

**DISTRICT OF
COLUMBIA
MUNICIPAL
REGULATIONS
for
PHYSICIAN
ASSISTANTS**

Chapter: 17-49

PHYSICIAN ASSISTANTS

Title: 17 BUSINESS, OCCUPATIONS AND PROFESSIONS

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4900 GENERAL PROVISIONS

4900.1 This chapter shall apply to applicants for and holders of a license to practice as a physician assistant and to physicians supervising physician assistants.

4900.2 Chapters 40 (Health Occupations: General Rules), 41 (Health Occupations: Administrative Procedures), and 46 (Medicine) of this title shall supplement this chapter.

4900.3 Notwithstanding anything in chapter 40 to the contrary, the Board shall only accept applications for licensure by one of the following means:

- (a) Examination;
- (b) Reciprocity;
- (c) Renewal of an active license;
- (d) Reactivation of an inactive license; or
- (e) Reinstatement of an expired, suspended, or revoked license.

4900.4 An applicant for a license to practice as a physician assistant shall submit with a completed application three (3) letters of reference from licensed physician assistants or licensed physicians who have personal knowledge of the applicant's abilities and qualifications to practice as a physician assistant.

AUTHORITY: Unless otherwise noted, the authority for this chapter is § 302(14) of the District of Columbia Health Occupations Revision Act of 1985, D.C. Law 6-99, D.C. Code § 2-3303.2(14) (1988 Repl. Vol.), 33 DCR 729, 732 (February 7, 1986), and Mayor's Order 86-110, 33 DCR 5220 (August 22, 1986).

SOURCE: Final Rulemaking published at 36 DCR 8263 (December 8, 1989); as amended by Final Rulemaking published at 37 DCR 2747, 2750 (May 4, 1990).

4901 TERM OF LICENSE

4901.1 Subject to § 4901.2, a license issued pursuant to this chapter shall expire at 12:00 midnight of December 31 of each even-numbered year.

4901.2 If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birth date of the holder of the license, or other date established by the Director.

4901.3 A temporary license may be issued to an applicant who meets all qualifications for licensure, while awaiting the next scheduled meeting of the board and is subject to the criteria as follows:

- (a) The physician assistant has no pending disciplinary or criminal charges in any jurisdiction relating to the physician assistant's fitness to practice; and
- (b) The supervising physician(s) is (are) licensed in good standing in the District of Columbia with no pending disciplinary or criminal charges in any jurisdiction relating to the physician's (physicians') fitness to practice.

4901.4 The time period for such temporary license shall not exceed six (6) months, at the end of which time the physician assistant must have obtained full licensure or must withdraw the request and immediately cease to perform the health care tasks specific to physician assistant practice.

SOURCE: Final Rulemaking published at 36 DCR 8263, 8264 (December 8, 1989); as amended by Final Rulemaking published at 54 DCR 8486 (August 31, 2007).

4902 EDUCATIONAL REQUIREMENTS

4902.1 An applicant shall furnish proof satisfactory to the Board that the applicant has successfully completed an educational program to practice as a physician assistant accredited by the Committee on Allied Health Education and Accreditation (CAHEA) or its successors by

submitting to the Board, with a completed application, a certified transcript and an official statement verifying graduation from an educational program.

SOURCE: Final Rulemaking published at 36 DCR 8263, 8264 (December 8, 1989); as amended by Final Rulemaking published at 37 DCR 2747, 2751 (May 4, 1990); as amended by Final Rulemaking published at 60 DCR 4201 (March 22, 2013).

4903 EXAMINATION

4903.1 An applicant shall receive a passing score on the Physician Assistant National Certifying Examination (PANCE), an examination administered by the National Commission on Certification of Physician Assistants (the NCCPA examination).

4903.2 An applicant shall be exempt from the requirements of § 4903.1, if the applicant meets the following requirements:

- (a) Received a passing score on any examination administered by NCCPA prior to December 8, 1989; and
- (b) Makes application to the Board within one (1) year of December 8, 1989.

4903.3 An applicant who fails the certifying examination three (3) times shall successfully complete for the second time an educational program to practice as a physician assistant accredited by CAHEA in order to be eligible to take the examination a fourth time.

4903.4 An applicant who fails the NCCPA examination (administered in any jurisdiction) six (6) times shall not be eligible for licensure in the District by any means.

SOURCE: Final Rulemaking published at 36 DCR 8263, 8264 (December 8, 1989); as amended by Final Rulemaking published at 54 DCR 8486 (August 31, 2007).

4904 [RESERVED]

SOURCE: Final Rulemaking published at 54 DCR 8486 (August 31, 2007).

