

The Role of Physician Extenders in the Nursing Home Setting

PADONA

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Presenters

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Objectives

- Participants will gain understanding of the relevant laws, regulations, licensure, and certification requirements governing the use of CRNP's and PA's in nursing homes.
- Participants will be able to distinguish the key similarities and differences between nurse practitioners and physician assistants.



PENNSYLVANIA SCOPE OF PRACTICE LICENSURE LAWS

Certified Registered Nurse Practitioner (CRNP)

- ✓ A professional Nurse licensed in PA
- ✓ Certified by the Board of Nursing in a specialty and who, while functioning in the expanded role as a professional nurse,
- ✓ performs acts of medical diagnosis or prescription of medical, therapeutic or corrective measures in collaboration with a physician licensed to practice in PA.

Physician Assistant (PA)

- ✓ An individual who is licensed as a physician assistant by the Board of Medicine
- ✓ The physician assistant practices medicine with physician supervision.
- ✓ A physician assistant may perform those duties and responsibilities,
 - ✓ ordering, prescribing, dispensing, and administration of drugs and medical devices,
 - ✓ ordering, prescribing, and executing of diagnostic and therapeutic medical regimens,as directed by the supervising physician.

Certified Registered Nurse Practitioner (CRNP)

- Professional Nurse
- Licensed by the Board of Nursing
 - Certified by the Board in a specialty
- Chapter 21. STATE BOARD OF NURSING
 - Subchapter C. CERTIFIED REGISTERED NURSE PRACTITIONERS
- <https://www.pacode.com/secure/data/049/chapter21/subchapterCtoc.html>

Physician Assistant (PA)

- Licensed by the State Board of Medicine
 - Medical Board
 - Osteopathic Board
- CHAPTER 18. STATE BOARD OF MEDICINE—PRACTITIONERS OTHER THAN MEDICAL DOCTORS
 - Subpart D
 - Section 18
- <https://www.pacode.com/secure/data/049/chapter18/subchapterDtoc.html>

Licensure and Certification Requirements

CRNP

- Must hold an active PA RN license.
- Education
 - Completion of accredited, Board approved Master's or Post-Master's NP Program; or
 - Completion of Board-approved program that awarded advanced degree or course of study considered by BON to be equivalent to that required for certification at the time course was completed.
- National Certification
 - shall hold current National certification in the specialty in which the professional nurse is seeking certification
- CRNP certificate identifies the specialty area of practice

PA

- PA Licensure requirements
 - Graduate from PA program recognized by BOM
 - Bachelor's degree or higher for candidates licensed after 1/1/2005
 - Completion of 60 clock hours of didactic instruction in pharmacology
 - Pass PA examination

Clinical Nurse Specialist (CNS)

- A professional nurse licensed in Pennsylvania to practice professional nursing who meets the educational and examination or equivalency requirements of the act and who is certified by the Board as a clinical nurse specialist.
- Clinicians with advanced education and training in a specialized area of nursing practice who work in a wide variety of health care settings.
- Clinical nurse specialists provide diagnosis, treatment, and ongoing management of patients. They also provide expertise and support to nurses caring for patients at the bedside, help drive practice changes throughout the organization, and ensure the use of best practices and evidence-based care to achieve the best possible patient outcomes.
- **Limited Scope of Practice:**
 - CNS's have no advanced practice authority
 - No prescriptive authority
- **Board-designated specialty—**
One of six patient populations, including;
 - Neonatal;
 - Pediatrics;
 - family/across the lifespan;
 - adult/gerontology;
 - women's health/gender-related; and
 - psychiatric/mental health.

Continuing Education

CRNP

- 30 CE hours every 2 years
- Board-approved CE that addresses the CRNP's specialty area.
- CRNP's with Prescriptive Authority
 - 16 of the 30 CE hours related to pharmacology

PA

- 100 CME hours every 2 years
- Approved by National Commission on Certification of Physician-Assistants
- Must pass PA National Recertification exam every 6 years

CRNP Scope of Practice

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)

CRNPs practice within their specialty, consistent with their collaborative agreements, subject to other statutes and regulations, and in accordance with the policies of health care facilities in which they practice.

For CRNPs practicing in institutional settings, including hospitals, practice must be consistent with hospital privileges.

When acting in collaboration with a physician, a CRNP may perform the following tasks if the CRNP is acting within the scope of the CRNP's specialty and collaborative agreement:

- Perform assessments of patients and establish medical diagnoses.
- Order, perform, and supervise diagnostic tests for patients.
- Interpret diagnostic tests to the extent the interpretation of the diagnostic test is within the scope of the CRNP's specialty and consistent with the collaborative agreement.
- Initiate referrals to and consultation with other licensed health care providers.
- Consult with other licensed health care professionals when requested.
- Develop and implement treatment plans, including issuing orders to implement the treatment plans.
- Complete admission and discharge summaries.
- Order blood and blood components.
- Order durable medical equipment.

CRNP Scope of Practice

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)

- Order home health and hospice care.
- Make referrals to physical therapy, occupational therapy, respiratory therapy, and dietitians.
- Perform disability assessment for the program providing temporary assistance to needy families (TANF).
- Issue homebound schooling certifications.
- Perform and sign the initial assessment of methadone treatment evaluations in accordance with federal and state law and regulations, provided that any order for methadone treatment shall be made only by a physician.

A collaborating physician(s) may also delegate other functions, tasks, and procedures to the CRNP.

49 PA Code §21.282a

PA Scope of Practice

PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.

The PA practices medicine with physician supervision. A PA may:

- Perform those duties and responsibilities, including the ordering, prescribing, dispensing, and administration of drugs and medical devices, as well as the ordering, prescribing, and executing of diagnostic and therapeutic medical regimens as directed by the supervising physician.
- Provide any medical service as directed by the supervising physician when the service is within the PA's skills, training and experience, forms a component of the physician's scope of practice, is included in the written agreement, and is provided with the appropriate supervision in keeping with accepted standards of medical practice.
- Order durable medical equipment.
- Issue oral orders to the extent permitted by a Health Care Facility's bylaws, rules, and regulations or administrative policies and guidelines.
- Order physical therapy and dietitian referrals.
- Order respiratory and occupational therapy referrals.
- Perform disability assessments for the program providing temporary assistance to needy families (TANF).
- Issue homebound schooling certifications.
- Perform and sign the initial assessment of methadone treatment evaluations in accordance with federal and state law and regulations, provided that any order for methadone treatment shall be made only by a physician.

