

263 CMR: BOARD OF REGISTRATION OF PHYSICIAN ASSISTANTS

263 CMR 5.00: SCOPE OF PRACTICE, EMPLOYMENT OF PHYSICIAN ASSISTANTS AND STANDARDS OF CONDUCT

Section

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5.01: Purpose

The purpose of 263 CMR 5.00 is to describe the settings in which a physician assistant may properly work, the types of clinical activities in which a physician assistant may engage, the level of skill expected of the physician assistant, the nature and extent of the supervision required of the supervising licensed physician, and the allocation of liability for the acts or omissions of a physician assistant. The provisions of 263 CMR 5.00 shall not be construed as an implicit prohibition on any work setting, activity, or supervisory role which is not explicitly mentioned in 263 CMR 5.00.

5.02: Permissible Work Settings

A physician assistant may serve the patients of his or her supervising licensed physician in all types of clinical care settings, including, but not limited to: a patient's home, any physician's office, hospital, nursing home, extended care facility, state health or mental institution, clinic, health maintenance organization, industrial clinic, school or university health service, rural satellite clinic, or other health care facility licensed or otherwise operating legally within the Commonwealth.

5.03: Scope of Services Which May Be Performed

- (1) A physician assistant may, under the supervision of a licensed physician, perform any and all services which are:
 - (a) Within the competence of the physician assistant in question, as determined by the supervising physician's assessment of his or her training and experience; and
 - (b) Within the scope of services for which the supervising physician can provide adequate supervision to ensure that accepted standards of medical practice are followed.
- (2) A physician assistant may approach patients of all ages and with all types of conditions; elicit histories; perform examinations; order, perform and interpret diagnostic studies; order and perform therapeutic procedures; instruct and counsel patients regarding physical and mental health issues; respond to life-threatening situations; and facilitate the appropriate referral of patients; consistent with his or her supervising physician's scope of expertise and responsibility and the level of authority and responsibility delegated to him or her by the supervising physician.
- (3) Nothing contained in 263 CMR 5.00 shall be construed to allow a physician assistant to:
 - (a) give general anesthesia;
 - (b) perform any procedure involving ionizing radiation, except:
 1. in an emergency situation where the procedure is performed under the direction and control of a licensed physician; or
 2. where authorized to operate fluoroscopic x-ray systems pursuant to 105 CMR 120.405(K): *Operator Qualifications* and in compliance with 263 CMR 5.08 and 243 CMR 2.08(6): *Physician Assistants Authorized to Operate Fluoroscopic X-ray Systems*; or
 - (c) render a formal medical opinion on procedures involving ionizing radiation.

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(4) Where a physician assistant is involved in the performance of major invasive procedures, such procedures shall be undertaken under specific written protocols, available to the Board upon request, which have been developed between the supervising physician and the physician assistant and which specify, among other things the level of supervision the service requires, *e.g.*, direct (physician in room), personal (physician in building), or general (physician available by telephone).

5.04: Scope of Supervision Required

(1) All professional activities of a physician assistant must be supervised by a supervising physician licensed by the Massachusetts Board of Registration in Medicine pursuant to 243 CMR 2.08: *Physician Assistants*. A "supervising physician", for purposes of 263 CMR 5.04, shall mean a physician who holds an unrestricted full license issued by the Massachusetts Board of Registration in Medicine.

(2) A supervising physician may use a physician assistant to assist him or her in the process of gathering data necessary to make decisions and institute patient care plans. A physician assistant shall not, however, supplant a licensed physician as the principal medical decision-maker.

(3) A supervising physician shall afford supervision adequate to ensure all of the following:

- (a) The physician assistant practices medicine in accordance with accepted standards of medical practice. 263 CMR 5.04(1) does not require the physical presence of the supervising physician in every situation in which a physician assistant renders medical services.
- (b) The physician assistant, except in life-threatening emergencies where no licensed physician is available, informs each patient that he or she is a physician assistant and that he or she renders medical services only under the supervision of a licensed physician.
- (c) The physician assistant wears a name tag which identifies him or her as a physician assistant.
- (d) The supervising physician reviews diagnostic and treatment information, as agreed upon by the supervising physician and the physician assistant, in a timely manner consistent with the patient's medical condition.
- (e) On follow-up care, hospital visits, nursing home visits, attending the chronically ill at home, and in similar circumstances in which the supervising physician has established a therapeutic regimen or other written protocol, the physician assistant checks and records a patient's progress and reports the patient's progress to the supervising physician. Supervision is adequate under 263 CMR 5.04(3)(e) if it permits a physician assistant who encounters a new problem not covered by a written protocol or which exceeds established parameters to initiate a new patient care plan and consult with the supervising physician.
- (f) In an emergency, the physician assistant renders emergency medical services necessary to avoid disability or death of an injured person until a licensed physician arrives.
- (g) When a supervising physician is unable or unavailable to be the principal medical decision-maker, another licensed physician must be designated to assume temporary supervisory responsibilities with respect to the physician assistant. The name and scope of responsibility of the physician providing such temporary supervision must be readily ascertainable from records kept in the ordinary course of business which are available to patients. The supervising physician(s) of record is ultimately responsible for ensuring that each task performed by a physician assistant is properly supervised.

5.05: Billing

A physician assistant may not bill separately for services rendered. The services of the physician assistant are the services of his or her supervising physician, and shall be billed as such.

5.06: Prescription Practices of a Physician Assistant

- (1) Any physician assistant who holds a full license, issued by the Board pursuant to 263 CMR 3.02: *Requirements for Full Licensure*, may issue written or oral prescriptions or medication orders for a patient, provided that he or she does so in accordance with all applicable state and federal laws and regulations including, but not limited to, M.G.L. c. 112, § 9E; c. 94C, §§ 7, 9 and 20; 105 CMR 700.000: *Implementation of M.G.L. c. 94C*; and 263 CMR 5.06(1).
- (2) A physician assistant who holds a temporary license, issued by the Board pursuant to 263 CMR 3.04: *Temporary License*, may prepare a written or oral prescription or medication order for a patient, provided that:
 - (a) Any such written prescription or medication order is signed by his or her supervising physician, or by another licensed physician who has been designated to assume temporary supervisory responsibilities with respect to that physician assistant pursuant to 263 CMR 5.04(3)(g), prior to the issuance of said prescription or medication order to the patient;
 - (b) Any such oral prescription or medication order is approved, in writing, by his or her supervising physician, or by another licensed physician who has been designated to assume temporary supervisory responsibilities with respect to that physician assistant pursuant to 263 CMR 5.04(3)(g), prior to the issuance of that oral prescription or medication order; and
 - (c) All such oral or written prescriptions or medication orders are issued in the name of the supervising physician, and are otherwise issued in accordance with all applicable state and federal laws and regulations, including but not limited to, M.G.L. c. 112, § 9E; c. 94C, §§ 7, 9 and 20; 105 CMR 700.000: *Implementation of M.G.L. c. 94C*; and 263 CMR 5.06(2).
- (3) Any prescription or medication order issued by a physician assistant for a Schedule II controlled substance, as defined in 105 CMR 700.002: Schedules of Controlled Substances, shall be reviewed by his or her supervising physician, or by a temporary supervising physician designated pursuant to 263 CMR 5.04(3)(g), within 96 hours after its issuance.
- (4) All physician assistants shall issue prescriptions or medication orders in accordance with written guidelines governing the prescription of medication which are mutually developed and agreed upon by the physician assistant and his or her supervising physician.
 - (a) Such guidelines shall address, but need not be limited to, the following issues:
 1. Identification of the supervising physician for that work setting;
 2. Frequency of medication reviews by the physician assistant and his or her supervising physician;
 3. Types and classes of medications to be prescribed by the physician assistant;
 4. The initiation and/or renewal of prescriptions for medications which are not within the ordinary scope of practice for the specific work setting in question, but which may be needed to provide appropriate medical care;
 5. The quantity of any medication to be prescribed by a physician assistant, including initial dosage limits and refills;
 6. The types and quantities of Schedule VI medications which may be ordered by the physician assistant from a drug wholesaler, manufacturer, laboratory or distributor for use in the practice setting in question;
 7. Review of initial prescriptions or changes in medication; and
 8. Procedures for initiating intravenous solutions.
 - (b) Such guidelines shall be available for review by the Board or its designee, the Massachusetts Board of Registration in Medicine or its designee, the Massachusetts Department of Public Health or its designee, and such other state or federal government agencies as may be reasonably necessary and appropriate to ensure compliance with all applicable state or federal laws and regulations. Copies of such guidelines, however, need not be filed with those agencies.
 - (c) All such guidelines must be in writing and must be signed by both the supervising physician and the physician assistant. Such guidelines shall be reviewed annually and dated and initialed by both the supervising physician and the physician assistant at the time of each such review. The physician assistant and his or her supervising physician may alter such guidelines at any time and any such changes shall be initialed by both parties and dated.

