

Notice of Agency Rulemaking Proposal

AGENCY: 02-373 Board of Licensure in Medicine; 02-383 Board of Osteopathic Licensure

CHAPTER NUMBER AND TITLE: 2 Joint Rule Regarding Physician Assistants

TYPE OF RULE (*check one*): ☒ Routine Technical ☐ Major Substantive

PROPOSED RULE NUMBER (*leave blank; to be assigned by Secretary of State*):

BRIEF SUMMARY: The Board of Licensure in Medicine and the Board of Osteopathic Licensure propose amendments to a joint rule pertaining to the licensure and practice of physician assistants. The proposed amendments would: amend the definition of certain terms to eliminate registration and supervision; add definitions for certain terms, including "Health Care Facility," Health Care Team," Inactive Status License," and "Physician Group Practice;" eliminates registration and supervision requirements; establishes criteria for "Inactive Status Licenses;" establishes uniform continuing clinical competency requirements; amends the uniform fees; establishes criteria for collaborative agreements and practice agreements; amends the uniform notification requirements to include legal change of name; and amends the continuing medical education (CME) requirements, including 3 hours of CME every 2 years regarding opioid prescribing.

Date, time and location of PUBLIC HEARING (*if any*): None planned. Requests to hold a public hearing by any interested person may be submitted in writing to the identified agency contact person.

COMMENT DEADLINE: Friday, August 7, 2020 at 4:30 p.m.

CONTACT PERSON FOR THIS FILING (*include name, mailing address, telephone, fax, TTY, email*):

Dennis E. Smith, Executive Director; Board of Licensure in Medicine, 137 State House Station, Augusta, ME 04333-0137; (tel) 287-3605 (fax) 287-6590; dennis.smith@maine.gov

Susan E. Strout, Executive Secretary; Board of Osteopathic Licensure, 142 State House Station, Augusta, ME 04333-0142; (tel) 287-2480 (fax) 536-5811; susan.e.strout@maine.gov

CONTACT PERSON FOR SMALL BUSINESS IMPACT STATEMENT (*if different*):

FINANCIAL IMPACT ON MUNICIPALITIES OR COUNTIES (*if any*): Minimal

STATUTORY AUTHORITY FOR THIS RULE: 32 M.R.S. §§ 2562 and 2594-E(5); §§ 32 M.R.S. 3269(7) and 3270-E(5); 10 M.R.S. § 8003(5)(C)(4).

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED (*if different*): PL. 2020, c. 627

AGENCY WEBSITE: www.maine.gov/md (Board of Licensure in Medicine); www.maine.gov/osteo (Board of Osteopathic Licensure)

EMAIL FOR OVERALL AGENCY RULEMAKING LIAISON: maureen.s.lathrop@maine.gov (Board of Licensure in Medicine); susan.e.strout@maine.gov (Board of Osteopathic Licensure)

* Check one of the following two boxes.

☒ The summary provided above is for publication in both the newspaper and website notices.

☐ The summary provided above is for the newspaper notice only. Title 5 §8053, sub-§5 & sub-§7, ¶D. A more detailed summary is attached for inclusion in the rulemaking notice posted on the Secretary of State's website. Title 5 §8053, sub-§3, ¶D & sub-§6.

Please approve bottom portion of this form and assign appropriate AdvantageME number.

APPROVED FOR PAYMENT _____ DATE: _____
(authorized signature)

Please split cost equally between the two Boards:

Board of Licensure in Medicine

FUND	AGENCY	ORG	APP	OBJ	PROGRAM	FUNDING Profile JVC	FUND Pri JVC	FUND Line JVC
014	02M	0376	01					

Board of Osteopathic Licensure

FUND	AGENCY	ORG	APP	OBJ	PROGRAM	FUNDING Profile JVC	FUND Pri JVC	FUND Line JVC
014	02C	0383	01					

Rulemaking Fact Sheet

(5 MRSA §8057-A)

AGENCY: 02-373 Board of Licensure in Medicine; 02-383 Board of Osteopathic Licensure

NAME, ADDRESS, PHONE NUMBER, EMAIL OF AGENCY CONTACT PERSON:

Dennis E. Smith, Executive Director; Board of Licensure in Medicine, 137 State House Station, Augusta, ME 04333-0137; (tel) 287-3605 (fax) 287-6590; dennis.smith@maine.gov

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CHAPTER NUMBER AND RULE TITLE: 2 Joint Rule Regarding Physician Assistants

TYPE OF RULE (*check one*): ☒ Routine Technical ☐ Major Substantive

STATUTORY AUTHORITY: 32 M.R.S. §§ 2562 and 2594-E(5); §§ 32 M.R.S. 3269(7) and 3270-E(5); 10 M.R.S. § 8003(5)(C)(4)

DATE, TIME AND PLACE OF PUBLIC HEARING: None planned. Requests to hold a public hearing by any interested person may be submitted in writing to the identified agency contact person.

COMMENT DEADLINE: Friday, August 7, 2020 at 4:30 p.m.

PRINCIPAL REASON(S) OR PURPOSE FOR PROPOSING THIS RULE: [*see* §8057-A(1)(A)&(C)]

To amend an existing joint rule to implement PL 2020, c. 627, “An Act to Improve Access to Physician Assistant Care.”

IS MATERIAL INCORPORATED BY REFERENCE IN THE RULE? ___YES xNO [§8056(1)(B)]

ANALYSIS AND EXPECTED OPERATION OF THE RULE: [*see* §8057-A(1)(B)&(D)]

This is a consolidated rulemaking proceeding of the Board of Licensure in Medicine and the Board of Osteopathic Licensure to amend a joint rule relating to the licensure and practice of physician assistants. The proposed amendments to the joint rule will implement PL 2020, c. 627, which authorized the Board of Osteopathic Licensure and the Board of Licensure in Medicine to adopt a joint rule.

The proposed amendments to the joint rule would: amend the definition of certain terms to eliminate registration and supervision; add definitions for certain terms, including “Health Care Facility,” Health Care Team,” Inactive Status License,” and “Physician Group Practice;” eliminates registration and supervision requirements; establishes criteria for “Inactive Status Licenses;” establishes uniform continuing clinical competency requirements; amends the uniform fees; establishes criteria for collaborative agreements and practice agreements; amends the uniform notification requirements to include legal change of name; and amends the continuing medical education (CME) requirements, including 3 hours of CME every 2 years regarding opioid prescribing.

BRIEF SUMMARY OF RELEVANT INFORMATION CONSIDERED DURING DEVELOPMENT OF THE RULE (including up to 3 primary sources relied upon) [*see* §§8057-A(1)(E) & 8063-B] Maine statutory definitions in PL. 2020, c. 627; Maine statutory definitions for “Health Care Facility;” NCCPA requirements for continuing medical education; Laws, rules, policies and guidelines from other medical licensing boards and commissions and national organizations (Federation of State Medical Boards) and associations (Maine Medical Association) related to standards for maintaining “Continuing Clinical Competency.”

ESTIMATED FISCAL IMPACT OF THE RULE: [*see* §8057-A(1)(C)] Minimal

FOR EXISTING RULES WITH FISCAL IMPACT OF \$1 MILLION OR MORE, ALSO INCLUDE:

ECONOMIC IMPACT, WHETHER OR NOT QUANTIFIABLE IN MONETARY TERMS:
[see §8057-A(2)(A)]

INDIVIDUALS, MAJOR INTEREST GROUPS AND TYPES OF BUSINESSES AFFECTED
AND HOW THEY WILL BE AFFECTED: [see §8057-A(2)(B)]

BENEFITS OF THE RULE: [see §8057-A(2)(C)]

Note: If necessary, additional pages may be used.

Economic Impact Statement

[5 M.R.S. § 8052(5-A)]

AGENCY: 02-373 Board of Licensure in Medicine; 02-383 Board of Osteopathic Licensure

NAME, ADDRESS, PHONE NUMBER OF AGENCY CONTACT PERSON:

Dennis E. Smith, Executive Director, Board of Licensure in Medicine, 137 State House Station, Augusta, ME 04333-0137, tel. (207) 287-3605 fax (207) 287-6590, dennis.smith@maine.gov;

Susan E. Strout, Executive Secretary, Board of Osteopathic Licensure, 142 State House Station, Augusta, ME 04333-0142, tel. (207) 287-2480, fax (207) 536-5811, susan.e.strout@maine.gov;

CHAPTER NUMBER AND RULE TITLE: Chapter 2 Joint Rule Regarding Physician Assistants

TYPES AND NUMBER OF SMALL BUSINESSES SUBJECT TO THE RULE: The Board of Licensure in Medicine licenses 1,003 physician assistants and the Board of Osteopathic Licensure licenses 64 physician assistants.