4905 [RESERVED]

4906 CONTINUING EDUCATION REQUIREMENTS

4906.1 Except as provided in § 4906.2, this section shall apply to applicants for the renewal, reactivation, or reinstatement of a license for a term expiring December 31, 1992, and for subsequent terms.

4906.2 This section does not apply to applicants for an initial license by examination, or reciprocity, nor does it apply to applicants for the first renewal of a license granted by examination.

4906.3 A continuing education credit may be granted only for a program or activity approved by the Board in accordance with § 4907.

4906.4 An applicant for renewal of a license to practice as a physician assistant shall submit proof pursuant to § 4906.7 of having completed during the two-year (2) period preceding the date the license expires approved continuing medical education as follows:

- (a) Forty (40) hours of credit in continuing medical education meeting the requirements of Category 1, as specified in § 4907.2; and
- (b) Sixty (60) hours of credit in continuing medical education meeting the requirements of either Category 1 or Category 2, as specified in § 4907.2 or § 4907.3.

4906.5 An applicant for reactivation of an inactive license or reinstatement of a license to practice as a physician assistant shall submit proof pursuant to § 4906.7 of having completed during the two-year (2) period immediately preceding the date of application approved continuing medical education as follows:

- (a) Forty (40) hours of credit in continuing medical education meeting the requirements of Category 1; and
- (b) Sixty (60) hours of credit in continuing medical education meeting the requirements of either Category 1 or Category 2.

4906.6 A physician assistant who is required to obtain continuing medical education credits pursuant to § 4906.4 or 4906.5 may, in lieu of meeting the requirements of those sections, furnish proof satisfactory to the Board that the physician assistant holds a current valid certificate from the NCCPA that entitles the physician assistant (under the by-laws of the NCCPA) to use the designation "Physician Assistant-Certified" or "PA-C."

4906.7 An applicant under this section shall furnish proof of having completed required continuing education credits by submitting with the application the following information:

- (a) The name of the program and its approval number;
- (b) The dates on which the applicant attended the program or performed the activity;
- (c) The hours of credit claimed; and
- (d) Verification by the applicant of completion.

SOURCE: Final Rulemaking published at 36 DCR 8263, 8265 (December 8, 1989).

4907 APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES

4907.1 The Board, in its discretion, may approve continuing education programs and activities that contribute to the knowledge, skills, and professional performance and relationships that a physician assistant uses to provide services to patients, the public or the profession and that the other requirements of this section.

4907.2 The Board may approve continuing medical education programs and activities for Category 1 credit that are as follows:

- (a) Sponsored, co-sponsored, or accredited by:
 - (1) The American Academy of Physician Assistants (AAPA);
 - (2) The Accreditation Council for Continuing Medical Education (ACCME);
 - (3) The American Osteopathic Council on Continuing Medical Education (AOACCME);
 - (4) The American Academy of Family Physicians (AAFP); or
 - (5) A state medical society; and
- (b) Designated:
 - (1) Category 1 by the AAPA;
 - (2) American Medical Association Physician's Recognition Award (AMA/PRA) Category 1 by the ACCME;
 - (3) Category 1 by the AOACCME; or

- (4) Prescribed credit by the AAFP.

4907.3 A physician assistant may show proof of meeting the above continuing medical education requirements by providing evidence of current certification by the National Commission on Certification of Physician Assistants.

4907.4 The Board may approve continuing education programs and activities for Category 2 credit that are as follows:

- (a) Limited in content to the following:
 - (1) Public health administration;
 - (2) The basic medical sciences; or
 - (3) The discipline of clinical medicine; and
- (b) Comprised of one of the following activities:
 - (1) Grand rounds;
 - (2) Teaching rounds;
 - (3) Seminars;
 - (4) Lectures;
 - (5) Conferences;
 - (6) Medical teaching;
 - (7) Patient care review;
 - (8) Publication or presentation of an article related to practice as a physician assistant;
 - (9) Workshops;
 - (10) Courses of instruction, including self-instruction;
 - (11) Reading literature published primarily for readership by health care practitioners;
 - (12) Teaching health professionals, as long as such teaching is not a major professional responsibility of a physician assistant; or
 - (13) Written and practical examination, including self-assessment.

4907.5 An applicant shall have the burden of verifying whether a program or activity is approved by the Board pursuant to this section prior to attending the program or engaging in the activity.

SOURCE: Final Rulemaking published at 36 DCR 8263, 8266 (December 8, 1989); as amended by Final Rulemaking published at 54 DCR 8486 (August 31, 2007).

