

216-RICR-40-05-24

TITLE 216 - DEPARTMENT OF HEALTH

CHAPTER 40 - PROFESSIONAL LICENSING AND FACILITIES REGULATION

SUBCHAPTER 05 - PROFESSIONAL LICENSING

PART 24 - Licensure of Physician Assistants

24.1 Authority and Purpose

These Regulations are promulgated pursuant to the authority conferred under R.I. Gen. Laws § 5-54-7(c), and are established for the purpose of updating administrative procedures and prevailing standards for the licensure of physician assistants.

24.2 Incorporated Materials

These Regulations hereby adopt and incorporate the Centers for Disease Control's ("CDC") "Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care" (September 2016) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

24.3 Definitions

A. Wherever used in this Part, the following terms shall be construed as follows:

1. "Act" means R.I. Gen. Laws Chapter 5-54 entitled, "Physician Assistants."
2. "Approved program" means a program for the education and training of physician assistants that has been accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) or its successor.
 - a. For the purpose of these Regulations, ARC-PA shall be defined to include its predecessor certification organizations: American Medical Association's Council on Medical Education (1972-1976); American Medical Association's Committee on Allied Health Education and Accreditation [CAHEA] (1976-1994); and Commission on Accreditation of Allied Health Education Programs [CAAHEP] (1976-2000).
3. "Board" means the Board of Licensure of Physician Assistants within the Department established pursuant to R.I. Gen. Laws § 5-54-4.

4. "Department" means the Rhode Island Department of Health.
5. "Director" means the Director of the Rhode Island Department of Health.
6. "Health care facility" means any facility licensed pursuant to the provisions of R.I. Gen. Laws Chapter 23-17.
7. "Physician" means a person licensed under the provisions of R.I. Gen. Laws Chapters 5-29 or 5-37.
8. "Physician assistant" or "PA" means a person who is qualified by academic and practical training to provide medical and surgical services in collaboration with physicians.

24.4 Licensure of Physician Assistants

24.4.1 Licensure Requirements

No person who is not licensed as a physician assistant shall use the title of "Physician Assistant" or hold himself out as a physician assistant pursuant to R.I. Gen. Laws§ 5-54-16.

24.4.2 Exemptions

- A. The provisions of the Act and this Part do not apply to services performed in any of the following areas:
 1. The practice of dentistry or dental hygiene as defined in R.I. Gen. Laws Chapter 5-31.1;
 2. The practice of chiropractic medicine as defined in R.I. Gen Laws Chapter 5-30;
 3. The practice of optometry as defined in R.I. Gen. Laws Chapter 5-35;
 4. A physician assistant student enrolled in an approved program, as defined in § 24.3 of this Part, while performing duties in conjunction with an approved program clinical rotation.
 5. Technicians, or other assistants or employees of physicians who perform delegated tasks in the office of a physician but who are not rendering services as a physician assistant or identifying themselves as a physician assistant.

24.4.3 Qualifications for Licensure

- A. An applicant seeking licensure to practice in the State of Rhode Island as a physician assistant must:

1. Have graduated from a physician assistant training program certified by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) or its successor;
2. Have passed the National Commission on Certification of Physician Assistants, or any other national certifying exam approved by the Board; and,
3. Have submitted a completed application together with the required fee as set forth in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title).

24.5 Application for Licensure and Fee

- A. Application for licensure shall be made on forms provided by the Department which shall be completed and submitted to the Board. Such application shall be accompanied by the following documents:
 1. Supporting official transcripts of education credentials;
 2. A copy of the valid certificate of having successfully passed a national certifying examination approved by the Board;
 3. A statement from the board of physician assistant examiners in each State or territory or District of Columbia, or in which the applicant has held or holds licensure, to be submitted directly to the Board of this State, attesting to the licensure status of the applicant during the time period applicant held licensure in said State; and
 4. The non-refundable licensure fee as set forth in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title).
- B. Applicants whose physician assistant licenses are presently or ever have been suspended, surrendered, or revoked in another jurisdiction must submit a letter of good standing to the Board from the originating jurisdiction prior to their application being considered in Rhode Island.
- C. If the applicant provides documentation to the Department of credentials verification by the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Boards (FSMB), the requirements set forth in §§ 24.5(A)(1), 24.5(A)(2), and 24.5(A)(3) of this Part shall be met.

