



PROPOSED RULE MAKING

CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

Agency: Department of Health- Board of Osteopathic Medicine and Surgery

- Preproposal Statement of Inquiry was filed as WSR 13-21-070 ; 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 246-854 WAC--Osteopathic Physician Assistants (PAs). The Board of Osteopathic Medicine and Surgery (board) is proposing revisions to this chapter pursuant to Substitute House Bill (SHB) 1737 (Chapter 203, Laws of 2013) to update osteopathic PA rules to incorporate national standards and best practices.

Hearing location(s): Red Lion Hotel and Conference Center
1 South Grady Way
Renton, WA 98507

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

Submit written comments to:

Name: Brett Cain
Address: Depts. of Health
PO Box 47852
Olympia WA 98504-7852
e-mail: <http://www3.doh.wa.gov/policyreview/>
fax (360) 236-2901 by (date) 12/01/2014

Assistance for persons with disabilities: Contact

Cece Zenker at (360) 236-4633 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 this 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 arrangement 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 Medical Quality Assurance Commission's (commission) PA rules since many PA applicants for licensure now seek both an osteopathic and allopathic 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 proposed rules are in response to SHB 1737's requirement to modernize existing PA rules. Per SHB 1737, the board worked in collaboration with the commission, The Washington Academy of Physician Assistants, the UW-MEDEX physician assistant training program, and interested stakeholders throughout the state to identify sections of the current rule that needed to be updated and modernized. The result of this collaborative work is more current, clearer, and streamlined regulations for PAs and applicants for PA licensure in Washington state.

Statutory authority for adoption:

RCWs 18.57.005, 18.57A.020, 18.57A.040, and 18.130.050

Statute being implemented:

SHB 1737 (chapter 203, Laws of 2013); chapter 18.57A RCW

Is rule necessary because of a:

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

DATE 10/16/2014

NAME (type or print)
Blake Maresh

SIGNATURE

TITLE
Executive Director

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: October 16, 2014

TIME: 9:01 AM

WSR 14-21-108

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

None

Name of proponent: (person or organization)
Surgery

Department of Health, Board of Osteopathic Medicine and

- Private
 Public
 Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting..... Brett Cain	111 Israel Rd SE Tumwater WA 98504	(360) 236-4766
Implementation.... Brett Cain	111 Israel Rd SE Tumwater WA 98504	(360) 236-4766
Enforcement..... Brett Cain	111 Israel Rd SE Tumwater WA 98504	(360) 236-4766

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: Brett Cain

Address: Dept. of Health

PO Box 47852

Olympia WA 98504-7852

phone (360) 236-4766

fax (360) 236-2901

e-mail brett.cain@doh.wa.gov

No: Please explain:

NEW SECTION

WAC 246-854-005 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise:

(1) "Board" means the Washington state board of osteopathic medicine and surgery.

(2) "Delegation agreement" means a mutually agreed upon plan, as detailed in WAC 246-854-021, between a sponsoring osteopathic physician and an osteopathic physician assistant, which describes the manner and extent to which the osteopathic physician assistant will practice and be supervised.

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

(4) "Osteopathic physician assistant" means a person who is licensed under chapter 18.57A RCW by the board to practice medicine to a limited extent only under the supervision of a physician as detailed in a delegation agreement approved by the board.

(5) "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 osteopathic physician assistant.

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

(a) "Sponsoring physician" means any osteopathic physician licensed under chapter 18.57 RCW and identified in a delegation agreement as providing primary clinical and administrative oversight for a physician assistant.

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

NEW SECTION

WAC 246-854-007 Application withdrawals. An applicant for a license or interim permit may not withdraw his or her application if grounds for denial exist.

AMENDATORY SECTION (Amending WSR 07-11-057, filed 5/11/07, effective 6/11/07)

WAC 246-854-010 Approved training and additional skills or procedures. (1) "Board approved program" means a physician assistant program accredited by:

(a) The committee on allied health education and accreditation (CAHEA);

(b) The commission on accreditation of allied health education programs (CAAHEP);

(c) The accreditation review committee on education for the physician assistant (ARC-PA); or

(d) ~~((Any successor accrediting organization utilizing the same standards.))~~ Other substantially equivalent organization(s) approved by the board.

(2) An individual enrolled in ~~((an accredited))~~ a board approved program for physician assistants may function only in direct association with his or her ~~((preceptorship))~~ precepting physician or a delegated alternate physician in the immediate clinical setting. A trainee may not function in a remote ~~((location))~~ site or in the absence of the preceptor.