Title 5 M.R.S. § 8052(5-A) defines “small business” as businesses that have 20 or fewer employees. The boards do not collect sufficient information to reliably estimate the number of licensees that are small businesses as defined in 5 M.R.S. § 8052(5-A).

PROJECTED REPORTING, RECORD-KEEPING AND OTHER ADMINISTRATIVE COSTS REQUIRED FOR COMPLIANCE WITH THE PROPOSED RULE, INCLUDING THE TYPE OF PROFESSIONAL SKILLS NECESSARY FOR PREPARATION OF THE REPORT OR RECORD:

The proposed amendments to the rule do not include any record-keeping or other compliance costs that licensees do not currently bear.

PROBABLE IMPACT ON AFFECTED SMALL BUSINESSES: Minimal

LESS INTRUSIVE OR LESS COSTLY, REASONABLE ALTERNATIVE METHODS OF ACHIEVING THE PURPOSES OF THE PROPOSED RULE: None

Proposed Amendments

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

373 BOARD OF LICENSURE IN MEDICINE

a joint rule with

383 BOARD OF OSTEOPATHIC LICENSURE

Chapter 2: JOINT RULE REGARDING PHYSICIAN ASSISTANTS

SUMMARY: Chapter 2 is a joint rule pertaining to the licensure, ~~registration~~, scope of practice, ~~supervision, continuing clinical competency, consultation, collaborative agreements, practice agreements,~~ notification, and continuing education requirements for physician assistants who are licensed supervised by either an allopathic or osteopathic physician in Maine. Chapter 2 also establishes a Physician Assistant Advisory Committee.

SECTION 1. DEFINITIONS

~~1. “Active Nonclinical” means the physician assistant cannot render medical services or prescribe medication to any person in Maine.~~

~~12. “AAPA” means the American Academy of Physician Assistants.~~

~~2. “Active Unrestricted Physician License” means the physician possesses an active Maine physician license to practice medicine that does not include any restrictions or limitations on the scope of practice or ability to supervise consult with or collaborate with physician assistants.~~

~~33. “Administratively Complete Application” is a uniform application for licensure, or certificate of registration as developed by the Boards, which when submitted to one of the Boards has: a) all questions on the application completely answered; b) signature and date affixed; c) all required notarizations included; d) all required supplemental materials provided in correct form; e) all requests for additional information submitted; and f) all fees, charges, costs or fines paid.~~

~~44. “AMA” means the American Medical Association.~~

~~55. “AOA” means the American Osteopathic Association.~~

~~66. “Board” means the Board of Licensure in Medicine or the Board of Osteopathic Licensure.~~

~~77. “BOL” means the Board of Osteopathic Licensure as defined in 32 M.R.S. §2561.~~

~~88. “BOLIM” means the Board of Licensure in Medicine as defined in 32 M.R.S. §3263.~~

~~9. “Collaborative Agreement” means a document agreed to by a physician assistant and a physician that describes the scope of practice for the physician assistant as determined by the practice setting and describes the decision-making process for a health care team.~~

including communication and consultation among health care team members. A collaborative agreement is subject to review and approval by the Board.

10. “Consultation” means engagement in a process in which members of a health care team use their complimentary training, skill, knowledge and experience to provide the best care for a patient.
11. “Health care facility” means a facility, institution or entity licensed pursuant to State law that offers healthcare to persons in this State, including hospitals and any clinics or offices affiliated with hospitals that have a system of credentialing and granting of privileges to perform health care services and that follows a written professional competence review process.
12. “Health care team” means 2 or more health care professionals working in a coordinated, complementary and agreed upon manner to provide quality, cost-effective, evidence-based care to a patient and may include a physician, physician assistant, advance practice nurse, nurse, physical therapist, occupational therapist, speech therapist, social worker, nutritionist, psychotherapist, counselor or other licensed professional.
13. “Inactive Status License” means the physician assistant has an inactive license and cannot render medical services in Maine.
9. “Certificate of Registration” means a document issued by the Board to a licensed physician assistant that authorizes the physician assistant to render medical services under the supervision of a licensed physician pursuant to a written plan of supervision that meets the requirements of this rule.
10. “Covering Supervising Physician” (CSP) means a physician who has an active, unrestricted license in good standing issued by either the Board of Licensure in Medicine or the Board of Osteopathic Licensure, and who has agreed in writing to provide supervision of the physician assistant when the primary supervising physician is not available, and when actively engaged as a supervisor, to be legally liable and responsible for all delegated medical services rendered by the physician assistant pursuant to a written plan of supervision that meets the requirements of this rule. A covering supervising physician must hold an active, unrestricted permanent, temporary, or emergency license unless the Board has waived the requirement that the CSP license be unrestricted. A covering supervising physician shall accept supervisory responsibility for periods of time not to exceed the time period specified in the written plan of supervision, which time period may not exceed forty-five (45) consecutive calendar days.
114. “License” means a document issued by the Board to a physician assistant that identifies the physician assistant as qualified by training and education to render medical services, under the supervision of a licensed physician pursuant to a written plan of supervision that meets the requirements of this rule.
152. “NCCPA” means the National Commission on Certification of Physician Assistants.
13. “Physician” means an individual with an active, unrestricted license in good standing to practice medicine in Maine issued by the Board of Licensure in Medicine or the Board of Osteopathic Licensure.

164. “Physician Assistant” means a person who has graduated from a physician assistant program accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or their successors; and/or who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA) or its successor and possesses a current license ~~and certificate of registration~~ issued by the Board. Only physician assistants who are currently certified by the NCCPA may use the initials PA-C.
17. “Physician Group Practice” means an entity composed of 2 or more physicians that offers healthcare to persons in this State and that has a system of credentialing and granting of privileges to perform health care services and that follows a written professional competence review process.
18. “Practice agreement” means a document agreed to by a physician assistant who is the principal clinical provider in a practice and a physician that states the physician will be available to the physician assistant for collaboration or consultation. A practice agreement is subject to review and approval by the Board.
15. ~~“Primary Supervising Physician” (PSP) means a physician who has an active, unrestricted license in good standing issued by either the Board of Licensure in Medicine or the Board of Osteopathic Licensure, and who has agreed in writing to provide supervision of a physician assistant and to be legally liable and responsible for all delegated medical services rendered by the physician assistant pursuant to a written plan of supervision that meets the requirements of this rule. A primary supervising physician must hold an active, unrestricted permanent, temporary, or emergency license, unless the Board has waived the requirement that the PSP license be unrestricted.~~
16. ~~“Secondary Supervising Physician” (SSP) means a physician who has an active, unrestricted license in good standing issued by either the Board of Licensure in Medicine or the Board of Osteopathic Licensure, and who has agreed in writing to provide supervision of a physician assistant and, when actively engaged as a supervisor, to be legally liable and responsible for all delegated medical services rendered by the physician assistant pursuant to a written plan of supervision that meets the requirements of this rule. A secondary supervising physician must hold an active, unrestricted permanent, temporary, or emergency license, unless the Board has waived the requirement that the SSP license be unrestricted.~~
- ~~17. “Supervision” means that the supervising physician is responsible for overseeing, directing, and monitoring the medical services rendered by the physician assistant pursuant to a written plan of supervision that meets the requirements of this rule. Supervision shall be continuous, but does not require the physical presence of a supervising physician at the place where the physician assistant is rendering medical services; however, it is imperative that a supervising physician and a physician assistant are or can be in contact with each other by telecommunication.~~
- ~~18. “Written Plan of Supervision” means a document that meets the requirements of this rule and which identifies the physician assistant’s scope of practice, delegates only those medical tasks appropriate to the physician assistant’s level of competence, identifies the~~

~~relationship of and access to the supervising physician(s), and describes the process for evaluating the physician assistant's performance.~~

SECTION 2. UNIFORM QUALIFICATIONS ~~TO PRACTICE~~ FOR LICENSURE

1. License ~~and Certificate of Registration~~ Required

An individual must hold ~~BOTH~~ an active license ~~and a current certificate of registration~~ issued by the Board in order to render medical services as a physician assistant in the State of Maine.

