# 02 DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

383 BOARD OF OSTEOPATHIC LICENSURE

Chapter 3 PHYSICIAN SUPERVISION OF PHYSICIAN EXTENDERS

SUMMARY: Chapter 3 sets forth rules governing physicians' supervision and delegation of medical activities to physician extenders. This revision of former Chapter 3 deletes all references to Family Planning and Sexually Transmitted Disease Clinics. New Chapter 2 sets forth rules for physician assistants and describes the supervisory relationship between supervising physicians and physician assistants.

1. DEFINITIONS

"Board" means the Board of Osteopathic Licensure.

"Group practice" means two or more physicians providing medical services in a shared setting, and includes associations, corporations, and partnerships, but does not include organized health care delivery systems or associations where the essential commonality is cross-coverage.

"Organized health care delivery system" includes but is not limited to any hospital, clinic, health maintenance organization, managed care organization, nursing home CT other institutionalized or structured entity through which medical services are prescribed or performed by physicians. The term does not include group practices.

"Physician" means a physician who has an active license issued by the Board to practice osteopathic medicine in the state.

"Physician extender" means a nurse practitioner performing duties as defined in 32 M.R.S.A. § 2102 or a physician assistant as referred to in 32 M.R.S.A. § 2594-A, and defined in Chapter 2. (Note: This does not include midwife.)

"Physician extender students" means persons currently enrolled in physician extender educational programs.

"Primary supervising physician" means a physician who has been approved by the Board pursuant to Chapter 3 to provide supervision of physician extenders, or who has been approved by the Board pursuant to Chapter 3 to serve as the principal physician providing supervision to a physician extender for an organized health care delivery system or group practice.

"Secondary supervising physician" means a physician who has agreed in writing to provide supervision as defined in this section and has agreed to accept delegation of supervision from the primary supervising physician, according to the written plan of supervision in section 5.B, and liability for the physician extender. The secondary supervising physician must be in a group practice with or treating the patients of the primary supervising physician.

"Supervision" means overseeing, and accepting responsibility and liability for, the medical activities delegated by a physician to a physician extender.

2. QUALIFICATION FOR APPROVAL AS PRIMARY SUPERVISING PHYSICIAN

Except as otherwise provided in this chapter, any physician must be approved by the Board before the physician may become a primary supervising physician. The Board may grant approval to a physician to become a primary supervising physician who:

A. Has an active license to practice medicine in this state that does not contain any conditions which, in the opinion of the Board, would prevent the physician from providing the supervision required by these rules.

B. Submits a statement to the Board that the licensee will oversee and accept responsibility and liability for the medical activities delegated to physician extenders. If the physician is to serve as the primary supervising physician for an organized health care delivery system facility or group practice, the statement must so indicate and certify that the physician is not employed by the physician assistant;

C. Submits an affidavit that a written plan of supervision addressing the technical requirements of supervision, as set forth in Section 5 of this chapter, and has it on file in the practice setting; and

D. Pays the appropriate fee as determined by the Board.

3. PROHIBITED CONDUCT

No physician shall engage in the following:

A. No physician shall delegate to any person other than another physician or physician licensed by the Board of Licensure in Medicine the performance of duties which constitute the practice of medicine or surgery, except in full compliance with this chapter;

B. No physician shall supervise a physician extender who is not licensed to practice and who is not registered with the appropriate governmental entity;

C. No physician, shall supervise a physician extender unless:

(1) the physician has been approved by the Board to became a primary supervising, physician and has completed a statement that me physician agrees to provide supervision to a particular physician extender as required by Chapter 2, section 2 or 9 and has ensured that the statement has been provided to the Board, or

(2) the physician has ensured that the physician extender has a primary supervising physician, or is supervised by a physician licensed by the Board of Licensure in Medicine who is permitted to exercise primary supervision of physician extenders by that Board, and provides supervision only in an organized health care delivery system; or

(3) the physician extender has a primary supervising physician or is supervised by physician licensed by the Board of Licensure in Medicine who is permitted to exercise primary supervision of physician extenders by that Board, and agrees in writing to accept delegated responsibility as a secondary supervising physician from the primary supervising physician under the plan of supervision referred to in Section 5 and has ensured that the document showing acceptance of delegation has been provided to the Board.

4. SANCTIONS

Any physician licensed by the Board who is determined to have violated Section 3 shall be deemed to have violated 32 M.R.S.A. § 2591 -A(2)(H) and shall be subject to disciplinary action by the Board.

The Board may terminate, for cause, a physician from acting as a secondary or primary supervising physician or teaching supervising physician in accordance with due process.

5. CRITERIA FOR SUPERVISION

A. TECHNICAL REQUIREMENTS OF SUPERVISION

Each physician/physician extender team is responsible for ensuring that the physician extender's basic scope of practice and practice setting is identified; that the delegation of medical tasks is appropriate to the physician extender's level of competence; that the relationship of, and access to, a supervising physician is defined; and that a process for evaluation of the physician extender's performance is established. The constant physical presence of a supervising physician is not required so long as a supervising physician and physician extender are, or can be, easily in contact with one another by radio, telephone, or other telecommunication device.

