

**APPENDIX III**

**Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS**

STATE	LTC			ACH			AP			PP			MUC			PHC			NON-MEDICAL		
	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH	Nurse	PA	PH
Alabama																					
Alaska																					
Arizona		X			X			X		X			X			X				X	
Arkansas		X			X			X		X			X			X				X	
California														X							
Colorado																					
Connecticut	X			X												X					
Delaware		X			X			X		X			X			X				X	
DC																					
Florida																					
Georgia		X			X			X		X			X			X				X	
Hawaii		X			X			X		X			X			X				X	
Idaho																					
Illinois																					
Indiana		X			X			X		X			X			X					
Iowa	X			X			X		X			X		X		X			X		
Kansas		X			X			X		X			X			X				X	
Kentucky		X			X			X		X			X			X				X	
Louisiana		X			X			X		X			X			X				X	
Maine		X			X			X		X			X			X				X	
Maryland	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Mass	X	X		X	X		X	X		X	X		X	X		X	X		X	X	
Michigan		X			X			X		X			X			X				X	
Minnesota																					
Mississippi		X			X			X		X						X					
Missouri																					
Montana																					
Nebraska					X			X		X											
Nevada			X			X													X		
N Hamp.																					
N Jersey		X			X			X		X			X			X				X	
N Mexico					X																
N York					X																
N Carolina		X			X								X			X					
N Dakota		X	X		X	X		X		X			X	X		X	X				
Ohio																					
Oklahoma		X			X	X		X		X						X				X	
Oregon	X			X															X		
Penn	X	X		X	X		X	X		X	X		X	X		X	X				
R Island		X			X			X		X						X					
S Carolina		X			X			X		X			X			X				X	
S Dakota																					
Tennessee																					
Texas	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X		X	X	X
Utah																					
Vermont		X			X			X		X			X			X				X	
Virginia			X		X	X															
Washington		X			X								X								
W. Virginia		X			X			X		X			X			X				X	
Wisconsin																					
Wyoming																					

**NOTE:** Gray Box indicates a lack of statutory language to address the setting.  
 LTC= Long Term Care Facility; ACH= Acute Care Hospital; AP= Adult Practice; PP=Pediatric Practice; MUC= Medically Underserved Clinic; PHC=Public Health Clinic; Non-Medical=Settings such as a patient’s home

Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS

**Arizona:**

**Physician Assistants:**

A. After a supervising physician receives board approval of a notice of supervision, that physician may delegate health care tasks to the physician assistant. The physician assistant may perform these tasks in any setting authorized by the approved supervising physician and the board, pursuant to subsections E and F of this section, including clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes and other health care institutions. . . **A.R.S. § 32-2531 (2005) Health care tasks; scope of practice; restrictions; civil penalty**

**Arkansas:**

**Physician Assistants:**

. . . (c) Physician assistants may perform health care services in any setting authorized by the supervising physician in accordance with any applicable federal policy. . . **A.C.A. § 17-105-107 (2006) Scope of authority- - Delegatory authority - - Agent of supervising physician**

**California:**

**Physician Assistants:**

(a)(1) Notwithstanding any other provision of law, a physician who provides services in a medically underserved area may not supervise more than four physician assistants at any one time. . . (2) As used in this section, “medically underserved area” means a “health professional(s) shortage area” (HPSA) . . . an area of the state where unmet priority needs for physicians exist as determined by the California Healthcare Workforce Policy Commission . . . (b) This section shall become inoperative on July 1, 2007, and, as of January 1, 2008 is repealed, unless a later enacted statute is enacted before January 1, 2008, deletes or extends the dates on which it becomes inoperative and is repealed. **Cal Bus & Prof Code § 3516.1 (2005) (Inoperative July 1, 2007; Repealed January 1, 2008) Physician providing services in medically underserved area**

**Connecticut:**

**Nurses:**

If practicing in (1) an institution licensed pursuant to subsection (a) of section 19a-491 as a hospital, residential care home, health care facility for the handicapped, nursing home, rest home, mental health facility, substance abuse treatment facility, infirmary operated by an educational institution for the care of students enrolled in, and faculty and staff of, such institution, or facility operated and maintained by any state agency and providing services for the prevention, diagnosis and treatment or care of human health conditions, or (2) an industrial health facility licensed pursuant to subsection (h) of section 31-374 which serves at least two thousand employees, or (3) a clinic operated by a state agency, municipality, or private nonprofit corporation, or (4) a clinic operated by any educational institution prescribed by regulations adopted pursuant to section 20-99a, the advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in this state, prescribe, dispense, and administer medical therapeutics and corrective measures. In all other settings, the advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in the state, prescribe and administer medical therapeutics and corrective measures and may request, sign for, receive and dispense drugs in the form of. . . **Conn. Gen. Stat. § 20-87a (2004) Definitions. Scope of practice.**

**Trained Persons:**

Any provisions to the contrary notwithstanding, chapter 378 shall not prohibit the administration of medication to persons attending day programs, or residing in residential facilities, under the jurisdiction of the Departments of Children and Families, Correction, Mental Retardation and Mental Health and Addiction Services, or being detained in juvenile detention centers, when such medication is administered by trained persons, pursuant to the written order of a physician licensed under this chapter, a dentist licensed under chapter 379, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, authorized to prescribe such medication. The provisions of this section shall not apply to institutions, facilities or programs licensed pursuant to chapter 368v. **Conn. Gen. Stat. § 20-14i (2004) Administration of medication by trained persons.**

**Delaware:**

**Physician Assistants:**

. . . (i) Hospitals, clinics, medical groups and other healthcare facilities may employ physician assistants; however, no more than 2 physician assistants may at any given time be employed and supervised for each physician practicing in the same facility unless a regulation of the Board increases or decreases the number. **24 Del. C. § 1771 (2005) Physician’s duties in supervision of a physician assistant**

