

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 050 – OREGON MEDICAL BOARD

Draft – April 7, 2022

The proposed rulemaking implements House Bill 3036 (2021) sections 10, 11A, and 20 shifting the practice of a physician assistant (PA) from a supervision to collaboration model with collaboration agreements. PAs will transition to a collaboration agreement starting July 15, 2022 through December 31, 2023. PAs may continue practicing under an existing practice agreement or description during the transition period.

The following assumptions were made in the development of these rules which should cover all circumstances under which a PA provides care to patients located in Oregon:

Organizational model: employee, partnership, self-employed, solo practice, etc.

Geographic location: rural and urban

Settings: hospital, office, facility, clinic, medical spa, etc.

Specialities: primary care, surgery, dermatology, etc.

These proposed rules would be operational on July 15, 2022.

847-050-0005

Preamble

~~(1) A physician assistant is a person qualified by education, training, experience, and personal character to provide medical services under the direction and supervision of a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, in active practice and in good standing with the Board. The purpose of the physician assistant program is to enable physicians licensed under ORS 677 to extend high quality medical care to more people throughout the state.~~

~~(2) The licensed physician or podiatric physician and surgeon is in all cases regarded as the supervisor of the physician assistant.~~

~~Statutory/Other Authority: ORS 677.265~~

~~Statutes/Other Implemented: ORS 677.495 – 677.535~~

847-050-0010

Definitions

As used in OAR 847-050-0005 to 847-050-0065:

(1) "Agent" means a physician designated in writing by the supervising physician who provides direction and regular review of the medical services of ~~the a~~ physician assistant, under a practice

agreement or practice description, when the supervising physician is unavailable for short periods of time, such as but not limited to when the supervising physician is on vacation.

(2) "Board" means the Oregon Medical Board for the State of Oregon.

(3) "Collaboration" has the meaning given in ORS 677.495, as indicated by the patient's condition, community standards of care and a physician assistant's education, training and experience:

(a) Consultation between the physician assistant and a physician; or

(b) Referral by the physician assistant to a physician.

(4) "Collaboration agreement" has the meaning given in ORS 677.495, a written agreement that describes the manner in which the physician assistant collaborates with physicians, that does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a physician for the care provided by the physician assistant and that is signed by the physician assistant and the physician or physician assistant's employer.

(5) "Community standards of care" has the meaning given in ORS 677.095 and 677.265, which is that degree of care, skill, and diligence that is used by ordinarily careful licensees in the same or similar circumstances in the licensee's community or a similar community.

(6) "Employer" has the meaning given in ORS 677.495:

(a) An entity that is organized to deliver health care services in this state in accordance with ORS 58.375 or 58.376 and that employs a physician;

(b) A group medical practice that is part of a health system; or

(c) A physician who employs a physician assistant.

~~(3) "Grandfathered physician assistant" means the physician assistant registered prior to July 12, 1984, who does not possess the qualifications of OAR 847-050-0020. Grandfathered physician assistants may retain all practice privileges which have been granted prior to July 12, 1984.~~

(7) "Physician" means a physician licensed under ORS 677.100 to 677.228 and includes a podiatric physician licensed under ORS 677.805 to 677.840.

(48) "Physician assistant" has the meaning given in ORS 677.495, ~~means~~ a person who is licensed as such in accordance with ORS 677.265 and 677.495 through 677.535.

(~~59~~) "Practice agreement" means a written agreement between a physician assistant and a supervising physician or supervising physician organization that describes the manner in which the services of the physician assistant will be used, submitted to the Board prior to July 15, 2022.

(~~610~~) "Practice description" means a written description of the duties and functions of the physician assistant in relation to the physician's practice, submitted by the supervising physician and the physician assistant to the Board and approved prior to January 1, 2012.

(~~711~~) "Primary supervising physician" means a supervising physician within a supervising physician organization who is designated to provide the administrative direction for the supervising physician organization, under a practice agreement or practice description.

(~~812~~) "Supervising physician organization" means a group of supervising physicians who collectively supervises a physician assistant, under a practice agreement or practice description.

(~~913~~) "Supervising physician" means a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, actively registered and in good standing with the Board, and approved by the Board as a supervising physician, who provides direction and regular review of the medical services provided by the physician assistant, under a practice agreement or practice description.

(~~1014~~) "Supervision" means the routine review by the supervising physician or designated agent, as described in the practice agreement or Board-approved practice description of the medical services provided by the physician assistant, under a practice agreement or practice description. There are three categories of supervision:

(a) "General Supervision" means the supervising physician or designated agent is not on-site with the physician assistant, but must be available for direct communication, either in person, by telephone, or other synchronous electronic means.