PA Scope of Practice

PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.

The PA is considered the agent of the supervising physician in the performance of all practice-related activities, including the ordering of diagnostic, therapeutic, and other medical services.

49 PA Code §18.151

In a hospital, the PA may order or administer, or both, controlled substances and whole blood and blood components if the authority to order and administer these medications and fluids is expressly set forth in the written agreement.

49 PA Code §18.157

The regulations list certain things that a PA may not perform, including performing medical services or prescribing/dispensing drugs except as described in the written agreement.

The PA cannot:

- Independently practice or bill for services provided.
- Independently delegate a task specifically assigned to him/her by the supervising physician to another health care provider.
- List his/her name independently in any directory.
- Perform a medical service without the supervision of a supervising physician.

49 A Code §18.152

At a Glance: Certified Registered Nurse Practitioner and Physician Assistant Practice in the Hospital Setting in Pennsylvania

HEALTH CARE PRACTITIONER	CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
Practice Act	✓	✓	✓
Continuing Education Requirement	✓	✓	✓
Collaborative Agreement Requirement	✓		
Written Agreement Requirement		✓	✓
Permitted to Write Orders	✓	✓	✓
Permitted to Issue Oral/Verbal Orders	✓	✓	✓
Requirement for Countersignature of Documentation		✓	✓
Prescriptive Authority	✓	✓	✓
Pronouncement of Death	✓	✓	✓
Completion of Death Certificate	✓		

Legend: ✓ indicates that the health care practitioner has the identified requirement or is permitted to perform the health care service by Pennsylvania law or regulation.

CRNP Collaborative

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)

The final regulations define collaboration and collaborative agreement.

Collaboration as defined in the State Board of Nursing regulations is a process in which a CRNP works with one or more physicians to deliver health care services within the scope of the CRNP's expertise. The process requires: immediate availability of a physician through direct communication or by other means of telecommunications; and a physician available to a CRNP on a regular basis for referrals, review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols within the practice setting, periodic updating in medical diagnosis and therapeutics, and cosigning records when necessary to document accountability by both parties.

A CRNP may only collaborate with physicians who hold a current Pennsylvania license.

The collaborative agreement is the written and signed agreement between a CRNP and the collaborating physician(s) in which they agree to the details of their collaboration, including those specified above.

The collaborative agreement **does not** have to be submitted to the State Board of Nursing. However, it must be readily available and provided to anyone who requests it.

49 PA Code §21.251, §21.282a

PA Written Agreement

PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.

This is the agreement between the PA and supervising physician.

The written agreement must:

- Identify and be signed by the PA and each physician the PA will be assisting who will be acting as the supervising physician. At least one physician must be a medical doctor.
- Describe the manner in which the PA will assist each named physician. The description must list functions that will be delegated to the PA.
- Describe the time, place, and manner of the supervision and direction each named physician will provide the PA, including the frequency of personal contact with the PA.
- Designate one of the named physicians as the primary supervising physician. This must be a medical doctor.
- In health care facilities licensed under the Health Care Facilities Act, the attending physician of record for a particular patient shall act as the primary supervising physician for the PA while that patient is under the care of the attending physician.
- Require that the supervising physician countersign the patient record completed by the PA in a reasonable time period, not to exceed ten days.
- Identify the locations and practice settings where the PA will practice.

Requires the Board of Medicine to **approve** the written agreement. Upon submission of a completed "Application for Registration as a Supervising Physician," a letter will be issued to the supervising physician providing a temporary authorization for the physician

PA Written Agreement

PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.

assistant to begin practice. The temporary authorization, when issued, will provide a period of 120 days during which the physician assistant may practice, under the terms set forth in the written agreement as submitted to the Board. Within 120 days, the Board will notify the supervising physician of the final approval or disapproval of the application. If approved, a final approval of the written agreement will be issued to the supervising physician. If there are discrepancies that have not been corrected within the 120 day period, the temporary authorization to practice will expire.

Link to Special Notice:

http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_medicine/12512/special_notice/572039

Requires the PA and supervising physician to provide immediate access to the written agreement upon request.

49 PA Code §18.142, §18.154, Act 45 & 46, HB 1804

PA Written Agreement

PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.

This is the agreement between the PA and supervising physician.

The written agreement must:

- Identify and be signed by the PA and each physician the PA will be assisting who will be acting as the supervising physician. At least one physician must be an osteopathic doctor.
- Describe the detailed manner in which the PA will be assisting each physician including a list of delegated tasks, functions and any procedures enumerated in § 25.17(a).
- Identify the locations and practice settings where the PA will practice.
- In health care facilities licensed under the Health Care Facilities Act, the attending physician of record for a particular patient shall act as the primary supervising physician for the PA while that patient is under the care of the attending physician.
- Require that the supervising physician countersign the patient record completed by the PA in a reasonable time period, not to exceed ten days.
- Provide the name, address, and telephone number of at least two physicians who can substitute for the applicant when he is either absent or otherwise unavailable.

Requires the Board of Osteopathic Medicine to **approve** the written agreement.

Requires the PA and supervising physician to provide immediate access to the written agreement upon request.

49 PA Code § 25.162, §18.154, Act 45 & 47, HB 1804

CRNP Written Orders

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)

Final regulations permit CRNPs to write orders for:

- Blood
- Blood components
- Medications (CRNP must have prescriptive authority)
- Dietary plans
- Home health
- Hospice
- Durable medical equipment
- Diagnostic tests
- Consults/Referrals (PT, OT, RT, dietary, physicians)
- Treatment plans

For CRNPs practicing in institutional settings, including hospitals, the orders written by CRNPs must be consistent with hospital privileges.