*continued*

Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS

**Georgia:**

**Physician Assistants:**

(d) A physician's assistant shall be allowed to perform his duties only in the principal offices of the applying physicians, which shall be those public or private places or health facilities where the applying physician regularly sees patients, provided that nothing in this article shall preclude a physician's assistant from making house calls and hospital rounds, serving as an ambulance attendant, or performing any functions performed by the applying physician which the physician's assistant is qualified to perform. *§ 43-34-103 Application for assistant; number of assistants, new job descriptions; scope of duties; employment by nonpracticing physicians; delegated authority*

(2) A Physician's Assistant shall not be permitted to perform his/her duties other than in the principal offices and/or hospitals of the applying physician(s) which shall be those public or private places of health facilities where the applying physician(s) regularly sees patients; provided however, that nothing herein shall preclude a physician's Assistant from making house calls, hospital and nursing home rounds, or performing any functions performed by the applying physician(s) which the Physician's Assistant may see his applying physician's patients in Emergency Rooms in hospitals, offices, nursing homes or any situation under supervision of an applying physician, approved by the Board. . . . (8) A physician's assistant may order medication for institutionalized or hospitalized patients as outlined in the approved job description. . . . (a) A physician's assistant may order/select a drug, including a dangerous drug or a controlled substance, or order medical treatment, or diagnostic study in any health care setting, provided that: 1. The supervising physician delegates this authority in accordance with an approved job description. 2. Controlled substances are selected from a formulary of such drugs approved by the Board. *360-5-.07 Limitations Upon Use of physician's Assistants. Ordering of Dangerous Drugs, Controlled Substances, Medical Treatments and Diagnostic Studies by Physician's Assistant; Dispensing of Dangerous Drugs by Physician's Assistant in Public Health Care Settings. Amended*

1. [Physician assistants may perform their duties in remote sites which are areas that can demonstrate a shortage and maldistribution of health care services, where the supervising physician maintains a principal office, clinic, or facility for the purpose of providing primary care services and at which the supervising physician is physically present for at least 25% of the time the site is open. *360-5-.08 Remote Practice Sites, Amended.*

**Hawaii:**

**Physician Assistants:**

. . . (38) The supervising physician shall . . . (3) Permit the physician assistant to be utilized in any setting authorized by the supervising physician including, but not limited to, clinics, hospitals, ambulatory centers, patient homes, nursing homes, other lodging, and other institutional settings . . . (D) A physician assistant employed or extended privileges by a hospital or extended care facility may, if allowed under the bylaws, rules, and regulations of the hospital or extended care facility, write orders for medications Schedule II through V, for inpatients under the care of the supervising physician . . . *WCHR § 16-85-40 (2004) Degree of Supervision*

**Indiana:**

**Physician Assistants:**

If a physician assistant is employed by a physician, a group of physicians, or other legal entity, the physician assistant must be supervised by and be the legal responsibility of the supervising physician. The legal responsibility for the physician assistant's patient care activities are [is] that of the supervising physician, including when the physician assistant provides care and treatment for patients in health care facilities. If a physician assistant is employed by a health care facility or other entity, the legal responsibility for the physician assistant's actions is that of the supervising physician. A physician assistant employed by a health care facility or entity must be supervised by a licensed physician. *Burns Ind. Code Ann. § 25-27.5-6-7 (2005) Legal responsibility for physician assistant's action*

**Iowa:**

**Nurses:**

6.3(5) The licensed practical nurse may provide nursing care in an acute care setting. When the nursing care provided by the licensed practical nurse in an acute care setting requires the knowledge and skill level currently ascribed to the registered nurse, a registered nurse or physician must be present in the proximate area. Acute care settings requiring the knowledge and skill ascribed to the registered nurse include, but are not limited to: a. Units where care of the unstable, critically ill, or critically injured individual is provided. B. General medical-surgical units. C. Emergency departments. D. Operating rooms. (A licensed practical nurse may assist with circulating duties when supervised by a registered nurse circulating in the same room.) e. Postanesthesia recovery units. F. Hemodialysis units. G. Labor and delivery/birthing units. H. Mental health units. 6.3(6) The licensed practical nurse may provide nursing care in a non-acute care setting. When the nursing care provided by the licensed practical nurse in a non-acute care setting requires the knowledge and skill level currently ascribed to the registered nurse, the registered nurse or physician must be present in the proximate area. The non-acute care settings requiring

*continued*

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the knowledge and skill level ascribed to the registered nurse include, but are not limited to: a. Community health. (Subrules 6.6(1) and 6.6(4) are exceptions to the “proximate area” requirement.) b. School nursing. (Subrules 6.6(2) and 6.6(3) are exceptions to the “proximate area” requirement.) c. Occupational nursing. D. Correctional facilities. E. Community mental health nursing. . . **655 IAC 6.3(152)(2005) Minimum standards of practice for licensed practical nurses**

**Kansas:**

**Physician Assistants:**

(a) “Different practice location” means an office or location that is maintained or utilized by a responsible physician to regularly meet patients or to receive calls and that is not the primary practice location of the responsible physician. (b) A physician assistant may perform acts that constitute the practice of medicine and surgery at a different practice location only if all of the following conditions are met: (1) Before providing any services at the different practice location, the physician assistant has spent a minimum of 80 hours since being licensed under the immediate or physical supervision and direction of a physician licensed in this state. (2) A physician licensed in this state periodically sees and treats patients at the different practice location. (3) Written notice is conspicuously posted that the different practice location is staffed primarily by a physician assistant. **K.A.R. § 100-28a-14 (2006) Different practice location**

(a) . . . Medical services rendered by physician assistants may be performed in any setting authorized by the responsible physician, including but not limited to, clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes and other medical institutions. . . **K.S.A. § 65-28a08 (2005) Practice of physician assistant; direction and supervision of physician; prescription of drugs; identification to patient of physician assistant; rules and regulations; “drug” defined**