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- (5) All prescriptions or medication orders issued by a physician assistant shall be issued in a manner which is consistent with the scope of practice of the physician assistant, the guidelines developed pursuant to 263 CMR 5.06(4), and accepted standards of good medical practice for licensed physicians with respect to prescription practices.
- (6) At least four hours of the continuing medical education which a physician assistant is required to obtain pursuant to 263 CMR 3.05(3) as a condition for license renewal shall be in the field of pharmacology and/or pharmacokinetics.
- (7) All prescriptions written by a physician assistant shall be written in accordance with 105 CMR 721.000: *Standards for Prescription Format and Security in Massachusetts*.
- (8) A physician assistant may order only Schedule VI controlled substances from a drug wholesaler, manufacturer, distributor or laboratory, and only in accordance with the written guidelines developed with his or her supervising physician pursuant to 263 CMR 5.06(4). A physician assistant may sign only for sample Schedule VI controlled substances received by or sent to the practice setting by a pharmaceutical representative.
- (9) The use of pre-signed prescription blanks or forms is prohibited.
- (10) A physician assistant shall not prescribe controlled substances in Schedules II, III and IV for his or her own use. A physician assistant shall not prescribe Schedule II controlled substances for a member of his or her immediate family, including a parent, spouse or equivalent, child, sibling, parent-in-law, son/daughter-in-law, brother/sister-in-law, step-parent, step-child, step-sibling, or other relative permanently residing in the same residence as the physician assistant.
- (11) The physician assistant and the supervising physician for that work setting shall be jointly responsible for all prescriptions or medication orders issued by the physician assistant in that work setting.

5.07: Physician Assistants Authorized to Operate Fluoroscopic X-ray Systems and to Perform Fluoroscopic Procedures

- (1) Definitions Applicable to 263 CMR 5.07.
- (a) Fluoroscopy means a technique for generating x-ray images and presenting them simultaneously and continuously as visible images. Fluoroscopy has the same meaning as the term "radioscopy" in the standards of the International Electrotechnical Commission.
- (b) Fluoroscopic Procedure means a radiological imaging study using fluoroscopic guidance.
- (c) Supervising Physician, for the purpose of 263 CMR 5.07, means a physician holding an unrestricted full license in the Commonwealth who:
1. is board-certified in radiology or has been trained in the subjects identified in 105 CMR 120.405(K): *Operator Qualifications*;
 2. signs mutually developed and agreed upon fluoroscopic practice guidelines as required under 263 CMR 5.07(4) and 243 CMR 2.08(6): *Physician Assistants Authorized to Operate Fluoroscopic X-ray Systems* with each physician assistant authorized to operate fluoroscopic x-ray systems whom such physician supervises; and
 3. reviews the physician assistant's performance of fluoroscopic procedures at least once every three months and provides ongoing direction to the physician assistant regarding such procedures or, pursuant to 263 CMR 5.07(4)(d) and 243 CMR 2.08(6): *Physician Assistants Authorized to Operate Fluoroscopic X-ray Systems*, temporarily delegates such review and direction to another physician holding an unrestricted full license in the Commonwealth who meets the requirements of 243 CMR 2.08(6)(a)2: *Supervising Physician*.
- (d) Physician assistant authorized to operate fluoroscopic x-ray systems means a physician assistant who has submitted documentation to the facility where the physician assistant works demonstrating that he or she meets the requirements set out in 105 CMR 120.405(K)(2): *Operator Qualifications*.

