



# PROPOSED RULE MAKING

## CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

**Agency:** Department of Health- Medical Quality Assurance Commission

- Preproposal Statement of Inquiry was filed as WSR 13-20-098 ; or
- Expedited Rule Making--Proposed notice was filed as WSR \_ ; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR
- Continuance of WSR

**Title of rule and other identifying information:** (Describe Subject)

Chapter 246-918 WAC--Physicians Assistants-Medical Quality Assurance Commission (commission). Proposing the revision of physician assistant (PA) rules pursuant to Substitute House Bill (SHB) 1737 (Chapter 203, Laws of 2013) to update PA rules to incorporate current national standards and best practices.

**Hearing location(s):** Red Lion Hotel  
1 South Grady Way  
Renton, Washington 98057

Date: 12/05/14 Time: 9:00 a.m.

**Submit written comments to:**

Name: Daidria Pittman  
Address: Program Manager  
MQAC - Dept. of Health  
P.O. Box 47866, Olympia, WA 98504-7866  
e-mail: <http://www3.doh.wa.gov/policyreview/>  
fax 360.236-2795 by (date) 12/01/2014

**Assistance for persons with disabilities:** Contact

Daidria Pittman by 11/25/2014

TTY (800) 833-6388 or () 711

**Date of intended adoption:** 12/05/2014

(Note: This is NOT the effective date)

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

The purpose of the proposal is to comply with SHB 1737 to update and modernize rules regulating PAs. Proposed revisions include: (1) updated supervision ratios for PAs in regular clinic settings and remote sites; (2) changing the term "practice plan" to "delegation agreement"; and (3) clarifying regulatory requirements to incorporate national standards and best practices. The proposed rules are intended to clarify regulatory requirements and be synchronized, where possible, with the Board of Osteopathic Medicine & Surgery's (board) PA rules since many PA applicants for licensure now seek both an allopathic and osteopathic PA credential. The anticipated effect is more streamlined and aligned credentialing and delegation agreement processes for all PAs and applicants for PA licensure.

**Reasons supporting proposal:**

The proposal responds to SHB 1737 requirements to modernize existing PA rules. SHB 1737 required the Medical Quality Assurance Commission to collaborate with the Board of Osteopathic Medicine and Surgery and a statewide organization representing PAs to update rules for PAs. As a result, the commission worked with the Washington Academy of Physician Assistants, the UW-MEDEX's physician assistant training program, and the board to propose changes in accordance with SHB 1737 to establish more current, clearer, and streamlined rules for PAs and applicants for PA licensure in Washington State.

**Statutory authority for adoption:**

RCWs 18.71.017, 18.71A.040, 18.130.050, chapter 18.71A RCW

**Statute being implemented:**

Chapter 18.71A RCW; SHB 1737 (chapter 203, Laws of 2013)

**Is rule necessary because of a:**

- Federal Law?  Yes  No
  - Federal Court Decision?  Yes  No
  - State Court Decision?  Yes  No
- If yes, CITATION:

**DATE** 10/16/14

**NAME** (type or print)  
Melanie de Leon

**SIGNATURE**

**TITLE**  
Executive Director

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE:** October 16, 2014  
**TIME:** 10:13 AM

**WSR 14-21-109**

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:**

None.

**Name of proponent:** (person or organization)  
Health

Medical Quality Assurance Commission - Department of

- Private  
 Public  
 Governmental

**Name of agency personnel responsible for:**

Name	Office Location	Phone
Drafting..... Maura Craig	PO Box 47850, Olympia, WA 98504-7850	360.236.4997
Implementation....Melanie de Leon	PO Box 47866, Olympia, WA 98504-7866	360.236.2755
Enforcement.....Melanie de Leon	PO Box 47866, Olympia, WA 98504-7866	360.236.2755

**Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?**

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone

fax

e-mail

No. Explain why no statement was prepared.

A small business economic impact statement was not prepared. The proposed rule would not impose more than minor costs on businesses in an industry.