24.6 Issuance and Renewal of Certificate of Licensure

- A. The Director shall issue a certificate of licensure as a physician assistant to those individuals recommended by the Board as having met the criteria for licensure in §24.4.3 of this Part. Said certificate of licensure unless sooner suspended or

revoked shall expire on the thirtieth (30th) day of June of every odd-numbered year.

- B. Every person who desires his or her certificate of licensure to be renewed shall on or before the first (1st) day of June of every odd-numbered year file with the Department:
 - 1. A signed, completed renewal application (on forms provided by the Department); and
 - 2. The renewal fee as set forth in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title).
- C. Upon receipt of such application and fee, the accuracy of such application shall be verified and the Department shall grant a renewal certificate effective July 1st and expiring June 30th two (2) years later, unless said certificate shall sooner be suspended for cause as provided in R.I. Gen. Laws § 5-54-12.
- D. Inactive List. A physician assistant licensed to practice who does not intend to engage in the practice of his/her profession during any year, upon written request to the Board may have his/her name transferred to an inactive list, and shall not be required to register annually or pay any renewal as long as he/she remains inactive. Any physician assistant included in the inactive list as provided for in this section shall be restored to active status by the Department upon filing of a written request accompanied by the renewal fee.
- E. Granting of licensure after a lapse for non-disciplinary reasons. If a physician assistant has not engaged in active practice for two (2) years or more, such physician assistant must establish his or her clinical competency to the Board's satisfaction as a condition precedent to reactivation or reinstatement. The Board may require any or all of the following from such physician assistant to establish clinical competency:
 - 1. Documentation of appropriate continuing medical education;
 - 2. Evidence of maintenance of certification from the National Commission on Certification of Physician Assistants; and
 - 3. An evaluation of clinical competency by a Board approved organization, such as the Center for Personalized Education for Physicians (CPEP). The applicant is responsible to report the results of an evaluation from a Board approved organization and follow the recommendations for ongoing competence.
- F. Granting of licensure after a lapse for disciplinary reasons. If a physician assistant has not engaged in active practice for two (2) years or more based on a disciplinary action from the Board or any other jurisdiction, such physician

assistant must establish his or her clinical competency to the Board's satisfaction as a condition percent to reactivation or reinstatement. The Board may require any or all of the following from such physician assistant to establish clinical competency:

1. An evaluation of clinical competency by a Board approved organization, such as the Center for Personalized Education for Physicians (CPEP). The applicant is responsible to report the results of an evaluation from a Board approved organization and follow the recommendations for ongoing competence; and
2. Successfully passing a National Commission of Certified Physician Assistants (NCCPA) certifying exam or successor.

24.7 Scope of Practice

- A. Physician assistants' scope of practice is defined in R.I. Gen. Laws § 5-54-8.

24.7.1 Prescriptive Privileges and Medical Orders

- A. When employed by, or extended medical staff privileges by a licensed hospital or other licensed health care facility, a physician assistant may write medical orders for inpatients as delineated by the medical staff by-laws of the facility, as well as its credentialing process and applicable governing authority.
- B. Hospitals and other licensed health care facilities shall have discretion to grant privileges to a physician assistant and to define the scope of privileges or services which a physician assistant may deliver in a facility.
- C. Physician assistants employed directly by physicians, health maintenance organizations or other health care delivery organizations may prescribe legend medications, including schedules II, III, IV, and V medications under R.I. Gen. Laws Chapter 21-28 (the Rhode Island Uniform Controlled Substance Act), medical therapies, medical devices and medical diagnostics according to guidelines established by the employing physician, health maintenance organization, or other health care delivery organization.
- D. Prescriptive privileges for physician assistants shall be granted for all legend medications, including controlled substances from schedules II, III, IV, and V.
- E. If a physician assistant does prescribe controlled substances from schedules II, III, IV, and V, under R.I. Gen. Laws Chapter 21-28, he or she must obtain a Rhode Island registration for prescribing controlled substances from the Board of Pharmacy, as well as a Federal registration.