**Kentucky**

**Physician Assistants:**

. . . (7) A physician assistant may perform services in the offices or clinics of the supervising physician. A physician assistant may also render services in hospitals or other licensed health care facilities only with written permission of the facility’s governing body, and the facility may restrict the physician assistant’s scope of practice within the facility as deemed appropriate by the facility. . . **KRS § 311.858. (2005) Services and procedures that may be performed by physician assistant – Restrictions**

(3) Except as provided by KRS 311.862, a physician assistant may perform services when the supervising physician is not physically present in the supervising physician’s office or clinic when a reliable means of direct communication with the supervising physician is available at all times. (4) Except as provided by KRS 311.862, a physician assistant may perform services when the supervising physician is not physically present in a hospital or other licensed health care facility when a reliable means of direct communication with the supervising physician is available at all times and the hospital or facility has given specific approval for the provision of physician assistant services without the physical presence of the supervising physician. **KRS § 311.860 (2005) Services performed in location separate from supervising physician**

**Louisiana:**

**Physician Assistants:**

E. A physician assistant shall not: . . . 4. act as or engage in the functions of a physician assistant other than on the direction and under the direction and supervision of his supervising physician at the location or locations specified in physician assistant’s notice of practice location to the board, except in the following situations: a. if the physician assistant is acting as assistant in life-threatening emergencies and in situations such as man-made and natural disaster or a physician emergency relief efforts; b. if the physician assistant is volunteering his services to a non-profit charitable organization, receives no compensation for such services, and is performing such services under the supervision and in the presence of a licensed physician; 5. act as or engage in the functions of a physician assistant when the supervising physician and the physician assistant do not have the capability to be in contact with each other by telephone or other telecommunication device; or 6. identify himself, hold himself out to the public, or permit any other person to identify him, as “doctor,” “medical doctor,” “doctor of medicine” or “physician” or render any service to a patient unless the physician assistant has clearly identified himself as a physician assistant by any method reasonably calculated to advise the patient that the physician assistant is not a physician licensed to practice medicine. **LAC 46:XLV.4505 Services Performed by Physician Assistants**

C. The activities listed above may be performed in any setting authorized by the supervising physician including: clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes, other institutional settings, and health manpower shortage areas. . . **La. R.S. 37:1360.31 (2005) Services performed by physician assistants**

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Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS

**Maine:**

**Physician Assistants:**

B. PRACTICE SETTING A physician extender may only provide practice in a practice setting in which the supervising physician agrees to provide supervision. . . *CMR 02-373-002 (2004) Physician's Assistants*

**Maryland:**

**Nurses:**

A. Pursuant to *Health Occupations Article, § 8-601*, Annotated Code of Maryland, a certified nurse midwife may: . . . (3) Dispense substances prescribed in accordance with § A(1) and (2) of this regulation in the course of treating a patient at a: (a) Nonprofit medical facility or clinic, (b) Health center operating on the campus of an institution of higher learning, (c) Public health facility, (d) Medical facility under contract with a State or local health department, or (e) Facility funded with public funds. . . *COMAR 10.27.05.11 (2005) Prescribing of Substances by a Certified Nurse Midwife*

E. A nurse practitioner shall submit a new or amended written agreement for approval before: (1) Altering the practice setting . . . *COMAR 10.27.07.02 (2005) Nurse Practitioner - - Scope and Standards of Practice*

A. A nurse practitioner may personally prepare and dispense any drug that a nurse practitioner is authorized to prescribe in the course of treating a patient at: (1) A medical facility or clinic that specializes in the treatment of medical cases reimbursable through worker's compensation insurance; (2) A medical facility or clinic that is operated on a nonprofit basis; (3) A health center that operates on a campus of an institution of higher education; (4) A public health facility, a medical facility under contract with a State or local health department, or a facility funded with public funds; or (5) A nonprofit hospital or a nonprofit hospital out-patient facility as authorized under the policies established by the hospital . . . *COMAR 10.27.08 (2005) Prescribing and Dispensing*

H. Delegation of Medication Administration. (1) The administration of medication as listed in § H(3) of this regulation may be delegated to certified medication aides and medication assistants only in compliance with . . . this regulation and when clients meet the requirements . . . of this chapter in the following situations: (1) Supervised group living situations; (b) Supervised or sheltered work settings; (c) Independent living settings; (d) Schools; (e) Correctional institutions; (f) Hospice; (g) Adult medical day care centers; and (h) Child care centers established for children with health or medical conditions or both. . . (2) A nurse may delegate to a medication assistant for certified medicine aide under this section . . . *COMAR 10.27.11.05 (2005) Nursing Functions*

(c) Locations. - - In accordance with the provisions of subsection (d) of this section, a nurse practitioner may personally prepare and dispense any drug that a nurse practitioner may prescribe to the extent permitted by law in the course of treating a patient at: (1) A medical facility or clinic that specializes in the treatment of medical cases reimbursable through worker's compensation insurance; (2) A medical facility or clinic that is operated on a nonprofit basis; (3) A health center that operates on a campus of an institution of higher education; (4) A public health facility, a medical facility under contract with a State or local health department, or a facility funded with public funds; or (5) A nonprofit hospital or a nonprofit hospital outpatient facility as authorized under the policies established by the hospital . . . *Md. HEALTH OCCUPATIONS Code Ann. § 8-508 (2005) Preparation and dispensing of drugs by nurse practitioners*

**Physician Assistants:**

(a) In general. - - Subject to the provisions of subsection (i) of this section, the Board may authorize a physician to delegate medical acts to a physician assistant only after: . . . (1) A delegation agreement has been executed and submitted to the Committee for review to ensure the delegation agreement contains the requirements of this subtitle. . . (b) Contents. - - The delegation agreement shall contain: . . . (2) A description of the settings in which a physician assistant will practice . . . (i) Limitation on delegation in nonhospital setting. - - The Board may not authorize a physician to delegate medical acts under a delegation agreement to more than two physician assistants at any one time, except in a hospital or in the following nonhospital settings: (1) A correctional facility; (2) A detention center; or (3) A public health facility. . . *Md. HEALTH OCCUPATIONS Code Ann. § 15-302 (2005) Delegation agreements*