(b) "Direct Supervision" means the supervising physician or designated agent must be in the facility when the physician assistant is practicing.

(c) "Personal Supervision" means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.495, 677.510, 677.511, 677.512, 677.515

847-050-0023

Limited License, Pending Examination

(1) An applicant for a Physician Assistant license who has successfully completed a physician assistant education program approved by the American Medical Association Council on Allied Health Education and Accreditation (CAHEA), or the Commission on Accreditation for Allied Health Education Programs (CAAHEP), or the Accreditation Review Commission on Education for the Physician Assistant (ARCPA) but has not yet passed the Physician Assistant National Certifying Examination (PANCE) given by the National Commission for the Certification of Physician Assistants (NCCPA) may be issued a Limited License, Pending Examination, if the following are met:

(a) The application file is complete to the satisfaction of the Board with the exception of pending certification by the NCCPA;

(b) The applicant has not previously failed the NCCPA examination; and

(c) The applicant has submitted the appropriate form and fee prior to being issued a Limited License, Pending Examination.

~~(2) A practice agreement must be submitted to the Board within ten days after the physician assistant begins practice in accordance with OAR 847-050-0040.~~

~~(3) A Limited License, Pending Examination may include prescriptive privileges for Schedules III through V if the supervising physician specifies these prescription privileges for the physician assistant in the practice agreement;~~

~~(4) A Limited License, Pending Examination may be granted for a period of six months.~~

~~(5) Upon receipt of verification that the applicant has passed the NCCPA examination, and if their application file is otherwise satisfactorily complete, the applicant will be considered for a permanent license.~~

~~(6) The Limited License, Pending Examination will automatically expire if the applicant fails the NCCPA examination.~~

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.132 & 677.535

847-050-0027

Approval of Supervising Physician

Prior to July 15, 2022:

(1) Prior to using the services of a physician assistant under a practice agreement, a supervising physician, including the primary supervising physician and each supervising physician within a supervising physician organization, must be approved as a supervising physician by the Board.

(2) Physicians applying to be a supervising physician must:

(a) Submit a supervising physician application and application fee; and

(b) Take an online course and pass an open-book exam on the supervising physician requirements and responsibilities given by the Board. A passing score on the exam is 75%. If the supervising physician applicant fails the exam three times, the physician's application will be reviewed by the Board. A supervising physician applicant who has failed the exam three times must also attend an informal meeting with a Board member, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the exam, before being given a fourth and final attempt to pass the examination. If the applicant does not pass the exam on the fourth attempt, the physician's application may be denied.

(3) The Board will reduce the supervising physician application fee for physicians volunteering in free clinics or non-profit organizations.

(4) The physician may be subject to Board investigation prior to approval or may be limited or denied approval as a supervising physician for the following:

(a) There are restrictions upon or actions against the physician's license; or

(b) Fraud or misrepresentation in applying to use the services of a physician assistant.

(5) The Board may defer taking action upon a request for approval as a supervising physician pending the outcome of the investigation of the physician for violations of ORS 677.010–990.

(6) Failure to apply and be approved as a supervising physician by the Board prior to using the services of a physician assistant under a practice agreement is a violation of ORS 677.510 and is grounds for a \$195 fine. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.205 & 677.510

847-050-0029

Locum Tenens Assignments

(1) Locum tenens means a temporary absence by the physician assistant ~~or supervising physician~~ which is filled by a substitute physician assistant ~~or supervising physician~~.

(2) For assignments starting prior to July 15, 2022, ~~the~~ the following is required for a locum tenens assignment:

(1a) Within ten days of the start of the locum tenens assignment, the supervising physician of the practice which desires the substitute must submit a notification of locum tenens assignment to the Board.

(2b) The notification of locum tenens assignment must include the name of the substitute physician assistant or supervising physician who is filling the locum tenens assignment, duration of the locum tenens assignment, a description of how supervision of the physician assistant will be maintained, and any changes in the practice agreement or Board-approved practice description for the practice during the locum tenens assignment.

(3c) The substitute physician assistant or supervising physician who is filling the locum tenens assignment must be currently licensed in Oregon, with ~~active, locums tenens, or emeritus~~practicing registration status, and be in good standing with the Board.

(4d) The physician assistant must be qualified to provide the same type of service as described in the current practice agreement or Board-approved practice description for the locum tenens.

(5e) The supervising physician who is filling the locum tenens assignment must be approved as a supervising physician by the Board in accordance with OAR 847-050-0027 (Approval of Supervising Physician).