(3) If an osteopathic physician assistant is being trained to perform additional skills or procedures beyond those established by the board, the training must be carried out under the direct, personal supervision of the supervising osteopathic physician or other qualified physician familiar with the ~~((practice plan))~~ delegation agreement of the osteopathic physician assistant. The training arrangement must be mutually agreed upon by the supervising osteopathic physician and the osteopathic physician assistant.

(4) ~~((Requests for approval of))~~ To become approved to perform newly acquired skills or procedures an osteopathic physician assistant shall ~~((be submitted))~~ submit a request in writing to the board ~~((, including))~~. The request must include a certificate by the program director or other acceptable evidence showing that he or she was trained in the additional skill or procedure for which authorization is requested. The board will review the evidence to determine whether the applicant has adequate knowledge to perform the additional skill or procedure.

AMENDATORY SECTION (Amending WSR 07-11-057, filed 5/11/07, effective 6/11/07)

WAC 246-854-015 ((Utilization)) Use and supervision of an osteopathic physician assistant. (1) Unless otherwise stated, for the purposes of this section reference to "osteopathic physician assistant" means ~~((a licensed))~~ an osteopathic physician assistant or interim permit holder.

(2) ~~((A credentialed osteopathic physician assistant may not practice until the board approves a practice plan jointly submitted by the osteopathic physician assistant and osteopathic physician or physician group under whose supervision the osteopathic physician assistant will practice. The osteopathic physician assistant must submit the fee under WAC 246-853-990(5) with the practice plan.~~

(3) ~~An osteopathic physician may supervise three osteopathic physician assistants. The board may consider requests to supervise more than three osteopathic physician assistants based on the individual qualifications and experience of the osteopathic physician and osteopathic physician assistant, community need, and review mechanisms identified in the approved practice plan.~~

(4) ~~The osteopathic physician assistant shall practice only in the locations designated in the practice plan.~~

(5) ~~The osteopathic physician assistant and supervising osteopathic physician shall ensure that:~~

(a) The supervising osteopathic physician timely reviews all reports of abnormalities and significant deviations, including the patient's chart;

(b) The charts of all patients seen by the osteopathic physician assistant are immediately and properly documented to include the activities, functions, services and treatment measures performed by the osteopathic physician assistant;

(c) All telephone advice given through the osteopathic physician assistant by the supervising osteopathic physician, alternate supervising physician, or member of a supervising physician group are documented in the patient's record;

(d) The supervising osteopathic physician provides adequate supervision and review of the osteopathic physician assistant's practice. The supervising osteopathic physician or designated alternate physician shall review and countersign;

(i) All charts of the licensed osteopathic physician assistant within seven working days for the first thirty days of practice and thereafter ten percent of their charts, including clinic, emergency room, and hospital patients within seven working days.

(ii) Every chart entry of an interim permit holder within two working days;

(e) The osteopathic physician assistant, at all times when meeting or treating patients, wears identification or a badge identifying him or her as an osteopathic physician assistant;

(f) The osteopathic physician assistant is represented in a manner which would not be misleading to the public as to his or her title.

(6) The osteopathic physician assistant shall notify the supervisor within twenty four hours of any significant deviation in a patient's ongoing condition as identified by EKGs, laboratory tests, or X rays not read by a radiologist.

(7) In the temporary absence of the supervising osteopathic physician, the osteopathic physician assistant may carry out those tasks for which he or she is credentialed, if the supervisory and review mechanisms are provided by a designated alternate supervisor. If an alternate osteopathic physician is not available in the community or practice, the board may authorize a physician licensed under chapter 18.71 RCW or physician group to act as the alternate physician supervisor. If a physician group is proposed as a designated alternate supervisor, the practice plan must specify how supervising responsibility is to be assigned among the members of the group.

(8) The supervising osteopathic physician and the osteopathic physician assistant shall advise the board of the termination date of the working relationship. The notification must be submitted in writing within thirty days of termination and include a written report indicating the reasons for termination.

(9) In the event that an osteopathic physician assistant who is currently credentialed desires to become associated with another osteopathic physician or physician group, he or she must submit a new practice plan and submit the fee under WAC 246-853-990(5). Board approval of the new relationship is required before the osteopathic physician assistant may begin practice under the new supervising physician. A physician assistant being supervised by an allopathic physician (MD) must be licensed and have an approved practice plan as provided in chapter 18.71A RCW.

(10) An osteopathic physician assistant working in or for a hospital, clinic or other health organization must be credentialed. His

or her responsibilities to any other physicians must be defined in the board approved practice plan.)) A licensed osteopathic physician assistant may not practice until the board approves a delegation agreement jointly submitted by the osteopathic physician assistant and sponsoring physician or physician group under whose supervision the osteopathic physician assistant will practice.

