Department of Health
Medical Quality Assurance Commission

Interpretive Statement

Revised – 10/18/11

Title:	Physician Assistants Ordering Patient Restraint and Seclusion	Number: MD2015-02-IS
References:	RCW 18.71A.010(1), RCW 18.71A.030, WAC 246-918-005(3), WAC 246-918-055(4), WAC 246-918-005(7)	
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Approved By:	W. Michelle Terry, MD, FAAP, Chair (signature on file)	

The Medical Quality Assurance Commission (commission) interprets chapter 18.71A RCW and rules in chapter 246-918 WAC as authorizing physician assistants to order patient restraint and seclusion provided the commission-approved delegation agreement does not specifically prohibit this activity and the activity is within the supervising physician's scope of practice.

The commission has been asked whether existing statutes and rules provide a basis for physician assistants to order patient restraint and seclusion in a hospital setting. As a result, the commission conducted an extensive review of the physician assistant scope of practice referenced in statute and standards.

RCW 18.71A.010(1) provides:

> "Physician Assistant" means a person who is licensed by the commission to practice medicine to a limited extent only under the supervision of a physician as defined in chapter 18.71 RCW and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative and health maintenance services.

RCW 18.71A.030 provides:

> A physician assistant may practice medicine in this state only with the approval of the delegation agreement by the commission and only to the extent permitted by the commission. A physician assistant who has received a license but who has not received commission approval of the delegation agreement under RCW 18.71A.040 may not practice. A physician assistant shall be subject to discipline under chapter 18.130 RCW.

WAC 246-918-005(3) provides:

> "Delegation agreement" means a mutually agreed upon plan, as detailed in WAC 246-918-055, between a sponsoring physician and physician assistant, which describes the manner and extent to which the physician assistant will practice and be supervised.

WAC 246-918-055(4) provides:

> The physician assistant's scope of practice may not exceed the scope of practice of the supervising physician.

WAC 246-918-005(7) provides:

> "Physician assistant" means a person who is licensed under chapter 18.71A RCW by the commission to practice medicine to a limited extent only under the supervision of a physician as defined in chapter 18.71 RCW.

In 1999, the Centers for Medicare and Medicaid Services (CMS) adopted interim final rules setting forth the Patients' Rights Conditions of Participation requirements, including describing the conditions under which a provider could order restraint and seclusion of patients in hospitals. That rule stated that an order for restraint or seclusion must be made by a physician or other licensed independent practitioner permitted by law to order a restraint.

In 2007, CMS issued a final regulation clarifying that patient restraint or seclusion may be ordered by a physician or licensed independent practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by hospital policy in accordance with state law.[i] In response to comments on the rule, CMS stated that the rule was not meant to interfere with state law that permits physician assistants to order patient restraint and seclusion.[ii]

42 CFR Part 482, Page 71394, states, in part:

> *The introduction of an alternative practitioner who could order interventions, assess patients, and renew orders was an attempt to accommodate existing State laws that acknowledge the role of non-physicians in patient care and treatment. We originally used the term "LIP" [licensed independent practitioner] to describe these practitioners to be consistent with existing JCAHO standards. For the purposes of this rule, a LIP is any individual permitted by State law and hospital policy to order restraints and seclusion for patients independently, within the scope of the individual's license and consistent with the individually granted clinical privileges. This provision is not to be construed to limit the authority of a physician to delegate tasks to other qualified healthcare personnel, that is, physician assistants and advanced practice nurses, to the extent recognized under State law or a State's regulatory mechanism, and hospital policy. It is not our intent to interfere with State laws governing the role of physician assistants, advanced practice registered nurses, or other groups that in some States have been authorized to order restraint and seclusion or, more broadly, medical interventions or treatments.*

The Commission, therefore, interprets RCW 18.71A.010(a), RCW 18.71A.030, WAC 246-918-005(3), -005(7), and -055(4) to allow a physician assistant in the state of Washington the ability to order patient restraint and seclusion, provided the Commission-approved delegation agreement does not specifically prohibit this activity, and the activity is within the supervising physician's scope of practice.

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[i] 42 CFR § 482.13(e)(5).

[ii] Department of Health and Human Services. Centers for Medicare & Medicaid Services. Federal Register Volume 71, Number 236 (Friday December 8, 2006), 42 CFR Part 482, Page 71394. http://www.gpo.gov/fdsys/pkg/FR-2006-12-08/html/06-9559.htm Accessed April 3, 2015.