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name: Daidria Pittman

Address: Medical Quality Assurance Commission - Dept. of Health

PO Box 47866

Olympia, WA 98504-7866

phone 360.236.2727

fax 360.236.2795

e-mail [daidria.pittman@doh.wa.gov](mailto:daidria.pittman@doh.wa.gov)

No: Please explain:

**WAC 246-918-005 Definitions.** ((The following terms used in this chapter shall have the meanings set forth in this section unless the context clearly indicates otherwise:

(1) "Certified physician assistant" means an individual who has successfully completed an accredited and commission approved physician assistant program and has passed the initial national boards examination administered by the National Commission on Certification of Physician Assistants (NCCPA).

(2) "Physician assistant" means an individual who either:

(a) Successfully completed an accredited and commission approved physician assistant program, is eligible for the NCCPA examination and was licensed in Washington state prior to July 1, 1999;

(b) Qualified based on work experience and education and was licensed prior to July 1, 1989;

(c) Graduated from an international medical school and was licensed prior to July 1, 1989; or

(d) Holds an interim permit issued pursuant to RCW 18.71A.020(1).

(3) "Physician assistant surgical assistant" means an individual who was licensed as a physician assistant between September 30, 1989, and December 31, 1989, to function in a limited extent as authorized in WAC 246-918-230.

(4) "Licensee" means an individual credentialed as a certified physician assistant, physician assistant, or physician assistant surgical assistant.

(5) "Commission approved program" means a physician assistant program accredited by the Committee on Allied Health Education and Accreditation (CAHEA); the Commission on Accreditation of Allied Health Education Programs (CAAHEP); the Accreditation Review Committee on Education for the Physician Assistant (ARC-PA); or any successive accrediting organizations.

(6) "Sponsoring physician" means the physician who is responsible for consulting with a certified physician assistant. An appropriate degree of supervision is involved.

(7) "Supervising physician" means the physician who is responsible for closely supervising, consulting, and reviewing the work of a physician assistant.)) The definitions in this section apply throughout this chapter unless the context clearly requires otherwise:

(1) "Commission" means the Washington state medical quality assurance commission.

(2) "Commission approved program" means a physician assistant program accredited by the committee on allied health education and accreditation (CAHEA); the commission on accreditation of allied health education programs (CAAHEP); the accreditation review committee on education for the physician assistant (ARC-PA); or other substantially equivalent organization(s) approved by the commission.

(3) "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.

(4) "NCCPA" means National Commission on Certification of Physician Assistants.

(5) "Osteopathic physician" means an individual licensed under chapter 18.57 RCW.

(6) "Physician" means an individual licensed under chapter 18.71 RCW.

(7) "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.

(a) "Certified physician assistant" means an individual who has successfully completed an accredited and commission approved physician assistant program and has passed the initial national boards examination administered by the National Commission on Certification of Physician Assistants (NCCPA).

(b) "Noncertified physician assistant" means an individual who:

(i) Successfully completed an accredited and commission approved physician assistant program, is eligible for the NCCPA examination, and was licensed in Washington state prior to July 1, 1999;

(ii) Is qualified based on work experience and education and was licensed prior to July 1, 1989;

(iii) Graduated from an international medical school and was licensed prior to July 1, 1989; or

(iv) Holds an interim permit issued pursuant to RCW 18.71A.020(1).

(c) "Physician assistant-surgical assistant" means an individual who was licensed under chapter 18.71A RCW as a physician assistant between September 30, 1989, and December 31, 1989, to function in a limited extent as authorized in WAC 246-918-250 and 246-918-260.

(8) "Remote site" means a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than twenty-five percent of the practice time of the licensee.

(9) "Supervising physician" means a sponsoring or alternate physician providing clinical oversight for a physician assistant.

(a) "Sponsoring physician" means any physician licensed under chapter 18.71 RCW and identified in a delegation agreement as providing primary clinical and administrative oversight for a physician assistant.

(b) "Alternate physician" means any physician licensed under chapter 18.71 or 18.57 RCW who provides clinical oversight of a physician assistant in place of or in addition to the sponsoring physician.

