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Physician assistant scope of practice

Physician assistants (PAs) are licensed professionals with advanced training in medicine, working under the guidance of physician supervision. To practice in their state, PAs need to obtain a license after completing rigorous education and training. Each state has its own laws governing PA practice, which can vary significantly from one place to another. The scope of practice for PAs outlines what medical activities they are legally allowed to perform in their area of work. This includes examining, diagnosing, and treating patients. While there is some overlap with nurse practitioners (NPs), the main difference lies in their education - PAs receive comprehensive training in general medicine, whereas NPs focus on specific patient populations. Physician assistants can practice in any healthcare setting or specialty but are required to have a degree of supervision from physicians in every state. Currently, NPs can work independently in 26 states and some territories, with the remainder requiring physician oversight. State laws and facility policies dictate PA scope of practice, affecting three key areas: supervision requirements, scope determination, and prescriptive authority. With over 159,000 certified PAs across the US, their role involves various responsibilities that depend on work settings, specialties, and experience levels. Key tasks include obtaining medical histories, performing physical exams, ordering diagnostic tests, diagnosing conditions, treating patients, and performing medical procedures. Physician Assistants (PAs) play a vital role in healthcare, and their responsibilities can vary depending on the state they work in. Similar to nurse practitioners, PAs have different categories of practice based on the scope of practice defined by each state's laws. Over time, many states have relaxed regulations regarding PA practice due to evidence demonstrating high-quality care. The American Academy of Physician Associates (AAPA) identifies four main categories for PA practice: Optimal, Advanced, Moderate, and Reduced. In an Optimal category, PAs can work independently to the fullest extent of their training and experience, often with additional collaboration from other healthcare professionals. The Advanced category is similar but requires compliance with specific administrative requirements. In a Moderate category, state laws impose additional restrictions that limit flexibility in practice environments. Finally, Reduced categories have even more stringent regulations, including supervision or limited delegated authority. Every state requires PA licensure and regulates various aspects of their practice. Some states require PAs to work under the direct supervision of a specific physician, while others allow more autonomy. For instance, 20 states mandate physicians to co-sign a certain number or percentage of PA charts, and in 39 states, there are restrictions on how many PAs one physician can supervise at any given time. Most states require some form of supervisory or collaborative arrangement between PAs and physicians, but the specifics vary. This includes prescribing Schedule II through V medications under delegation or supervision from a supervising physician. The exact scope of practice for PAs varies significantly across all 50 US states, highlighting the need for specific state-by-state guidelines. PAs must adhere to state-specific regulations regarding their scope of practice, supervision, and prescription authority. For instance, in Alabama, the State Medical Board dictates that PAs have a direct supervisory relationship with physicians, but facilities can establish provisions for alternative coverage. In contrast, Alaska's rules emphasize evaluation and periodic assessment of PA practice by collaborating physicians. In Arizona, state laws place responsibility on supervising physicians to oversee all aspects of PA performance and supervision. Arkansas allows PAs to work under delegation agreements with physicians, performing tasks within their skills and the physician's scope of practice. Meanwhile, California enables supervising physicians and PAs to determine supervision at the practice level, as long as written guidelines are established. Colorado's Medical Board sets uniform supervision requirements for all PAs, regardless of experience or setting. Physician Assistants' Scope of Practice and Supervision Requirements by State Physicians typically delegate medical services and procedures to Physician Assistants (PAs) based on their education, training, experience, and active practice. However, specific supervision requirements vary across states. In some states like Colorado, legislators have passed a bill allowing for ongoing collaborative agreements between physicians and PAs, eliminating the need for direct supervision. In Connecticut, physicians and PAs determine the scope of practice together, with supervising physicians ensuring oversight and control. Delaware requires a collaborative agreement that adheres to PA education and training. In Florida, the Board of Medicine licenses PAs, and while direct supervision isn't required, supervising physicians must be available for consultations. The written agreement between PAs and supervising physicians outlines prescribing privileges, Georgia Composite Medical Board approves job description documents, and supervising physicians delegate tasks within their scope. Hawaii's