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

(a) More than three physician assistants who are working in remote sites as provided in WAC 246-854-025; or

(b) More physician assistants than the osteopathic physician can adequately supervise. The board may consider petitions to supervise more than five osteopathic physician assistants based on the individual qualifications and experience of the osteopathic physician and osteopathic physician assistant, community need, and review mechanisms identified in the proposed delegation agreement.

(4) The osteopathic physician assistant shall practice only in the locations designated in the delegation agreement.

(5) The osteopathic physician assistant and supervising osteopathic physician shall ensure that the supervising osteopathic physician provides adequate supervision and review of the osteopathic physician assistant's practice.

(6) An osteopathic physician assistant must clearly identify himself or herself as an osteopathic physician assistant and must appropriately display on his or her person identification as an osteopathic physician assistant.

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

(8) In the event that an osteopathic physician assistant desires to become sponsored by another osteopathic physician, he or she must submit a new delegation agreement. Board approval of the new relationship is required before the osteopathic physician assistant may begin practice under the new sponsoring physician.

NEW SECTION

WAC 246-854-021 Delegation agreements. (1) The osteopathic physician assistant and sponsoring physician must submit a joint delegation agreement on forms provided by the board. An osteopathic physician assistant may not begin practicing without written board approval of a delegation agreement.

(2) The delegation agreement must specify:

(a) The names and Washington state license number of the sponsoring physician 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 osteopathic physician assistant;

(c) A description of the supervision process for the practice, including chart review; and

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

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

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

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

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

(7) An osteopathic physician may enter into delegation agreements with up to five physician assistants, but may petition the board for a waiver of this limit. However, no osteopathic 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 osteopathic physician can adequately supervise.

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

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

AMENDATORY SECTION (Amending WSR 07-11-057, filed 5/11/07, effective 6/11/07)

WAC 246-854-025 Remote ((practice)) site((--Utilization)).

~~((1) "Remote practice site" means a setting physically separate from the supervising osteopathic physician's primary practice location or a setting where the osteopathic physician is present less than twenty-five percent of the practice time of the osteopathic physician assistant.~~

~~(2) The board may approve a practice plan proposing utilization of an osteopathic physician assistant at a remote practice site if:~~

~~(a) There is a demonstrated need for this utilization;~~

~~(b) There is adequate means for immediate communication between the primary osteopathic physician or alternate physician and the osteopathic physician assistant;~~

~~(c) The supervising osteopathic physician spends at least ten percent of the documented and scheduled practice time of the osteo-~~

pathic physician assistant in the remote office site. In the case of part time or unique practice settings, the osteopathic physician may petition the board to modify the on-site requirement provided adequate supervision is maintained by an alternate method. The board will consider each request on an individual basis;

(d) The names of the supervising osteopathic physician and osteopathic physician assistant must be prominently displayed at the entrance to the clinic or in the reception area.

(3) No osteopathic physician assistant holding an interim permit shall be utilized in a remote practice site.)) (1) An osteopathic physician assistant may not work in a remote site without the approval by the board or its designee. An osteopathic physician may not supervise more than three physician assistants who are working in remote sites; or more physician assistants than the osteopathic physician can adequately supervise.

(2) The board or its designee may approve the use of an osteopathic physician assistant in a remote site if:

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

(b) There are adequate means for immediate communication between the supervising physician and the osteopathic physician assistant;

(c) The supervising physician spends at least ten percent of the practice time of the osteopathic physician assistant in the remote site. In the case of part time or unique practice settings, the osteopathic physician may petition the board to modify the on-site requirement provided adequate supervision is maintained by an alternate method including, but not limited to, telecommunication. The board will consider each request on an individual basis; and

(d) The names of the supervising physician and osteopathic physician assistant must be prominently displayed at the entrance to the clinic or in the reception area of the remote site.

(3) An osteopathic physician assistant holding an interim permit may not work in a remote site setting.

AMENDATORY SECTION (Amending WSR 07-08-052, filed 3/29/07, effective 4/29/07)

WAC 246-854-030 ((Osteopathic physician assistant)) Prescriptions. (1) An osteopathic physician assistant may ((issue written or oral prescriptions as provided in this section when designated by the supervising physician on the practice plan and approved by the board.

(a) An osteopathic physician assistant certified by the National Commission on Certification of Physician Assistants (P.A. C.) may issue prescriptions for legend drugs and Schedule II through V controlled substances.

(b) A noncertified osteopathic physician assistant (P.A.) may issue prescriptions for legend drugs and Schedule III through V controlled substances.