AMENDATORY SECTION (Amending WSR 01-18-085, filed 9/5/01, effective 10/6/01)

**WAC 246-918-007 Application withdrawals.** An ~~((application))~~ applicant for a license or interim permit may not ~~((be withdrawn))~~ withdraw his or her application if grounds for denial exist.

AMENDATORY SECTION (Amending WSR 96-03-073, filed 1/17/96, effective 2/17/96)

**WAC 246-918-035 ~~((Certified physician assistant))~~ Prescriptions.** ~~((A certified physician assistant may issue written or oral prescrip-~~

tions as provided herein when approved by the commission or its designee.

(1) Written prescriptions shall include the name, address, and telephone number of the physician or medical group; the name and address of the patient and the date on which the prescription was written.

(a) The certified physician assistant shall sign such a prescription using his or her own name followed by the letters "P.A. C."

(b) The written prescriptions for schedule two through five must include the physician assistant's D.E.A. registration number, or, if none, the sponsoring physician's D.E.A. registration number, followed by the letters "P.A. C" and the physician assistant's license number.

(2) A certified physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, order pharmaceutical agents for inpatients under the care of the sponsoring physician(s).

(3) The license of a certified physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Certified physician assistants may dispense medications the certified physician assistant has prescribed from office supplies. The certified physician assistant shall comply with the state laws concerning prescription labeling requirements.) (1) A physician assistant may prescribe, order, administer, and dispense legend drugs and Schedule II, III, IV, or V controlled substances consistent with the scope of practice in an approved delegation agreement provided:

(a) The physician assistant has an active DEA registration; and

(b) All prescriptions comply with state and federal prescription regulations.

(2) If a supervising physician's prescribing privileges have been limited by state or federal actions, the physician assistant will be similarly limited in his or her prescribing privileges, unless otherwise authorized in writing by the commission.

AMENDATORY SECTION (Amending WSR 01-18-085, filed 9/5/01, effective 10/6/01)

**WAC 246-918-050 Physician assistant qualifications ((effective July 1, 1999)) for interim permits.** ((Individuals applying to the commission under chapter 18.71A RCW after July 1, 1999, must have graduated from an accredited physician assistant program approved by the commission and be certified by successful completion of the NCCPA examination: EXCEPT those applying for an interim permit under RCW 18.71A.020(1) who will have one year from issuance of the interim permit to successfully complete the examination.)) An interim permit is a limited license. The permit allows an individual who has graduated from a commission approved program within the previous twelve months to practice prior to successfully passing the commission approved licensing examination.

(1) An individual applying to the commission for an interim permit under RCW 18.71A.020(1) must have graduated from an accredited commission approved physician assistant program.

(2) An interim permit is valid for one year from completion of a commission approved physician assistant training program. The interim permit may not be renewed.

(3) An applicant for a physician assistant interim permit must submit to the commission:

(a) A completed application on forms provided by the commission;

(b) Applicable fees as specified in WAC 246-918-990; and

(c) Requirements as specified in WAC 246-918-080.

(4) An interim permit holder may not work in a remote site.

## NEW SECTION

**WAC 246-918-055 Delegation agreements.** (1) The physician assistant and sponsoring physician must submit a joint delegation agreement on forms provided by the commission. A physician assistant may not begin practicing without written commission approval of a delegation agreement.

(2) The delegation agreement must specify:

(a) The names and Washington state license number of the sponsoring physician and alternate physician, if any. In the case of a group practice, the alternate physicians do not need to be individually identified;

(b) A detailed description of the scope of practice of the physician assistant;

(c) A description of the supervision process for the practice; and

(d) The location of the primary practice and all remote sites and the amount of time spent by the physician assistant at each site.

(3) The sponsoring physician and the physician assistant shall determine which services may be performed and the degree of supervision under which the physician assistant performs the services.

(4) The physician assistant's scope of practice may not exceed the scope of practice of the supervising physician.

(5) A physician assistant practicing in a multispecialty group or organization may need more than one delegation agreement depending on the physician assistant's training and the scope of practice of the physician(s) the physician assistant will be working with.