B. WRITTEN PLAN OF SUPERVISION

Each primary supervising physician must prepare and have on file in the practice setting a written, dated plan of supervision containing specific practice descriptions of the elements of supervision as outlined in subparagraph A. This plan of supervision must be reviewed and updated as necessary, but in any event, whenever the physician extender's license is renewed. 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 extender and supervising physician.

If a physician is to act as a secondary supervising physician, he or she must accept, in writing, delegation of supervision specified in the plan.

C. PLAN TO BE AVAILABLE ON DEMAND

A supervising physician shall provide, at the request of any Board member or authorized person, a copy of the plan of supervision, and, if applicable the document showing delegation of that plan to a secondary supervising physician. Such request may be made in writing or by appearing 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 ensuing public safety as required by state law.

6. SCOPE OF PRACTICE

A. DELEGATED AUTHORITY

Physician extenders may only perform those medical activities which the supervising physician has delegated to the physician extender. Medical activities which may be delegated include the following:

(1) The ordering of diagnostic, therapeutic and other medical services;

(2) The prescribing and dispensing of drugs and medical devices to the extent permitted by state and federal law. Prescribing and dispensing of drugs may include Schedule III through V substances and all legend drugs. Physician extenders may be authorized to request, receive, and sign for professional samples and to distribute professional samples to patients; and

(3) The performance of tasks that are not routinely within the scope of practice or regularly performed by the supervising physician so long as the supervising physician has adequate training, oversight skills, and supervisory and referral arrangements in place, to ensure competent provision of services by the physician extender

B. PRACTICE SETTING

physician extender may only provide practice in a practice setting in which the supervising physician agrees to provide supervision.

C. EXCLUSIONS OF LIMITATIONS ON EMPLOYMENT

Nothing herein shall be construed to limit the employment arrangement of a physician extender except as provided for in applicable law and these rules.

7. ASSUMPTION OF RESPONSIBILITY

If a physician or group of physicians employs a physician extender, the physician extender must be provided supervision by a primary or secondary supervising physician. Liability under these rules for me physician extender's medical activities shall remain that of the supervising physician, including when the physician extender provides care and treatment for patients in an organized health care delivery system facility.

If a physician extender is employed by or is it principal in an organized health care delivery system facility, nothing in these: rules shall be construed to limit the liability of the organized health care delivery system for the physician extender's actions or omissions. Physician extenders employed by or a principal in such facilities must still be provided supervision by the primary supervising physician, who is not an employee of the physician assistant.

8. PHYSICIAN EXTENDER STUDENTS

A supervising physician may supervise physician extender students only in conformity with these rules and only for the purpose of helping the student fulfill the requirements of the physician extender student's educational program.

A. NOTICE TO BOARD

Prior to supervising a physician extender student, the supervising physician shall ensure that the Board has been notified in writing of the physician extender student's identity, educational background, address and telephone, and of be address and telephone of the physician extender student's educational program. Physician extender training programs may, instead of the above individual requirements, submit a list of students and their clinical practice locations, including the dates of these student rotations.

B. NOTICE RENEWAL

A supervising physician is permitted to supervise a physician extender student for no longer than one year from the date of the notice to the Board under Section 8 A, unless the notice is renewed and the circumstances are reviewed by the Board prior to the expiration of the year.

C. PERMITTED SUPERVISION 0F PHYSICIAN EXTENDER STUDENTS Supervision of physician extender students shall be consistent with the following:

(1) The teaching supervising physician shall have an active license that is not subject to conditions which, in the opinion of the Board, would prevent the physician from providing the supervision required by these rules.

(2) A supervising physician may supervise only such medical services as may be performed by a physician extender pursuant to the laws of the state and to the Boards rules and which are performed pursuant to a plan of training developed in conjunction with the physician extender student's teaching supervising physician and/or physician extender;

(3) Supervision of physician extender students shall be consistent with this chapter and Chapter 2 of the Board's rules.

9. IMPLEMENTATION OF THIS CHAPTER

Supervising physicians who supervise physician extenders under prior versions of these rules may continue to practice under previously specified supervisory arrangements until March 1,1996, or until changes or additions to the supervisory arrangements are made, whichever comes first.

AUTHORITY: 32 M.R.S.A. section 2562, 2594-C

EFFECTIVE DATE: August 6, 1989 (as Chapter 2)

AMENDED: September 17, 1995 (renumbered Chapter 3)

EFFECTIVE DATE (ELECTRONIC CONVERSION):

APAO WORD VERSION CONVERSION (IF NEEDED) AND ACCESSIBILITY CHECK: July 18, 2025