

Physician Assistant FAQ and Answers

1. What are the requirements for a physician assistant to be licensed in Montana?

- a. Good Moral Character
- b. Is a graduate of a physician assistant training program accredited by the accreditation review commission on education for the physician assistant or, if accreditation was granted before 2001, accredited by American medical association's committee on allied health education and accreditation or the commission on accreditation of allied health education programs.
- c. Has passed an examination administered by the National Commission on Certification of a Physician Assistants, Inc., (NCCPA)
- d. Holds a current certificate from NCCPA

2. What are the qualifications for a supervising physician?

Must be a physician (Medical Doctor or Doctor of Osteopathy) who possesses a current, active license to practice medicine in Montana; exercises supervision over the physician assistant in accordance with statute and rules adopted by the Board; retains professional and legal responsibility for the care and treatment of patients by the physician assistant; and who agrees to a supervision agreement and a duties and delegation agreement. Refer to 37-20-101 and 37-20-401(4), MCA.

3. May a physician assistant practice once they receive an active license in Montana?

No, in accordance with Board statutes 37-20-101, 37-20-104, 37-20-301 and 37-20-401, MCA, in order to practice as a physician assistant in the State of Montana the PA must possess an active PA Montana license and have a current supervision agreement on file with the Board. In addition effective October 1, 2005 with a 1 year grace period to get every PA and supervising physician in compliance with state law, the PA and supervising physician must have a duties and delegation agreement signed and on file in their possession available upon request by any other person, facility and/or the Board.

4. What is a physician assistant's scope of practice according to Montana Law?

Under 37-20-403(3), MCA, the physician assistant may diagnose, examine, and treat human conditions, ailments, diseases, injuries, or infirmities, either physical or mental, by any means, method, device, or instrumentality authorized by the supervising physician. The authorization will be delegated by the supervising physician, in writing through the duties and delegation agreement kept current and on file by the supervision physician and physician assistant.

5. What is the prescribing and dispensing authority for a physician assistant?

A physician assistant may prescribe, dispense, and administer drugs to the extent authorized by the supervising physician. All dispensing activities allowed by Montana law must comply with 37-2-104, MCA and with the packaging and labeling guidelines developed by the board of pharmacy under Title 37, chapter 7.

6. What is the maximum period a physician assistant is authorized to prescribe, dispense or administered of schedule II drugs listed in 50-32-224, MCA?

34 days – in accordance with 37-20-404 MCA which has been effective since October 1, 1995

7. Where do you find regulations for prescribing in Montana?

The Montana Board of Pharmacy laws Title 37, chapter 7 and Title 50 and Administrative rules under Title 24, chapter 174.

8. What are the potential consequences should a physician assistant violate his or her prescribing authority?

- a. Termination or restriction of Prescribing Authority by DEA or the Board
- b. Possible disciplinary action instituted against the Physician Assistant's license
- c. Possible disciplinary action instituted against the supervising physician's license

9. Under what circumstances does a revision to the "supervision agreement" have to be submitted to the board for approval?

None, only New Supervision Agreements are submitted to the Board for approval. However, changes in alternate physicians (coverage when your supervising physician is unavailable) or changes to the Duties and Delegation Agreement are made, then the changes must be maintained on file by the both the supervising physician and physician assistant. The Duties and Delegation agreement must be made available when requested from the board or any other individual, such as hospital, administrators, other healthcare provider and/or patient etc.

10. Under what circumstances is it appropriate to submit a new supervision agreement?

Prior to the PA beginning practice in a new working relationship with a supervising physician.

11. May a Physician Assistant practice without a supervision agreement ?

No, under 37-20-104,MCA, Unlicensed Practice (2) prior to being issued a license and submitting a supervision agreement to the board, a physician assistant may not practice as a physician assistant in this state, even under the supervision of a licensed physician.

12. May a Physician Assistant practice without a duties and delegation agreement?

No, under 37-20-301, MCA, (2) a supervising physician and the supervised PA shall execute a duties and delegation agreement constituting a contract that defines the physician assistant's professional relationship with the supervising and the limitations on the physician assistant's practice under supervision of the supervising physician . The agreement must be kept current, by amendment or substitution, to reflect changes in the duties of each party occurring over time. The board may by rule specify other requirements for the agreement.

A physician assistant licensed by the board before October 1st 2005 shall execute a duties and delegation agreement with supervising physician by October 1st, 2006. (This is a grace period of 1 year to enact the new legislation)

13. If a physician assistant's only supervising physician is not available, whose obligation is it to ensure that supervision is in place?

Both the supervising physician and physician assistant are obligated to ensure that there is active and continuous supervision, but do not require onsite, direct supervision or the physical presence of the physician, as long as there is a means of communication available between the supervising physician and the PA. However, in the event that communication is not available while the PA is practicing, the supervising physician must arrange for a back up physician to assist the PA as needed. The PA must be able to contact the physician designated as the supervising or covering in the absence of the supervising physician. This does not relieve the supervising physician's professional and legal responsibilities under 37-20-301,(1)(b) MCA.

14. Does a back up physician who is covering in the absence of the supervising physician need to be approved by the Board?

No the Board will not be requiring back up physicians to be approved by board, or be notified of a change in any back up physician. However, the duties and delegation agreement between the physician and PA should describe the setting and continuous supervision method to utilize in their practice. (For example: On site, electronic, written instructions and/or protocols, back up supervising physician available or all of the above)

15. If you become aware of another healthcare provider that may be incompetent or committing unprofessional conduct, including chemical dependency or drug diversion, what should you do?

a. If you are a physician, you are obligated to report acts of unprofessional conduct or incompetence as defined by 37-1-316, MCA, and/or board rules 24.156.625 for physician and 24.156.1625 for physician assistants.

b. Healthcare providers licensed by the boards are required to self report during the renewal period of their license.

c. You may also contact the Board's impairment program to assist the healthcare provider in question with any physically or mental impairment by habitual intemperance or the excessive use of addictive drugs, alcohol or any other drug or substance or by mental or chronic physical illness. The program is Montana Professional Assistance Program, (406) 245-4300, Mike Ramirez or contact the board office for the information. Your referral to MPAP may be anonymous.

d. Anyone may file a complaint or provide information to the Board office regarding unprofessional conduct or incompetence.

16. Can a physician assistant practice independently?

No, the physician assistant has a dependent practice and must be under physician supervision. Under 37-20-101 and 37-20-403, MCA, the supervising physician is professionally and legally responsible for the all care and treatment of the physician assistant's patients.

17. What is the definition of Supervision Agreement?

In accordance with 37-20-401(5), MCA means a written agreement between a supervising physician and a physician assistant providing for the supervision of the physician assistant. In accordance with Board rule "supervision" is defined as accepting responsibility for, and overseeing all care and treatment of the physician assistant by telephone, radio or in person as frequently as necessary considering the location, nature of practice and experience of the physician assistant.

Note: For further information regarding Physician Assistant Montana Regulations please visit our website at: www.medicalboard.mt.gov