There may be restrictions on practices contained in statute, regulation or collaborative agreement based on hospital privileges or other existing state or federal regulations.

As per law and regulation, the collaborating physician **does not** need to countersign the CRNP's written orders.

49 PA Code §21.282a

PA Written Orders

PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.

Final regulations define medical regimen. A medical regimen is a therapeutic, corrective, or diagnostic measure performed or ordered by a physician, or performed or ordered by a PA acting with the PA's scope of practice, and in accordance with the written agreement between the supervising physician and PA.

Final regulations also define order as an oral or written directive for a therapeutic, corrective, or diagnostic measure, including a drug to be dispensed for onsite administration in a hospital, medical care facility, or office setting.

The regulations allow PAs to execute a written order for a medical regimen or to relay a written order for a medical regimen to be executed by a health care practitioner.

The regulations require the PA to record, date, and authenticate the medical regimen on the patient's chart at the time it is executed or relayed.

In a hospital, the PA may order or administer, or both, controlled substances and whole blood and blood components if the authority to order and administer these medications and fluids is expressly set forth in the written agreement.

For PAs practicing in institutional settings, including hospitals, the orders written by PAs must be consistent with hospital privileges.

There may be restrictions on practices contained in statute, regulation, or written agreement based on hospital privileges or other existing state or federal regulations.

The regulations require the supervising physician to countersign the patient record in a reasonable time, not to exceed ten days, unless countersignature is required sooner by regulation, policy within the medical care facility, or the requirements of a third party payor.

49 PA Code §18.153; §18.159; §18.161

PA written orders must be countersigned by the supervising physician within 10 days or sooner if required by hospital policy.

28 PA Code §107.61

Verbal Orders

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Final regulations permit CRNPs to issue oral/verbal orders to the extent permitted by the health care facility bylaws, rules, regulations, or administrative policies and guidelines.</p> <p>Oral orders are defined in Board regulations. An oral order is the spoken order issued by practitioners authorized by law and by facility policy to issue orders for medical and therapeutic measures.</p> <p>Oral orders issued by CRNPs must be consistent with hospital privileges.</p> <p>The hospital may restrict CRNP practice allowed through state professional practice statute/regulation (or collaborative agreement) based on hospital policy or other existing state or federal regulations.</p> <p>All orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to write orders by hospital policy in accordance with State law. In Pennsylvania, verbal orders must be authenticated within 24 hours.</p>	<p>See Table 7 for medical regimen and order definitions.</p> <p>The regulations allow PAs to relay an oral order to be executed by a health care practitioner.</p> <p>In a hospital, the PA may order or administer, or both, controlled substances and whole blood and blood components if the authority to order and administer these medications and fluids is expressly set forth in the written agreement.</p> <p>Oral orders issued by PAs must be consistent with hospital privileges.</p> <p>The hospital may restrict PA practice allowed through state professional practice statute/regulation (or written agreement) based on hospital policy or other existing state or federal regulations.</p> <p>The regulations require the PA to record, date, and authenticate the medical regimen on the patient's chart at the time it is executed or relayed.</p> <p>When working in a hospital or other medical care facility, a PA may comply with the medical record requirements by directing the person accepting the order to record, date, and authenticate that the person received the order.</p>	<p>Oral orders issued by PAs must be consistent with hospital privileges.</p> <p>The hospital may restrict PA practice allowed for through state professional practice statute/regulation (or written agreement) based on hospital policy or other existing state or federal regulations.</p> <p>All orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to write orders by hospital policy in accordance with State law. In Pennsylvania, verbal orders must be authenticated within 24 hours. In the case where the PA authenticates his/her order within 24 hours, the PA's order needs to be countersigned by a supervising physician within 10 days or sooner if required by hospital policy.</p> <p>Any practitioner responsible for the care of the patient who is authorized by hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her.</p>

Verbal Orders

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Any practitioner responsible for the care of the patient who is authorized by hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners responsible for the care of the patient to authenticate the order in accordance with established hospital policy. When a practitioner authenticates a verbal order that he or she did not give, the practitioner accepts responsibility for the order and is validating that the order is complete, accurate, and final based on the patient's condition. A practitioner responsible for the care of the patient needs to have knowledge of the patient's hospital course, medical plan of care, condition, and current status. A practitioner who does not possess this knowledge about a patient should not be authenticating verbal orders for the patient.</p> <p>Hospitals have the flexibility to limit who may authenticate verbal orders.</p> <p>A PA or nurse practitioner may only authenticate verbal orders written by a physician or other licensed independent practitioner that they have authority to write themselves as determined by hospital policy in accordance with state law. For example, some hospitals limit who may give orders for certain types of drugs or therapies. If a PA or nurse practitioner is not permitted by</p>	<p>All orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to write orders by hospital policy in accordance with State law. In Pennsylvania, verbal orders must be authenticated within 24 hours. In the case where the PA authenticates his/her order within 24 hours, the PA's order needs to be countersigned by a supervising physician within 10 days or sooner if required by hospital policy.</p> <p>Any practitioner responsible for the care of the patient who is authorized by hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners responsible for the care of the patient to authenticate the order in accordance with established hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners to countersign on behalf of the prescribing physician based on hospital policy. When a practitioner authenticates a verbal order that he or she did not give, the practitioner accepts responsibility for the order and is validating that the order is complete, accurate, and final based on the patient's condition.</p>	<p>This could include permitting other physician group members or non-physician practitioners responsible for the care of the patient to authenticate the order in accordance with established hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners to countersign on behalf of the prescribing physician based on hospital policy. When a practitioner authenticates a verbal order that he or she did not give, the practitioner accepts responsibility for the order and is validating that the order is complete, accurate, and final based on the patient's condition. A practitioner responsible for the care of the patient needs to have knowledge of the patient's hospital course, medical plan of care, condition and current status. A practitioner who does not possess this knowledge about a patient should not be authenticating verbal orders for the patient.</p> <p>Hospitals have the flexibility to limit who may authenticate verbal orders.</p>