4908 [RESERVED]

4909 [RESERVED]

4910 [RESERVED]

4911 SCOPE OF PRACTICE

- 4911.1 A physician assistant may, in accordance with this chapter and the Act, perform health care tasks that are consistent with sound medical practice, when delegated by their supervising physician(s) and the service is within the physician assistant's skills, forms a component of the physician's scope of practice, and the physician assistant is provided supervision.
- 4911.2 A written delegation agreement that lists delegated functions, practice sites, and supervisors must be signed by the supervising physician(s) and the physician assistant.
- 4911.3 Physician assistants may pronounce the death of patients under their care and authenticate with their signature any form that may be authenticated by a supervising physician, consistent with the permission granted by their supervisors, if such is specifically included among the permitted responsibilities outlined in the delegation agreement.
- 4911.4 Physician assistants shall be considered the agents of their supervising physician(s) in the performance of all practice-related activities including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.
- 4911.5 Each time a physician assistant provides care for a patient and enters his or her name, signature, initials, or computer code on a patient's record, chart, or written order, the physician assistant shall also enter the name of the supervising physician responsible for the patient.
- 4911.6 When a physician assistant transmits an oral order, he or she shall also state the name of the supervising physician responsible for the patient.
- 4911.7 A physician assistant may perform health care tasks and medically related services at any location where the supervising physician(s) can provide appropriate oversight and/or review of the physician assistant's actions related to the provision of such services.
- 4911.8 Physician assistants licensed in the District shall keep their license available for inspection at their primary place of business and shall, when engaged in their professional activities, identify themselves as physician assistants by introduction and by identification badge with clearly visible lettering with their name and title "Physician Assistant" or "PA-C".
- 4911.9 A physician assistant may give medical orders to health professionals, consistent with the policies of a hospital or health care facility where the orders are to be executed.

SOURCE: Final Rulemaking published at 36 DCR 8263, 8268 (December 8, 1989); as amended by Final Rulemaking published at 54 DCR 8489, 8490 (August 31, 2007); as amended by Final Rulemaking published at 60 DCR 4201 (March 22, 2013).

4912 PRESCRIBING DRUGS AND DISPENSING DRUGS

- 4912.1 All physician assistants may perform those duties and responsibilities, including the ordering, prescribing, dispensing, and administration of drugs and medical devices that are delegated by their supervising physician(s). Each prescription must bear the name of the supervising physician and physician assistant.
- 4912.2 All written prescriptions issued by a physician assistant shall be written on a prescription pad that bears the printed names of the physician assistant and the supervising physician. The physician assistant must include the federal Drug Enforcement Agency (DEA) registration number on prescriptions for controlled medications.
- 4912.3 Electronic prescription orders must comply with the provisions of Title 22 DCMR, § 1304.
- 4912.4 Physician assistants may request, receive, and sign for professional samples and may dispense professional samples to patients as delegated by a supervising physician and as otherwise consistent with §§ 4912.1 and 4912.6.

4912.5 As delegated to do so by a supervising physician, physician assistants may order, prescribe, and dispense legend drugs and controlled substances enumerated in schedules II through V in D.C. Official Code § 48-902.01 et seq. Physician assistants authorized to prescribe and/or dispense controlled substances must register with the DEA.

4912.6 Professional samples of drugs dispensed pursuant to § 4912.4 shall be labeled to show the following:

- (a) The name and strength of the drug;
- (b) The lot and control number; and
- (c) The expiration date of the drug.

4912.7 All drugs dispensed by a physician assistant, except professional samples, shall be labeled to show the following:

- (a) The name and address of the providing institution;
- (b) The name of the supervising physician and physician assistant;
- (c) The name of the patient;
- (d) The date dispensed;
- (e) The name and strength of the drug;
- (f) Directions for use;
- (g) Cautionary statements, if appropriate;
- (h) The lot and control number; and
- (i) The expiration date of the drug.

4912.8 A physician assistant who administers, dispenses, or prescribes a prescription drug shall enter a progress note in the patient's chart on the date of the transaction and shall include the following information:

- (a) Each prescription that a physician assistant orders; and
- (b) The name, strength, and quantity of each drug that a physician assistant dispenses or administers.

SOURCE: Final Rulemaking published at 36 DCR 8263, 8271 (December 8, 1989); as amended by Final Rulemaking published at 54 DCR 8489, 8490 (August 31, 2007).

4913 [RESERVED]

4914 SUPERVISION

4914.1 A physician assistant and a temporary licensed physician assistant shall be under the supervision of a physician at all times during which the physician assistant is working in his or her official capacity.

4914.2 In an inpatient setting, supervision of a physician assistant shall include, but not be limited to, continuing or intermittent physical presence of the supervising physician with constant availability through electronic communications.