2. Uniform Application for Licensure ~~/Certificate of Registration~~

A. The Boards shall develop a uniform application form for licensure, ~~and a uniform application form for a certificate of registration.~~

B. Applicants for physician assistant licensure ~~and a certificate of registration~~, shall complete the Board-approved application forms, and submit them to the Board together with all required fees and required documentation.

3. Uniform Requirements for Temporary/New Graduate License

A. The Board, or if delegated, Board staff may issue a one-time, non-renewable temporary license to practice as a physician assistant to an applicant who:

- (1) Submits an administratively complete application; ~~on forms approved by the Board;~~
- (2) Pays the appropriate uniform licensure fee;
- (3) Has successfully completed an educational program for physician assistants accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or their successors;
- (4) Has no license, certification or registration as a physician assistant, or any other type or classification of health care provider license, certification or registration under current discipline, revocation, suspension, restriction or probation;
- (5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law;
- (6) Passes, at the time of license application, a jurisprudence examination administered by the Board; and
- (7) Is currently scheduled to take, but has not yet taken, the national certifying examination administered by the NCCPA (NCCPA examination) or its successor organization, or has taken the NCCPA examination and is awaiting the results. **An applicant who has taken**

the NCCPA examination and failed to pass is not eligible to apply for a temporary license.

- B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.
- C. A temporary license is valid until one of the following occurs:
 - (1) A period not to exceed six (6) months from the date of issuance has elapsed;
 - (2) The Board and/or physician assistant receive notice of the failure to pass the NCCPA examination; or
 - (3) Board staff receives notice of the passage of the NCCPA examination, upon which Board staff shall issue a full license so long as all other qualifications have been met and no cause exists that may be considered grounds for disciplinary action or denial of licensure as provided by law.
- D. **Incomplete Application**

Any application for a temporary license that has been on file without action for ~~three (3)~~ ~~four (4)~~ months shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process in order to proceed to licensure.

4. Uniform Requirements for Full License

- A. The Board, or if delegated, Board staff may issue a full license as a physician assistant to an applicant who:
 - (1) Submits an administratively complete application ~~on forms approved by the Board~~;
 - (2) Pays the appropriate uniform licensure fee;
 - (3) Has successfully completed an educational program for physician assistants accredited by the American Medical Association Committee on Allied Health Education and Accreditation, or the Commission for Accreditation of the Allied Health Education Programs, or their successors;
 - (4) Has no license, certification or registration as a physician assistant, or any other type or classification of health care provider license, certification or registration under current discipline, revocation, suspension, restriction or probation;
 - (5) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law;

- (6) Passes, at the time of license application, a jurisprudence examination administered by the Board; and
- (7) Has passed the NCCPA certification examination and holds a current certification issued by the NCCPA that has not been subject to disciplinary action by the NCCPA at the time the license application is acted upon by the Board.

(8) Demonstrates current clinical competency as required by this rule.

(9) A new licensee who is scheduled to renew three (3) months or less from the date of original licensure will be issued a license through the next renewal cycle.

- B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

C. **Incomplete Application**

Any application that has been on file without action for one (1) year shall be deemed administratively incomplete and shall be discarded. The applicant must restart the application process in order to proceed to licensure.

~~5. Uniform Requirements for Certificate of Registration~~

~~A. In order to render medical services, a physician assistant must have BOTH a current license and a certificate of registration issued by the Board for each primary supervising physician relationship. The Board may issue a certificate of registration to a physician assistant who:~~

- ~~(1) Possesses a temporary or full license issued by the Board;~~
- ~~(2) Submits an administratively complete application for a certificate of registration on a form approved by the Board;~~
- ~~(3) Pays the appropriate uniform fee for certificate of registration; and~~
- ~~(4) Submits a written plan of supervision that conforms to the requirements of this rule.~~

~~6. Uniform Requirements for Active Nonclinical License~~

~~A. Active Nonclinical License. The Board, or if delegated, Board staff shall issue an active nonclinical license to an applicant who meets the qualifications for licensure, but who does not have an active current certificate of registration or does not currently have a primary supervising physician registered with the Board.~~

~~B. License Conversion: The Board, or if delegated, Board staff shall convert an active license to an active nonclinical license for any licensee who meets the~~

~~qualifications for licensure, but who does not have a current certificate of registration issued by the Board or does not currently have a primary supervising physician registered with the Board.~~

~~7. Uniform Process for Conversion of Active Nonclinical License to Active License~~

~~A. The Board, or if delegated, Board staff may convert the status of a physician assistant's license from active nonclinical to active for an applicant who:~~

- ~~(1) Submits an administratively complete application for a certificate of registration on a form approved by the Board;~~
- ~~(2) Pays the appropriate uniform fee for a certificate of registration; and~~
- ~~(3) If not actively engaged in clinical practice for twelve (12) of the eighteen (18) months prior to submission of the administratively complete application, provides documentation to the satisfaction of the Board demonstrating current clinical competency. Such proof may include the completion of additional training or education.~~
- ~~(4) Submits a written plan of supervision that conforms to the requirements of this rule.~~

~~B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding CME credits or active clinical practice, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.~~

SECTION 3. UNIFORM REQUIREMENTS FOR RENEWAL/INACTIVE STATUS/REINSTATEMENT/ WITHDRAWAL OF LICENSE

1. License Expiration and Renewal

Except for temporary licenses, the license of every physician assistant born in an odd-numbered year expires at midnight on the last day of the month of the physician assistant's birth every odd-numbered year. The license of every physician assistant born in an even-numbered year expires at midnight on the last day of the month of the physician assistant's birth every even-numbered year. The physician assistant must renew the license every two (2) years prior to the expiration of the license by submitting an administratively complete application to the Board on forms approved by the Board.

2. Renewal Notification

At least sixty (60) days prior to the expiration of a current license, the Board shall notify each licensee of the requirement to renew the license. If an administratively complete re-licensure application has not been submitted prior to the expiration date of the existing license, the license immediately and automatically expires. A license may be reinstated

up to 90 days after the date of expiration upon payment of the renewal fee and late fee. If an administratively complete renewal application is not submitted within 90 days of the date of the expiration of the license, the license immediately and automatically lapses. The Board may reinstate a license pursuant to law.

3. Criteria for Active License Renewal

A. The Board, or if delegated, Board staff may renew the active license of a physician assistant who meets the following requirements:

- (1) Submits an administratively complete license renewal application form;
- (2) Pays the appropriate license renewal fee and/or late fee (if any);
- (3) Affirms that the licensee has met the CME requirements. In the event that the required CME is not complete, the physician assistant may request an extension of time for good cause to complete the CME. The Board Secretary, Board Chair, or their designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits;
- (4) Demonstrates continuing clinical competency as required by this rule;
- (5) Successfully completes the Board's jurisprudence examination when directed by the Board; and
- (6) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

C. Timeliness of Application

If an application for renewal of license is not administratively complete and postmarked or received electronically by the date of expiration of the license, the late fee shall be assessed.

4. Criteria for Inactive License Renewals

A. The Board, or if delegated, Board staff may renew the inactive license of a physician assistant who meets all of the following requirements:

- (1) Submits an administratively complete license application form;
- (2) Pays the appropriate license renewal fee and/or late fee (if any); and
- (3) Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.

B. Timeliness of Application

If an application for renewal of license is not administratively complete and postmarked or received electronically by the date of expiration of the license, the late fee shall be assessed.

5. License Status Conversions Between Scheduled Renewal Dates

A. Process for Conversion from Active to Inactive License

A physician assistant may convert an active license to an inactive license between scheduled renewal dates by filing a written request with the Board. Upon receipt of a written request, the Board staff shall convert the active license to an inactive license. The biennial renewal date remains unchanged.