Verbal Orders

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>hospital policy to order a specific drug or therapy, he or she would not be permitted to authenticate a verbal order for such a drug or therapy. All practitioners responsible for the care of the patient would be expected to have knowledge of the patient's hospital course, medical plan of care, condition and current status to safely evaluate the completeness and accuracy of a verbal order.</p> <p>49 PA Code §21.282a, §21.141 28 PA Code §107.62 Hospital Medicare Conditions of Participation; 42 CFR Part 482 related to medical records as published in the <i>Federal Register</i> on November 27, 2006.</p>	<p>A practitioner responsible for the care of the patient needs to have knowledge of the patient's hospital course, medical plan of care, condition and current status. A practitioner who does not possess this knowledge about a patient should not be authenticating verbal orders for the patient.</p> <p>Hospitals have the flexibility to limit who may authenticate verbal orders.</p> <p>A PA or nurse practitioner may only authenticate verbal orders written by a physician or other licensed independent practitioner that they have authority to write themselves as determined by hospital policy in accordance with state law. For example, some hospitals limit who may give orders for certain types of drugs or therapies. If a PA or nurse practitioner is not permitted by hospital policy to order a specific drug or therapy, he or she would not be permitted to authenticate a verbal order for such a drug or therapy. All practitioners responsible for the care of the patient would be expected to have knowledge of the patient's hospital course, medical plan of care, condition and current status to safely evaluate the completeness and accuracy of a verbal order.</p> <p>49 PA Code §18.153; §18.159; §18.161 28 PA Code §107.62 Hospital Medicare Conditions of Participation; 42 CFR Part 482 related to medical records as published in the <i>Federal Register</i> on November 27, 2006</p>	<p>A PA or nurse practitioner may only authenticate verbal orders written by a physician or other licensed independent practitioner that they have authority to write themselves as determined by hospital policy in accordance with state law. For example, some hospitals limit who may give orders for certain types of drugs or therapies. If a PA or nurse practitioner is not permitted by hospital policy to order a specific drug or therapy, he or she would not be permitted to authenticate a verbal order for such a drug or therapy. All practitioners responsible for the care of the patient would be expected to have knowledge of the patient's hospital course, medical plan of care, condition and current status to safely evaluate the completeness and accuracy of a verbal order.</p> <p>28 PA Code §107.62 Hospital Medicare Conditions of Participation; 42 CFR Part 482 related to medical records as published in the <i>Federal Register</i> on November 27, 2006</p>

Physician Authentication

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
CRNPs can accept oral/verbal orders from his/her collaborating physician or other physicians for procedures, care, and treatment that they have not been privileged to order in the hospital. The ordering physician must authenticate the order within 24 hours.	Physician assistants can accept oral/verbal orders from his/her supervising physician(s). The ordering physician must authenticate the order within 24 hours.	Physician assistants can accept oral/verbal orders from his/her supervising physician(s). The ordering physician must authenticate the order within 24 hours.
28 PA Code §107.62	28 PA Code §107.62	28 PA Code §107.62
	Physician assistant written and oral/verbal orders must be countersigned by the supervising physician within 10 days or sooner if required by hospital policy.	Physician assistant written and oral/verbal orders must be countersigned by the supervising physician within 10 days or sooner if required by hospital policy.

Prescriptive Authority

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>The final regulations define a prescriptive authority collaborative agreement as the written and signed agreement between a CRNP with prescriptive authority and a collaborating physician in which they agree to the details of the collaboration.</p> <p>The CRNP must complete and submit their prescriptive authority agreement on the designated form to the State Board of Nursing.</p> <p>49 PA Code §21.251, §21.285</p>	<p>No provisions for a specific prescriptive authority collaborative agreement. Regulations reference written agreement between physician assistant and supervising physician.</p>	<p>No provisions for a specific prescriptive authority collaborative agreement. Regulations reference written agreement between physician assistant and supervising physician.</p>

Prescriptive Authority--CRNP

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)

Allows CRNP prescriptive authority.

Adopts the American Hospital Formulary Service Pharmacologic-Therapeutic Classification to identify drugs that the CRNP can prescribe and dispense.

Regulations identify the categories of medications that the CRNP can prescribe provided that they are identified in the CRNP prescriptive authority collaborative agreement.

CRNP must meet education requirements and make separate application for prescriptive authority.

Regulations specify parameters around prescription for controlled substances, including registering with the Drug Enforcement Administration (DEA) and outlining expectations related to initial evaluation, reevaluation, patient counseling, and medical records.

- A CRNP may write a prescription for a Schedule II controlled substance for up to a 30-day supply as provided for in the collaborative agreement.
- A CRNP may write a prescription for a Schedule III or IV controlled substance for up to a 90-day supply as provided for in the collaborative agreement.

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)

The CRNP must complete and submit their prescriptive authority agreement on the designated form to the State Board of Nursing.

As with other practices, the hospital can determine what prescriptive authority privileges and what medications the CRNP can prescribe to hospitalized patients.

49 PA Code §21.283, §21.284, §21.284a, §21.284b

Prescriptive Authority--CRNP

A CRNP may not prescribe or dispense a drug from the following categories:

- (1) Gold compounds.
- (2) Heavy metal antagonists.
- (3) Radioactive agents.
- (4) Oxytocics.
- (5) Schedule I controlled substances as defined by section 4 of The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. § 780-104).

Restrictions on CRNP prescribing and dispensing practices are as follows:

- (1) A CRNP may write a prescription for a Schedule II controlled substance for up to a 30-day supply as identified in the collaborative agreement.
- (2) A CRNP may prescribe a Schedule III or IV controlled substance for up to a 90 day supply as identified in the collaborative agreement.

A CRNP may not delegate prescriptive authority.

Prescriptive Authority—PA (MD)

PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.

Regulations provide for physician assistant prescriptive authority.

Regulations define a prescription as a written or oral order for a drug or device to be dispensed to or for an ultimate user. The term does not include an order for a drug which is dispensed for immediate administration to the ultimate user. An order to dispense a drug to a patient for immediate administration in an office or hospital is not a prescription.