C. In order for a physician to delegate medical duties to a physician assistant, the supervising physician shall: . . . (14) Include an attestation that the supervising physician may not supervise more than two physician assistants at any one time, except as permitted in a: (a) Hospital; (b) Correctional facility; (c) Detention center; or (d) Public health facility. *COMAR 10.32.03.06 (2005) Delegation Agreements*

B. A physician may delegate technical acts consistent with national standards in the medical community and the approved policies and procedures of the sites for the delivery of health services in the following categories: . . . (2) Nonsurgical technical acts while the assistant is under the physician's direct supervision or on-site supervision if the assistant performs the act in accordance with procedures of the site. C. At sites included in *Health-General Article, §§ 19-114 and 19-3B-01(b)*, Annotated Code of Maryland, or any unit of those sites, a

*continued*

**Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS**

physician may delegate technical acts in compliance with State regulations and the policies, procedures, and supervisory structures of those sites. D. At sites not included in *Health-General Article, § § 19-114 and 19-3B-01(b)*, Annotated Code of Maryland, when providing the following specified levels of supervision, a physician may delegate to an assistant technical acts which include but are not limited to: . . . (2) With on-site supervision: (a) Preparing and administering injections limited to intradermal, subcutaneous, and intramuscular (deltoid, gluteal, vastus lateralis) to include small amounts of local anesthetics . . . *COMAR 10.32.12.04 (2005) Scope of Delegation*

**Pharmacists:**

A. If a setting otherwise complies with State and federal laws, a pharmacist may request Board approval to dispense or distribute at a setting that does not possess a pharmacy permit if: (1) The dispensing or distribution occurs while the pharmacist is providing drug therapy management services in: (a) The office of a licensed physician; (b) A clinic; or (c) A medical facility; or (2) The setting is: (a) Operated or funded by a public health authority of the State; (b) A medical facility or clinic that is operated on a nonprofit basis and is not otherwise required to possess a pharmacy permit; or (c) A health center that operates on a campus of an institution of higher education. B. If the drug therapy management services referred to in § A(1)(a) of this regulation include the dispensing or distribution of controlled dangerous substances, the request may be approved by the Board if the physician possesses a dispensing permit issued by the Board of Physicians. C. If a pharmacist seeks to obtain Board approval to dispense or distribute at a setting that is not set forth in § A of this regulation, the pharmacist shall apply to the Board for a waiver permit. . . *COMAR 10.34.31.01 (2005) Settings*

**Massachusetts:**

**Nurses:**

1. Nurses practicing in an expanded role (physician's office, institution or private practice) shall practice in accordance with written guidelines. *244 CMR 4.22: Development, Approval, and Review of Guidelines for Nurse Midwives, Nurse Midwives, Nurse Practitioners and Nurse Anesthetists*

**Physician Assistants:**

2. Physician assistants may serve the patients of his/her supervising licensed physician in all types of clinical care settings, including but not limited to a patient's home, any physician's office, hospital, nursing home, extended care facility, state health or mental institution, clinic, HMO, industrial clinic, school or university health service, rural satellite clinic, or other health care facility licensed or otherwise operating legally within the Commonwealth. *263 CMR 5.03: Permissible Work Settings.*

**Michigan:**

**Physician Assistants:**

(2) A physician's assistant shall provide medical care services only in a medical care setting where the supervising physician regularly sees patients. However, a physician's assistant may make calls or go on rounds under the supervision of a physician in private homes, public institutions, emergency vehicles, ambulatory care clinics, hospitals, intermediate or extended care facilities, health maintenance organizations, nursing homes, or other health care facilities to the extent permitted by the bylaws, rules, or regulations of the governing facility or organization, if any. . . *MCLS § 333.17076 (2005) Medical care services by physician's assistant; supervision required; exception; medical care setting required; making calls or going on rounds; prescribing drugs; indicating name of supervising physician; ordering, receiving, and dispensing complimentary starter dose drugs*

**Minnesota:**

**Physician Assistants:**

Physician assistants may render services in a setting geographically remote from the supervising physician. *Minn. Stat. § 147A.10 (2005) Satellite settings*

**Mississippi:**

**Physician Assistants:**

F. SUPERVISING PHYSICIAN LIMITED . . . 4. The Physician Assistant's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other health care facility within the same community where the primary office is located, wherein the supervising physician holds medical staff privileges. Exceptions to this requirement may be granted on an individual basis, provided the location(s) of practice are thereafter set forth in the protocol . . . *CMSR 50-013-001 Rules and Regulations*

**Nebraska:**

**Physician Assistants:**

(1) Notwithstanding any other provision of law, a physician assistant may perform medical services when he or she renders such services under the supervision of a licensed physician or group of physicians approved by the board, in the specialty area or areas for which the

*continued*

Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS

physician assistant shall be trained or experienced. Any physician assistant licensed under sections 71-1,107.15 to 71-1,107.30 to perform services may perform those services only: (a) In the office of the supervising physician where such physician maintains his or her primary practice; (b) In any other office which is operated by the supervising physician with the personal presence of the supervising physician. The physician assistant may function without the personal presence of the supervising physician in an office other than where such physician maintains his or her primary practice as provided in subsection (2) of this section and when approved on an individual basis by the board. Any such approval shall require site visits by the supervising physician, regular reporting to the supervising physician by the physician assistant, and arrangements for supervision at all times by the supervising physician which are sufficient to provide quality medical care; (c) In a hospital, with the approval of the governing board of such hospital, where the supervising physician is a member of the staff and the physician assistant is subject to the rules and regulations of the hospital. Such rules and regulations may include, but need not be limited to, reasonable requirements that physician assistants and the supervising physician maintain professional liability insurance with such coverage and limits as may be established by the hospital governing board, upon the recommendation of the medical staff; or (d) On calls outside such offices, when authorized by the supervising physician and with the approval of the governing board of any affected hospital.