B. Process for Conversion from Inactive to Active License

The Board, or if delegated, Board staff may convert the status of a physician assistant's license from inactive to active for an applicant who:

- (1) Files an administratively complete application with the Board;
- (2) Pays the appropriate conversion fee;
- (3) Provides evidence of having met the Board's requirements for CME;
- (4) Demonstrates continuing clinical competency as required by this rule;
- (5) Meets the jurisprudence examination requirement; and
- (6) Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

C. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding an applicant's qualifications, Board staff shall consult with

the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

6. Uniform Process for Withdrawal of License or Withdrawal of an Application for License

- A. A physician assistant may request to withdraw a license by submitting an administratively complete renewal application which states the reason for requesting the withdrawal of the license.
- B. An applicant may request to withdraw their application for a license by submitting a written request which states the reason for requesting to withdraw the application.
- C. The Board staff may approve an application to withdraw a license or a request to withdraw an application if the Board has no open investigation or complaint regarding the applicant, and no cause exists that may be considered grounds for disciplinary action or denial or licensure as provided by law.
- D. If a request to withdraw a license or an application for a license is presented to the Board, the Board shall determine whether to grant the request and whether the request was made while the applicant was under investigation by the Board.

7. Requirements for License Reinstatement

- A. The Board, or if delegated, Board staff may reinstate a lapsed or withdrawn license of a physician assistant who meets all of the following requirements:
 - (1) Submits an administratively complete reinstatement application;
 - (2) Pays the appropriate reinstatement fee(s);
 - (3) Provides a written statement explaining why he/she withdrew or allowed the license to lapse and a detailed listing of his/her activities since that time;
 - (4) Held a Maine physician assistant license or was deemed to have held a valid Maine physician assistant license prior to filing an application for reinstatement;
 - (5) Passes, at the time of license application, a jurisprudence examination administered by the Board;
 - (6) Has passed the NCCPA certification examination and holds a current certification issued by the NCCPA that has not been subject to

disciplinary action by the NCCPA at the time the license application is acted upon by the Board;

(7) Demonstrates current clinical competency as required by this rule; and

(8) Has no cause existing that may be considered grounds for disciplinary action or denial of license reinstatement as provided by law.

B. In the event that the Board delegates licensing decisions to Board staff and there is any question regarding reinstatement of the license, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.

C. A physician assistant whose license has lapsed or been withdrawn for more than five (5) years shall apply for a new license.

D. The applicant's license may not be reinstated if the applicant has not provided evidence satisfactory to the Board of having actively engaged in active rendering of medical services continuously for at least the past 12 months under the license of another jurisdiction of the United States or Canada unless the applicant has first satisfied the Board of the applicant's current competency by passage of written examinations or practical demonstrations as the Board may prescribe, including but not limited to meeting the continued clinical competency requirements of this rule.

SECTION 4. UNIFORM CONTINUING CLINICAL COMPETENCY REQUIREMENTS

1. Requirements

A. General

If an applicant has not engaged in the active rendering of medical services during the 24 months immediately preceding the filing of the application, the Board may determine on a case by case basis in its discretion whether the applicant has adequately demonstrated continued competency to render medical services.

B. Demonstrating Current Competency

The Board may require an applicant to submit to any competency assessment(s) or evaluation(s) conducted by a program approved by the Board. If the assessment/evaluation identifies gaps or deficiencies, the applicant must complete an educational/remedial program to address them or engage in supervised practice as required by the Board. The Board retains the discretion regarding the method of determining continued competency based upon the

applicant's specific circumstances. The methodology may include but is not limited to successful passage of examination(s), completion of additional training, and successful completion of a formal reentry to practice plan approved by the Board.

C. If the Board determines that an applicant requires a period of supervised practice and/or the completion of an educational or training program, the Board may at its discretion issue the applicant a probationary license pursuant to a consent agreement or issue an applicant a temporary license in conjunction with a reentry to practice plan.

D. All expenses, including but not limited to, expenses associated with the assessment, evaluation, test, supervision and/or training requirements are the sole responsibility of the applicant.

~~8. Uniform Requirements for Renewal of License and Certificate of Registration~~

~~A. Uniform expiration~~

~~Commencing January 1, 2016, regardless of the date of initial licensure or last license renewal, the license and certificate of registration of every physician assistant born in an odd-numbered year expires at midnight on the last day of the month of the physician assistant's birth every odd-numbered year. The license and certificate of registration of every physician assistant born in an even-numbered year expires at midnight on the last day of the month of the physician assistant's birth every even-numbered year. Prior to expiration of the license and certificate of registration, the physician assistant must renew the license and certificate of registration every two (2) years by the last day of the month of birth of the physician assistant seeking renewal, by means of application to the Board on forms prescribed and supplied by the Board.~~

~~CME may be pro-rated to accommodate the first transition cycle.~~

~~B. Uniform license/certificate of registration renewal notification~~

~~At least sixty (60) days prior to the expiration of a current license and certificate of registration, the Board shall mail or e-mail to each licensee, at the licensee's last known address, a notice of the requirement to renew the license and certificate(s) of registration.~~

~~C. Uniform criteria for license renewal~~

~~(1) The Board, or if delegated, Board staff may renew the license of a physician assistant who meets all of the following requirements:~~

~~(a) Submits an administratively complete license renewal application form;~~

- ~~(b) — Pays the appropriate uniform license renewal fee;~~
 - ~~(c) — Affirms that the licensee has met the continuing medical education (CME) requirements. In the event that the required CME is not complete, the physician assistant may request an extension of time for good cause to complete the CME. The Board Secretary, Board Chair, or their designee has the discretion to grant or deny a request for an extension of time to complete the required CME credits;~~
 - ~~(d) — Maintains a copy of the current written plan of supervision for each practice location, which must be made available upon request by the Board or Board staff; and~~
 - ~~(e) — Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of licensure as provided by law.~~
- ~~(2) — In the event that the Board delegates licensing decisions to Board staff and there is any question regarding the applicant's qualifications, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.~~

~~D. — Uniform criteria for renewal of certificate of registration~~

- ~~(1) — The Board, or if delegated, Board staff may renew a certificate of registration of a physician assistant who meets all of the following requirements:~~
 - ~~(a) — Submits an administratively complete renewal application form;~~
 - ~~(b) — Pays the appropriate uniform renewal of certificate of registration fee;~~
 - ~~(c) — Maintains a copy of the current plan of supervision for each practice location which must be made available upon request by the Board or Board staff; and~~
 - ~~(d) — Has no cause existing that may be considered grounds for disciplinary action or denial of renewal of the certificate of registration as provided by law.~~
- ~~(2) — In the event that the Board delegates licensing decisions to Board staff and there is any question regarding renewal of the certificate of registration, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.~~

~~E. — Uniform criteria for change of certificate of registration~~

- ~~(1) — The Board, or if delegated, Board staff may change a certificate of registration for a physician assistant who meets all of the following requirements:~~
 - ~~(a) — Submits an administratively complete certificate of registration application form;~~
 - ~~(b) — Pays the appropriate uniform fee for certificate of registration;~~
 - ~~(c) — Submits a written plan of supervision, if requested, that conforms to the requirements of this rule; and~~
 - ~~(d) — Has no cause existing that may be considered grounds for disciplinary action or denial of the certificate of registration as provided by law.~~
- ~~(2) — In the event that the Board delegates licensing decisions to Board staff and there is any question regarding change of the certificate of registration, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.~~

~~9. — Uniform Criteria for License Reinstatement~~

- ~~A. — The Board, or if delegated, Board staff may reinstate a lapsed or withdrawn license of a physician assistant who meets all of the following requirements:~~
 - ~~(1) — Submits an administratively complete reinstatement application form;~~
 - ~~(2) — Pays the appropriate uniform reinstatement fee;~~
 - ~~(3) — Provides a written statement explaining why he/she withdrew or allowed the license to lapse and a detailed listing of his/her activities since that time; and~~
 - ~~(4) — Has no cause existing that may be considered grounds for disciplinary action or denial of license reinstatement as provided by law.~~
- ~~B. — In the event that the Board delegates licensing decisions to Board staff and there is any question regarding reinstatement of the license, Board staff shall consult with the Board Secretary, Board Chair, or their designee who may approve the application or defer action on the application to the full Board.~~
- ~~C. — A physician assistant whose license has lapsed or been withdrawn for more than five (5) years shall apply for a new license.~~
- ~~D. — The Board, at its discretion, may not reinstate the license of any physician assistant who has not provided evidence satisfactory to the Board of having actively engaged in the supervised rendering of medical services for at least twelve (12) of the eighteen (18) months prior to submission of the administratively complete reinstatement application under the license of another~~