The final rule eliminates the different categories of medications that a physician assistant may prescribe. The regulations allow the supervising physician to delegate to the physician assistant the prescribing, dispensing, and administering of drugs and therapeutic devices.

The written agreement must list the categories of drugs, which the physician assistant is not permitted to prescribe. As with other practices, the hospital can determine what prescriptive authority privileges and what medications the physician assistant can prescribe to hospitalized patients.

Regulations specify parameters around prescription or controlled substances, including registering with the Drug Enforcement Administration (DEA).

PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.

- Physician assistants cannot prescribe Schedule I controlled substances.
- Physician assistants can prescribe Schedule II controlled substances for initial therapy, up to 72 hours. Physician assistants must notify their supervising physician within 24 hours of ordering the prescription.
- Physician assistants can prescribe Schedule II controlled substances for up to a 30-day supply if the supervising physician approves the medication for ongoing therapy.

Other modifications were made to the regulations that eliminated certain restrictions, such as allowing for off-label prescribing, handling of refills and durations of prescriptions, and use of medication samples.

49 PA Code §18.158, §18.159

Prescriptive Authority—PA (DO)

PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.

Regulations provide for physician assistant prescriptive authority.

The regulations allow the supervising physician to delegate to the physician assistant the prescribing, dispensing, and administering of drugs and therapeutic devices.

Regulations specify parameters around prescription or controlled substances, including registering with the Drug Enforcement Administration (DEA).

- Physician assistants cannot prescribe Schedule I controlled substances.
- Physician assistants can prescribe Schedule II controlled substances for initial therapy, up to 72 hours. Physician assistants must notify their supervising physician within 24 hours of ordering the prescription.
- Physician assistants may not prescribe a Schedule II controlled substance after the initial 72 hour dose until the patient has been examined by the supervising physician and the supervising physician approves the prescription of a Schedule II controlled substance by the physician assistant for up to a 30-day supply.
 - If a patient is *chronically ill*, a physician assistant may write a prescription for Schedule II controlled substance for up to a 30-day supply. The prescription must be reviewed and approved by the supervising physician at least every 30 days.

PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.

- If the patient is *terminally ill*, a physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply. The prescription must be reviewed and approved by the supervising physician at least every 120 days.
- Prescriptions must indicate on the prescription pad whether the medication is for initial or ongoing therapy.
- Physician assistants may only prescribe or dispense a drug for a patient who is under the care of the physician assistant's supervising physician and only in accordance with the supervising physician's instructions and written agreement.
- Physician assistants may request, receive and sign for, and distribute professional samples.

49 PA Code § 25.177

Identification of Collaborating/Supervising Physician

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
<p>Regulations do not require the name of prescriptive authority collaborative physician to be on prescriptions.</p> <p>Information as to who collaborating physicians are, is located on the PA license verification website.</p> <p>49 PA Code §21.284a</p>	<p>Regulations specify the requirements for a supervising physician along with the responsibilities of the supervising physician, including that the supervising physician:</p> <ul style="list-style-type: none"> • Monitor compliance with the written agreement. • Arrange for a substitute supervising physician. • Review patient progress directly with the patient based upon medical condition and prognosis or as requested by the patient. • Visit hospitalized patients at least once. • Provide clarification on the written agreement, orders, and prescriptions by the physician assistant as relayed to other health care practitioners. • Accept full professional and legal liability for the performance of the physician assistant and the care and treatment of patients. <p>Act 46 & 47 of 2007 amends the Medical Practice Act to allow physicians to supervise up to 4 physician assistants. A physician may apply for a waiver to employ or supervise more than four physician assistants at any time for good cause, as determined by the board.</p> <p>49 PA Code §18.143, §18.144, §18.161, Act 46 & 47</p>	<p>Regulations specify the requirements and responsibilities of the supervising physician including:</p> <ul style="list-style-type: none"> • Monitor compliance with the written agreement and provide written protocols for delegated tasks. • Arrange for at least two substitute supervising physicians and include name, address and telephone numbers. • Provide clarification on the written agreement, orders, and prescriptions by the physician assistant as relayed to other health care practitioners. • Accept full professional and legal liability for the performance of the physician assistant and the care and treatment of patients. <p>Act 46 & 47 of 2007 amends the Medical Practice Act to allow physicians to supervise up to 4 physician assistants. A physician may apply for a waiver to employ or supervise more than four physician assistants at any time for good cause, as determined by the board.</p> <p>49 PA Code § 25.173, Act 46 & 47</p>

Death Pronouncement

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
CRNP may document that the patient has died and may determine the cause of death for patients under their care. 49 PA Code §21.411(16) 35 P.S. 450.507 (Act 68 of 2012)	The physician assistant may pronounce death, but not the cause of death, and may authenticate any form related to pronouncing death with the physician assistant's signature. 49 PA Code §18.151(c)	The physician assistant under the supervision of an Osteopathic physician may <i>not</i> pronounce a patient dead. 49 PA Code § 25.172(b)(5)

Death Certificate Completion

CERTIFIED REGISTERED NURSE PRACTITIONERS (CRNP)	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING M.D.	PHYSICIAN ASSISTANTS (PA) WITH SUPERVISING D.O.
A CRNP may certify the cause of death and sign a death certificate or fetal death certificate for a patient under the care of the CRNP. 35 P.S. 450.507 (Act 68 of 2012)	Death certificate must be issued by a physician.	Death certificate must be issued by a physician.



REGULATIONS SPECIFIC TO NURSING HOME

F 684

§ 483.25 Quality of care

Physician Services

- When a hospice patient is a resident of a nursing home, that resident's hospice care plan must be established and maintained in consultation with the resident's attending physician/practitioner, representatives of the nursing home and the resident/representative, to the extent possible. (See F710 – Physician supervision of care)
 - **In a nursing home, a physician's assistant may not act as the hospice attending physician, however, the resident's attending physician at the nursing home may delegate tasks to a physician's assistant.** See F714 – physician delegation of tasks.