(2) The board shall adopt and promulgate rules and regulations establishing minimum requirements for the personal presence of the supervising physician, stated in hours or percentage of practice time. The board may provide different minimum requirements for the personal presence of the supervising physician based on the geographic location of the supervising physician's primary and other practice sites and other factors the board deems relevant. *R.R.S. Neb. § 71-1,107.17 (2005) Physician assistants; services performed; supervision requirements*

**Nevada:**

**Nurses:**

1. A nurse licensed pursuant to the provisions of this chapter, while working at an institution of the department of corrections, may treat patients, including the administration of a dangerous drug, poison or related device, pursuant to orders given by a physician assistant if those orders are given pursuant to a protocol approved by the board of medical examiners and the supervising physician. . . 3. This section does not authorize a physician assistant to give orders for the administration of any controlled substance. . . *Nev. Rev. Stat. Ann. § 632.473 (2005) Treatment of patients by nurse employed by department of corrections*

**Pharmacists:**

1. A pharmacist may administer immunizations by an intranasal, intramuscular or subcutaneous injection in compliance with a written protocol from a physician that authorizes a pharmacist to administer such an immunization. Such a protocol must contain: . . . (c) The location or locations at which the pharmacist may administer immunizations . . . (j) A restriction that the pharmacist may not administer an immunization except at the authorized location, which location may not be the home of the patient, unless the patient resides in a licensed facility for long-term care or in a hospital . . . *NAC 639.2971 (2005) Written protocol for immunization; deviation. (NRS 454.213, 639.070)*

4. If a pharmacist administers immunizations at a location other than a pharmacy, the pharmacist must return all unused drugs to the pharmacy or physician responsible for the drugs. *NAC 639.2975 (2005) Legal possession and control of drugs administered as immunizations; drugs to counteract adverse reactions. (NRS 454.213, 639.070)*

**New Jersey:**

**Physician Assistants:**

a. A physician assistant may practice in all medical care settings, including, but not limited to, a physician's office, a health care facility, an institution, a veterans' home or a private home, provided that: (1) the physician assistant is under the direct supervision of a physician pursuant to section 9 of this act; (2) the practice of the physician assistant is limited to those procedures authorized under section 7 of this act; (3) an appropriate notice of employment has been filed with the board pursuant to subsection b. of section 5 of this act; (4) the supervising physician or physician assistant advises the patient at the time that services are rendered that they are to be performed by the physician assistant; . . .and (6) any entry by a physician assistant in a clinical record is appropriately signed and followed by the designation, "PA-C." *N.J. Stat. § 45:9-27.15 (2005) Practice of physician assistant*

**New Mexico:**

**Physician Assistants:**

B. A physician assistant may assist a designated supervising physician in an inpatient or surgical health care institution within the institution's bylaws or policies. . . *16.10.15.13 NMAC (2006) SCOPE OF PRACTICE*

**Pharmacists:**

F. SCOPE OF PRACTICE: . . . (2) A pharmacist clinician may practice in a health care institution within the policies of that institution . . . *16.19.4.17 NMAC (2006) PHARMACIST CLINICIAN*

*continued*

Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS

**New York:**

**Physician Assistants:**

(6) A registered physician's assistant employed or extended privileges by a hospital may, if permissible under the bylaws, rules and regulations of the hospital, write medical orders, including those for controlled substances, for inpatients under the care of the physician responsible for his supervision. *10 NYCRR § 94.2 (2005) § 94.2 Supervision and scope of duties*

**North Carolina:**

**Physician Assistants**

(d) Physician assistants are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes, and other health facilities under the following conditions: . . . (3) The supervising physician has provided to the physician assistant written instructions about ordering medications, tests, and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test, or treatment is ordered. (4) The hospital or other health facility has adopted a written policy, approved by the medical staff after consultation with the nursing administration, about ordering medications, tests, and treatments, including procedures for verification of the physician assistants' orders by nurses and other facility employees and such other procedures as are in the interest of patient health and safety. . *N.C. Gen. Stat. § 90-18.1 (2005) Limitations on physician assistants*

**North Dakota:**

**Physician Assistants:**

The assistant may be involved with the patients of the physician in any medical setting for which the physician is responsible. *N.D. Admin. Code 50-03-01-01 (2005) Description and authority of physician assistant*

**Pharmacists:**

1. A licensed pharmacist in an institutional setting has limited prescriptive practices to initiate or modify drug therapy following diagnosis and initial patient assessment by a licensed physician, under the supervision of the same licensed physician, in accordance with this section. An institutional setting, for the purpose of this section, is a hospital, a physician clinic, a skilled nursing facility, or a swing bed facility in which a patient's medical records are readily available to the licensed physician and the licensed pharmacist. . . *N.D. Cent. Code, § 43-15-31.4 (2005) Limited prescriptive practices*

1. A physician and pharmacist who are licensed and practicing their respective profession in this state are eligible, provided the conditions of this section and any applicable statutes are met, to enter into the collaborative agreement allowing the pharmacist to provide prescription drug therapy to patients in an institutional setting on a limited basis. . . *N.D. Admin. Code 61-04-08-03 (2005) Eligibility and approval*

A physician or nurse practitioner may prepare a written protocol governing the administration of medications by injection with an authorized pharmacist for a specific period of time or purpose. . . . The protocol must contain the: . . . 6. Identify of the location at which the pharmacist may administer the authorized immunization or vaccination . . . *N.D. Admin. Code 61-04-11-05 (2005) Requirement of written protocol*

Pharmacists may administer medications by injection within a licensed North Dakota pharmacy or at a location within North Dakota specifically identified in a written protocol. . . *N.D. Admin. Code 61-04-11-07 (2005) Location of administration by injection*