4914.3 In an outpatient setting, supervision of a physician assistant shall include, but not be limited to, constant availability through electronic communications.

4914.4 It is the obligation of each team of physician(s) and physician assistant(s) to

ensure that the physician assistant's scope of practice is identified; that delegation of medical tasks is appropriate to the physician assistant's level of competence; that the relationship of, and access to, the supervising physician(s) is defined; and that a process for evaluation of the physician assistant's performance is established. If the physician assistant is authorized to practice in a licensed health care facility or other practice setting, that entity is also responsible for assuring the above through its credentialing and privileging or equivalent process.

- 4914.5 More than one physician may enter into a delegation agreement with a physician assistant. For each delegation agreement, the physician assistant and the physician whose name is listed first on the delegation agreement shall each be responsible for determining the terms and boundaries of the agreement, for updating the delegation agreement, and for overall quality assurance oversight as set forth in § 4914.4. Each physician who signs the delegation agreement is responsible for supervising the care of patients whose care the physician has delegated to the physician assistant.
- 4914.6 If a physician (due to a planned or unplanned absence) is unable personally to supervise the physician assistant consistent with the delegation agreement and this section, responsibility shall be delegated by the supervising physician to another supervising physician whose signature appears on the delegation agreement. If the supervising physician is unable to delegate supervisory responsibility to another supervising physician, the physician assistant may request another supervising physician on the delegation agreement to assume the responsibility of supervising. The supervising physician must consent to assume the responsibilities of the absent supervising physician.
- 4914.7 A supervising physician must be a physician licensed in the District and must have accepted responsibility for supervision of the physician assistant by having signed the delegation agreement.
- 4914.8 The names of supervising physician(s) shall be included in the delegation agreement.
- 4914.9 Each physician assistant and one of the supervising physicians listed on the delegation agreement must complete a practice advisory review on a quarterly basis and document the review on a form kept on file in a personnel file at the location in which the physician assistant practices.
- 4914.10 A physician shall not supervise more than four (4) physician assistants at one time.

SOURCE: Final Rulemaking published at 36 DCR 8263, 8272 (December 8, 1989); as amended by Final Rulemaking published at 54 DCR 8492 (August 31, 2007); as amended by Final Rulemaking published at 60 DCR 4201 (March 22, 2013).

4915 DELEGATION AGREEMENT

- 4915.1 Prior to the physician assistant beginning practice, he or she shall have a written delegation agreement using the form provided by the Board. The delegation agreement shall describe the physician assistant's role in the practice and the settings in which the supervising physician(s) delegate(s) to the physician assistant the authority to see patients.
- 4915.2 The delegation agreement form must be signed by the supervising physician(s) and physician assistant and be filed by the physician assistant with the Board and kept on file at the primary practice site.
- 4915.3 In the event that there are changes to the delegation agreement, a new agreement form must be signed by the physician and physician assistant and be filed by the physician assistant with the Board and kept on file at the primary practice site.
- 4915.4 If there are changes to the supervising physician(s), the physician assistant must file with the Board a form provided by the Board for additions and deletions to the list of supervising physicians within ten (10) days of the effective date of the change.

- 4915.5 If there is a change in the employment status of the physician assistant, or the delegation agreement is otherwise terminated, a termination form provided by the Board must be filed by the first supervising physician listed on the delegation agreement with the Board within ten (10) days of the change of employment status of the physician assistant.
- 4915.6 A delegation agreement expires automatically upon termination of the employment of a physician assistant. However, termination of employment of a physician assistant does not cause a physician assistant's license to expire.
- 4915.7 Whenever it is determined that a physician or physician assistant is practicing in a manner inconsistent with the delegation agreement, the Board may demand modification of the agreement and take disciplinary action as appropriate.
- 4915.8 The Board shall maintain the following records regarding physician assistants, which records shall be available for public inspection:
- (a) A registry of physician assistants;
 - (b) A registry of supervising physicians; and
 - (c) A copy of each delegation agreement.

SOURCE: Final Rulemaking published at 36 DCR 8263, 8275 (December 8, 1989); as amended by Final Rulemaking published at 54 DCR 8493 (August 31, 2007).