NOTE: For informational purposes, the definition of an attending physician as identified in the hospice federal regulations is provided below. This clarifies that a doctor of medicine, osteopathy or nurse practitioner, if meeting the listed requirements, may function as the “attending physician” in a hospice. The hospice regulations do not provide for a physician assistant to function in this category.

§418.3 Definitions. For the purposes of this part —

“Attending physician” means a —

- **(1)(i) Doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he or she performs that function or action; or**
- **(ii) Nurse practitioner who meets the training, education, and experience requirements as described in §410.75 (b) of this chapter.**
- **(2) Is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.**

F710

§483.30 Physician Services

A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs.

§483.30(a) Physician Supervision.

The facility must ensure that—

§483.30(a)(1) The medical care of each resident is supervised by a physician;

§483.30(a)(2) Another physician supervises the medical care of residents when their attending physician is unavailable.

DEFINITIONS §483.30(a)

“Non-physician practitioner (NPP)” is a nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA).

“Nurse practitioner” is a registered professional nurse currently licensed to practice in the State and who meets the State’s requirements governing the qualification of nurse practitioners.

“Clinical nurse specialist” is a registered professional nurse currently licensed to practice in the State and who meets the State’s requirements governing the qualifications of clinical nurse specialists.

“Physician assistant” is a person who meets the applicable State requirements governing the qualifications for assistants to primary care physicians.

GUIDANCE §483.30(a)

A physician's personal approval of an admission recommendation must be in written form. **The written recommendation for admission to the facility must be provided by a physician and cannot be provided by a NPP.** This may be accomplished through a hospital transfer summary written by a physician, paperwork completed by the resident's physician in the community, or other written form by a physician. If a physician does not provide a written recommendation that the individual be admitted to the facility prior to the resident's admission, the physician's admission orders for the resident's immediate care as required in §483.20(a) will be accepted as "personal approval" of the admission **if** the orders are provided by a physician.

Admission orders in lieu of a physician's written recommendation for admission to the facility cannot be provided by a NPP.

GUIDANCE §483.30(a)

Generally, the term “attending physician” or “physician” may also include a NPP involved in the management of the resident’s care, to the extent permitted by State law.

However, when the regulation specifies a task to be completed “personally” by the physician, that task may not be delegated to a NPP.

F711

§483.30(b) Physician Visits

The physician must—

§483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;

§483.30(b)(2) Write, sign, and date progress notes at each visit; and

§483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.

Guidance

During visits, the physician must also sign and date all orders, with the exception of influenza and pneumococcal vaccinations, which may be administered per physician-approved facility policy after an assessment for contraindications.

This includes co-signing orders written by NPPs, qualified dietitians, other clinically qualified nutrition professionals and qualified therapists, as required by state law.

F712

§483.30(c) *Frequency of physician visits*

§483.30(c)(1) *The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.*

§483.30(c)(2) *A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.*

§483.30(c)(3) *Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.*

§483.30(c)(4) *At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section.*

DEFINITIONS §483.30(c)

“Must be seen”, for purposes of the visits required by §483.30(c)(1), means that the physician or NPP must make actual face-to-face contact with the resident, and at the same physical location, not via a telehealth arrangement.

- There is no requirement for this type of contact at the time of admission, since the decision to admit an individual to a nursing facility (whether from a hospital or from the individual’s own residence) generally involves physician contact during the period immediately preceding the admission.

“Non-physician practitioner (NPP)” means a nurse practitioner (NP), clinical nurse specialist (CNS) or physician assistant (PA).

GUIDANCE §483.30(c)

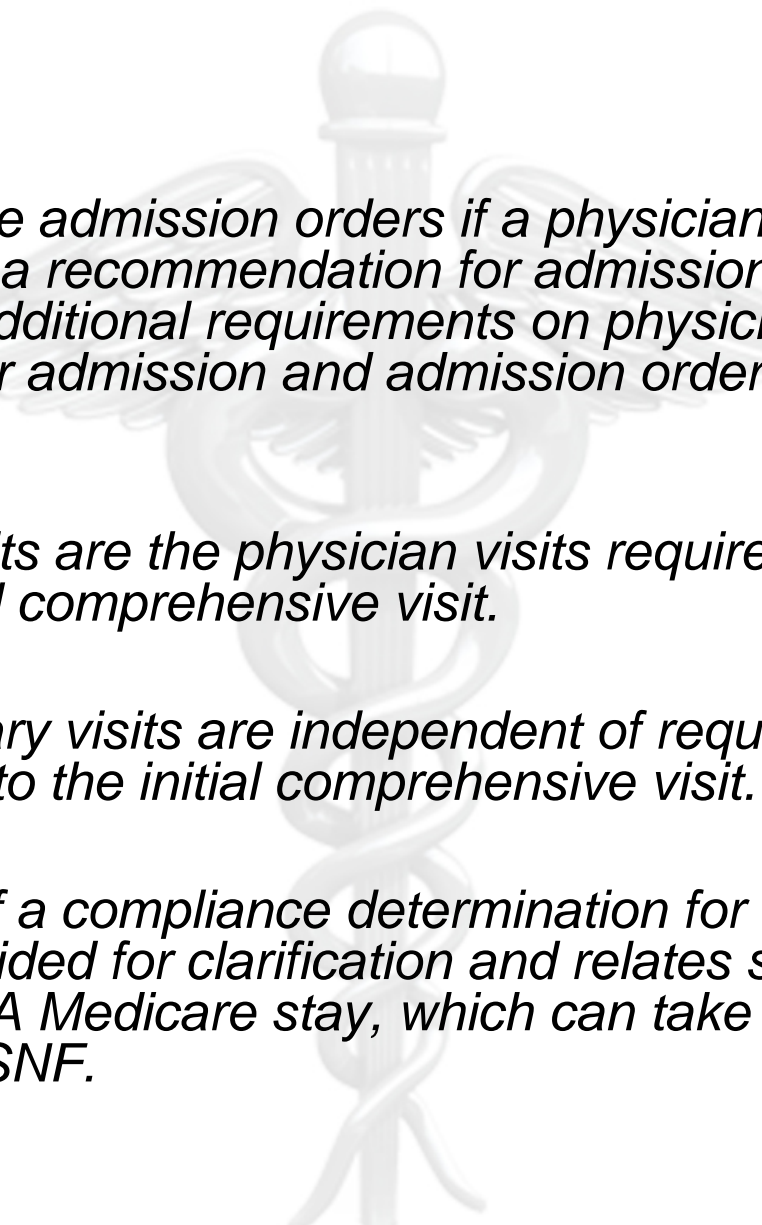
- *The timing of physician visits is based on the admission date of the resident.*
- ***In a SNF**, the first physician visit (this includes the initial comprehensive visit) must be conducted within the first 30 days after admission, and then at 30 day intervals up until 90 days after the admission date. After the first 90 days, visits must be conducted at least once every 60 days thereafter.*
- *Permitting up to 10 days' slippage of a due date will not affect the next due date. However, do not specifically look at the timetables for physician visits unless there is indication of inadequate medical care. The regulation states that the physician (or his/her delegate) must visit the resident **at least** every 30 or 60 days. There is no provision for physicians to use discretion in visiting at intervals longer than those specified at §483.30(c), F712. Although the physician may not delegate the responsibility for conducting the initial visit in a SNF, NPPs may perform other medically necessary visits prior to and after the physician's initial visit, as allowed by State law.*