**Oklahoma:**

**Physician Assistants:**

4. "Patient care setting" means a physician's office, clinic, hospital, nursing home, extended care facility, patient's home, ambulatory surgical center or any other setting authorized by the supervising physician . . . 7. "Remote patient care setting" means an outpatient clinic or physician's office that qualifies as a Rural Health Clinic, a Federally Qualified Health Center, a nonprofit community-based health center, or any other patient care setting approved by the State Board of Medical Licensure and Supervision, and that provides service to a medically underserved population, as defined by the appropriate government agency . . *59 Okl. St. § 519.2 (2005) Definitions*

A physician assistant may perform health care services in patient care settings as authorized by the supervising physician. *O.A.C. § 435:15-5-2 (2005) Patient care setting*

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Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS

**Pharmacists:**

The following rules apply to hospital pharmacies regarding practitioner (physician) medication orders: (1) Drugs may be dispensed to specific patients only upon the written or verbal prescription or medication order of an authorized physician. A pharmacist or other authorized individual in a patient care area of the hospital facility must commit verbal orders to writing . . . *O.A.C. § 535:15-5-10.2 (2005) Physician's medication orders*

**Oregon:**

**Nurses:**

In a hospital or long term care facility having a pharmacy and employing a pharmacist . . . when a pharmacist is not in attendance, pursuant to standing orders of the pharmacist, a registered nurse supervisor on the written order of a person authorized to prescribe a drug may withdraw such drug in such volume or amount as needed for administration to or treatment of an inpatient or outpatient until regular pharmacy services are available. . . . However, a registered nurse supervisor in a hospital may be issued a special permit authorizing the dispensing of medication on the oral order of a person authorized to prescribe a drug. . . [A] registered nurse [may be authorized] to withdraw prescription drugs . . . for administration to persons confined in penal institutions including, but not limited to, adult and juvenile correctional facilities. *ORS § 689.605. Authority to dispense drugs from hospital pharmacies, drug rooms and penal institutions; rules*

[W]here a Registered Nurse is not regularly scheduled and is not available to provide direct supervision . . . home and community-based settings . . . local corrections, lockups, juvenile detention, youth corrections, detoxification facilities, adult foster care and residential care, training and treatment facilities. . . . These rules have no application in acute care or long-term care facilities or any setting where the regularly scheduled presence of a registered nurse is required by statute or administrative rule. *Or. Admin. R. 851-047-0000 Rule Summary, Statement of Purpose and Intent.*

**Physician Assistants:**

(4) A physician assistant may provide medical services to patients in a setting where a supervising physician does not regularly practice if the following conditions exist: (a) Direct communication either in person or by telephone, radio, radiotelephone, television or similar means is maintained; and (b) The medical services provided by the physician assistant are reviewed by a supervising physician on a regularly scheduled basis as determined by the board. (5) Neither the board nor the Physician Assistant Committee shall limit the privilege of administering . . . and prescribing to population groups federally designated as underserved, or to geographic areas of the state that are federally designated health professional shortage areas, federally designated medically underserved areas or areas designated as medically disadvantaged and in need of primary health care providers by the Director of Human Services or the Office of Rural Health. *ORS § 677.515. Medical services rendered by physician assistant.*

**Pennsylvania:**

**Nurses:**

(a) In health care facilities providing health services in which the practice of certified registered nurse practitioners involves the acts of medical diagnosis or prescription of medical therapeutic or corrective measures, there shall be a committee in each area of practice whose function is to establish standard policies and procedures, in writing, pertaining to the scope and circumstances of the practice of the nurses in the medical management of the patient. (b) The committee shall serve not only as a policy-making body for the special area but also as an advisory and interpretative body to the various staff of the health facility. The committee shall include equal representation from the medical staff, the nursing staff, including a nurse practitioner, and the nursing administration. *49 Pa. Code § 18.61 (2005) Institutional health care facility committee; committee determination of standard policies and procedures*

**Physician Assistants:**

(a) *Approval of satellite location.* A physician assistant may not provide medical services at a satellite location unless the supervising physician has obtained specific approval from the Board. (b) *Separate application requirement.* A separate application shall be made for each satellite location. To obtain approval for each satellite location a physician assistant supervisor shall demonstrate that: (1) The physician assistant will be utilized in an area of medical need. (2) There is adequate provision for direct communication between the physician assistant and the physician assistant supervisor and that the distance between the location where the physician provides services and the satellite location is not so great as to prohibit or impede appropriate support services. (3) The supervisor will see each patient every third visit, but at least once a year. (4) The supervisor will visit the satellite location at least weekly and devote enough time onsite to provide supervision and personally review the records of each patient seen by the physician assistant in this setting. (c) *Failure to comply with this section.* Failure to maintain the standards required for a satellite location may result not only in the loss of the privilege to maintain a satellite location but also in disciplinary action against the physician assistant and the physician assistant supervisor. *49 Pa. Code § 18.155 (2005) Satellite locations*

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Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS

(a) A physician assistant may be employed by a medical care facility, but shall comply with the requirements of the act and this subchapter. (b) The physician assistant may not be responsible to more than three physician assistant supervisors in a medical care facility. (c) This subchapter does not require medical care facilities to employ physician assistants or to permit their utilization on their premises. Physician assistants are permitted to provide medical services to the hospitalized patients of their physician assistant supervisor if the medical care facility permits it. **49 Pa. Code § 18.161 (2005) Physician assistant employed by medical care facilities**

A physician assistant may only provide medical services in an emergency medical care setting if the physician assistant has training in emergency medicine, functions within the purview of his written agreement and is under the direct supervision of the physician assistant supervisor. **49 Pa. Code § 18.162 (2005) Emergency medical services**

