. Drugs which may be prescribed, ordered, and administered by a PA are those listed in Schedules II, III, IV and V of R.S. 40:964 and legend drugs.

~~D. A physician assistant may administer medication to a patient, or transmit orally, electronically, or in writing on a patient's record, a prescription from his or her supervising physician to a person who may lawfully furnish~~

~~such medication or medical device. The supervising physician's prescription, transmitted by the physician assistant, for any patient cared for by the physician assistant, shall be based on a patient specific order by the supervising physician. At the direction and under the supervision of the supervising physician, a physician assistant may hand deliver to a patient of the supervising physician a properly labeled prescription drug prepackaged by a physician, a manufacturer or a pharmacist. The activities listed in this Section may be performed in any setting authorized by the supervising physician including but not limited to clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes, other institutional settings, and health manpower shortage areas.~~

E. A physician assistant shall not:

1.-2 ...

3. ~~except to the extent delegated by a supervising physician, as evidenced by approval of registration on file with the board in accordance with §§1507-1527 of the board's rules:~~

~~a. issue prescriptions for any medication;~~
or

~~b. order for administration or administer any medication to any patient except pursuant to the specific order or direction of his or her supervising physician;~~

4.-4.b. ...

5. act as or engage in the functions of a physician assistant when the supervising physician and the physician assistant do not have the capability to be in contact with each other by telephone or other telecommunication device; or

6. identify himself, hold himself out to the public, or permit any other person to identify him, as "doctor," "medical doctor," "doctor of medicine" or "physician" or render any service to a patient unless the physician assistant has clearly identified himself as a physician assistant by any method reasonably calculated to advise the patient that the physician assistant is not a physician licensed to practice medicine; or

7. administer local anesthetics perineurally, pericurally, epidurally, intrathecally, or intravenously unless such physician assistant is a certified registered nurse anesthetist and meets the requirements in R.S 37:930.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), and 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 4:111 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1105 (November 1991), LR 22:204 (March 1996), LR 25:32 (January 1999), LR 31:78 (January 2005), LR 41:925 (May 2015), LR

§4506. Services Performed by Physician Assistants Registered to Prescribe Medication or Medical Devices; Prescription Forms; Prohibitions

A.1. A physician assistant who is registered with the board pursuant to §§1521 and 1525 of these rules to prescribe medication and/or medical devices may, to the extent of ~~such registration and the authority delegated by such a~~ supervising physician:

A.1.a.-B.5. . . .

C. A physician assistant who has been delegated prescriptive authority shall not:

1.-4. . . .

5. issue a prescription or order for any Schedule I or II-controlled substance contained or hereinafter included in R.S. 40:964; or

6. . . .

D. A PA who has been delegated controlled substance prescriptive authority shall enroll in and periodically accesses the Prescription Monitoring Program (PMP) established by R.S. 40:1001 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), and 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 31:79 (January 2005), amended LR 41:925 (May 2015), LR

§4507. Authority and Limitations of Supervising Physician

A. The supervising physician (SP) is responsible for the ~~responsible~~ supervision, control, and direction of the physician assistant (PA) and retains responsibility to the patient for the competence and performance of the PA.

B. An SP may delegate medical services identified as core competencies by the National Commission on Certification of Physician Assistants or its successors ("core

competencies"), under general *supervision* as defined in Section 1503.A of this Part.

C.-5.b. . . .

D. An SP:

1. ~~may not serve as a PSP for more than two-four PAs;~~

2. ~~shall not act as a SP for more than four PAs simultaneously at the same time.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:112 (April 1978), amended LR 17:1106 (November 1991), LR 22:205 (March 1996), LR 25:32 (January 1999), LR 34:246 (February 2008), LR 38:1233 (May 2012), LR

§4511. Mutual Obligations and Responsibilities

A. The physician assistant and supervising physician shall:

1.-3. . . .

4. insure that, with respect to ~~each direct~~ patient encounters, all activities, functions, services, treatment measures, medical devices or medication prescribed or delivered to the patient by the physician assistant are properly documented in written form in the patient's record by the physician assistant as evidenced by compliance with the clinical practice guidelines established by the supervising physician and physician assistant;

5.-5.c. . . .

6. maintains a written agreement in compliance with R.S. 37:1360.22(8), that includes a statement that the physician shall exercise supervision over the physician assistant in accordance with R.S. 37:1360.21 et seq.

B.-C. . . .

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23(D) and (F), and 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 4:112 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1106 (November 1991), LR 22:206 (March 1996), LR 25:33 (January 1999), LR 31:79 (January 2005), LR 41:925 (May 2015), LR

§4512. Performance Plan

A.-C. . . .

D. For Joint Commission accredited practice sites, the performance plan requirements of §4512A.2 and 4512B.-C. of these rules shall be considered satisfied if the practice site requires chart review as part of its Joint Commission Ongoing Professional Practice Evaluation (OPPE) process for PAs. For a hospital practice site that is Joint Commission accredited, but does not require chart review as part of its OPPE process, or that is not Joint Commission accredited, the PA and his or her SP shall be responsible for meeting the requirements of §4512A.-C. of these rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), 37:1360.23, and 37:1360.28.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 41:925 (May 2015)-, amended LR