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(2) A physician assistant who holds a full license issued by the Board pursuant to M.G.L. c. 112, § 9I and 263 CMR 3.00: *Licensing of Individual Physician Assistants* may operate fluoroscopic x-ray systems and perform fluoroscopic procedures in accordance with 263 CMR 5.07, provided that he or she:

- (a) has been authorized to operate fluoroscopic x-ray systems pursuant to 105 CMR 120.405(K): *Operator Qualifications*;
- (b) engages in the operation of fluoroscopic x-rays systems and the performance of fluoroscopic procedures in compliance with the requirements of 105 CMR 120.405(K): *Operator Qualifications*, 263 CMR 5.07, and 243 CMR 2.08(6): *Physician Assistants Authorized to Operate Fluoroscopic X-ray Systems*; and
- (c) has otherwise complied with 263 CMR 2.00 through 6.00.

(3) Physician Supervision of a Physician Assistant Authorized to Operate Fluoroscopic X-ray Systems. A supervising physician shall review the performance of fluoroscopic procedures by, and provide ongoing direction to, a physician assistant authorized to operate fluoroscopic x-ray systems in accordance with written fluoroscopic practice guidelines mutually developed and agreed upon with the physician assistant pursuant to M.G.L. c. 112, § 9E, 263 CMR 5.07 and 243 CMR 2.08(6): *Physician Assistants Authorized to Operate Fluoroscopic X-ray Systems*. Such practice guidelines shall be developed, signed, and dated by both parties prior to any fluoroscopic practice by the physician assistant pursuant to such guidelines. In addition, a physician who is board-certified in radiology or who meets the requirements set forth in 105 CMR 120.405(K): *Operator Qualifications* shall supervise the physician assistant each time the physician assistant operates a fluoroscopic x-ray system. The level of supervision necessary for each procedure shall be identified in the written practice guidelines.

- (a) A supervising physician shall provide supervision to the physician assistant authorized to operate fluoroscopic x-ray systems as necessary, taking into account the education, training, and experience of the physician assistant, the nature and scope of the physician assistant's practice, and the availability to the physician assistant of clinical back-up by physicians, to ensure that the physician assistant is operating the fluoroscopic x-ray systems in accordance with accepted standards of medical practice.
- (b) A supervising physician shall sign written fluoroscopic practice guidelines only with those physician assistants for whom such physician is able to provide the supervision required by 263 CMR 5.07(3) and 243 CMR 2.08(6)(b): *Physician Supervision of a Physician Assistant Authorized to Operate Fluoroscopic X-ray Systems*, taking into account factors including, but not limited to, geographical proximity, practice setting, volume and complexity of the patient population, and the experience, training and availability of the supervising physician and the physician assistant.

(4) Development, Approval, and Review of Fluoroscopic Practice Guidelines for a Physician Assistant Authorized to Operate Fluoroscopic X-ray Systems. A physician who supervises a physician assistant authorized to operate fluoroscopic x-ray systems shall do so in accordance with written fluoroscopic practice guidelines mutually developed and agreed upon with the physician assistant, and signed and dated by both parties. The supervising physician and the physician assistant shall review, initial, and date such practice guidelines annually. The practice guidelines may be revised at any time upon written agreement by the supervising physician and physician assistant; any such changes shall be initialed and dated by both parties at the time of revision. In all cases, the practice guidelines shall:

- (a) identify the supervising physician by name;
- (b) identify by name each physician who shall provide supervision of the physician assistant's operation of a fluoroscopic x-ray system, and describe each physician's qualifications to provide such supervision, as set out in 263 CMR 5.07(1)(c) and 243 CMR 2.08(6)(b): *Physician Assistants Authorized to Operate Fluoroscopic X-ray Systems*;
- (c) provide that supervision by a supervising physician shall be required whenever a physician assistant operates a fluoroscopic x-ray system and that a supervising physician shall be readily available, which means a supervising physician must be present in the facility at the time of the operation of the fluoroscopic x-ray system;
- (d) include a defined mechanism for the delegation of supervision to another physician who is qualified to operate fluoroscopic x-ray systems pursuant to 105 CMR 120.405(K): *Operator Qualifications* including, but not limited to, the duration and scope of the delegation;