~~jurisdiction of the United States or Canada. The applicant may not be reinstated unless the Board is satisfied with the applicant's current clinical competence. If the applicant has not been in active practice, the Board may require the applicant to complete a competency update after review of the application. Possible competency updates may include programs as approved by the Board.~~

~~10.~~ **Uniform Process for Withdrawal of License**

~~A physician assistant licensed by the Board may request to withdraw from licensure by submitting an administratively complete renewal application which states the reason for requesting withdrawal of licensure.~~

SECTION 5. ~~11.~~ Uniform Fees UNIFORM FEES

A. Board staff shall collect the following fees prior to the issuance of any license or certificate:

(1) Initial License Application \$~~300~~200

(2) Late Fee \$50

~~(2) Initial Certificate of Registration \$50~~
~~(Not to exceed \$250 per license biennium)~~

(3) License Renewal \$~~250~~000

~~(4) Certificate of Registration Renewal \$50~~
~~(Not to exceed \$250 per license biennium)~~

~~(5) Certificate of Registration Change \$50~~

~~(46)~~ License Reinstatement after Withdrawal \$200

~~(57)~~ License Reinstatement after Lapse \$400

B. Board staff may prorate the fees for any license ~~or registration~~ that will expire less than ~~twelve (12)~~six (6) months after its issuance.

SECTION ~~63.~~ 63. UNIFORM SCOPE OF PRACTICE FOR PHYSICIAN ASSISTANTS

1. **General**

A physician assistant may provide any medical service for which the physician assistant has been prepared by education, training and experience and is competent to perform. The scope of practice of a physician assistant is determined by the practice setting. Physician assistant scope of practice delineated in collaborative agreements or practice agreements are subject to review and approval by the Board.

Delegated Authority

- ~~A. Physician assistants render medical services under physician supervision. Physician assistants may render only those medical services that have been delegated to the physician assistant by a supervising physician pursuant to a written plan of supervision.~~
- ~~B. Supervising physicians and the physician assistants whom they supervise are responsible for ensuring that any medical service that is delegated is:~~
 - ~~(1) Within the scope of practice of the supervising physician;~~
 - ~~(2) Suitable to be performed by the physician assistant, taking into account the physician assistant's education, training, and level of competence and experience; and~~
 - ~~(3) Included in the written plan of supervision.~~
- ~~C. Medical services that may be delegated by a physician to a physician assistant pursuant to a written plan of supervision include:~~
 - ~~(1) Ordering and performing diagnostic, therapeutic, and other medical services.~~
 - ~~(2) Prescribing, administering, and dispensing of all medical devices and legend drugs, including all drugs in Schedules II-V, as defined in the *Controlled Substances Act*, 21 U.S.C. §801, *et seq.*, to the extent permitted by state and federal law and in accordance with the following:~~
 - ~~(a) If authorized and delegated by the primary supervising physician, the delegation of the authority to prescribe, administer, or dispense scheduled drugs must be specifically included in the written plan of supervision and must identify which scheduled drugs (e.g. schedule II, schedule III, etc.) the physician assistant is authorized to prescribe, administer or dispense.~~
 - ~~(b) The primary supervising physician shall perform a review of the physician assistant's scheduled drug prescribing practices every three months during the first year of the physician assistant's delegation of scheduled drug prescribing authority in the plan of supervision. Thereafter, the primary supervising physician shall conduct such a review every six months. All reviews shall include a review of patient charts and a review of the Prescription Monitoring Program reports. The primary supervising physician shall take corrective action regarding any deficiencies noted regarding the physician assistant's scheduled drug prescribing practices.~~

- ~~(c) — Physician assistants may not prescribe Methadone, Suboxone (Buprenorphine), or Subutex unless allowed under state and federal laws. If permitted under state and federal laws, and if delegated by the primary supervising physician, the authority to prescribe Methadone, Suboxone (Buprenorphine), or Subutex must be specifically included in the written plan of supervision.~~
- ~~(d) — Physicians are ultimately responsible for the prescribing practices of the physician assistants working under their delegation, and should closely monitor the prescribing of all scheduled drugs and controlled substances. Inappropriate prescribing practices by a physician assistant shall constitute grounds to discipline the physician assistant and supervising physicians(s).~~
- ~~(3) — The rendering of medical services that are not routinely within the practice or regularly performed by the primary supervising physician so long as adequate oversight is ensured by a secondary supervising physician with the requisite training and experience to ensure competent provision of the medical services delivered by the physician assistant.~~

2. Practice Setting

~~A physician assistant may render medical services in the following settings including, but not limited to a physician employer setting, physician group practice setting or independent private practice setting, or in a health care facility setting, by a system of credentialing and granting of privileges. only in a practice setting in which the supervising physician agrees to provide supervision as documented in the written plan of supervision.~~

3. Consultation

~~Physician assistants shall, as indicated by a patient's condition, the education, competencies and experience of the physician assistant and the standards of care, consult with, collaborate with or refer the patient to an appropriate physician or other health care professional. The level of consultation required is determined by the practice setting, including a physician employer, physician group practice, or private practice, or by the system of credentialing and granting of privileges of a health care facility. A physician must be accessible to the physician assistant at all times for consultation. Consultation may occur electronically or through telecommunication and includes communication, task sharing and education among all members of a health care team. Upon request of the Board, a physician assistant shall identify the physician who is currently available or was available for consultation with the physician assistant.~~

43. Delegation by Physician Assistants

~~A physician assistant may delegate to the physician assistant's employees or support staff or members of a health care team, including medical assistants, certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician assistant. The physician assistant who delegates an activity is legally liable for the activity performed by the employee, medical assistant,~~

support staff or a member of a health care team.

- ~~A. Physician assistants rendering medical services under delegation from a supervising physician may delegate certain medical services to medical assistants when the medical services are under the control of the physician assistant or the supervising physician, one of whom must be present on the premises at the time the medical services are performed.~~
- ~~B. The supervising physician is ultimately responsible for any medical services delegated to the medical assistant by the physician assistant.~~
- ~~C. The medical services delegated by the physician assistant to a medical assistant must be described in the written plan of supervision.~~
- ~~D. The medical assistant may perform all assigned tasks authorized by the supervising physician as delegated by the physician assistant and identified in the physician assistant's plan of supervision, with the following exceptions:
 - ~~(1) Patient triage;~~
 - ~~(2) Patient examination; and~~
 - ~~(3) Obtaining informed consent (except for immunizations)~~~~

5. Dispensing Drugs

Except for distributing a professional sample of a prescription or legend drug, a physician assistant who dispenses a prescription or legend drug:

- A. Shall comply with all relevant federal and state laws and federal regulations and state rules; and
- B. May dispense the prescription or legend drug only when:
 - (1) A pharmacy service is not reasonably available;
 - (2) Dispensing the drug is in the best interests of the patient; or
 - (3) An emergency exists.

6. Legal Liability

A physician assistant is legally liable for any medical service rendered by the physician assistant.

7. Collaborative Agreements/Practice Agreements

Physician assistants who are required to have either a collaborative agreement or a practice agreement with an actively licensed Maine physician shall conform their scope of practice to that which has been reviewed and approved by the Board. Such agreements must be kept on file at the physician assistant's main location of practice and be made available to the Board or the Board's representative upon request. Upon any change to the parties in a practice agreement or other substantive change to the practice agreement, the physician assistant shall submit the revised practice agreement to the Board for review and approval.

8. Criteria for Requiring Collaborative Agreements or Practice Agreements

A. Collaborative Agreement. Physician assistants with less than 4,000 hours of documented clinical practice must have one (1) of the following in order to render medical services under their Maine license:

- (1) A Board-approved collaborative practice agreement with a Maine physician holding an active, unrestricted physician license; or
- (2) A scope of practice agreement through employment with a health care system or physician group practice as defined by this rule that has a system of credentialing and granting of privileges.