Medical Board allows supervising physicians to determine on-site requirements, but they must develop a written document. Supervising physicians may delegate PAs to prescribe certain medications, devices, and controlled substances, but not Schedule II drugs in hospital settings if delegated. ### PAs must have written agreements with supervising physicians outlining collaborative practice arrangements. In Idaho, the agreement specifies that PAs must work under the guidance of physicians, while Illinois requires a written supervision agreement outlining treatment procedures. Indiana demands a detailed agreement outlining protocols for prescribing drugs, devices, and controlled substances. Iowa licenses PAs and outlines responsible supervision, requiring direct consultation with supervising physicians although not necessarily in person. Kansas determines supervision responsibilities based on PA capabilities, training, patient needs, practice settings, and degree of supervision needed. Kentucky requires active and continuous supervision, while PAs may only perform services delegated by their supervising physicians. PAs in US States Have Varied Supervision Requirements for Physician Assistants Louisiana allows PAs to determine supervision without physical presence, but physicians must assign medical services within the PA's scope. PAs may prescribe legend drugs and Schedule III-V controlled substances with approval from the Board. In Maine, written supervision agreements outline the PA's scope of practice and setting requirements. PAs can prescribe drugs, devices, and Schedule II-V controlled substances as delegated by their supervising physicians. Maryland licenses PAs, requiring continuous physician supervision, which may include electronic communication or on-site supervision. Delegation agreements detail the relationship and medical acts delegated to PAs within their education and competence level. Massachusetts requires physician supervision, with PAs providing services under mutual written guidelines. They may prescribe medications and Schedule II-V controlled substances after developing these guidelines with their supervising physicians. Michigan's practice agreements outline criteria for PA supervision. PAs can only provide medical services delegated by the supervising physician within that scope. With established protocols and procedures, they can prescribe drugs and Schedule II-V controlled substances. Minnesota Board of Medical Practice requires written delegation agreements between PAs and physicians, outlining the relationship and medical acts delegated to PAs within their education and competence level. State regulations for physician assistants (PAs) in the US vary from state to state. In Mississippi, the PA's practice is regulated by the State Board of Medical Licensure, which requires approval of supervision arrangements between physicians and PAs. The board outlines how PAs can prescribe controlled substances under physician delegation. In Missouri, the Board of Registration for the Healing Arts licenses PAs, and regulations require a written agreement outlining the scope of practice and authority to prescribe medications within their training and competence. However, PAs in Missouri are limited to prescribing Schedule III-V controlled substances. Montana's Board of Medical Examiners licenses PAs and defines supervision requirements, including face-to-face meetings with physicians. The state allows supervising physicians to determine a PA's prescriptive authority, which can include Schedule II-V controlled substances. Nebraska's State Board of Health regulates PAs through the PA Committee, requiring agreements outlining the PA's scope of practice and physician supervision. Although continuous supervision is necessary, it doesn't require physical presence at all times. Supervising physicians retain legal responsibility for medical services provided by PAs. In Nevada, the Board of Medical Examiners licenses PAs, but regulations define adequate supervision through programs conducted by supervising physicians to ensure quality care. Once a month, physicians must spend part of the day with their PAs. PAs with medical education, training, experience, and competence are allowed to provide care within their limits and as guided by their supervising doctor's scope of practice. They can offer treatment drugs like Schedule II-V controlled substances by following agreed-upon written plans. In New Hampshire, PAs and doctors must make shared job descriptions according to the board's rules. Supervising physicians should be available via electronic communication but don't need to be present when PAs deliver care. In New Jersey, boards allow PAs and doctors to decide on suitable supervision at practice sites. The PA can perform tasks given by their doctor as long as they follow their skills and are supervised. In New Mexico, PAs must work within a doctor's scope of practice and only perform duties assigned by the doctor. They may prescribe Schedule II-V drugs under the doctor's supervision. In New York, boards require continuous supervision between doctors and PAs, but doctors don't need to be present when PAs provide care. PAs can offer medical services delegated by their supervising physician within that scope of practice. In North Carolina, boards allow doctors and PAs to set PA scopes of practice, with delegation limits based on the supervising doctor's skills. In North Dakota, supervisors and PAs decide PA scope practices