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Via: Otis Woods, Administrator
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Physician Assistant Prescribing Rule Changes

The purpose of this memo is to inform facilities regulated by the Division of Quality Assurance (DQA) about the "Physician Assistant Prescribing Rule Changes" in chapter Med 8 of the Wisconsin Administrative Code (Med 8). Included in this memo are answers to questions that may arise regarding the rule changes.

Background

Effective September 1, 2009, sections of Med 8 affecting physician assistant prescribing practices are being changed. The changes affect the countersignature requirement of the physician assistant prescribing rule which in the past required the supervising physician to countersign the prescription or patient record within 72 hours or one week, depending on the practice site.

The updated rule will allow the supervising physician to determine the method and frequency of the record/prescription review based upon the prescriptive practice, the experience of the physician assistant and the patients' needs. In addition, the rule revises the required written

guidelines for prescribing to include the categories of drugs for which prescriptive authority has been authorized and recognizes technological advancement in electronic communications and recordkeeping.

To review the updates please go to <http://drl.wi.gov/boards/med/Physician%20Asst.pdf>.

Question and Answer

1) In DQA regulated facilities will DQA recognize these changes for physician assistants?

DQA will recognize the physician assistant Med 8 practice changes if state and federal regulations for facilities/programs recognize and allow physician assistant practice.

2) What if federal and state regulations do not recognize physician assistants?

If federal and state regulations do not recognize physician assistants or authorize them to perform functions in those facilities, the changes in Med 8 will have no effect. For example, federal regulations for certified home health agencies (HHAs) do not recognize physician assistants; therefore, written orders in HHAs must have physician signatures.

3) What about facility or program regulations that recognize physician assistants but require physician signature in specific situations?

There are state and federal facility-based regulations that require physician signatures in certain instances. Accordingly, although physician assistants may have a broad scope of prescriptive authority without counter-signature under their practice act, facility-based regulations may not permit a physician assistant to write certain orders or may require that certain physician assistant orders be countersigned by the physician.

Previously issued DQA memos have waived some specific physician signature requirements to recognize physician assistant and other health professional activities. These previously issued DQA memos will continue to apply.

4) Can a facility and supervising physician have different written procedures that dictate physician assistant practice?

The Med 8 changes require a supervising physician to develop written procedures that govern the physician assistant prescribing practice. In some facility or program types, however, the facility or program is also required to develop these procedures. For example, the Governing Board in a hospital must specify the categories of personnel who have prescribing authority in the hospital and under what circumstances that authority can be exercised.

In conclusion, a facility, in conjunction with a supervising physician and the physician assistant, may develop written procedures in compliance with Med 8 that are unique to that facility. Those procedures may be different based on the setting and can be more restrictive than Med 8. Facilities and programs should review facility or program regulations that address governing body or similar provisions to determine how to address the physician assistant prescribing rule changes.

Summary

DQA will recognize the physician assistant changes in Med 8 and apply the requirements as a standard of practice in DQA regulated facilities except for the following:

- 1) When a state or federal law requires specific signature by a physician.
- 2) When a state or federal law does not authorize the use of physician assistants within a specific facility or program type.
- 3) When state or federal laws restrict physician assistant practice in specific settings.

If you have further questions or comments please contact Doug Englebert, Pharmacy Practice Consultant at (608) 266-5388 or douglas.inglebert@dhs.wisconsin.gov.