(2) Written prescriptions shall comply with state and federal prescription writing laws. The osteopathic physician assistant shall sign a prescription by using his or her own name followed by the letters "P.A." to designate a noncertified osteopathic physician assistant, or "P.A. C." to designate a certified osteopathic physician assistant and the physician assistant's license number.

~~(3) Prescriptions for Schedule II through V controlled substances must include the osteopathic physician assistant drug enforcement administration registration number or, if none, the supervising physician's drug enforcement administration registration number.~~

~~(4) An osteopathic physician assistant may issue prescriptions for a patient who is under his or her care, or the care of the supervising osteopathic physician.~~

~~(5) An osteopathic physician assistant employed or having been extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws and rules of the institution, order pharmaceutical agents for inpatients under his or her care or the care of the supervising osteopathic physician.~~

~~(6) An osteopathic physician assistant may dispense legend drugs and controlled substances from office supplies. An osteopathic physician assistant may dispense prescription drugs for treatment up to forty eight hours. The medication so dispensed must comply with the state law prescription labeling requirements.~~

~~(7) The supervising physician shall assume full responsibility for review of the osteopathic physician assistant's prescription writing practice on an ongoing basis.) prescribe, order, administer and dispense legend drugs and Schedule II, III, IV, or V controlled substances only if consistent with the scope of practice in an approved delegation agreement provided:~~

~~(a) The osteopathic 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 osteopathic physician assistant will be similarly limited in his or her prescribing privileges, unless otherwise authorized in writing by the board.~~

AMENDATORY SECTION (Amending WSR 07-11-057, filed 5/11/07, effective 6/11/07)

WAC 246-854-035 Osteopathic physician assistant—Scope of practice. (1) For the purpose of this section, reference to "osteopathic physician assistant" means a licensed osteopathic physician assistant or interim permit holder.

(2) The osteopathic physician assistant may perform services for which they have been trained and approved in a ~~((practice plan))~~ delegation agreement by the board. Those services ~~((summarized in the standardized procedures reference and guidelines established by the board))~~ may be performed by the osteopathic physician assistant unless limited in the approved ~~((practice plan))~~ delegation agreement.

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

(4) An osteopathic physician assistant may prescribe legend drugs and controlled substances as permitted in WAC 246-854-030.

NEW SECTION

WAC 246-854-075 Background check—Temporary practice permit.

The board 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 board 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 board 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 board.

(2) The temporary practice permit allows the applicant to work in the state of Washington as an osteopathic physician assistant during the time period specified on the permit. The temporary practice permit is a license to practice medicine as an osteopathic physician assistant provided that the temporary practice permit holder has a delegation agreement approved by the board.

(3) The board 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 07-11-057, filed 5/11/07, effective 6/11/07)

WAC 246-854-080 Osteopathic physician assistant ((licensure—~~Qualifications and~~))—Requirements for licensure. (1) Individuals applying to the board ((under chapter 18.57A RCW after July 1, 1999, must have graduated from an accredited board approved physician assistant program and successfully passed the National Commission on Certification of Physician Assistants examination;

(2) Subsection (1) of this section does not apply to an osteopathic physician assistant licensed prior to July 1, 1999.

(3) An applicant applying for licensure as an osteopathic physician assistant must submit an application on forms supplied by the board. The application must detail the education, training, and experience of the osteopathic physician assistant and provide other information as may be required. The application must be accompanied by a fee determined by the secretary under RCW 43.70.250 as specified in WAC 246-853-990(5).

(4) Each applicant shall furnish proof of the following, which must be approved by the board:

(a) The applicant has completed an accredited board approved physician assistant program;

~~(b) The applicant has successfully passed the National Commission on Certification of Physician Assistants examination;~~

~~(c) The applicant has not committed unprofessional conduct as defined in RCW 18.130.180; and~~

~~(d) The applicant is physically and mentally capable of practicing as an osteopathic physician assistant with reasonable skill and safety.~~

~~(5) The board will only consider complete applications with all supporting documents for licensure.~~

~~(6) An osteopathic physician assistant may not begin practice without written board approval of the practice plan for each working relationship.) for licensure as an osteopathic physician assistant must have graduated from an accredited board approved physician assistant program and successfully passed the NCCPA examination.~~

(2) An applicant for licensure as an osteopathic physician assistant must submit to the board:

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

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

(c) All applicable fees as specified in WAC 246-853-990; and

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

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

(4) An osteopathic physician assistant may not begin practicing without written board approval of the delegation agreement.

NEW SECTION

WAC 246-854-081 How to return to active status when a license has expired. To return to active status the osteopathic physician assistant must meet the requirements of chapter 246-12 WAC, Part 2, which includes paying the applicable fees under WAC 246-853-990 and meeting the continuing medical education requirements under WAC 246-854-115.