(6) It is the joint responsibility of the physician assistant and the supervising physician(s) to notify the commission in writing of any significant changes in the scope of practice of the physician assistant. The commission or its designee will evaluate the changes and determine whether a new delegation agreement is required.

(7) A physician may enter into delegation agreements with up to five physician assistants, but may petition the commission for a waiver of this limit. However, no physician may have under his or her supervision:

(a) More than three physician assistants who are working in remote sites as provided in WAC 246-918-120; or

(b) More physician assistants than the physician can adequately supervise.

(8) Within thirty days of termination of the working relationship, the sponsoring physician or the physician assistant shall submit a letter to the commission indicating the relationship has been terminated.

(9) Whenever a physician assistant is practicing in a manner inconsistent with the approved delegation agreement, the commission may take disciplinary action under chapter 18.130 RCW.

AMENDATORY SECTION (Amending WSR 10-05-029, filed 2/9/10, effective 2/11/10)

**WAC 246-918-075 Background check—Temporary practice permit.**

~~((The medical quality assurance commission (MQAC) conducts background checks on applicants to assure safe patient care. Completion of a national criminal background check may require additional time. The MQAC may issue a temporary practice permit when the applicant has met all other licensure requirements, except the national criminal background check requirement. The applicant must not be subject to denial of a license or issuance of a conditional license under this chapter.~~

~~(1) If there are no violations identified in the Washington criminal background check and the applicant meets all other licensure conditions, including receipt by the department of health of a completed Federal Bureau of Investigation (FBI) fingerprint card, the MQAC may issue a temporary practice permit allowing time to complete the national criminal background check requirements.~~

~~The MQAC will issue a temporary practice permit that is valid for six months. A one time extension of six months will be granted if the national background check report has not been received by the MQAC.~~

~~(2) The temporary practice permit allows the applicant to work in the state of Washington as a physician assistant during the time period specified on the permit. The temporary practice permit is a license to practice medicine as a physician assistant.~~

~~(3) The MQAC issues a license after it receives the national background check report if the report is negative and the applicant otherwise meets the requirements for a license.~~

~~(4) The temporary practice permit is no longer valid after the license is issued or action is taken on the application because of the background check.)) The commission may issue a temporary practice permit when the applicant has met all other licensure requirements, except the national criminal background check requirement. The applicant must not be subject to denial of a license or issuance of a conditional license under this chapter.~~

~~(1) If there are no violations identified in the Washington criminal background check and the applicant meets all other licensure conditions, including receipt by the department of health of a completed Federal Bureau of Investigation (FBI) fingerprint card, the commission may issue a temporary practice permit allowing time to complete the national criminal background check requirements.~~

~~A temporary practice permit that is issued by the commission is valid for six months. A one-time extension of six months may be granted if the national background check report has not been received by the commission.~~

~~(2) The temporary practice permit allows the applicant to work in the state of Washington as a physician assistant during the time period specified on the permit. The temporary practice permit is a license to practice medicine as a physician assistant provided that the tempo-~~

rary practice permit holder has a delegation agreement approved by the commission.

(3) The commission issues a license after it receives the national background check report if the report is negative and the applicant otherwise meets the requirements for a license.

(4) The temporary practice permit is no longer valid after the license is issued or the application for a full license is denied.

AMENDATORY SECTION (Amending WSR 01-18-085, filed 9/5/01, effective 10/6/01)

**WAC 246-918-080 Physician assistant—Requirements for licensure.**

~~((1) Application procedure. Applications may be made jointly by the physician and the physician assistant on forms supplied by the commission. Applications and supporting documents must be on file in the commission office prior to consideration for a license or interim permit.~~

~~(2) No physician assistant or physician assistant surgical assistant shall begin practice without commission approval of the practice plan of that working relationship. Practice plans must be submitted on forms provided by the commission.~~

~~(3) Changes or additions in supervision. In the event that a physician assistant or physician assistant surgical assistant who is currently credentialed desires to become associated with another physician, he or she must submit a new practice plan. See WAC 246-918-110 regarding termination of working relationship.))~~ (1) Except for a physician assistant licensed prior to July 1, 1999, individuals applying to the commission for licensure as a physician assistant must have graduated from an accredited commission approved physician assistant program and successfully passed the NCCPA examination.