4916 SUPERVISING PHYSICIAN

- 4916.1 A physician wishing to supervise a physician assistant must
- (a) Be licensed in the District of Columbia;
 - (b) Be free from any restriction on his or her ability to supervise a physician assistant that has been imposed by Board disciplinary action; and
 - (c) Maintain a written delegation agreement with the physician assistant. The agreement must state that the physician will exercise supervision over the physician assistant in accordance with any rule adopted by the Board and will retain professional and legal responsibility for the care rendered by the physician assistant. The agreement must be signed by the physician and the physician assistant and updated at the time of physician assistant licensure renewal or as needed. The agreement must be filed pursuant to § 4915.2 with the Board and a copy must be kept on file at the practice site.
- 4916.2 A physician assistant may perform health care tasks as long as the supervising physician is available by electronic communications or has designated a substitute supervising physician. A supervising physician has ultimate responsibility for the medical care and treatment given to a patient by a physician assistant to whom the supervising physician has delegated authority to perform health care tasks.
- 4916.3 A licensed physician assistant may, if permissible under the bylaws, rules and regulations of the practice setting, write medical orders, including those for controlled substances, for patients under the care of the physician responsible for his/her supervision.

4916.4 Repealed

SOURCE: Final Rulemaking published at 36 DCR 8263, 8279 (December 8, 1989); as amended by Final Rulemaking published at 54 DCR 8494 (August 31, 2007); as amended by Final Rulemaking published at 60 DCR 4201 (March 22, 2013).

4917 DUTIES OF ADVISORY COMMITTEE ON PHYSICIAN ASSISTANTS

- 4917.1 The Committee shall advise the Board on all matters pertaining to this chapter.
- 4917.2 The Committee shall review all applications for a license to practice as a physician assistant and make recommendations to the Board.
- 4917.3 The Committee shall review all delegation agreements and make recommendations to the Board regarding their content when warranted.
- 4917.4 The Committee shall review complaints regarding physician assistants referred by the Board and make recommendations to the Board regarding what action should be taken.

SOURCE: Final Rulemaking published at 54 DCR 8495, 8496 (August 31, 2007).

4918 TITLE PROTECTION

4918.1 Any person not licensed as a physician assistant by the Board shall be subject to penalties applicable to the unlicensed practice of a health occupation, if he or she:

- (a) Represents himself or herself as a physician assistant with the intent to represent that he or she practices as a physician assistant; or
- (b) Uses any combination or abbreviation of the term physician assistant, or "P.A.", or any similar title or description of services with the intent to represent that he or she practices as a physician assistant; or
- (c) Acts as a physician assistant without being licensed by the Board. An unlicensed physician shall not be permitted to use the title of physician assistant or to practice as a physician assistant unless he or she fulfills the requirements of this chapter.

SOURCE: Final Rulemaking published at 54 DCR 8496 (August 31, 2007).

4999 DEFINITIONS

4999.1 When used in this chapter, the following terms and phrases shall have the meanings ascribed:

Act - the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*)

Administer - to give a prescription drug by injection, inhalation, ingestion, or other means of direct application to the body of a patient.

Board - as delegated to do so by a supervising physician the Board of Medicine, established by § 203(a) of the Act, D.C. Official Code § 3-1202.03(a) (2001).

Committee - the Advisory Committee on Physician Assistants, established by § 203(d) of the Act, D.C. Official Code § 3-1202.03(d) (2001).

Controlled substance - a drug defined as a controlled substance in one of the following acts or rules promulgated pursuant thereto:

- (a) The Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 *et seq.*; or
- (b) The District of Columbia Uniform Controlled Substances Act of 1981, D.C. Official Code § 48-901.01 *et seq.* (2001).

Delegation agreement - a written agreement describing the manner and extent to which the physician assistant will practice and be supervised, including identification of each supervising physician who will supervise the physician assistant and other such information as the Board may require.

Dispense - to distribute a prescription drug to a patient or the patient's agent, including the prescribing, packaging, labeling, and compounding necessary to prepare the prescription drug for distribution.

Legend drug - a drug with the phrase "Caution: Federal law prohibits dispensing without a prescription" stated on its label.

Physician - a person licensed to practice medicine under the Act, including an osteopath.

Physician assistant - a person licensed to practice as a physician assistant under the Act.

Prescription drug - one of the following drugs:

- (a) A drug which under federal law is required, prior to being dispensed or delivered, to be labeled in substance with either of the following statements:
 - (1) "Caution: Federal law prohibits dispensing without prescription"; or
 - (2) "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian";
- (b) A drug that is required by any applicable federal or District law or regulation to be dispensed by prescription only; or
- (c) A drug that is restricted to use by health and allied practitioners for research.

Supervising physician - a physician who supervises a physician assistant under the terms of a written delegation agreement registered by the Board.

4999.2 The definitions in the Act and in § 4099 of this title are incorporated by reference into and are applicable to this chapter.

SOURCE: Final Rulemaking published at 36 DCR 8263, 8279 (December 8, 1989); as amended by Final Rulemaking published at 54 DCR 8496, 8498 (August 31, 2007).