NEW SECTION

WAC 246-854-082 Requirements for obtaining an osteopathic physician assistant license for those who hold an active allopathic physician assistant license. A person who holds a full, unrestricted physician assistant license that is in good standings issued by the Washington state medical quality assurance commission and meets current licensing requirements may apply for licensure as an osteopathic physician assistant through an abbreviated application process.

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

(a) Hold an active, unrestricted license as a physician assistant issued by the Washington state medical quality assurance commission;

- (b) Submit a completed application on forms provided by the board; and
- (c) Submit any fees required under WAC 246-853-990.
- (2) A physician assistant may not begin practice without written board approval of the delegation agreement.

AMENDATORY SECTION (Amending WSR 07-11-057, filed 5/11/07, effective 6/11/07)

WAC 246-854-085 Interim permit—Qualifications and interim permit requirements. (~~((1) Individuals applying to the board for an interim permit under RCW 18.57A.020(1) must have graduated from an accredited board approved physician assistant program.~~

~~(2) Interim permit holders will have one year from issuance of the interim permit to successfully pass the National Commission on Certification of Physician Assistants examination.~~

~~(3) An applicant applying for an osteopathic physician assistant interim permit must submit an application on forms supplied by the board. The application must detail the education, training, and experience of the osteopathic physician assistant and provide other information as may be required. The application must be accompanied by a fee determined by the secretary under RCW 43.70.250 as specified in WAC 246-853-990(5).~~

~~(4) Each applicant shall furnish proof of the following, which must be approved by the board:~~

~~(a) The applicant has completed an accredited physician assistant program approved by the board;~~

~~(b) The applicant is eligible to take the National Commission on Certification of Physician Assistants examination;~~

~~(c) The applicant has not committed unprofessional conduct as defined in RCW 18.130.180; and~~

~~(d) The applicant is physically and mentally capable of practicing as an osteopathic physician assistant with reasonable skill and safety.~~

~~(5) The board will only consider complete applications with all supporting documents for the interim permit.~~

~~(6) An osteopathic physician assistant may not begin practice without written board approval of the practice plan for each working relationship.) An interim permit is a limited license. The permit allows an individual who has graduated from a board approved program within the previous twelve months to practice prior to successfully passing the board approved licensing examination.~~

(1) An individual applying to the board for an interim permit under RCW 18.57A.020(1) must have graduated from an accredited board approved physician assistant program.

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

(3) An applicant for an osteopathic physician assistant interim permit must submit to the board:

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

(b) Applicable fees as specified in WAC 246-853-990; and

(c) Requirements as specified in WAC 246-854-080.

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

NEW SECTION

WAC 246-854-095 Scope of practice—Allopathic alternate physician. The osteopathic physician assistant licensed under chapter 18.57A RCW shall practice under the delegation agreement and prescriptive authority approved by the board whether the alternate supervising physician is licensed as an osteopathic physician under chapter 18.57 RCW or allopathic physician under chapter 18.71 RCW.

NEW SECTION

WAC 246-854-105 Practice limitations due to disciplinary action.

(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 board.

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

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

WAC 246-854-110 Osteopathic physician assistant renewal and continuing medical education ((required)) cycle. ~~((1) Licensed osteopathic physician assistants must complete fifty hours of continuing education annually as required in chapter 246-12 WAC, Part 7.~~

~~(2) Certification of compliance with the requirement for continuing education of the American Osteopathic Association, Washington State Osteopathic Association, National Commission on Certification of Physician Assistants, Washington Academy of Physician Assistants, American Academy of Physician's Assistants, and the American Medical Association, or a recognition award or a current certification of continuing education from medical practice academies shall be deemed sufficient to satisfy the requirements of these regulations.~~

~~(3) In the case of a permanent retirement or illness, the board may grant indefinite waiver of continuing education as a requirement for licensure, provided an affidavit is received indicating that the osteopathic physician assistant is not providing osteopathic medical services to consumers. If such permanent retirement or illness status is changed or osteopathic medical services are resumed, it is incum-~~

bent upon the licensee to immediately notify the board and show proof of practice competency as determined necessary by the board.