according to those competence levels. Ohio requires a supervision agreement between physicians and PAs, where the appropriate level of supervision is determined on an individual basis. Supervising physicians can delegate tasks to PAs that fall within their own expertise and regular practice, including prescribing certain controlled substances. In Oklahoma, PAs are licensed by the State Board of Medical Licensure and Supervision, with regulations outlining the services they may perform under physician supervision. However, PAs and supervising physicians have flexibility in determining the nature of their supervisory relationship at the practice level. In Oregon, PAs must work collaboratively with a healthcare provider who is appropriate for the patient's condition and meets the PA's education and competence level. The degree of collaboration is determined on-site, and PAs may prescribe medications and controlled substances after registering with the Board. Pennsylvania requires written agreements between PAs and supervising physicians, outlining practice location and supervision arrangements, which must be approved by the State Board of Medicine. Supervising physicians must delegate all services to PAs within their training and expertise. Rhode Island allows PAs to practice in collaboration with physicians, with flexibility in determining the type of collaboration. Medical services performed by PAs must align with both their own expertise and that of supervising physicians. They may also prescribe legend drugs, controlled substances, and devices under delegation from their physician supervisor. South Carolina requires PAs to develop a supervisory relationship with approved scope or practice guidelines, outlining treatments and therapies for medical conditions. Under these guidelines, PAs may perform services under physician supervision and prescribe medications, devices, Physician assistants in multiple states have varying requirements for practicing medicine with minimal supervision by a licensed doctor. In South Dakota, the Board of Medical and Osteopathic Examiners oversees practice agreements between PAs and supervising physicians. These agreements outline specific tasks that can be delegated to PAs, including prescribing certain controlled substances. Tennessee also requires written protocols between PAs and their supervisors, dictating what services PAs are allowed to perform based on their training and competence. PAs in Texas must have continuous supervision from a physician, though the supervising doctor doesn't necessarily need to be physically present. This delegation of tasks allows PAs to prescribe medications and devices under certain conditions. In Utah, PAs with less than 10,000 practice hours are required to work under a collaborating physician, adhering to established policies and procedures at a practice level. Vermont mandates a delegation agreement that outlines how supervision will be conducted and how the PA's performance will be evaluated. This agreement must also specify the PA's scope of practice. PAs in Virginia can prescribe medications, devices, and controlled substances under their supervising physician's authorization, as outlined in their practice agreement. These agreements typically detail the supervisory relationship, access to the supervising doctor, and a process for evaluating the PA's performance. The regulations regarding prescription authority for PAs in Washington state are unclear from this excerpt, but it is evident that each state has unique requirements for physician assistant supervision and task delegation. State Medical Commissions have varying requirements for physician assistant (PA) supervision and delegation agreements. These agreements outline the PA's level and extent of supervision and practice. The specific procedures that PAs are allowed to perform depend on their education, training, experience, and competency, as well as being consistent with their delegation agreement. State laws also dictate limitations on certain healthcare services. In some states, such as West Virginia, PAs can provide any medical service in collaboration with physicians, while in Wisconsin, supervision between PAs and physicians is required at all times. The Wyoming Board of Medicine allows for a supervision agreement between PAs and physicians but does not require the physician's physical presence if they can easily communicate with their PA. PAs may prescribe medications, devices, and controlled substances under physician supervision. However, these requirements vary by state. The American Academy of Physician Assistants (AAPA) has passed a resolution to change its corporate name to "physician associate," but it advises PAs not to use the new title until it is fully legalized to avoid potential discipline or legal actions. The name change aims to better identify PAs as advanced practice professionals, but it will not impact their scope of practice or state-level rules and regulations. PAs looking to update their title in state legislatures can benefit from staying informed about local efforts by joining their association. Staying current is key. Schedule a demo with Vivian Health to learn how we can assist with recruiting PAs and other advanced practitioners to meet your facility's needs. Note: The content of this blog is for informational purposes only; it does not replace professional advice or guidance on scope of practice for physician assistants, which should be sought from local advisors.