**Rhode Island:**

**Physician Assistants:**

(b) Physician assistants, depending upon their level of professional training and experience, as determined by a supervising physician, may perform health care services consistent with their expertise and that of the supervising physician, who is a licensed physician in solo practice, in group practice, or in health care facilities. (c) Physician assistants may write prescriptions and medical orders to the extent provided in this paragraph. When employed by or extended medical staff privileges by a licensed hospital or other licensed health care facility a physician assistant may write medical orders for inpatients as governing delineated by the medical staff bylaws of the facility as well as its credentialing process and applicable governing authority. Physician assistants employed directly by physicians, health maintenance organizations or other health care delivery organizations may prescribe legend medications including schedule II, III, IV and V medications under chapter 28 of title 21 of the Rhode Island Uniform Controlled Substances Act, medical therapies, medical devices and medical diagnostics according to guidelines established by the employing physician, health maintenance organization or other health care delivery organization. . . (e) Hospitals and other licensed health care facilities have discretion to grant privileges to a physician assistant and to define the scope of privileges or services which a physician assistant may deliver in a facility. In no event shall those privileges, if granted, exceed the privileges granted to the supervising physician. **R.I. Gen. Laws § 5-54-8 (2006) Permitted health care practices by physician assistants**

**South Carolina:**

**Physician Assistants:**

A physician assistant practicing at all sites shall practice pursuant to written scope of practice guidelines signed by all supervisory physicians and the physician assistant. Copies of the guidelines must be on file at all practice sites. The guidelines shall include at a minimum the: . . . (4) medical conditions for which therapies may be initiated, continued, or modified; (5) treatments that may be initiated, continued, or modified; (6) drug therapy, if any, that may be prescribed with drug-specific classifications; and (7) situations that require direct evaluation by or immediate referral to the physician. **S.C. Code Ann. β 40-47-960 (2004) Scope of practice guidelines; signature and filing requirements; contents.**

**Texas:**

**Nurses, Physician Assistants:**

(b) At a physician's primary practice site, a physician licensed by the board may delegate to a physician assistant or an advanced practice nurse acting under adequate physician supervision the act of administering, providing, or carrying out or signing a prescription drug order as authorized through a physician's order, a standing medical order, a standing delegation order, or another order or protocol as defined by the board.

(a) . . . primary practice site means: (1) the practice location . . . at which the physician spends the majority of the physician's time; (2) a licensed hospital, a licensed long-term care facility, or a licensed adult care center . . . (3) a clinic operated by or for the benefit of a public school district . . . (4) the residence of an established patient; or (5) another location at which the physician is physically present with the physician assistant or advanced practice nurse. **Tex. Occ. Code § 157.053. Prescribing at Physician Primary Practice Sites.**

(a) A physician licensed by the board may delegate, to one or more physician assistants or advanced practice nurses acting under adequate physician supervision whose practice is facility-based at a licensed hospital or licensed long-term care facility, the administration or provision of a drug and the carrying out or signing of a prescription drug order . . . (1) the delegation must be made under a physician's order, standing medical order, standing delegation order, or another order or protocol developed in accordance with policies approved by the facility's medical staff or a committee of the facility's medical staff as provided by the facility bylaws; (2) the delegation must occur in the facility in which the physician is the medical director, the chief of medical staff, the chair of the credentialing committee, or a department chair. **Tex. Occ. Code § 157.054. Prescribing at Facility-Based Practice Sites.**

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**Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS**

(c) The activities of a physician assistant [meaning assessment, prescribing, and administration of medication] listed by Subsection (b) may be performed in any place authorized by a supervising physician, including a clinic, hospital, ambulatory surgical center, patient home, nursing home, or other institutional setting. **Tex. Occ. Code § 204.202. Scope of Practice.**

At a site serving a medically underserved population, a physician licensed by the board may delegate to a registered nurse or physician assistant . . . the act of administering, providing, or carrying out or signing a prescription drug order, as authorized by the physician through a physician's order, a standing medical order, a standing delegation order, or another order or protocol as defined by the board. . . (4) A medically underserved population means: (A) a site located in a medically underserved area; (B) a site located in a health manpower shortage area; (C) a clinic designated as a rural health clinic . . . (D) a public health clinic or a family planning clinic under contract with the Texas Department of Human Services or the Texas Department of Health; (E) a site located in an area in which the Texas Department of Health determines there is an insufficient number of physicians providing services to legible clients of federal, state, or locally funded health care programs; or (F) a site that the Texas Department of Health determines serves a disproportionate number of clients eligible to participate in federal, state, or locally funded health care programs. including: a rural health clinic, a public health clinic, a site in an area with an insufficient number of physicians, or a site that serves a disproportionate number of clients eligible to participate in government funded health care programs. **Tex. Occ. Code § 157.052. Prescribing at Sites Serving Certain Medically Underserved Populations**

(a) . . . alternate site means a practice site: (1) where services similar to the services provided at the delegating physician's primary practice site are provided; and (2) located within 60 miles of the delegating physician's primary practice site. (b) At an alternate site, a physician licensed by the board may delegate to an advanced practice nurse or physician assistant, acting under adequate physician supervision, the act of administering, providing, or carrying out or signing a prescription drug order as authorized through a physician's order, a standing medical order, a standing delegation order, or another order or protocol as defined by the board. **Tex. Occ. Code § 157.0541. Prescribing at Alternate Sites.**

**Pharmacists:**

(5) The pharmacist may not administer medication to a patient at the patient's residence, except at a licensed nursing home or hospital. **Tex. Occ. Code § 554.004. Administration of Medication.**

(b) . . . any qualified and trained person acting under the physician's supervision the act of administering . . . dangerous drugs in the physician's office . . . or through a facility licensed by the Texas State Board of Pharmacy. **Tex. Occ. Code § 157.002. General Delegation of Administration and Provision of Dangerous Drugs.**

**Vermont:**

**Physician Assistants:**

. . . 7.3 SCOPE OF PRACTICE The scope of Practice document shall cover at least the following . . . (c) Sites of Practice: A description of any and all practice sites (e.g. office, clinic, hospital, outpatient, hospital inpatient, industrial sites, schools). For each site, a description of the PA's activities . . . **CVR 04-030-150 Rules of the Vermont Board of Medical Practice**

. . . 7.6 BRANCH OPERATIONS A physician assistant may practice in a health care facility other than the supervising physician's primary place for meeting patients only if prior approval is obtained from the Board . . . **CVR 04-030-150 (2004) Rules of the Vermont Board of Medical Practice**