~~(4) Prior approval not required.~~

~~(a) The Washington state board of osteopathic medicine and surgery does not approve credits for continuing education. The board will accept any continuing education that reasonably falls within these regulations and relies upon each individual osteopathic physician assistant's integrity in complying with this requirement.~~

~~(b) Continuing education program sponsors need not apply for nor expect to receive prior board approval for continuing education programs. The continuing education category will depend solely upon the determination of the accrediting organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour.) (1) Under WAC 246-12-020, an initial credential issued within ninety days of the osteopathic physician assistant's birthday does not expire until the osteopathic physician assistant's next birthday.~~

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

~~(3) Each osteopathic physician assistant will have one year to meet the continuing medical education requirements in WAC 246-854-115. The review period begins on the first birthday after receiving the initial license.~~

NEW SECTION

WAC 246-854-112 Retired active license. (1) To obtain a retired active license an osteopathic physician assistant must comply with chapter 246-12 WAC, Part 5, excluding WAC 246-12-120 (2)(c) and (d).

(2) An osteopathic physician assistant with a retired active license must have a delegation agreement approved by the board 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) An osteopathic physician assistant with a retired active license may not receive compensation for health care services.

(4) An osteopathic 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 on the license holder's birthday. Retired active credential renewal fees are accepted no sooner than ninety days prior to the expiration date.

(6) An osteopathic physician assistant with a retired active license shall report fifty hours of continuing education at every renewal.

~~WAC 246-854-115 ((Categories of creditable continuing professional education activities.)) Continuing medical education requirements. ((The following are categories of creditable continuing education activities approved by the board. The credits must be earned in the twelve month period preceding application for renewal of licensure. One clock hour shall equal one credit hour for the purpose of satisfying the fifty hour continuing education requirement.~~

~~Category 1 — A minimum of thirty credit hours are mandatory under this category.~~

~~1-A Formal educational program sponsored by nationally recognized organizations or institutions which have been approved by the American Osteopathic Association, Washington State Osteopathic Association, Washington Academy of Physician Assistants, National Commission on Certification of Physician Assistants, American Medical Association, and the American Academy of Physician's Assistants.~~

~~1-B Preparation in publishable form of an original scientific paper.~~

~~a. A maximum of five credit hours for initial presentation or publication of a paper in a professional journal.~~

~~1-C Serving as a teacher, lecturer, preceptor or a moderator participant in a formal educational program or preparation and scientific presentation at a formal educational program sponsored by one of the organizations or institutions specified in Category 1-A. One hour credit per each hour of instruction may be claimed.~~

~~a. A maximum of five credit hours per year.~~

~~Category 2 — Home study.~~

~~2-A A maximum of twenty credit hours per year may be granted.~~

~~a. Reading — Medical journals and quizzes.~~

~~1) One half credit hour per issue~~

~~2) One half credit hour per quiz~~

~~b. Listening — audio tape programs.~~

~~1) One half credit hour per tape program~~

~~2) One half credit hour per tape program quiz~~

~~c. Other — subject — oriented and refresher home study courses.~~

~~1) Credit hours indicated by sponsor will be accepted~~

~~2-B Preparation and presentation of a scientific exhibit at professional meetings.~~

~~a. Maximum of five credit hours per exhibit per year.~~

~~2-C Observation at medical centers; programs dealing with experimental and investigative areas of medical practice and programs conducted by nonrecognized sponsors.~~

~~a. Maximum of five credit hours per year.)) (1) An osteopathic physician assistant must complete fifty hours of continuing education every year as required in chapter 246-12 WAC, Part 7, which may be audited for compliance at the discretion of the board.~~

~~(2) In lieu of the continuing medical education requirements, the board will accept:~~

~~(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 board.~~

(3) The board approves the following categories of creditable continuing medical education. A minimum of thirty credit hours must be earned in:

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 board adopts the standards approved by the AAPA for the evaluation of continuing medical education requirements in determining the acceptance and category of any continuing medical education experience.

(5) An osteopathic physician assistant does not need prior approval of any continuing medical education. The board will accept any continuing medical education that reasonably falls within the requirements of this section and relies upon each osteopathic physician assistant's integrity to comply with these requirements.

(6) A continuing medical education sponsor does not need to apply for or expect to receive prior board 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 board relies upon the integrity of the program sponsors to present continuing medical education for the osteopathic physician assistant that constitutes a meritorious learning experience.

(7) In the case of a permanent retirement or illness, the board may grant an indefinite waiver of continuing education as a requirement for licensure, provided that an affidavit is received indicating that the osteopathic physician assistant is not providing osteopathic medical services to consumers. If such permanent retirement or illness status is changed or osteopathic medical services are resumed, it is incumbent upon the licensee to immediately notify the board and show proof of practice competency as determined necessary by the board.