(2) An applicant for licensure as a physician assistant must submit to the commission:

(a) A completed application on forms provided by the commission;

(b) Proof the applicant has completed an accredited commission approved physician assistant program and successfully passed the NCCPA examination;

(c) All applicable fees as specified in WAC 246-918-990;

(d) Proof of completion of four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8; and

(e) Other information required by the commission.

(3) The commission will only consider complete applications with all supporting documents for licensure.

(4) A physician assistant may not begin practicing without written commission approval of a delegation agreement.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

**WAC 246-918-081 ((Expired license.)) How to return to active status when a license has expired.** (1) ~~((If the license has expired~~

~~for three years or less the practitioner)) To return to active status the physician assistant must meet the requirements of chapter 246-12 WAC, Part 2, which includes paying the applicable fees under WAC 246-918-990 and meeting the continuing medical education requirements under WAC 246-918-180.~~

~~(2) If the license has expired for over three years, the ((prae-titioner must:~~

~~(a) Reapply for licensing under current requirements;~~

~~(b) Meet the requirements of chapter 246-12 WAC, Part 2)) physi-cian assistant must meet requirements in subsection (1) of this sec-tion and the current licensure requirements under WAC 246-918-080.~~

#### NEW SECTION

**WAC 246-918-082 Requirements for obtaining an allopathic physi-cian assistant license for those who hold an active osteopathic physi-cian assistant license.** A person who holds a full, active, unrestric-ted osteopathic physician assistant license that is in good standing issued by the Washington state board of osteopathic medicine and sur-gery and meets current licensing requirements may apply for licensure as an allopathic physician assistant through an abbreviated applica-tion process.

(1) An applicant for an allopathic physician assistant license must:

(a) Hold an active, unrestricted license as an osteopathic physi-cian assistant issued by the Washington state board of osteopathic medicine and surgery;

(b) Submit a completed application on forms provided by the com-mission; and

(c) Submit any fees required under WAC 246-918-990.

(2) An allopathic physician assistant may not begin practice without written commission approval of the delegation agreement.

AMENDATORY SECTION (Amending WSR 96-03-073, filed 1/17/96, effective 2/17/96)

**WAC 246-918-095 Scope of practice—Osteopathic alternate physi-cian.** The physician assistant (~~((licensed under chapter 18.71A RCW practices under the practice plan)) shall practice under the delega-tion agreement~~ and prescriptive authority approved by the commission whether the (~~(alternate sponsoring physician or)) alternate supervising physician is licensed as an osteopathic physician under chapter 18.57 RCW or an allopathic physician under chapter 18.71 RCW).~~

AMENDATORY SECTION (Amending WSR 94-15-065, filed 7/19/94, effective 8/19/94)

**WAC 246-918-105** (~~((Disciplinary action of sponsoring or supervising physician.))~~) Practice limitations due to disciplinary action. ((To the extent that the sponsoring or supervising physician's practice has been limited by disciplinary action under chapter 18.130 RCW, the physician assistant's practice is similarly limited while working under that physician's sponsorship or supervision.)) (1) To the extent a supervising physician's prescribing privileges have been limited by any state or federal authority, either involuntarily or by the physician's agreement to such limitation, the physician assistant will be similarly limited in his or her prescribing privileges, unless otherwise authorized in writing by the commission.

(2) The physician assistant shall notify their sponsoring physician whenever the physician assistant is the subject of an investigation or disciplinary action by the commission. The commission may notify the sponsoring physician or other supervising physicians of such matters as appropriate.