GUIDANCE §483.30(c)

- After the initial physician visit in SNFs, where States allow their use, **a NPP may make every other required visit.** (See §483.30(e), F714 Physician delegation of tasks in SNFs.) These alternate visits, as well as medically necessary visits, may be performed and signed by the NPP. (Physician co-signature is not required, unless required by State law).
- **In a NF, the physician visit requirement may be satisfied in accordance with State law by a NPP who is not an employee of the facility but who is working in collaboration with a physician and who is licensed by the State and performing within the state's scope of practice.** (See §483.30(f)).
- **In a NF, medically necessary visits performed by NPPs employed by the facility, may not take the place of physician required visits, nor may the visit count towards meeting the physician visit schedule prescribed at §483.20(c)(1).**
- **In SNFs and NFs, facility policy that allows NPPs to conduct required visits, and/or allows a 10-day slippage in the time of the required visit, does not relieve the physician of the obligation to visit a resident personally when the resident's medical condition makes that visit necessary.**

Table 1: Authority for Non-physician Practitioners to Perform Visits, Sign Orders and Sign Medicare Part A Certifications/Re-certifications when Permitted by the State

	Initial Comprehensive Visit/Orders	Other Required Visits [^]	Other Medically Necessary Visits & Orders ⁺	Certification/Recertification [±]
SNF's (residents in a Medicare / skilled stay)				
PA, NP, & CNS employed by the facility	May not perform/May not sign	May perform alternate visits	May perform and sign	May not sign
PA, NP, & CNS not a facility employee	May not perform/May not sign	May perform alternate visits	May perform and sign	May sign subject to State Requirements
NF's (residents in a Medicaid stay)				
PA, NP, & CNS employed by the facility	May not perform/May not sign	May not perform	May perform and sign	Not applicable
PA, NP, & CNS not a facility employee	May perform/May not sign*	May perform	May perform and sign	Not applicable



**A NPP may provide admission orders if a physician personally approved in writing a recommendation for admission to the facility prior to admission. For additional requirements on physician recommendation for admission and admission orders, see §483.30(a), F710.*

^Other required visits are the physician visits required by §483.30(c)(1) other than the initial comprehensive visit.

+Medically necessary visits are independent of required visits and may be performed prior to the initial comprehensive visit.

±Though not part of a compliance determination for this section, this requirement is provided for clarification and relates specifically to coverage of a Part A Medicare stay, which can take place only in a Medicare-certified SNF.

F713

§483.30(d) Availability of physicians for emergency care

The facility must provide or arrange for the provision of physician services 24 hours a day, in case of emergency.

GUIDANCE §483.30(d)

- *If a resident's attending physician is unavailable, the facility should attempt to contact the physician covering for the attending physician before assuming the responsibility of contacting another physician.*
- *Arranging for physician services may include assuring resident transportation to a hospital emergency room or other medical facility if the facility is unable to meet the particular medical need at the facility. The provision of transportation does not remove the facility's responsibility to have a physician available, 24 hours a day, to respond to emergencies that do not require medical care in an alternative setting.*

F714

§483.30(e) Physician delegation of tasks in SNFs

§483.30(e)(1) Except as specified in paragraph (e)(4) of this section, a physician may delegate tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who—

- (i) Meets the applicable definition in §491.2 of this chapter or, in the case of a clinical nurse specialist, is licensed as such by the State;**
- (ii) Is acting within the scope of practice as defined by State law; and**
- (iii) Is under the supervision of the physician.**

§483.30(e)(4) A physician may not delegate a task when the regulations specify that the physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies.

§483.30(f) Performance of physician tasks in NFs. At the option of State, any required physician task in a NF (including tasks which the regulations specify must be performed personally by the physician) may also be satisfied when performed by a nurse practitioner, clinical nurse specialist, or physician assistant who is not an employee of the facility but who is working in collaboration with a physician.

DEFINITIONS §483.30(e)(1) & (4)

“Clinical nurse specialist” is a registered professional nurse currently licensed to practice in the State and who meets the State’s requirements governing the qualifications of clinical nurse specialists.