AMENDATORY SECTION (Amending WSR 08-20-125, filed 10/1/08, effective 11/1/08)

WAC 246-854-220 Use of laser, light, radiofrequency, and plasma devices as applied to the skin. (1) For the purposes of this section, laser, light, radiofrequency, and plasma (LLRP) devices are medical devices that:

(a) Use a laser, noncoherent light, intense pulsed light, radiofrequency, or plasma to topically penetrate skin and alter human tissue; and

(b) Are classified by the federal Food and Drug Administration as prescriptive devices.

(2) Because an LLRP device is used to treat disease, injuries, deformities and other physical conditions of human beings, the use of an LLRP device is the practice of osteopathic medicine under RCW 18.57.001. The use of an LLRP device can result in complications such as visual impairment, blindness, inflammation, burns, scarring, hypopigmentation and hyperpigmentation.

(3) Use of medical devices using any form of energy to penetrate or alter human tissue for a purpose other than those in subsection (1)

of this section constitutes surgery and is outside the scope of this section.

OSTEOPATHIC PHYSICIAN ASSISTANT RESPONSIBILITIES

(4) An osteopathic physician assistant may use an LLRP device with the consent of the sponsoring or supervising osteopathic physician who meets the requirements under WAC 246-853-630, is in compliance with the (~~practice arrangement plan~~) delegation agreement approved by the board, and in accordance with standard medical practice.

(5) An osteopathic physician assistant must be appropriately trained in the physics, safety and techniques of using LLRP devices prior to using such a device, and must remain competent for as long as the device is used.

(6) Prior to authorizing treatment with an LLRP device, an osteopathic physician assistant must take a history, perform an appropriate physical examination, make an appropriate diagnosis, recommend appropriate treatment, obtain the patient's informed consent (including informing the patient that (~~an allied health care practitioner~~) a non-physician may operate the device), provide instructions for emergency and follow-up care, and prepare an appropriate medical record.

OSTEOPATHIC PHYSICIAN ASSISTANT DELEGATION OF LLRP TREATMENT

(7) An osteopathic physician assistant who meets the above requirements may delegate an LLRP device procedure to a properly trained (~~allied health care~~) and licensed professional (~~licensed under the authorization of RCW 18.130.040~~), whose licensure and scope of practice allows the use of a prescriptive LLRP medical device provided all the following conditions are met:

(a) The treatment in no way involves surgery as that term is understood in the practice of medicine;

(b) Such delegated use falls within the supervised (~~allied health care~~) professional's lawful scope of practice;

(c) The LLRP device is not used on the globe of the eye; and

(d) The supervised (~~allied health care~~) professional has appropriate training including, but not limited to:

(i) Application techniques of each LLRP device;

(ii) Cutaneous medicine;

(iii) Indications and contraindications for such procedures;

(iv) Preprocedural and postprocedural care;

(v) Potential complications; and

(vi) Infectious disease control involved with each treatment;

(e) The delegating osteopathic physician assistant has written office protocol for the supervised (~~allied health care~~) professional to follow in using the LLRP device. A written office protocol must include at a minimum the following:

(i) The identity of the individual osteopathic physician assistant authorized to use the device and responsible for the delegation of the procedure;

(ii) A statement of the activities, decision criteria, and plan the supervised (~~allied health care~~) professional must follow when performing procedures delegated pursuant to this rule;

(iii) Selection criteria to screen patients for the appropriateness of treatments;

(iv) Identification of devices and settings to be used for patients who meet selection criteria;

(v) Methods by which the specified device is to be operated and maintained;

(vi) A description of appropriate care and follow-up for common complications, serious injury, or emergencies; and

(vii) A statement of the activities, decision criteria, and plan the supervised (~~allied health care~~) professional shall follow when performing delegated procedures, including the method for documenting decisions made and a plan for communication or feedback to the authorizing osteopathic physician assistant concerning specific decisions made. Documentation shall be recorded after each procedure on the patient's record or medical chart;

(f) The osteopathic physician assistant is responsible for ensuring that the supervised (~~allied health care~~) professional uses the LLRP device only in accordance with the written office protocol, and does not exercise independent medical judgment when using the device;

(g) The osteopathic physician assistant shall be on the immediate premises during any use of an LLRP device and be able to treat complications, provide consultation, or resolve problems, if indicated.

AMENDATORY SECTION (Amending WSR 11-08-024, filed 3/31/11, effective 5/1/11)

WAC 246-854-230 Nonsurgical medical cosmetic procedures. (1) The purpose of this rule is to establish the duties and responsibilities of an osteopathic physician assistant who injects medication or substances for cosmetic purposes or uses prescription devices for cosmetic purposes. These procedures can result in complications such as visual impairment, blindness, inflammation, burns, scarring, disfiguration, hypopigmentation and hyperpigmentation. The performance of these procedures is the practice of medicine under RCW 18.57.001.