AMENDATORY SECTION (Amending WSR 04-11-100, filed 5/19/04, effective 6/30/04)

**WAC 246-918-120** Remote site(~~(--Utilization Limitations, geographic))~~. (1) (~~(No licensee shall be utilized)~~) A physician assistant may not work in a remote site without approval ((by)) of the commission or its designee. ((A remote site is defined as a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than twenty five percent of the practice time of the licensee.)) A physician may not supervise more than three physician assistants who are working in remote sites, or more physician assistants than the physician can adequately supervise.

(2) (~~(Approval by)~~) The commission or its designee may ((be granted to utilize a licensee)) grant the use of a physician assistant in a remote site if:

(a) There is a demonstrated need for such ((utilization)) use;

(b) Adequate provision for timely communication exists between the ((primary or alternate)) supervising physician and the ((licensee exists)) physician assistant;

(c) The ((responsible sponsoring or)) supervising physician spends at least ten percent of the practice time of the ((licensee)) physician assistant in the remote site. In the case of part time or unique practice settings, the physician may petition the commission to modify the on-site requirement providing the ((sponsoring)) supervising physician demonstrates that adequate supervision is being maintained by an alternate method including, but not limited to, telecommunication. The commission will consider each request on an individual basis((+)).

((+)) (3) The names of the ((sponsoring or)) supervising physician and the ((licensee shall)) physician assistant must be prominent-

ly displayed at the entrance to the clinic or in the reception area of the remote site.

~~((3) No))~~ (4) A physician assistant holding an interim permit ~~((shall be utilized))~~ may not work in a remote site ~~((setting))~~.

AMENDATORY SECTION (Amending WSR 96-03-073, filed 1/17/96, effective 2/17/96)

**WAC 246-918-130 Physician assistant(s) identification.** (1) A physician assistant ~~((may perform only those services as outlined in the standardized procedures reference and guidelines established by the commission. If said assistant is being trained to perform additional procedures beyond those established by the commission, the training must be carried out under the direct, personal supervision of the supervising physician or a qualified person mutually agreed upon by the supervising physician and the physician assistant. Requests for approval of newly acquired skills shall be submitted to the commission and may be granted by a reviewing commission member or at any regular meeting of the commission.~~

~~(2) The physician assistant may not practice in a remote site, or prescribe controlled substances unless specifically approved by the commission or its designee.~~

~~(3) A physician assistant may sign and attest to any document that might ordinarily be signed by a licensed physician, to include but not limited to such things as birth and death certificates.~~

~~(4) A physician assistant and supervising physician shall ensure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the physician assistant. Every written entry shall be reviewed and countersigned by the supervising physician within two working days unless a different time period is authorized by the commission.~~

~~(5) It shall be the responsibility of the physician assistant and the supervising physician to ensure that adequate supervision and review of the work of the physician assistant are provided.~~

~~(6) In the temporary absence of the supervising physician, the supervisory and review mechanisms shall be provided by a designated alternate supervisor(s).~~

~~(7) The physician assistant, at all times when meeting or treating patients, must wear a badge identifying him or her as a physician assistant.~~

~~(8) No physician assistant may be presented in any manner which would tend to mislead the public as to his or her title)) must clearly identify himself or herself as a physician assistant and must appropriately display on his or her person identification as a physician assistant.~~

(2) A physician assistant must not present himself or herself in any manner which would tend to mislead the public as to his or her title.

AMENDATORY SECTION (Amending WSR 99-23-090, filed 11/16/99, effective 1/1/00)

**WAC 246-918-171 Renewal and continuing medical education cycle ((revision)).** ((Beginning January 1, 2000, the one year renewal cycle for physician assistants will transition to a two year cycle and two year continuing medical education cycle. The renewal and continuing medical education will be as follows:

(1) ~~Effective January 1, 2000, any physician assistant whose birth year is an even number will renew their credential for twenty-four months and every two years thereafter. Those physician assistants must obtain one hundred hours of continuing medical education within the twenty four months following the date their first two year license is issued and every two years thereafter.~~

(2) ~~Effective January 1, 2001, any physician assistant whose birth year is an odd number will renew their credential for twenty-four months and every two years thereafter. Those physician assistants must obtain one hundred hours of continuing medical education within the twenty four months following the date their first two year license is issued and every two years thereafter.))~~ (1) Under WAC 246-12-020, an initial credential issued within ninety days of the physician assistant's birthday does not expire until the physician assistant's next birthday.