**Virginia:**

**Physician Assistants:**

In addition, a licensee is authorized to delegate and supervise initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, when performed under the direction, supervision and control of the supervising licensee. When practicing in a hospital, the assistant shall report any acute or significant finding or change in a patient's clinical status to the supervising physician as soon as circumstances require, and shall record such finding in appropriate institutional records. The assistant shall transfer to a supervising physician the direction of care of a patient in an emergency department who has a life-threatening injury or illness. The supervising physician shall review, prior to the patient's discharge, the services rendered to each patient by a physician assistant in a hospital's emergency department. An assistant who is employed to practice in an emergency department shall be under the supervision of a physician present within the facility. Further, unless otherwise prohibited by federal law or by hospital bylaws, rules, or policies, nothing in this section shall prohibit any physician assistant who is not employed by the emergency physician or his professional entity from practicing in a hospital emergency department, within the scope of his practice, while under continuous physician supervision as required by this section, whether or not the supervising physician is physically present in the facility. The supervising physician who authorizes such practice

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**Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS**

by his assistant shall (i) retain exclusive supervisory control of and responsibility for the assistant and (ii) be available at all times for consultation with both the assistant and the emergency department physician. Prior to the patient's discharge from the emergency department, the assistant shall communicate the proposed disposition plan for any patient under his care to both his supervising physician and the emergency department physician. No person shall have control of or supervisory responsibility for any physician assistant who is not employed by the person or the person's business entity. B. No assistant shall perform any delegated acts except at the direction of the licensee and under his supervision and control. No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient has signed the protocol, pursuant to regulations of the Board, to act as supervising physician for that assistant. Every licensee, professional corporation or partnership of licensees, hospital or commercial enterprise that employs an assistant shall be fully responsible for the acts of the assistant in the care and treatment of human beings. *Va. Code Ann. § 54.1-2952 (2005) Supervision of assistants by licensed physician, or podiatrist; services that may be performed by assistants; responsibility of licensee; employment of assistants*

**Pharmacists:**

"Collaborative agreement" means a voluntary, written arrangement between one pharmacist and his designated alternate pharmacists involved directly in patient care at a location where patients receive services and a practitioner of medicine, osteopathy, or podiatry and his designated alternate practitioners involved directly in patient care which authorizes cooperative procedures with respect to patients of such practitioners. Collaborative procedures shall be related to treatment using drug therapy, laboratory tests or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes. A collaborative agreement is not required for the management of patients of an inpatient facility. *Va. Code Ann. § 54.1-3300 (2005) Definitions*

**Washington:**

**Physician Assistants:**

(2) A physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, order pharmaceutical agents for inpatients under the care of the physician(s) responsible for his or her supervision. . . *WAC § 246-918-030 (2005) Prescriptions issued by physician assistant*

(2) A certified physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, order pharmaceutical agents for inpatients under the care of the sponsoring physician(s). . . *WAC § 246-918-035 (2005) Certified physician assistant prescriptions*

(1) No licensee shall be utilized in a remote site without approval by the commission or its designee. A remote site is defined as a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than twenty-five percent of the practice time of the licensee. (2) Approval by the commission or its designee may be granted to utilize a licensee in a remote site if: (a) There is a demonstrated need for such utilization; (b) Adequate provision for timely communication between the primary or alternate physician and the licensee exists; (c) The responsible sponsoring or supervising physician spends at least ten percent of the practice time of the licensee in the remote site. In the case of part time or unique practice settings, the physician may petition the commission to modify the on-site requirement providing the sponsoring physician demonstrates that adequate supervision is being maintained by an alternate method. The commission will consider each request on an individual basis; (d) The names of the sponsoring or supervising physician and the licensee shall be prominently displayed at the entrance to the clinic or in the reception area. (3) No physician assistant holding an interim permit shall be utilized in a remote site setting. *WAC § 246-918-120 (2005) Remote site -- Utilization -- Limitations, geographic*

**West Virginia:**

**Physician Assistants:**

The physician assistant may function in any setting within which the supervising physician routinely practices, but in no instance shall a separate place of work for the physician assistant be established. The supervising physician shall be a physician permanently licensed in this state. *W. Va. CSR § 11-1B-6 (2006) Supervision and Control of Physician Assistant*

7.3. It is appropriate for a physician assistant to provide medical services to an alternate physician's patients at his or her direction in settings such as a health care facility, partnerships, group practices and other mutually agreed on patient coverage arrangements. . . *W. Va. CSR § 11-1B-7 (2006) Limitations on Supervision and Scope of Duties of Physician Assistants*

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**Table : NON-PHYSICIAN IMMUNIZATION PRACTICE SETTINGS**

13.8 No physician assistant may be utilized in an office or clinic separate and apart from the supervising physician's primary place for meetings patients unless the supervising physician has obtained specific approval from the Board. A supervising physician may supervise only two (2) satellite operations. The criteria for granting the approval is that the supervising physician demonstrate the following to the satisfaction of the Board: a. That the physician assistant will be utilized in a designated manpower shortage area or an area of medical need as defined by the Board; b. That there is adequate provision for direct communication between the physician assistant and the supervising physician and that the distance between the main office and the satellite operation is not so great as to prohibit or impede appropriate emergency services; c. That provision is made for the supervising physician to see each regular patient periodically; for example, every third visit; and d. That the supervising physician visits the remote office at least once every fourteen (14) days and demonstrate that he or she spends enough time on site to provide supervision and personal and regular review of the selected records upon which entries are made by the physician assistant. Patient records shall be selected on the basis of written criteria established by the supervising physician and the physician assistant and shall be of sufficient number to assure adequate review of the physician assistant's scope of practice . . . **W. Va. CSR § 11-1B-13 Physician Assistant Utilization**

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**Source: GWU/SPHHS Review of Standing Orders – Fall 2006**