24.7.2 Podiatry Collaboration

When collaborating with a physician licensed under R.I. Gen. Laws Chapter 5-29, the services rendered by the physician assistant shall be limited to the foot. The "foot" is defined as the pedal extremity of the human body and its articulations and shall include the tendons and muscles of the lower leg only as they be involved in the conditions of the foot.

24.7.3 Participation in Charitable and Voluntary Care

Physician assistant participation in charitable and voluntary care is permitted consistent with and to the extent authorized pursuant to R.I. Gen. Laws § 5-54-28.

24.8 Continuing Medical Education

- A. Pursuant to R.I. Gen. Laws § 5-54-22 every physician assistant licensed to practice in the State of Rhode Island shall be required to have satisfactorily completed twenty-five (25) hours of approved continuing medical education every years.
- B. The period for accumulation of continuing medical education hours shall commence on the first (1st) day of July and run through the thirtieth (30th) day of June. The Department shall not renew the certificate of licensure until the applicant has attested to satisfactory evidence of completion of the required continuing medical education.
- C. Course descriptions, proof of attendance, or other documentation of completion shall be retained by the licensee for a minimum of four (4) years and is subject to random audit by the Board.
- D. An extension of time to complete the continuing education requirements may be granted to a physician assistant solely at the discretion of the Board for reasons of hardship or other extenuating circumstances.
- E. Physician assistants initially licensed after the July 1st renewal date shall be exempt from the continuing education requirements stated in this Part until the date of the next renewal cycle (i.e., June 30th of the next odd numbered year).

24.9 Denial, Suspension or Revocation of Licensure - Violations

Any violation pursuant to the provisions of the Act and this Part may be cause for denial, revocation or suspension of registration, grounds for discipline and imposing other penalties in accordance with the provisions of the Act.

24.10 Non-disciplinary Alternative Program

- A. The Board may permit a licensee to enter into a non-disciplinary alternative program.

- B. All records pertaining to the physician assistant's participation in the non-disciplinary program are confidential and not subject to discovery, subpoena, or public disclosure.

24.11 Reports Relating to Professional Conduct and Capacity

- A. In addition to the requirements of R.I. Gen. Laws § 42-14-2.1, any person, including, but not limited to, corporations, health care facilities, health maintenance organizations, organizations and Federal, State, or local governmental agencies, or peer review boards shall report to the Board any: conviction, determination, or finding that a licensed physician assistant has committed unprofessional conduct as defined in R.I. Gen. Laws §§ 5-54-2 or 24.15.1 of this Part, or to report information which indicates that a licensed physician assistant may not be able to practice with reasonable skill and safety to patients as the result of any mental or physical condition.
- B. The following reports, in writing, shall be filed with the Board:
 - 1. Every insurer providing professional liability insurance to a physician assistant licensed under the provisions of the Act shall send a complete report to the Board reporting any formal notice of any claim, settlement of any claim or cause of action, or final judgment rendered in any cause of action for damages for death or personal injury caused by a physician assistant's negligence, error or omission in practice or his or her rendering of unauthorized professional services. The report shall be sent within thirty (30) days after service of the complaint or notice, settlement, judgment, or arbitration award on the parties. All the reports shall present an in-depth factual summary of the claim in question.
 - 2. All hospital and licensed health care facilities including, but not limited to, nursing homes and health maintenance organizations and the Board of Pharmacy must report within thirty (30) days of this action, any action, disciplinary or otherwise, taken for any reason, which limits, suspends, or revokes a physician assistant's privilege to practice, either through formal action by the institution or facility or through any voluntary agreement with the physician assistant.
 - 3. Within ten (10) days after a judgment by a court in the State of Rhode Island that a physician assistant licensed under the provisions of the Act has been convicted of a crime or is civilly liable for any death or personal injury caused by his or her negligence, error or omission in his or her practice or his or her rendering unauthorized professional services, the clerk of the court which rendered the judgment shall report the judgment to the Board.
- C. The Board shall publicly report any change of privileges, of which it is aware, to the board of trustees or other appropriate body of all licensed hospitals, licensed

health care facilities, health maintenance organizations and any other parties that the Board deems appropriate, within thirty (30) days; provided, that notwithstanding the provisions of this section, the Board may, in instances where the change of privilege is not related to quality of patient care, elect not to disseminate the report of changed privileges. This election may be made in executive session and no decision not to disseminate is made except by the majority vote of the members present at the meeting and only upon a finding of fact by the Board after inquiry that the change was not related to quality of patient care.