(2) A physician assistant must renew his or her license every two years on his or her birthday. Renewal fees are accepted no sooner than ninety days prior to the expiration date.

(3) Each physician assistant will have two years to meet the continuing medical education requirements in WAC 246-918-180. The review period begins on the first birth date after receiving the initial license.

#### NEW SECTION

**WAC 246-918-175 Retired active license.** (1) To obtain a retired active license a physician assistant must comply with chapter 246-12 WAC, Part 5, excluding WAC 246-12-120 (2)(c) and (d).

(2) A physician assistant with a retired active license must have a delegation agreement approved by the commission in order to practice except when serving as a "covered volunteer emergency worker" as defined in RCW 38.52.180 (5)(a) and engaged in authorized emergency management activities.

(3) A physician assistant with a retired active license may not receive compensation for health care services.

(4) A physician assistant with a retired active license may practice under the following conditions:

(a) In emergent circumstances calling for immediate action; or

(b) Intermittent circumstances on a part-time or full-time non-permanent basis.

(5) A retired active license expires every two years on the license holder's birthday. Retired active credential renewal fees are accepted no sooner than ninety days prior to the expiration date.

(6) A physician assistant with a retired active license shall report one hundred hours of continuing education at every renewal.

**WAC 246-918-180 Continuing medical education requirements.** (1) ~~((Licensed))~~ A physician assistant~~((s))~~ must complete one hundred hours of continuing education every two years as required in chapter 246-12 WAC, Part 7, which may be audited for compliance at the discretion of the commission.

(2) In lieu of one hundred hours of continuing medical education the commission will accept ~~((a current certification with the National Commission for the Certification of Physician Assistants and will consider approval of other programs as they are developed))~~:

(a) Current certification with the NCCPA; or

(b) Compliance with a continuing maintenance of competency program through the American Academy of Physician Assistants (AAPA) or the NCCPA; or

(c) Other programs approved by the commission.

(3) The commission approves the following categories of creditable continuing medical education. A minimum of forty credit hours must be earned in Category I.

- Category I Continuing medical education activities with accredited sponsorship
- Category II Continuing medical education activities with nonaccredited sponsorship and other meritorious learning experience.

(4) The commission adopts the standards approved by the ~~((American Academy of Physician Assistants))~~ AAPA for the evaluation of continuing medical education requirements in determining the acceptance and category of any continuing medical education experience.

(5) ~~((It will not be necessary to inquire into the))~~ A physician assistant does not need prior approval of any continuing medical education. The commission will accept any continuing medical education that reasonably falls within ~~((these regulations))~~ the requirements of this section and relies upon each ~~((licensee's))~~ physician assistant's integrity ~~((in complying with this))~~ to comply with these requirements.

(6) A continuing medical education sponsor~~((s need))~~ does not need to apply for ~~((nor))~~ or expect to receive prior commission approval for a formal continuing medical education program. The continuing medical education category will depend solely upon the accredited status of the organization or institution. The number of hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of the program sponsors to present continuing medical education for ~~((licensees))~~ the physician assistant that constitutes a meritorious learning experience.

AMENDATORY SECTION (Amending WSR 96-03-073, filed 1/17/96, effective 2/17/96)

**WAC 246-918-250 Basic physician assistant-surgical assistant (PASA) duties.** The physician assistant-surgical assistant (PASA) who is not eligible to take the NCCPA certifying exam shall:

(1) Function only in the operating room as approved by the commission;

(2) Only be allowed to close skin and subcutaneous tissue, placing suture ligatures, clamping, tying and clipping of blood vessels, ~~((use of cautery))~~ and cauterizing for hemostasis under direct supervision;

(3) ~~((Not be allowed to perform any independent surgical procedures, even under direct supervision, and will))~~ Only be allowed to ~~((only))~~ assist the operating surgeon. The PASA may not perform any independent surgical procedures, even under direct supervision;