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- (e) describe the nature of the supervising physician's practice and practice location;
- (f) specifically describe the nature and scope of the physician assistant's practice;
- (g) identify the type(s) of procedure(s) in which the physician assistant will operate fluoroscopic x-ray systems, including any limitations on the physician assistant's operation of fluoroscopic x-ray systems;
- (h) include a defined mechanism to monitor the physician assistant's operation of fluoroscopic x-ray systems and performance of fluoroscopic procedures, including documentation of review of such operation and procedures by the supervising physician at least once every three months;
- (i) describe the procedure for providing clinical back-up support to the physician assistant in an emergency situation; and
- (j) conform to 105 CMR 120.405(K): *Operator Qualifications*, 263 CMR 5.07, and 243 CMR 2.08(6): *Physician Assistants Authorized to Operate Fluoroscopic X-ray Systems*.

(5) The Board may request at any time an opportunity to review the written fluoroscopic practice guidelines under which a supervising physician provides supervision to a physician assistant authorized to operate fluoroscopic x-ray systems. A physician assistant's failure to have developed fluoroscopic practice guidelines consistent with the requirements of 263 CMR 5.07, or failure to provide such guidelines to the Board upon request, may be a basis for disciplinary action against the physician assistant's license. The Board may require changes in fluoroscopic practice guidelines if it determines that the guidelines do not comply with 263 CMR 5.07 and accepted standards of medical practice. The Board may disapprove fluoroscopic practice guidelines in their entirety if it determines that the supervising physician is not able to provide adequate supervision to the physician assistant authorized to operate fluoroscopic x-ray systems.

(6) The Board may request at any time documentation of review by the supervising physician of the physician assistant's fluoroscopic practice as set out in 263 CMR 5.07(4)(h) and 243 CMR 2.08(6)(a)2.c.: *Physician Assistants Authorized to Operate Fluoroscopic X-ray Systems*. Failure to provide such documentation to the Board upon request may be a basis for disciplinary action against the physician assistant's license.

(7) At least four hours of the continuing education required as a condition for license renewal pursuant to 263 CMR 3.05(3): *Renewal of Registration* shall be directly related to fluoroscopic imaging.

5.08: Legal Responsibility for Actions of Physician Assistant

(1) Where a physician assistant is employed by a physician or group of physicians, the employing physician or physicians shall remain legally responsible for the acts or omissions of said physician assistant at all times, including those occasions where said physician assistant, under the direction and supervision of said employing physician or physicians, aids in the care and treatment of patients in a health care facility.

(2) Where a physician assistant is employed by a health care facility, the employing health care facility shall be legally responsible for the acts or omissions of said physician assistant at all times. Physician assistants who are employed by health care facilities shall nevertheless be supervised by licensed physicians, as required by 263 CMR 5.04. Physician assistants employed by health care facilities shall not be utilized as the sole medical personnel in charge of emergency services, outpatient services, or any other clinical service where a licensed physician is not regularly available.

5.09: Standards of Conduct for Physician Assistants

The Standards of Conduct for physician assistants in Massachusetts include the following:

(1) Use of Title. A physician assistant shall only identify himself or herself as a physician assistant while in possession of a current license;