B. Practice Agreement. Physician assistants with more than 4,000 hours of documented clinical practice as determined by the Board and who are the principal clinical provider without a physician partner or who own and/or operate an independent practice must have the following in order to render medical services under their Maine license:

- (1) A Board-approved practice agreement with a Maine physician holding an active, unrestricted physician license.

C. Physician assistants with more than 4,000 hours of documented clinical practice as determined by the Board and are employed with a health care facility or physician group practice as defined by this rule under a system of credentialing and granting of privileges and scope of practice agreement are not required to have either a collaborative agreement or a practice agreement.

SECTION 4. UNIFORM STANDARDS FOR PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS

1. Supervising Physician Requirements

A. Prior to supervising a physician assistant a physician must:

- (1) Have an active, unrestricted permanent, temporary or emergency license to practice medicine in this state, unless the Board has waived the requirement that the PSP license be unrestricted;
- (2) Prepare and sign a written plan of supervision that includes all of the elements and technical requirements of supervision as set forth in this rule; and

- ~~(3) — Maintain a copy of the written plan of supervision on file at the location specified in the plan of supervision, which shall be immediately produced upon request of the Board or the Board staff.~~

~~B. — Prohibited physician conduct~~

- ~~(1) — No physician shall delegate to any person other than another physician licensed by the Board of Licensure in Medicine or the Board of Osteopathic Licensure the performance of medical services which constitute the practice of medicine or surgery, except in full compliance with this chapter or pursuant to 32 M.R.S. §3270-E or 32 M.R.S. §2594-E.~~
 - ~~(2) — No physician shall supervise a physician assistant who does not possess a valid license and certificate of registration issued by the Board.~~
 - ~~(3) — No physician shall supervise a physician assistant without complying with the requirements of this rule.~~
- ~~2. — A supervising physician is responsible for observing, directing and evaluating the work, records and practices performed by the physician assistant pursuant to a written plan of supervision and is legally responsible for the practice of the physician assistant at all times.~~
 - ~~3. — A supervising physician may not permit a physician assistant to practice independently.~~
 - ~~4. — A supervising physician is responsible for providing continuous supervision of the physician assistant. Constant physical presence of the supervising physician at the time and place that the services are rendered by the physician assistant is not required:~~
 - ~~A. — So long as the supervising physician and the physician assistant are, or can be, easily in contact with one another by electronic communication, including but not limited to telecommunication; and~~
 - ~~B. — Unless physical presence is necessary to provide the same quality of patient care as provided by the physician.~~
 - ~~5. — Appropriate supervision shall include:~~
 - ~~A. — Active and continuing overview of the physician assistant's activities to determine that the supervising physician's directions are being implemented;~~
 - ~~B. — Immediate availability of the supervising physician, either in person or by electronic communication, to the physician assistant for all necessary consultations;~~
 - ~~C. — Personal and regular review, at least quarterly, by the supervising physician of selected patient records upon which entries are made by the physician assistant. The supervising physician shall select the patient records for review on the basis of written criteria established by the supervising physician and the physician~~

~~assistant and the chart review will be sufficient in number to assure adequate review of the physician assistant's scope of practice; and~~

~~D. Periodic, in person, education and review sessions discussing specific conditions, protocols, procedures and specific patients shall be held by the supervising physician for the physician assistant in accordance with the terms of the written plan of supervision. These sessions must occur at least twice each calendar year, and must be documented by the supervising physician and the physician assistant.~~

~~6. It is the responsibility of the primary supervising physician to ensure that supervision is maintained in his or her absence. A primary supervising physician may designate one or more covering supervising physicians. To serve as a covering supervising physician, a physician must hold an active, unrestricted license to practice medicine in this State. A covering supervising physician, jointly with the supervising physician, shall be legally responsible for the acts of the physician assistant which occur during periods of time when the covering supervising physician is providing supervision to the physician assistant. A covering supervising physician shall accept supervisory responsibility for periods of time not to exceed the time period specified in the written plan of supervision, which time period may not exceed forty five (45) consecutive calendar days.~~

~~7. In the event of the sudden departure, incapacity, or death of the supervising physician, a registered secondary or covering supervising physician may assume the role of supervising physician in order to provide continuity of care for the patients of the former supervising physician.~~

SECTION 75. UNIFORM ELEMENTS OF WRITTEN COLLABORATIVE AND PRACTICE AGREEMENTS PLANS OF SUPERVISION

1. All written ~~plans of supervision~~ collaborative agreements and practice agreements shall include at a minimum:

A. The physician assistant's scope of practice and practice setting, including the types of patients and patient encounters common to the practice, a general overview of the role of the physician assistant in the practice setting, and the tasks that the physician assistant ~~may will be delegating~~ delegate to medical assistants.

B. Identify any and all active Maine physician(s) who are signatories to a collaborative or practice agreement that describes the physician assistants' scope of practice;

C. Identify the method(s) of consultation with the active Maine physicians who are signatories to a collaborative or practice agreement, and any limitations regarding the ability of the physician(s) to provide consultation, including limitations as to scope of practice or availability. The physician(s) who are signatories to a collaborative or practice agreement shall provide consultation only within their scope of practice and must be available for consultation with the physician assistant at all times and for all medical services rendered by the physician assistant.

~~A description of the type and level of supervision, including:~~

- ~~(1) — Whether the delegation of medical services is appropriate to the physician assistant's level of competence;~~
- ~~(2) — If any medical services to be rendered are outside the normal practice of the primary supervising physician;~~
- ~~(3) — The supervisory arrangements that assure appropriately trained supervision by a physician with the requisite specialty training if outside the normal practice of the primary supervising physician;~~
- ~~(4) — A description of the relationship and ability to access the supervising physician(s); and~~
- ~~(5) — A description of physician supervision when the primary supervising physician is not available. In such a circumstance, a covering supervising physician should be available for direct consultation with the physician assistant.~~
- ~~(6) — A description of the mechanism and process for evaluating the physician assistant's performance. Such a process must include:~~
 - ~~(a) — **Primary Supervising Physician.** At least two documented meetings each licensure year between each primary supervising physician and the physician assistant during the physician assistant's two-year licensing cycle to evaluate the physician assistant's performance (semi-annual evaluations). All four semi-annual evaluations shall be documented on a form attached to the most current plan of supervision. If the primary supervising physician supervises the physician assistant for less than six months of a licensure year, only one evaluation need be completed for that licensure year. Semi-annual evaluations must be signed by the primary supervising physician and the physician assistant and the information must be kept by the physician assistant. Each semi-annual meeting evaluation shall address the following areas:~~
 - ~~(i) — clinical and procedural care delivery, including physician assistant supervision of medical assistants;~~
 - ~~(ii) — patient relations and professionalism;~~
 - ~~(iii) — documentation review. It is recommended that a representative sample of patient charts be reviewed on a routine basis; and~~
 - ~~(iv) — prescriptive practices. Special attention shall be devoted to the prescribing of controlled substances, if such prescribing is authorized. If controlled substances are prescribed a review of Prescription Monitoring Program reports shall be conducted.~~

~~(7) — Secondary Supervising Physician. If the physician assistant is routinely working under the supervision of a secondary supervising physician who is a medical specialist (i.e. cardiologist, neurologist, etc.) outside of the primary supervising physician's field of practice, then the secondary supervising physician shall also perform semi-annual evaluations that shall address the following areas:~~

~~(a) — clinical and procedural care delivery, including physician assistant supervision of medical assistants;~~

~~(b) — patient relations and professionalism;~~

~~(c) — documentation review. It is recommended that a representative sample of patient charts be reviewed on a routine basis; and~~

~~(d) — prescriptive practices. Special attention shall be devoted to the prescribing of controlled substances, if such prescribing is authorized. If controlled substances are prescribed a review of Prescription Monitoring Program reports shall be conducted.~~

~~D. — C. —~~ **Maintenance and production of plan of supervisioncollaborative and practice agreements**

(1) Physician assistants licensed ~~and registered~~ to practice in accordance with these rules ~~and their supervising physicians~~ must prepare and have on file in the main administrative office of the practice or practice location a written, dated plan of supervisioncollaborative or practice agreement that is signed by both the ~~supervising~~ physician(s) and the physician assistant and contains the elements ~~of supervision~~ as required by this rule. ~~The plan of supervision shall specify at which location the plan of supervision will be maintained.~~

~~(2) — The plan of supervision must be reviewed and updated as necessary but at least every two years at license/registration renewal. A statement shall be attached to the plan stating the date the plan was reviewed and any changes to the plan, and shall be signed by the physician assistant and supervising physicians(s).~~

~~(3) — If a physician assistant is to be supervised by (a) secondary supervising physician(s), the secondary supervising physician(s) must accept delegation of supervision in writing as part of the plan of supervision.~~

~~(24)~~ Failure to have a current written plan of supervisioncollaborative or practice agreement on file ~~at the location specified in the plan of supervision~~ and/or failure to produce a current ~~written plan of supervisioncollaborative or practice agreement~~ upon request of the Board or Board staff shall result in a citation and/or possible disciplinary action.