(3) For assignments starting on or after July 15, 2022, the substitute physician assistant who is filling the locum tenens assignment must be currently licensed in Oregon with practicing registration status and enter into a collaboration agreement.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.265 & 677.510

847-050-0035

Grounds for Discipline

(1) The performance of unauthorized medical services by the physician assistant constitutes a violation of the Medical Practice Act. ~~The supervising physician and/or agent is responsible for the acts of the physician assistant and may be subject to disciplinary action for such violations by the physician assistant.~~ *Reference: moved to OAR 847-050-0040(12)(a)* The physician assistant is ~~also~~ subject to disciplinary action for violations. Proceedings under these rules are conducted in the manner specified in ORS 677.200.

(2) In addition to any of the reasons cited in ORS 677.190, the Board may refuse to grant, or may suspend or revoke a license to practice as a physician assistant for any of the following reasons:

(a) The physician assistant has held ~~himself/herself~~themselves out, or permitted another to represent the physician assistant to be a licensed physician.

(b) Prior to July 15, 2022 or under a practice agreement or practice description as provided in Oregon Laws 2021, chapter 349, section 20, ~~¶~~the physician assistant has in fact performed medical services without the direction or under the supervision of a Board-approved supervising physician or agent.

(c) On or after July 15, 2022, the physician assistant has in fact performed medical services without entering into a collaboration agreement, except as provided in Oregon Laws 2021, chapter 349, section 20.

(~~ed~~) The physician assistant has performed ~~a task or tasks~~ medical services beyond the physician assistant's competence, education, training, experience, or outside the practice agreement as stated in OAR 847-050-0040 or collaboration agreement as stated in OAR 847-050-0082. This is not intended to limit the ability of a physician assistant to learn new procedures ~~under personal supervision.~~

Statutory/Other Authority: ORS 677.190, 677.205 & 677.265

Statutes/Other Implemented: ORS 677.190, 677.205, 677.265 & 677.505

847-050-0036

Supervising Physician Organization

A group of supervising physicians may collectively supervise a physician assistant under a practice agreement or practice description by forming a Supervising Physician Organization subject to the following conditions:

(1) A supervising physician organization must designate one physician within the supervising physician organization to also serve as the primary supervising physician of the supervising physician organization.

(2) Prior to July 15, 2022, Each ~~each~~ supervising physician in a supervising physician organization, including the primary supervising physician, must be approved by the Board as a supervising physician.

(3) Prior to July 15, 2022, The ~~the~~ supervising physician organization must provide the Board with a letter containing:

(a) The name of the supervising physician organization;

(b) The address and phone number for the supervising physician organization;

(c) The name of the primary supervising physician; and

(d) The names of the supervising physicians in the supervising physician organization.

(4) The supervising physician organization must notify the Board in writing within 10 days of any change in the name, address, phone number, or supervising physicians in the supervising physician organization.

(5) A supervising physician organization may include any number of supervising physicians.

(6) A supervising physician organization may supervise any number of physician assistants.

(7) A physician assistant who is supervised by a supervising physician organization may be supervised by any of the supervising physicians in the supervising physician organization.

(8) The Board may request a meeting with a supervising physician organization and a physician assistant to discuss a practice agreement.

(9) Supervising physician organizations, as defined in this rule and OAR 847-050-0010, may not enter into collaboration agreements.

Statutory/Other Authority: ORS 677.265 & 677.510

Statutes/Other Implemented: ORS 677.495, 677.510 & 677.515

847-050-0037

Supervision

Under a practice agreement or practice description:

(1) A physician may not use the services of a physician assistant without first obtaining Board approval as a supervising physician.

(2) The supervising physician, agent, or in the case of a supervising physician organization, the primary supervising physician and the supervising physician who is providing supervision for the physician assistant, are personally responsible for the direction, supervision and regular review of the medical services provided by the physician assistant, in keeping with the practice agreement or Board-approved practice description.

(3) The type of supervision and maintenance of supervision provided for each physician assistant must be described in the practice agreement or Board-approved practice description.

(4) The supervising physician, agent or, in the case of a supervising physician organization, the supervising physician who is providing supervision for the physician assistant must be available for direct communication with the physician assistant at all times in person, by telephone, or through other synchronous electronic means, whether the supervising physician and physician assistant practice in the same practice location or a practice location separate from each other.

(5)(a) Each setting and licensed facility in which the physician assistant will provide services must be listed in the practice agreement or Board-approved practice description.

(b) Additional, intermittent practice settings such as schools, sporting events, health fairs and long term care facilities, are not required to be listed in the practice agreement or Board-approved practice description if the duties are the same as those listed in the practice agreement or Board-approved practice description. The medical records for the patients seen at these additional practice settings must be held either at the supervising physician's primary practice setting or the additional practice settings. The supervision of the physician assistant must be the same as that described in the practice agreement or Board-approved practice description.