(4) Have no prescriptive authority; and

(5) Only write operative notes. The PASA may not write any progress notes or order(s) on hospitalized patients ~~((, except operative notes)).~~

AMENDATORY SECTION (Amending WSR 96-03-073, filed 1/17/96, effective 2/17/96)

**WAC 246-918-260 Physician assistant-surgical assistant (PASA)—((Utilization)) Use and supervision.** ~~((1) Responsibility of physician assistant-surgical assistant. The physician assistant-surgical assistant is responsible for performing only those tasks authorized by the supervising physician(s) and within the scope of physician assistant-surgical assistant practice described in WAC 246-918-250. The physician assistant-surgical assistant is responsible for ensuring his or her compliance with the rules regulating physician assistant-surgical assistant practice and failure to comply may constitute grounds for disciplinary action.~~

~~(2) Limitations, geographic. No physician assistant-surgical assistant shall be utilized in a place geographically separated from the institution in which the assistant and the supervising physician are authorized to practice.~~

~~(3) Responsibility of supervising physician(s). Each physician assistant-surgical assistant shall perform those tasks he or she is authorized to perform only under the supervision and control of the supervising physician(s), but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician at the place where the services are rendered. It shall be the responsibility of the supervising physician(s) to insure that:~~

~~(a) The operating surgeon in each case directly supervises and reviews the work of the physician assistant-surgical assistant. Such supervision and review shall include remaining in the surgical suite until the surgical procedure is complete;~~

~~(b) The physician assistant-surgical assistant shall wear a badge identifying him or her as a "physician assistant-surgical assistant"~~

~~or "P.A.S.A." In all written documents and other communication modalities pertaining to his or her professional activities as a physician assistant surgical assistant, the physician assistant surgical assistant shall clearly denominate his or her profession as a "physician assistant surgical assistant" or "P.A.S.A.";~~

~~(c) The physician assistant surgical assistant is not presented in any manner which would tend to mislead the public as to his or her title.) The following section applies to the physician assistant-surgical assistant (PASA) who is not eligible to take the NCCPA certification exam.~~

~~(1) Responsibility of PASA. The PASA is responsible for performing only those tasks authorized by the supervising physician(s) and within the scope of PASA practice described in WAC 246-918-250. The PASA is responsible for ensuring his or her compliance with the rules regulating PASA practice and failure to comply may constitute grounds for disciplinary action.~~

~~(2) Limitations, geographic. No PASA may be used in a place geographically separated from the institution in which the PASA and the supervising physician are authorized to practice.~~

~~(3) Responsibility of supervising physician(s). Each PASA shall perform those tasks he or she is authorized to perform only under the supervision and control of the supervising physician(s). Such supervision and control may not be construed to necessarily require the personal presence of the supervising physician at the place where the services are rendered. It is the responsibility of the supervising physician(s) to ensure that:~~

~~(a) The operating surgeon in each case directly supervises and reviews the work of the physician assistant-surgical assistant. Such supervision and review shall include remaining in the surgical suite until the surgical procedure is complete;~~

~~(b) The PASA shall wear identification as a "physician assistant-surgical assistant" or "PASA." In all written documents and other communication modalities pertaining to his or her professional activities as a PASA, the PASA shall clearly denominate his or her profession as a "physician assistant-surgical assistant" or "PASA";~~

~~(c) The PASA is not presented in any manner which would tend to mislead the public as to his or her title.~~

#### REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 246-918-030	Prescriptions issued by physician assistants.
WAC 246-918-070	Credentialing of physician assistants.
WAC 246-918-090	Physician assistant and certified physician assistant utilization.
WAC 246-918-110	Termination of sponsorship or supervision.
WAC 246-918-140	Certified physician assistants.
WAC 246-918-150	Assistance or consultation with other physicians.

WAC 246-918-170 Physician assistant and certified  
physician assistant AIDS prevention and  
information education requirements.

WAC 246-918-230 Practice of medicine—Surgical  
procedures.

WAC 246-918-310 Acupuncture—Definition.