“Nurse practitioner” is a registered professional nurse who is currently licensed to practice in the State, who meets the State’s requirements governing the qualification of nurse practitioners and who meets one of the following conditions:

(1) is currently certified as a primary care nurse practitioner by the American Nurses’ Association or by the National Board of Pediatric Nurse Practitioners and Associates; or

(2) has satisfactorily completed a formal 1 academic year educational program that (i) prepares registered nurses to perform an expanded role in the delivery of primary care; (ii) includes at least 4 months (in the aggregate) of classroom instruction and a component of supervised clinical practice; and (iii) awards a degree, diploma or certificate to persons who successfully complete the program; or

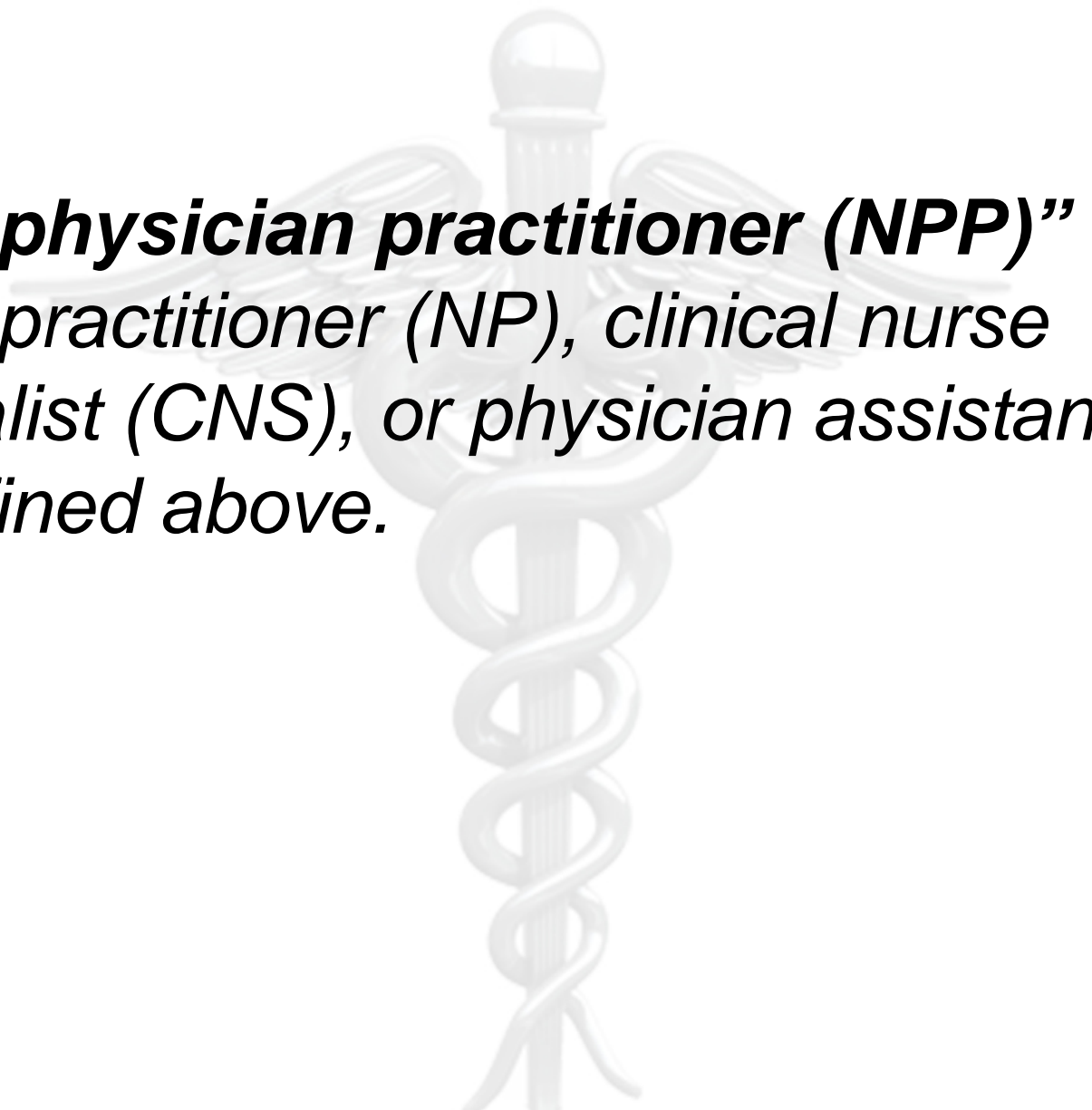
(3) has successfully completed a formal educational program (for preparing registered nurses to perform an expanded role in the delivery of primary care) that does not meet the requirements above and has been performing an expanded role in the delivery of primary care for a total of 12 months during the 18-month period immediately preceding September 22, 2006.

“Physician assistant” is a person who meets the applicable State requirements governing the qualifications for assistants to primary care physicians, and who meets at least one of the following conditions:

(1) is currently certified by the National Commission on Certification of Physician Assistants to assist primary care physicians; or

(2) has satisfactorily completed a program for preparing physician’s assistants that (i) was at least 1 academic year in length; (ii) consisted of supervised clinical practice and at least 4 months (in the aggregate) of classroom instruction directed toward preparing students to deliver health care; and (iii) was accredited by the American Medical Association’s Committee on Allied Health Education and Accreditation; or

(3) Has satisfactorily completed a formal educational program (for preparing physician assistants) that does not meet the requirements above and has been assisting physicians for a total of 12 months during the 18-month period that ended on December 31, 1986.



“Non-physician practitioner (NPP)” is a nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA) as defined above.

F715

§483.30(e)(2) A resident's attending physician may delegate the task of writing dietary orders, consistent with §483.60, to a qualified dietitian or other clinically qualified nutrition professional who—

- (i) Is acting within the scope of practice as defined by State law; and***
- (ii) Is under the supervision of the physician.***

§483.30(e)(3) A resident's attending physician may delegate the task of writing therapy orders, consistent with §483.65, to a qualified therapist who—

- (i) Is acting within the scope of practice as defined by State law; and***
- (ii) Is under the supervision of the physician***

INTENT §483.30(e)(2)-(3)

- *To provide physicians with the flexibility to delegate to a qualified dietitian/other clinically qualified nutrition professional the task of writing dietary orders, and to delegate to a qualified therapist the task of writing therapy orders. This flexibility is beneficial to the physician and the resident, allowing the physician to determine how to best use his or her time and allowing the resident to have more frequent adjustments to nutritional needs and therapy as his or her condition or abilities change.*
- *Physicians and NPPs may delegate the task of writing orders to qualified dietitians or clinically qualified nutrition professionals and qualified therapists if the State practice act allows the delegation of the task, and the State practice act for the qualified individual being delegated the task of writing orders permits such performance.*