(6) The supervising physician, agent or the supervising physicians in the supervising physician organization must provide regular and routine oversight and chart review.

(7) Prior to January 15, 2022, the supervising physician may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the practice agreement or Board-approved practice description.

(8) On or after January 15, 2022, the degree of autonomous judgment that a physician assistant may exercise shall be determined at the physician assistant's primary location of practice by the community standards of care and the physician assistant's education, training and experience.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.495, 677.510 & 677.515

847-050-0038

Agents

Under a practice agreement or practice description:

(1) The supervising physician who is not a member of a supervising physician organization may designate an agent or agents to direct and supervise the physician assistant when the supervising physician is unavailable for short periods of time. The agents must meet the following requirements:

(a) Be a physician licensed under ORS 677.100 to 677.228, or a podiatric physician and surgeon licensed under ORS 677.805 to 677.840, actively registered and in good standing with the Board;

(b) Practice in the same city or practice area as the supervising physician or physician assistant.

(c) Be qualified to supervise as designated in the practice agreement.

(2) The supervising physician is responsible for informing the agent of the duties of an agent. Prior to such time as the physician assistant is acting under the direction of an agent, the

supervising physician must determine that the agent understands and accepts supervisory responsibility. The agent must sign an acknowledgement of all practice agreements between the supervising physician and the physician assistant(s) the agent will supervise, and a copy must be kept at the primary practice location. Supervision by the agent will continue for a certain, predetermined, limited period of time, after which supervisory duties revert to the supervising physician.

(3) In the absence of the supervising physician, the agent assumes the same responsibilities as the supervising physician.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.495 & ORS 677.510

847-050-0040

Method of Performance under a Practice Agreement or Practice Description

Under a practice agreement or practice description:

(1) The physician assistant may perform at the direction of the supervising physician, agent or, in the case of a supervising physician organization, the primary supervising physician or the supervising physician who is providing supervision for the physician assistant only those medical services as included in the practice agreement or Board-approved practice description.

(2) A medical service may be performed by a physician assistant if:

(a) The services are provided under the methods of supervision described in and in compliance with the practice agreement or Board-approved practice description;

(b) The services are within the scope of practice and the competency of the physician assistant;

(c) The services are generally described in and in compliance with the practice agreement or Board-approved practice description; and

(d) The physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(3) The supervising physician shall ensure that the physician assistant is competent to perform all duties. The supervising physician or supervising physician organization and the physician assistant are responsible for ensuring the competent practice of the physician assistant.

(4) The physician assistant or student must be clearly identified as such when performing duties. The physician assistant must at all times when on duty wear a name tag with the designation of "physician assistant" or "PA" thereon and clearly identify ~~himself or herself~~ as a "physician assistant" or "PA" in oral communications with patients and other professionals.

(5) The supervising physician must furnish reports, as required by the Board, on the performance of the physician assistant or student.

(6) The practice agreement must be submitted to the Board within ten days after the physician assistant begins practice with the supervising physician or supervising physician organization.

(7) The supervising physician must notify the Board of any changes to the practice agreement within ten days of the effective date of the change.

(8) Supervising physicians must update the practice agreement biennially during the supervising physician's license renewal process.

(9) Effective July 15, 2022, Aa supervising physician and physician assistant who have a Board-approved practice description that was approved prior to January 1, 2012, and who wish to make changes to the practice description must enter into a ~~practice agreement~~collaboration agreement in accordance with ORS 677.510(~~63~~)(a).

(10) Effective July 15, 2022, a supervising physician and physician assistant who wish to make changes to an existing practice agreement must enter into a collaboration agreement in accordance with ORS 677.510(3)(a).

(11) If the physician assistant has met the requirements of OAR 847-050-0041(3), Schedule II controlled substances prescription privileges may be included in and are limited by the practice agreement or Board-approved practice description and may be restricted further by the supervising physician at any time. Reference: moved from OAR 847-050-0041

(12)(a) A supervising physician and/or agent is responsible for the acts of the physician assistant practicing under a practice agreement or practice description and may be subject to disciplinary action for such violations by the physician assistant. Reference: moved from OAR 847-050-0035

(b) Whenever the supervising physician is a member of a professional corporation or employee of a professional corporation or partnership, the primary supervising physician and any acting supervising physician are in all cases personally responsible for the direction and supervision of the physician assistant's work. Such responsibility for supervision cannot be transferred to the corporation or partnership even though such corporation or partnership may pay the supervising physician and the physician assistant's salaries or enter into an employment agreement with such physician assistant or supervising physician. Reference: moved from OAR 847-050-0055

~~(1013)~~ Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a \$195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.205, 677.510 & 677.515