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- (2) Misrepresentation of Credentials. A physician assistant shall not misrepresent his or her credentials related to the practice of physician assistants including, but not limited to, education, type of license, professional experience, or any other credential related to his or her work as a physician assistant.
- (3) Practice under a False or Different Name. A physician assistant may practice as a physician assistant only under the name in which such license has been issued.
- (4) Acts within Scope of Practice. A physician assistant shall only perform acts within the scope of practice of a physician assistant as defined in M.G.L. c. 112, §§ 9E through 9J, and 263 CMR 5.00.
- (5) Competency. A physician assistant shall only assume those duties and responsibilities within his or her scope of practice and for which he or she has acquired and maintained necessary knowledge, skills, and abilities.
- (6) Responsibility and Accountability. Notwithstanding 263 CMR 5.08, a physician assistant shall be responsible and accountable for his or her own judgments, actions, and competency in the course of performing his or her duties as a physician assistant with respect to any matter before the Board.
- (7) Documentation. A physician assistant shall make complete, accurate, and legible entries in all records required by federal, state and local laws and regulations.
- (8) Falsification of Information. A physician assistant shall not knowingly falsify, or attempt to falsify, any documentation or information related to any aspect of licensure as a physician assistant, practice as a physician assistant or the delivery of medical services.
- (9) Alteration or Destruction of Records. A physician assistant shall not inappropriately destroy or alter any record related to his or her work as a physician assistant.
- (10) Discrimination. A physician assistant shall not withhold or deny care or services based on age, ancestry, marital status, sex, sexual orientation, gender identity, race, color, religious creed, national origin, diagnosis, or mental or physical disability.
- (11) Patient Abuse, Neglect, Mistreatment, or Other Harm. A physician assistant shall not abuse, neglect, mistreat, or otherwise harm a patient.
- (12) Infection Control. A physician assistant shall not place a patient, himself or herself, or others at undue risk for the transmission of infectious diseases.
- (13) Patient Dignity and Privacy. A physician assistant shall safeguard a patient's dignity and right to privacy.
- (14) Patient Confidential Information. A physician assistant shall safeguard patient information from any person or entity, not entitled to such information. A physician assistant shall share appropriate information only as required by law or authorized by the patient for the well-being or protection of the patient.
- (15) Sexual Contact. A physician assistant shall not have sexual contact with any patient with whom he or she has a current physician assistant/patient relationship or with any former patient who may be vulnerable by virtue of disability, age, illness, or cognitive ability.
- (16) Professional Boundaries. A physician assistant shall establish and observe professional boundaries with respect to any patient with whom he or she has a current physician assistant/patient relationship. A physician assistant shall continue to observe professional boundaries with his or her former patients who may be vulnerable by virtue of disability, age, illness, or cognitive ability.

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- (17) Exercise of Undue Influence. A physician assistant shall not exercise undue influence on a patient, including the promotion or sale of services, goods, appliances or drugs, in such a manner as to exploit the patient for financial gain of the physician assistant or a third party.
- (18) Borrowing From Patients. A physician assistant shall not borrow money, materials, or other property from any patient.
- (19) Undue Benefit or Gain. A physician assistant shall interact with patients without undue benefit or gain to the physician assistant or a third party.
- (20) Relationship Affecting Professional Judgment. A physician assistant shall not initiate or maintain a physician assistant/patient relationship that is likely to adversely affect the physician assistant's professional judgment.
- (21) Advertising. A physician assistant shall not engage in false, deceptive, or misleading advertising related to his or her practice as a physician assistant.
- (22) Fraudulent Practices. A physician assistant shall not engage in any fraudulent practice including, but not limited to, billing for services not rendered or submitting false claims for reimbursement.
- (23) Impersonation. A physician assistant shall not impersonate another physician assistant or other health care provider, or knowingly allow or enable another person to impersonate him or her.
- (24) Aiding Unlawful Activity. A physician assistant shall not aid any person in performing any act prohibited by law or regulation.
- (25) Circumvention of Law. A physician assistant shall not receive from, or offer, give, or promise anything of value or benefit to, any official to circumvent any federal, state or local laws or regulations.
- (26) Practice While Impaired. A physician assistant shall not act as a physician assistant while impaired.
- (27) Unlawful Acquisition and Possession of Controlled Substances. A physician assistant shall not unlawfully obtain or possess controlled substances.
- (28) Duty to Report to the Board. A physician assistant has a duty to report to the Board if he or she directly observes another physician assistant or health care professional:
- (a) abuse a patient;
 - (b) practice as a physician assistant while impaired by substance use;
 - (c) divert of controlled substances.
- (29) Violence. A physician assistant shall not endanger the safety of the public, patients, or coworkers by making actual or implied threats of violence, or carrying out an act of violence.
- (30) Compliance with Agreements and Orders. A physician assistant shall comply with all provisions contained:
- (a) in any agreement he or she has entered into with the Board; or
 - (b) in any order issued to him or her by the Board.

REGULATORY AUTHORITY

263 CMR 5.00: M.G.L.c. 13 § 10B, 11C and c. 112 § 9F.