~~D. —~~ **Plan of supervision audit**

- ~~(1) — Board staff may perform random audits of all plans of supervision by requesting that the physician assistant produce a copy of any plan of supervision.~~
- ~~(2) — Upon request of the Board or Board staff, a physician assistant shall immediately provide a copy of the plan of supervision and, if applicable, the document showing the delegation of that plan to a secondary supervising physician, and/or copies of relevant performance review documentation. Such request may be made in writing or in person at the practice setting, in which case the plan shall be provided immediately. The Board may require the plan to be amended for purposes of ensuring public safety as required by law.~~

SECTION **86.** UNIFORM NOTIFICATION REQUIREMENTS FOR PHYSICIAN ASSISTANTS

1. Change of ~~Collaborative Agreement or Practice Agreement~~ **Primary Supervising Physician(S)**

- ~~A. — A physician assistant licensed by the Board shall, upon changing a primary supervising physician, shall~~ notify the Board in writing within ten (10) calendar days of any change to a collaborative agreement or practice agreement by submitting a revised collaborative agreement or practice agreement ~~by submitting a to the Board for review and approval. uniform form approved by the Board, which shall include:~~
- ~~(1) — The name, business address, and telephone number of the new primary supervising physician(s); and~~
 - ~~(2) — A statement that the new primary supervising physician has agreed to accept responsibility for all acts of the physician assistant and has signed a written plan of supervision that meets the requirements of this rule.~~

2. Termination of ~~Plan of Supervision~~ **Collaborative or Practice Agreement**

A physician assistant licensed by the Board shall notify the Board in writing within ten (10) calendar days regarding the termination of any collaborative or practice agreement. plan of supervision or supervisory relationship ~~Such notification shall include the reason for the termination. and the basis for the termination of the plan of supervision or supervisory relationship.~~

3. Change of Contact Information

A physician assistant licensed by the Board shall notify the Board in writing within ten (10) calendar days of any change in work or home address, email, phone, or other contact information.

4. ~~Death/Departure of Supervising Physician~~

~~A physician assistant licensed by the Board shall notify the Board in writing within ten (10) calendar days of any death or permanent or long-term departure of the supervising physician from the practice location.~~

4. Death/Departure of Collaborating Physician

A physician assistant licensed by the Board shall notify the Board in writing within ten (10) calendar days of the death or permanent or long-term departure of a collaborating physician who is a signatory to either a collaborative agreement or a practice agreement.

5. Failure to Pass NCCPA Examination

A physician assistant issued a temporary license by the Board shall notify the Board in writing within ten (10) calendar days of the failure to pass the NCCPA examination.

6. Criminal Arrest/Summons/Indictment/Conviction

A physician assistant shall notify the Board in writing within ten (10) calendar days of being arrested, summonsed, charged, indicted or convicted of any crime.

7. Change in Status of Employment or Hospital Privileges

A physician assistant shall notify the Board in writing within ten (10) calendar days of termination of employment, or any limitation, restriction, probation, suspension, revocation or termination of hospital privileges.

8. Disciplinary Action

A physician assistant shall notify the Board in writing within ten (10) calendar days of disciplinary action taken by any licensing authority including, but not limited to, warning, reprimand, fine, suspension, revocation, restriction in practice or probation.

9. Material Change

A physician assistant shall notify the Board in writing within ten (10) calendar days of any material change in qualifications or the information and responses provided to the Board in connection with the physician assistant's most recent application.

10. Name Change

A physician assistant licensed by the Board shall notify the Board in writing within thirty (30) calendar days regarding any legal change in her/his name and provide the Board with a copy of the pertinent legal document (e.g. marriage certificate or court order).

SECTION 27. UNIFORM CITATION

1. The board, or if delegated, board staff may issue citations in lieu of taking disciplinary action for:

- A. The failure to have a current ~~written collaborative or practice agreement plan of supervision~~ that conforms to the requirements of this rule ~~and performance review documentation~~ on file at the location specified ~~in the plan of supervision~~. The administrative fine for each violation is \$200; or
- B. The failure to file a written notification form with the relevant Board as required by this rule. The administrative fine for each violation is \$100.

2. **Service of Citation**

The citation may be served on the licensee by mail sent from the Board office.

3. **Right to Hearing**

The citation shall inform the licensee that the licensee may pay the administrative fine or request in writing a hearing before the Board regarding the violation. If the licensee requests a hearing, the citation shall be processed in the same manner as a complaint pursuant to 32 M.R.S. §3282-A, or 32 M.R.S. §2591-A except that the licensee's written response to the citation must be filed at the same time as the written request for hearing.

4. **Time for Payment or Request for Hearing**

The licensee shall either pay the administrative fine within thirty (30) days following issuance of the citation or request a hearing in writing within thirty (30) days following issuance of the citation. Failure to take either action within this thirty-day (30-day) period is a violation of the Board's rules that may subject the licensee to further disciplinary action by the Board for unprofessional conduct, including but not limited to an additional fine and action against the license.

5. **Citation Violations Not Reportable**

Administrative fines paid solely in response to citations issued pursuant to this rule do not constitute discipline or negative action or finding and shall not be reported to the Federation of State Medical Boards or the National Practitioner Databank or to any other person, organization, or regulatory body except as allowed by law. Citation violations and administrative fines are public records within the meaning of 1 M.R.S. §402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. §408-A.

SECTION 108. CONDUCT SUBJECT TO DISCIPLINE

Violation of this rule by a ~~physician or~~ physician assistant constitutes unprofessional conduct and is grounds for discipline of a ~~physician's or~~ physician assistant's license.

SECTION 119. UNIFORM CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS AND DEFINITIONS

In order to qualify to renew a license, a physician assistant must meet the following CME requirements:

1. Requirements

A. Each physician assistant who possesses an active license shall complete, during each biennial licensing period, a minimum of one hundred (100) credit hours of continuing medical education subject to the following:

(1) At least fifty (50) hours must be in Category 1 (as defined by this rule);

(2) The total one hundred (100) hours may be in Category 1.

(3) Fifty (50) credit hours may be in Category 2 (as defined by this rule).

B. If the required CME is not completed and submitted, then an inactive status license renewal will be issued unless the Board has granted an extension of time or deferment as described in Subsection 2C below.

C. Proof of current NCCPA certification at the time an application for renewal is submitted satisfies CME requirements.

D. CME for Opioid Prescribing

Physician assistants must complete 3 hours of Category 1 credit CME every two years on the prescribing of opioid medication as required by Board Rule Chapter 21 “Use of Controlled Substances for Treatment of Pain.”

2. Definitions of CME Categories

A. Category 1 CME includes:

(1) CME programs sponsored or co-sponsored by an organization or institution accredited by: the American Academy of Physician Assistants (AAPA); the American Medical Association Council on Medical Education (AMA); the Accreditation Council for Continuing Medical Education (ACCME); the American Academy of Family Practice (AAFP); the Committee on Continuing Medical Education of the Maine Medical Association (MMA); the American Osteopathic Association (AOA); or the Maine Osteopathic Association (MOA). Programs will be properly identified as such by approved sponsoring or co-sponsoring organizations. VALUE: One (1) credit hour per hour of participation. VERIFICATION: Certificate of completion, if requested by the Board as part of a CME audit.

(2) Papers or articles published in peer reviewed medical journals (journals included in Index Medicus) VALUE: Ten (10) credit hours for each article. Limit one article per year. VERIFICATION: Copy of first page of article, if requested by the Board as part of a CME audit.