847-050-0041

Prescribing and Dispensing Privileges

(1) A physician assistant registered prior to July 12, 1984, who does not possess the qualifications of OAR 847-050-0020 may retain all practice privileges which have been granted prior to July 12, 1984. Under these conditions, a physician assistant may issue written, electronic or oral prescriptions for Schedule III-V medications, which the supervising physician has determined the physician assistant is qualified to prescribe commensurate with the practice agreement or Board-approved practice description, if the physician assistant has passed a specialty examination approved by the Board prior to July 12, 1984, and the following conditions are met:

(a) The physician assistant has passed the Physician Assistant National Certifying Examination (PANCE); and

(b) The physician assistant has documented adequate education or experience in pharmacology commensurate with the practice agreement or Board-approved practice description.

(2) A physician assistant may issue written, electronic or oral prescriptions for Schedule III-V medications, ~~for which the~~ based on the physician assistant's education, training, experience, and is qualified to prescribe commensurate with the collaboration agreement, practice agreement, or Board-approved practice description, if the physician assistant has met the requirements of OAR 847-050-0020(1).

(3) A physician assistant may issue written or electronic prescriptions or emergency oral prescriptions followed by a written authorization for Schedule II medications if the requirements in section (1) or (2) of this rule are fulfilled and if ~~the following conditions are met:~~

~~(a) A statement regarding Schedule II controlled substances prescription privileges is included in the practice agreement or Board approved practice description. The Schedule II controlled substances prescription privileges of a physician assistant are limited by the practice agreement or Board approved practice description and may be restricted further by the supervising physician at any time. Reference: moved to OAR 847-050-0040(11)~~

~~(b) T~~he physician assistant is currently certified by the National Commission for the Certification of Physician Assistants (NCCPA) and must complete all required continuing medical education coursework.

(4)(a) A physician assistant with prescriptive authority may prescribe ~~and dispense~~ buprenorphine for medication-assisted treatment for opioid dependency if ~~the requirements in (1) or (2) are fulfilled and the following conditions are met:~~(a) The physician assistant has obtained a buprenorphine waiver from the Drug Enforcement Administration.;

(b) A physician assistant may dispense buprenorphine for medication-assisted treatment for opioid dependency if the physician assistant meets the requirements of subsection (4)(a) and is registered with the Board to dispense.

~~(b) The physician assistant has been granted dispensing authority if the physician assistant will dispense buprenorphine;~~

~~(c) The scope of practice of the physician assistant includes use of buprenorphine for medication-assisted treatment for opioid dependency;~~

~~(d) The physician assistant's practice agreement includes use of buprenorphine for medication-assisted treatment for opioid dependency as a delegated medical service; and~~

~~(e) The physician assistant complies with all federal and state requirements for recordkeeping specific to buprenorphine treatment.~~

(5) All prescriptions given whether written, electronic, or oral must include the name, office address, and telephone number of the physician assistant. The prescription must also bear the name of the patient and the date on which the prescription was written, except as provided in OAR 847-015-0050 for expedited partner therapy for sexually transmitted disease. The physician assistant must sign the prescription and the signature must be followed by the letters "P-A." Also, the physician assistant's Federal Drug Enforcement Administration number must be shown on prescriptions for controlled substances.

(6) A physician assistant may register with the Board ~~for a physician assistant~~ to dispense drugs commensurate with the collaboration agreement, practice agreement, or Board-approved practice description and the physician assistant's prescriptive authority.

~~(a) The physician assistant must have prescribing privileges and be in good standing with the Board and the NCCPA to qualify for dispensing authority. The physician assistant may dispense Schedule II medications only if the physician assistant's practice agreement or Board-approved practice description allows Schedule II prescription privileges.~~

(ba) If the facility where the physician assistant will dispense medications serves population groups federally designated as underserved, geographic areas federally designated as health professional shortage areas or medically underserved areas, or areas designated as medically disadvantaged and in need of primary health care providers as designated by the State, the application must include:

(A) Location of the practice site;

(B) Accessibility to the nearest pharmacy; and

(C) Medical necessity for dispensing.

(eb) If the facility where the physician assistant will be dispensing medications is not in one of the designated areas or populations described in subsection (6)(ba) of this rule the physician assistant may not dispense Schedule I through II controlled substances.

(7) A physician assistant with dispensing authority must:

(a) Dispense medications personally, except that nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by the physician assistant;

(b) Maintain records of the receipt and distribution of prescription drugs and the records must be readily accessible for inspection by the Board upon request;

(c) Dispense only medications that are pre-packaged by a licensed pharmacist, manufacturing drug outlet or wholesale drug outlet authorized to do so under ORS 689;

(d) Label dispensed prescription drugs in compliance with the requirements of ORS 677.089(3);

(e) Dispense prescription drugs in containers complying with the federal Poison Prevention Packaging Act unless the patient requests a noncomplying container; and

(f) Register with the Drug Enforcement Administration and maintain a controlled substances log as required in OAR 847-015-0015.