- D. The contents of any report filed are confidential and exempt from public disclosure, except that it may be reviewed:
 - 1. By the licensee involved or his or her counsel or authorized representative who submits any additional exculpatory or explanatory statements or other information, which statements or information are included in the file, or
 - 2. By the chief administrative officer, a representative of the Board or investigator of the Board, who is assigned to review the activities of a licensed physician assistant.
- E. Upon determination that a report is without merit, the Board's records shall be purged of information relating to the report.
- F. If any person refuses to furnish a required report, the Board may petition the superior court of any county in which the person resides or is found, and the court issues to the person an order to furnish the required report. Any failure to obey the order is punished by the court as a civil contempt is punished.
- G. Every individual medical association, medical society, physician assistant professional organization, health care facility, health maintenance organization, peer review board, medical service bureau, health insurance carrier or agent, professional standards review organization, and agency of the Federal, State, or local government is immune from civil liability, whether direct or derivative, for providing information in good faith to the Board pursuant to the Act or this Part.
- H. Nondisclosure agreements are prohibited insofar as they forbid parties from making reports regarding competency and/or unprofessional conduct to the Board.

24.12 Communication of Information Among Health Care Facilities

- A. Any licensed health care facility, acting by and through its chief executive officer or his or her designee, may upon the request of any other licensed health care facility, communicate to the chief executive officer of the requesting facility or his or her designee any and all information available regarding circumstances under

which the privileges of any physician assistant were changed as described in § 24.11(C) of this Part.

- B. No health care facility, chief executive officer, or his or her designee, communicating information under this section, has liability arising out of the communication, unless the person making the communication is not acting in good faith.

24.13 Hospital Responsibility to Take Action Based Upon Adverse Information Received

- A. Whenever a hospital receives information from the board pursuant to § 24.11(C) of this Part, that indicates that the privileges of a physician assistant or other health care professional have been suspended, revoked, or limited at another hospital, the receiving hospital shall within thirty (30) days initiate a preliminary inquiry into whether the privileges of the affected physician assistant or other health care professional at the receiving hospital should be suspended, revoked, or limited, based upon review of the exercise of privileges at the receiving hospital, unless the information indicates that any adverse action with respect to privileges was administrative in character.
- B. Any hospital receiving information described in § 24.13(A) of this Part may take any one (1) or more of the following courses of action in addition to the action required in § 24.13(A) of this Part, any one (1) of which discharges its responsibility under the Act to monitor the qualification and fitness of physician assistants and other health care professionals on its medical staff:
 - 1. In any case that has been referred to the Board, to await final disposition of the Board, and to take further action that is consistent with sanctions, if any, imposed by the Board;
 - 2. In any case in which the matter has resulted in the suspension, revocation, or restriction of privileges at any other hospital, to adopt the factual findings of the other hospital, and to impose the suspension, revocation, or restriction in privileges that the receiving hospital deems appropriate, if any, in light of these factors; or
 - 3. In any case, to conduct a formal inquiry, in accordance with applicable procedural requirements, to determine what action, if any, should be taken with respect to the privileges of the physician assistant or other health care professional.
- C. No hospital, or officer, employee, physician assistant or other health care professional associated with these is liable to any physician assistant or other health care professional for any action taken in accordance with §§ 24.12(A) and 24.13(B) of this Part when the action was made in good faith.

24.14 Immunity from Liability for Gratuitous Emergency Assistance

Participation in Disaster and Emergency Care. No person licensed under the provisions of the Act and this Part or members of the same profession licensed to practice in other States of the United States or members of the same profession credentialed by a Federal employer who voluntarily and gratuitously, and other than in the ordinary course of his or her employment or practice, renders emergency medical assistance during an emergency or a State or local disaster may render such care without collaboration. The immunity granted by this section does not apply to acts or omissions constituting gross, willful, wanton negligence or when the medical assistance is rendered at any hospital, physician's office, or other health care delivery entity where those services are normally rendered.