(3) Poster preparation for an exhibit at a meeting designated for AMA/AOA/AAPA category 1 credit, with a published abstract. VALUE: Five (5) credit hours per poster. Limit one poster per year.

VERIFICATION: Copy of program with abstract and presenter identified, if requested by the Board as part of CME audit.

- (4) Teaching or presentation in activities designated for AMA/AOA/AAPA category 1 Credit. VALUE: Two (2) credit hours for each hour of preparation and presentation of new and original material. Limit ten (10) hours per year. VERIFICATION: Copy of program from activity, if requested by the Board as part of CME audit.
- (5) Medically related degrees, i.e. MPH, Ph.D. VALUE: Twenty-five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of CME audit.
- (6) Postgraduate training or advanced specialty training. VALUE: Fifty (50) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of CME audit.
- (7) Other programs developed or approved from time to time by the Board. VALUE: Determined by the Board at the time of approval. VERIFICATION: Determined by the Board at the time of approval.

B. Category 2 CME includes:

- (1) CME programs with non-accredited sponsorship, i.e. those not meeting the definition of Category 1 as defined in Subsection 2(A) above. VALUE: One (1) credit hour per hour of participation.
- (2) Medical teaching of medical students, interns, residents, fellows, practicing physicians, or allied professionals. VALUE: One (1) credit hour per hour of teaching.
- (3) Authoring papers, publications, books, or book chapters, not meeting the definition of Category 1 as defined in Subsection 2(A) above. VALUE: Ten (10) credit hours per publication. Limit ten (10) hours per year.
- (4) Non-supervised individual activities, i.e. journal reading, peer review activities, self-assessment programs which are not sponsored by an accredited Category 1 organization. VALUE: One (1) credit hour per hour of participation.

C. Exceptions to CME requirements

- (1) The Board, at its discretion, may grant an extension of time or deferment to a licensee who because of prolonged illness, undue hardship, or other extenuating circumstances has been unable to meet the requirements of CME.
- (2) CME will be prorated during the first licensure period.
- (3) CME requirements will be stayed for physician assistants called to active military duty according to current Board policy.

D. Evidence of completion

Board staff shall perform random audits of CME.

1. Requirements

~~A. Each physician assistant who possesses an active license shall complete, during each biennial licensing period, a minimum of one hundred (100) credit hours of continuing medical education subject to the following:~~

~~(1) At least forty (40) hours must be in Category 1 (as defined by this rule);~~

~~(2) The total one hundred (100) hours may be in Category 1.~~

~~(3) Sixty (60) credit hours may be in Category 2 (as defined by this rule).~~

~~B. If the required CME is not completed and submitted, then an inactive status license renewal will be issued unless the Board has granted an extension of time or deferment as described in Subsection 2C below.~~

~~C. Proof of current NCCPA certification at the time an application for renewal is submitted satisfies CME requirements.~~

2. Definitions of CME Categories

~~A. Category 1 CME includes:~~

~~(1) CME programs sponsored or co-sponsored by an organization or institution accredited by: the American Academy of Physician Assistants (AAPA); the American Medical Association Council on Medical Education (AMA); the Accreditation Council for Continuing Medical Education (ACCME); the American Academy of Family Practice (AAFP); the Committee on Continuing Medical Education of the Maine Medical Association (MMA); the American Osteopathic Association (AOA); or the Maine Osteopathic Association (MOA). Programs will be properly identified as such by approved sponsoring or co-sponsoring organizations. VALUE: One (1) credit hour per hour of participation. VERIFICATION: Certificate of completion, if requested by the Board as part of a CME audit.~~

~~(2) Papers or articles published in peer reviewed medical journals (journals included in Index Medicus) VALUE: Ten (10) credit hours for each article. Limit one article per year. VERIFICATION: Copy of first page of article, if requested by the Board as part of a CME audit.~~

~~(3) Poster preparation for an exhibit at a meeting designated for AMA/AOA/AAPA category 1 credit, with a published abstract. VALUE: Five (5) credit hours per poster. Limit one poster per year.~~

~~VERIFICATION: Copy of program with abstract and presenter identified, if requested by the Board as part of CME audit.~~

- ~~(4) Teaching or presentation in activities designated for AMA/AOA/AAPA category 1 Credit, VALUE: Two (2) credit hours for each hour of preparation and presentation of new and original material. Limit ten (10) hours per year. VERIFICATION: Copy of program from activity, if requested by the Board as part of CME audit.~~
- ~~(5) Medically related degrees, i.e. MPH, Ph.D. VALUE: Twenty five (25) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of CME audit.~~
- ~~(6) Postgraduate training or advanced specialty training. VALUE: Fifty (50) credit hours per year. VERIFICATION: Certified copy of diploma or transcript, if requested by the Board as part of CME audit.~~
- ~~(7) Other programs developed or approved from time to time by the Board. VALUE: Determined by the Board at the time of approval. VERIFICATION: Determined by the Board at the time of approval.~~

~~B. Category 2 CME includes:~~

- ~~(1) CME programs with non-accredited sponsorship, i.e. those not meeting the definition of Category 1 as defined in Subsection 2(A) above. VALUE: One (1) credit hour per hour of participation.~~
- ~~(2) Medical teaching of medical students, interns, residents, fellows, practicing physicians, or allied professionals. VALUE: One (1) credit hour per hour of teaching.~~
- ~~(3) Authoring papers, publications, books, or book chapters, not meeting the definition of Category 1 as defined in Subsection 2(A) above. VALUE: Ten (10) credit hours per publication. Limit ten (10) hours per year.~~
- ~~(4) Non-supervised individual activities, i.e. journal reading, peer review activities, self-assessment programs which are not sponsored by an accredited Category 1 organization. VALUE: One (1) credit hour per hour of participation.~~

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- ~~(2) CME will be prorated during the first licensure period.~~
- ~~(3) CME requirements will be stayed for physician assistants called to active military duty according to current Board policy.~~

~~D.~~ **Evidence of completion**

~~Board staff shall perform random audits of CME.~~

SECTION 120. IDENTIFICATION REQUIREMENTS

Physician assistants licensed under these rules shall keep their license ~~and certificate of registration~~ available for inspection at the location where they render medical services and shall, when rendering medical services, wear a name tag identifying themselves as a physician assistant.

SECTION 131. PHYSICIAN ASSISTANT ADVISORY COMMITTEE

1. The Boards shall appoint a Physician Assistant Advisory Committee (the Advisory Committee) comprised of such persons as it deems appropriate, but the Advisory Committee shall include at least two physicians and two physician assistants licensed by either the BOLIM or the BOL. The PA members of the BOL and the BOLIM shall also be members of the committee. The Boards may also appoint such Advisory Committee members it deems appropriate.
2. The duties of the Advisory Committee shall be to review matters and make recommendations pertaining to physician assistants ~~and the supervision of physician assistants~~ which the Boards request the Advisory Committee to consider.
3. Members of the Advisory Committee shall be appointed by the Boards for terms of up to four years. A member may be appointed by the Board for a second, and final four-year term. If a member is appointed to complete a term created by the premature departure of another member, the appointed member may still serve two full terms. The Boards may, at their discretion, remove any member from the Advisory Committee.
4. Members of the Advisory Committee shall not hold a leadership position or be an officer in a professional association regarding any professional occupation(s) licensed or regulated by the Boards.
5. The Chairperson of the Advisory Committee shall be a physician assistant member and shall not be a regular member of the Board of Licensure in Medicine or the Board of Osteopathic Licensure, and shall be elected by a vote of the members of the Advisory Committee. The Chairperson shall serve for a term of two years and may not be re-elected.
6. The Advisory Committee shall meet at the request of either Board. Five (5) members of the Advisory Committee shall constitute a quorum for the purpose of holding a meeting and conducting business.

EFFECTIVE DATE:

November 1, 1994

EFFECTIVE DATE (ELECTRONIC CONVERSION):

October 22, 1996

NON-SUBSTANTIVE CHANGES:

January 29, 1999 - converted to Microsoft Word.

REPEALED AND REPLACED:

May 8, 2001

August 22, 2005 – filing 2005-333

August 23, 2006 – filing 2006-390

March 9, 2013 – filing 2013-056

July 18, 2016 – filing 2016-122 (*a joint rule with 02-383 – Board of Osteopathic Licensure*)