(8) Distribution of samples, without charge, is not dispensing under this rule. Administering drugs in the facility is not dispensing under this rule. Distribution of samples and administration of drugs must be documented in the patient record. Documentation must include the name of the drug, the dose, the quantity distributed or administered, and the directions for use if applicable.

(9) Failure to comply with any subsection of this rule is a violation of the ORS Chapter 677 and is grounds for a \$195 fine. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ~~21 U.S.C. 823 as amended by the Comprehensive Addiction and Recovery Act of 2016~~ & ORS 677.265, ORS 677.511

Statutes/Other Implemented: 21 U.S.C. 823 as amended by the Comprehensive Addiction and Recovery Act of 2016, ORS 677.190, ORS 677.205, ORS 677.265, ORS 677.470, ORS 677.511, ORS 677.515 & ORS 677.545

847-050-0042
Registration

~~(1) The registration renewal form and fee must be received in the Board office during regular business hours and must be satisfactorily complete on or before December 31 of each odd-numbered year in order for the physician assistant's registration to be renewed for the next 24 months. This application must also include submission of an updated practice agreement or validation of an existing practice agreement or Board approved practice description.~~

~~(2) Upon failure to comply with section (1) of this rule, the license will automatically lapse as per ORS 677.228.~~

~~(3) A one-time surcharge is required for each physician assistant renewing his or her license for the 2014-2015 biennial registration period or applying for an initial license during calendar years 2014 and 2015.~~

~~Statutory/Other Authority: ORS 677.265~~

~~Statutes/Other Implemented: ORS 677.510 & 677.512~~

847-050-0043

Inactive Registration and Re-Entry to Practice

(1) Any physician assistant licensed in this state who changes location to some other state or country, or who is not in a current supervisory or collaboration relationship with a licensed physician or employer for six months or more, will be listed by the Board as inactive.

(2) If the physician assistant wishes to resume active status to practice in Oregon, the physician assistant must submit the reactivation application and fee, satisfactorily complete the reactivation process and be approved by the Board before beginning active practice in Oregon.

(3) The Board may deny active registration if it judges the conduct of the physician assistant during the period of inactive registration to be such that the physician assistant would have been denied a license if applying for an initial license.

(4) If a physician assistant applicant has ceased practice for a period of 12 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to do one or more of the following:

(a) Obtain certification or re-certification by the National Commission on the Certification of Physician Assistants (N.C.C.P.A.);

(b) Provide documentation of current N.C.C.P.A. certification; or

(c) Complete 30 hours per year of Category I continuing medical education acceptable to the Board ~~for every year the applicant has ceased practice;~~

~~(d) Agree to increased chart reviews upon re-entry to practice.~~

(5) The physician assistant applicant who has ceased practice for a period of 24 or more consecutive months ~~may be~~ required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement for Re-entry to Practice prior to the applicant beginning the re-entry plan. Depending on the amount of time out of practice, the re-entry plan may contain one or more of the requirements listed in section (4) of this rule and such additional requirements as determined appropriate by the Board.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.172, 677.175 & 677.512

847-050-0046

Emeritus Status~~Active Status for Temporary, Rotating Assignments~~

~~(1) A physician assistant, upon notification to the Board, may retire from active, permanent practice and change to Emeritus status which allows the physician assistant to practice temporary, volunteer assignments. A physician assistant with Emeritus status pursuant OAR 847-008-0030 who wishes to volunteer at a medical facility must have a collaboration agreement, practice agreement, or Board-approved practice description prior to starting any temporary or volunteer assignments. practice at each assignment.~~

~~(2) A physician assistant, upon notification to the Board, may retire from active, permanent practice and maintain Active status by practicing at medical facilities for assignments on a rotating basis. A physician assistant who wishes to maintain active status and practice in rotating assignments at permanent locations must have a practice agreement or Board-approved practice description and must provide the Board with timely notification of the dates of each assignment prior to beginning each rotating assignment.~~

Statutory/Other Authority: ORS 677.265 & 677.545

Statutes/Other Implemented: ORS 677.265, 677.510 & 677.515

847-050-0050

Termination of Supervision

~~(1) Under a practice agreement or practice description, U~~ Upon termination of a supervisory relationship both the supervising physician and the physician assistant must submit to the Board a written report concerning the reason(s) for termination of the relationship. Such report must be submitted to the Board within 15 days following termination of supervision.