(2) This section does not apply to:

(a) Surgery;

(b) The use of prescription lasers, noncoherent light, intense pulsed light, radiofrequency, or plasma as applied to the skin; this is covered in WAC 246-853-630 and 246-854-220;

(c) The practice of a profession by a licensed health care professional under methods or means within the scope of practice permitted by such license;

(d) The use of nonprescription devices; and

(e) Intravenous therapy.

(3) Definitions. These definitions apply throughout this section unless the context clearly requires otherwise.

(a) "Nonsurgical medical cosmetic procedure" means a procedure or treatment that involves the injection of a medication or substance for cosmetic purposes, or the use of a prescription device for cosmetic purposes.

(b) "Physician" means an individual licensed under chapter 18.57 RCW.

(c) "Physician assistant" means an individual licensed under chapter 18.57A RCW.

(d) "Prescription device" means a device that the federal Food and Drug Administration has designated as a prescription device, and can be sold only to persons with prescriptive authority in the state in which they reside.

PHYSICIAN ASSISTANT RESPONSIBILITIES

(4) An osteopathic physician assistant may perform a nonsurgical medical cosmetic procedure only after the board approves a (~~practice plan~~) delegation agreement permitting the osteopathic physician assistant to perform such procedures. An osteopathic physician assistant must ensure that the supervising or sponsoring osteopathic physician is in full compliance with WAC 246-853-640.

(5) An osteopathic physician assistant may not perform a nonsurgical medical cosmetic procedure unless his or her supervising or sponsoring osteopathic physician is fully and appropriately trained to perform that same procedure.

(6) Prior to performing a nonsurgical medical cosmetic procedure, an osteopathic physician assistant must have appropriate training in, at a minimum:

- (a) Techniques for each procedure;
- (b) Cutaneous medicine;
- (c) Indications and contraindications for each procedure;
- (d) Preprocedural and postprocedural care;
- (e) Recognition and acute management of potential complications that may result from the procedure; and
- (f) Infectious disease control involved with each treatment.

(7) The osteopathic physician assistant must keep a record of his or her training in the office and available for review upon request by a patient or a representative of the board.

(8) Prior to performing a nonsurgical medical cosmetic procedure, either the osteopathic physician assistant or the delegating osteopathic physician must:

- (a) Take a history;
- (b) Perform an appropriate physical examination;
- (c) Make an appropriate diagnosis;
- (d) Recommend appropriate treatment;
- (e) Obtain the patient's informed consent including disclosing the credentials of the person who will perform the procedure;
- (f) Provide instructions for emergency and follow-up care; and
- (g) Prepare an appropriate medical record.

(9) The osteopathic physician assistant must ensure that there is a written office protocol for performing the nonsurgical medical cosmetic procedure. A written office protocol must include, at a minimum, the following:

- (a) A statement of the activities, decision criteria, and plan the osteopathic physician assistant must follow when performing procedures under this rule;
- (b) Selection criteria to screen patients for the appropriateness of treatment;
- (c) A description of appropriate care and follow-up for common complications, serious injury, or emergencies; and
- (d) A statement of the activities, decision criteria, and plan the osteopathic physician assistant must follow if performing a procedure delegated by an osteopathic physician pursuant to WAC 246-853-640, including the method for documenting decisions made and a plan for communication or feedback to the authorizing physician concerning specific decisions made.

(10) An osteopathic physician assistant may not delegate the performance of a nonsurgical medical cosmetic procedure to another individual.

(11) An osteopathic physician assistant may perform a nonsurgical medical cosmetic procedure that uses a medication or substance, wheth-

er or not approved by the federal Food and Drug Administration for the particular purpose for which it is used, so long as the osteopathic physician assistant's sponsoring or supervising osteopathic physician is on-site.

(12) An osteopathic physician assistant must ensure that each treatment is documented in the patient's medical record.

(13) An osteopathic physician assistant may not sell or give a prescription device to an individual who does not possess prescriptive authority in the state in which the individual resides or practices.

(14) An osteopathic physician assistant must ensure that all equipment used for procedures covered by this section is inspected, calibrated, and certified as safe according to the manufacturer's specifications.

(15) An osteopathic physician assistant must participate in a quality assurance program required of the supervising or sponsoring physician under WAC 246-853-640.

REPEALER

The following sections of the Washington Administrative Code are repealed:

- | | |
|-----------------|--|
| WAC 246-854-040 | Osteopathic physician assistant use of drugs or autotransfusion to enhance athletic ability. |
| WAC 246-854-050 | AIDS education and training. |
| WAC 246-854-060 | Application for licensure. |