24.15 Unprofessional Conduct

- A. Unprofessional conduct shall include but not be limited to the following items or any combination thereof:
1. Fraudulent or deceptive procuring or use of a license;
 2. Representation of himself or herself as a physician;
 3. Conviction of a felony;
 4. Conviction of a crime arising out of the practice of medicine;
 5. All advertising of medical business which is intended or has a tendency to deceive the public;
 6. Abandonment of a patient;
 7. The use of habit-forming drugs and/or alcohol, when such use has the effect of impairing the ability to perform licensed duties.
 8. Promotion of the sale of drugs, devices appliances, or goods or services provided for a patient in such a manner as to exploit the patient for the financial gain of the physician assistant;
 9. Immoral conduct of a physician assistant in the practice of medicine;
 10. Willfully making and filing false reports or records;
 11. Willful omission to file or record or willfully impeding or obstructing a filing or recording, or inducing another person to omit to file or record medical or other reports as required by law;
 12. Agreeing with clinical or bioanalytical laboratories to accept payments from such laboratories for individual tests or test series for patients;

13. Practicing with an unlicensed physician or physician assistant or aiding or abetting such unlicensed persons in the practice of medicine;
14. Offering, undertaking or agreeing to cure or treat a disease by a secret method, procedure, treatment or medicine;
15. Professional or mental incompetence;
16. Surrender, revocation, suspension, limitation of privilege based on quality of care provided, or any other disciplinary action against a license or authorization to practice in another State or jurisdiction; or surrender, revocation, suspension, or any other disciplinary action relating to membership on any medical staff or in any medical professional association, or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct which would constitute grounds for action as set forth in the Act;
17. Surrender, revocation, suspension, limitation of privilege based on quality of care provided, or any other disciplinary action against a license or authorization to practice in another State or jurisdiction; or surrender, revocation, suspension, or any other disciplinary action relating to membership on any medical staff or in any medical professional association, or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct which would constitute grounds for action as set forth in the Act;
18. Failure to furnish the Board, the Department, investigator or representatives, information legally requested by the Board;
19. Violation of any provision(s) of the Act or this Part, or an action, stipulation, or agreement of the Board;
20. Cheating or attempting to subvert the certifying examination;
21. Violating any State or Federal law or Regulation relating to controlled substances;
22. Medical malpractice;
23. Sexual contact between a physician assistant and patient during the existence of the physician assistant/patient relationship;
24. Providing services to a person who is making a claim as a result of a personal injury, who charges or collects from the person any amount in excess of the reimbursement to the physician assistant by the insurer as a condition of providing or continuing to provide services or treatment.

25. Incompetent, negligent, or willful misconduct in the practice of medicine which includes the rendering of medically unnecessary services, and any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing medical practice in his or her area of expertise as is determined by the Board including the CDC's "Guide to Infection Prevention for Outpatient Settings: minimum Expectations for Safe Care" (September 2016) incorporated by reference at § 24.2 of this Part. The Board need not establish actual injury to the patient in order to adjudge a physician assistant guilty of an unacceptable practice pursuant to § 24.15 of this Part.
26. Prescribing a controlled substance to oneself or an immediate family member under any circumstances.

24.16 Rules Governing Practices and Procedures

All hearings and reviews required under the provisions of the Act and this Part shall be held in accordance with the provisions of the Rules and Regulations Pertaining to Practices and Procedures Before the Rhode Island Department of Health (Part 10-05-4 of this Title).

24.17 Severability

If any provision of these Regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these Regulations which can be given effect, and to this end the provisions of these Regulations are declared to be severable.

216-RICR-40-05-24

TITLE 216 - DEPARTMENT OF HEALTH

CHAPTER 40 - PROFESSIONAL LICENSING AND FACILITY REGULATION

SUBCHAPTER 05 - PROFESSIONAL LICENSING

PART 24 - LICENSURE OF PHYSICIAN ASSISTANTS (216-RICR-40-05-24)

Type of Filing: Refile Capabilities

Department of State

Regulation Effective Date

Original Signing Date

Department of State Initials

Department of State Date