~~(2) All practice agreements and practice descriptions must be terminated no later than December 31, 2023.~~

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.510

847-050-0055

Professional Corporation or Partnership

~~Whenever the supervising physician is a member of a professional corporation or employee of a professional corporation or partnership, the primary supervising physician and any acting supervising physician are in all cases personally responsible for the direction and supervision of the physician assistant's work. Such responsibility for supervision cannot be transferred to the corporation or partnership even though such corporation or partnership may pay the supervising physician and the physician assistant's salaries or enter into an employment agreement with such physician assistant or supervising physician. Reference: moved to OAR 847-050-0040(12)(b)~~

~~Statutory/Other Authority: ORS 677~~

~~Statutes/Other Implemented: ORS 58.185~~

847-050-0080

Collaborative Practice Model

On or after July 15, 2022, except as provided in Oregon Laws 2021, chapter 349, section 20:

(1) A physician assistant may provide medical services:

(a) Within the scope of practice of the physician assistant, based on the physician assistant's education, training, and experience; and

(b) For which the physician assistant has obtained informed consent as provided in ORS 677.097, if informed consent is required.

(2) A physician assistant is responsible for the care provided by the physician assistant.

(3) A physician assistant must engage in collaboration with the appropriate health care provider as indicated by the condition of the patient, the community standards of care, and the physician assistant's education, experience, and competence. The degree of collaboration must be determined at the physician assistant's primary location of practice. The determination may include decisions made by:

(a) A physician or employer with whom the physician assistant has entered into a collaboration agreement, or

(b) The group or hospital service and the credentialing and privileging systems of the physician assistant's primary location of practice.

(4) The degree of autonomous judgment that a physician assistant may exercise will be determined at the physician assistant's primary location of practice by the community standards of care and the physician assistant's education, training, and experience.

(5) If a physician assistant changes their specialty or emphasis of practice, the physician assistant must obtain applicable education, training, or experience required to meet the community standards of care.

(6) The physician assistant or student must be clearly identified as such when performing duties. The physician assistant must at all times when on duty wear a name tag with the designation of "physician assistant" or "PA" thereon and clearly identify as a "physician assistant" or "PA" in oral communications with patients and other professionals.

(7) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a \$195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.265, 677.510, 677.515, Oregon Laws 2021, chapter 349, section 20

847-050-0082

Collaboration Agreements

On or after July 15, 2022, except as provided in Oregon Laws 2021, chapter 349, section 20:

(1) A physician assistant may not provide care unless the physician assistant has entered into a written collaboration agreement signed by a physician or employer as defined in OAR 847-050-0010(4) and as described in this rule.

(2) The collaboration agreement must include, but is not limited to:

(a) The physician assistant's name, license number, and primary location of practice;

(b) The name of the physician or employer with whom the physician assistant is entering the collaboration agreement;

(c) A general description of the physician assistant's process for collaboration with physicians and if applicable, include any differences in the process for collaboration based on practice location;

(d) The performance assessment and review process; and

(e) If the physician assistant has fewer than 2,000 hours of post-graduate clinical experience, a plan for consistent and quality collaboration with a specified physician on a regular basis. If this plan is required:

(A) “Post-graduate clinical experience” means the professional practice as a physician assistant applying principles and methods to provide assessment, diagnosis, and treatment of patients.

(B) The physician assistant must provide evidence of at least 2,000 hours of post-graduate clinical experience to the physician or employer with whom the physician assistant is entering the collaboration agreement. The physician or employer is responsible for determining the physician assistant does not require a plan.

(C) Collaboration with a specified physician may occur in person and through synchronous and asynchronous technology.

(D) The physician assistant, or physician or employer with whom the physician assistant has entered into the collaboration agreement, is responsible for tracking the 2,000 hours of post-graduate clinical experience to determine when the plan is no longer required.

(E) A collaboration agreement must be amended in writing to remove or modify the plan.

(3) A collaboration agreement may include additional requirements specific to the physician assistant’s practice as required by the physician or employer entering the collaboration agreement, including additional levels of oversight, limitations on autonomous judgment, and designating a primary contact for collaboration.

(4) As part of the performance assessment in subsection (2)(d) of this rule, a collaboration agreement must be reviewed and, if applicable, updated.

(5) A collaboration agreement must be replaced or amended in writing to add, remove, or change requirements.

(6) A physician assistant may enter multiple collaboration agreements for each employer or practice.

(7) The collaboration agreement must be available at the physician assistant’s primary location of practice and made available to the Oregon Medical Board upon request.

(8) The physician or employer with whom the physician assistant enters a collaboration agreement must provide a copy of the collaboration agreement and any amendments to the physician assistant.

(9) The physician assistant and the physician or employer with whom the physician assistant has entered into the collaboration agreement is responsible for upholding the terms of the collaboration agreement and ensuring availability of collaboration.

(10) Failure to comply with any section of this rule is a violation of ORS 677.510 and is grounds for a \$195 fine imposed on the non-compliant licensee. The licensee may be subject to further disciplinary action by the Board.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.265, 677.510, 677.515, Oregon Laws 2021, chapter 349, section 20

DRAFT



COLLABORATION AGREEMENT TEMPLATE **DRAFT**

Revised 4/2022

Per ORS 677.495, a collaboration agreement is a written agreement that describes the manner in which the physician assistant collaborates with physicians (MD/DO/DPM), that does not assign supervisory responsibility to, or represent acceptance of legal responsibility by, a physician for the care provided by the physician assistant and that is signed by the physician assistant and the physician or physician assistant's employer.

Collaboration means, as indicated by the patient's condition, community standards of care and a physician assistant's education, training and experience: (a) Consultation between the physician assistant and a physician; or (b) Referral by the physician assistant to a physician. Community standards of care means that degree of care, skill, and diligence that is used by ordinarily careful licensees in the same or similar circumstances in the licensee's community or a similar community.

Beginning date for Collaboration Agreement (mm/dd/yyyy): _____

Physician Assistant Information:

Last Name	First Name	Middle Initial	Oregon License Number
Primary Practice Location Name		Primary Practice Street Address, City, State, and Zip Code	
Business Email		Business Phone	

Employer Representative or Physician (MD/DO/DPM) Information:

Last Name	First Name	Middle Initial	Oregon License Number <i>If applicable</i>
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COLLABORATION

A general description of the physician assistant's process for collaboration with physicians (MD/DO/DPM) and if applicable, include any differences in the process for collaboration based on practice location. The description may also include additional requirements specific to the physician assistant's practice, including additional levels of oversight, limitations on autonomous judgment, and designating a primary contact for collaboration:

DRAFT, Sample Template, Reference Purposes Only

Does the physician assistant have at least 2,000 hours of post-graduate clinical experience?

“Post-graduate clinical experience” means professional practice as a physician assistant applying principles and methods to provide assessment, diagnosis, and treatment of patients.

- Yes, the physician assistant must provide evidence of post-graduate clinical experience to the physician or employer entering the collaboration agreement. The physician or employer is responsible for determining the physician assistant meets the 2,000 hour requirement and does not require a Specified Collaboration Plan.
- No, include Attachment A: Specified Collaboration Plan (see page 4)

ASSESSMENT & REVIEW

The performance assessment and review process:

AGREEMENT REQUIREMENTS

- A collaboration agreement must be replaced or amended in writing to add, remove, or change requirements.
- The collaboration agreement must be available at the physician assistant’s primary location of practice and made available to the Oregon Medical Board upon request.
- The physician assistant must be provided a copy of the collaboration agreement and any amendments.
- The physician assistant and the physician or employer with whom the physician assistant has entered into the collaboration agreement is responsible for upholding the terms of the collaboration agreement and ensuring availability for collaboration.
- [ORS 677.495 to 677.535](#) and [OAR 847 chapter 50](#) provides the requirements for physician assistant practice in Oregon.

SIGNATURES

Signature of Employer Representative or Physician: _____

Name of Employer Representative or Physician: _____ Date: _____

Title of Employer Representative or Physician: _____

Signature of Physician Assistant: _____

Name of Physician Assistant: _____ Date: _____

DRAFT, Sample Template, Reference Purposes Only

TERMINATION

To be completed when collaboration agreement is terminated.

Termination date for Collaboration Agreement (mm/dd/yyyy): _____

SIGNATURES

Signature of Employer Representative or Physician: _____

Name of Employer Representative or Physician: _____ Date: _____

Title of Employer Representative or Physician: _____

Signature of Physician Assistant: _____

Name of Physician Assistant: _____ Date: _____

SAMPLE

DRAFT, Sample Template, Reference Purposes Only

Attachment A: Specified Collaboration Plan

If the physician assistant has fewer than 2,000 hours of post-graduate clinical experience, a plan for consistent and quality collaboration with a specified physician (MD, DO, DPM) on a regular basis. Collaboration with a specified physician may occur in person and through synchronous and asynchronous technology.

A collaboration agreement must be amended in writing to remove or modify a Specified Collaboration Plan.

Physician Assistant Information:

Last Name	First Name	Middle Initial	Oregon License Number
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Physician (MD/DO/DPM) Information:

Last Name	First Name	Middle Initial	Oregon License Number <i>If applicable</i>
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Description of specified collaboration:

