

Licensure for
Physician Assistants
&
Supervising Physician Written
Agreements
in Pennsylvania



2024

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LEARNING OBJECTIVES

- Identify required forms for the PA and supervising physicians
- Review the components of the PA license and supervising physician written agreement application
- Outline key considerations when submitting the written agreements form
- Discuss the utilization of the written agreement change form application

REGULATORY BOARDS for PAS

State Board of Medicine

if the Primary Supervising Physician is a MD

P.O. Box 2649, Harrisburg, PA 17105-2649
2601 n 3rd St Harrisburg, PA 17110

Phone - (717) 783-1400 Fax - (717) 787-7769

Email: st-medicine@pa.gov

Website: www.dos.state.pa.us/med

State Board of Osteopathic Medicine

if the Primary Supervising Physician is a DO

P.O. Box 2649, Harrisburg, PA 17105-2649

Phone - (717) 783-4858 Fax - (717) 787-7769

Email: st-osteopathic@pa.gov

Website: www.dos.state.pa.us/ost

**NOTE must have NCCPA certification to apply

Physician Assistant Licensure

PHYSICIAN ASSISTANT LICENSURE

PA Application components:

- Name
- Address
- Phone number
- Date of Birth
- Social Security Number
- Graduation Verification (minimum of bachelor's degree required and proof of opioid and child abuse CME)
- NCCPA Verification
- Verification that license in any other state is in good standing
- Curricula Vitae
- Self Query for National Practitioner Database
- FBI and state background check

PROFESSIONAL QUESTIONS INVESTIGATED

- Disciplinary action in another state
- Felony or misdemeanor convictions in the past
- Any pending criminal charges
- Privileges denied, revoked or restricted in a healthcare facility
- DEA registration denied, revoked or restricted
- Issues with reimbursement companies
- Issues with substance use
- Participation in PHP programs (used to treat mental illness and substance use)

ACT 31

Effective January 1, 2015

- **New health related licensees** under the BPOA (Bureau of Professional and Occupational Affairs) must complete **3** hours of DHS-approved training in child abuse recognition and reporting requirements
- **Renewing health related licensees** under the BPOA must have completed **2** hours of DHS-approved training in child abuse recognition and reporting requirements at the time of every renewal

ACHIEVING BETTER CARE BY MONITORING ALL PRESCRIPTIONS PROGRAM ACT (ABC-MAP)

Effective August 2017

For initial license:

Section 9.1 (a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure complete at least **4** hours of Board-approved education consisting of:

- **2** hours in pain management or the identification of addiction
- **and**
- **2** hours in the practices of prescribing or dispensing of opioids.

Medical physician assistants, who hold prescriptive authority approval fall within ABC-MAP's definition of prescribers or dispensers.

For license renewal:

- **2** hrs of opioid prescribing CME is required for each renewal cycle

FBI AND STATE POLICE BACKGROUND CHECK

- Provide a recent **Criminal History Records Check (CHRC)** from the state police or other state agency for **every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years**. The report(s) must be **dated within 90 days** of the date the application is submitted.
- For applicants **living, working, or completing training/studies in Pennsylvania**, Pennsylvania Criminal Background checks will no longer be automatically submitted to the Pennsylvania State Police as part of the application process for a new Physician Assistant state license application process. For applicants living, working or completing training / studies in Pennsylvania, you must obtain a Pennsylvania criminal background check directly through the Pennsylvania State Police at <https://epatch.pa.gov> On the licensing application, select Pennsylvania (<https://epatch.pa.gov>) in the list of states where you have been located, and upload a copy of a completed background check.
- .
- For individuals **living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years**, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check.
- available at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

FBI AND STATE POLICE BACKGROUND CHECK

- Please note: For applicants currently **living, working, or completing training/studies in California, Arizona, or Ohio**: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted.
- <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

REASONS FOR DELAY IN PROCESSING

Issues

- Missing documents
- Name discrepancy
- Verification of education and NCCPA certification not coming from original source
- Unaccountable gaps in CV timeline
- Original National Practitioner Database self query document
- Not providing supporting legal/court documents regarding a “Yes” answer to questions 2-13 on application

PA LICENSING LINKS

- Link for State Board of Medicine and State Board of Osteopathic Medicine **application for licensure** of a PA:

<https://www.pals.pa.gov/#/page/default>

- Link to the State Board of Medicine and State Board of Osteopathic Medicine **application checklist and support email** :

<https://www.pals.pa.gov/#/page/default>

APPLICATION CHECKLIST

- A detailed application checklist can be found in the upper right corner of the PALS website. It provides detailed information on all elements of the selected license type.

SUPERVISING PHYSICIAN WRITTEN AGREEMENT FORM

MIXED MD / DO GROUP

- A PA with a primary MD supervising physician
 - Must be licensed under the State Board of Medicine before the MD's written agreement is submitted to the SBM
 - Can have an MD or DO as an alternate supervising physician
- A PA with a primary DO supervising physician
 - Must be licensed under the State Board of Osteopathic Medicine before the DO's written agreement is submitted to the SBOM
 - Can have a MD or DO as an alternate supervising physician
- A primary supervisor can
 - Primarily supervise 6 PAs **and**
 - Can be an alternate to an unlimited number of PAs.
- A PA can have multiple primary supervisors.

WRITTEN AGREEMENT APPLICATION

As of **March 15, 2021**

Written agreement applications are now available online for the State Board of Medicine and State Board of Osteopathic on the PALS website
<https://www.pals.pa.gov/#/page/default>

Steps to find the written agreement application on your dashboard:

1. Log into your PALS account
2. Scroll down to Professional License Details section, click on the green pencil icon next to your license number.
3. On the Change Options pop-up, select Written Agreement

Instructional packets and video have been posted on the Boards website.

The applications can either be started by the PA or the primary supervising physician.

LINKS TO ONLINE WRITTEN AGREEMENT (WA)

NEW IN 2021

The applications instructions can be found at the following links:

PSPA website page dedication to online written agreement updates

<https://pspa.net/advocacy/governmental-affairs/online-written-agreement/>

State Board of Medicine Instructions for WA initiated by a PA

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Documents/Board%20Documents/MedM%20-%20Online%20Written%20Agreement%20User%20Guide%20-%20initiated%20by%20Physician%20Assistant.pdf>

State Board of Medicine Instructions for WA initiated by a Primary supervising physician

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Documents/Board%20Documents/MedM%20-%20Online%20Written%20Agreement%20User%20Guide%20-%20initiated%20by%20Physician%20and%20Surgeon.pdf>

State Board of Osteopathic Medicine Instructions for WA initiated by a PA

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Documents/Board%20Documents/MedM%20-%20Online%20Written%20Agreement%20User%20Guide%20-%20initiated%20by%20Physician%20Assistant.pdf>

State Board of Osteopathic Medicine Instructions for WA initiated by a Primary supervising physician

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Documents/Board%20Documents/MedM%20-%20Online%20Written%20Agreement%20User%20Guide%20-%20initiated%20by%20Physician%20and%20Surgeon.pdf>

WRITTEN AGREEMENT APPLICATION

The written agreement application involves a workflow between the supervising physician and physician assistant.

When it is time for each party to complete their portion of the application, emails will be sent to the email address on the licensee's PALS profile.

Applications will not be submitted until the final step of making payment.

The individual that submits the application will be able to view the application status and respond to discrepancies online.

Discrepancies and approvals will be emailed to both the supervising physician and physician assistant. Responses to discrepancies must be uploaded to the application.

A copy of the written agreement can be printed after submitting by clicking on the green download button under the activities section on your PALS account dashboard.

The ability for someone other than the submitter to print added to PALS **3/30/22**.

WRITTEN AGREEMENT APPLICATION

Items you will need prior to starting the application:

- Valid license numbers of the PA, primary supervisor, and substitute supervisor.
- The primary supervising physician and PA must be licensed under the same Board (Example: Primary supervisor license number starts with MD; physician assistant license number starts with MA).
- You will need to enter the details describing the functions/tasks to be delegated to the physician assistant, details describing the time, place, and manner of supervision, practice location information, chart review deviation (if applicable), and drug prescribing/dispensing information.

This information can be cut and pasted into the fields from templates.

- The PA will need to upload proof of malpractice insurance.
- Applications can only be submitted with a valid credit card payment. application initiator will be required to submit the payment.

The

SUPERVISING PHYSICIAN WRITTEN AGREEMENT APPLICATION

Application Components:

- Name
- Practice address
- Phone number
- License number
- Board certifications
- Specialty
- Hospital affiliations
- Name and license number of Physician Assistant to be supervised
- * Proof of current malpractice with minimum coverage of \$1,000,000 claims made or occurrence for PA

WRITTEN AGREEMENT PORTION

The remainder of the application specifically spells out the relationship between the PA and their primary supervising physician.

It answers the following questions:

- What tasks will the PA do?
- What categories of medications will the PA **not** prescribe?
- What categories of controlled substances will PA prescribe?
- Where will the PA practice at?
- How will the PA be supervised? (time, place, manner of supervision)
- Who will supervise the PA when the primary supervisor is away?

WRITTEN AGREEMENT COMPONENTS

TASKS AND FUNCTIONS PERFORMED BY THE PA

A general statement is required to outline the general tasks and functions the PA will perform.

Samples may include:

- Take a patient history
- Perform a physical examination
- Order diagnostic labs and tests
- Formulate a treatment plan
- Prescribe medications and order appropriate medical intervention
- Specific procedures for the unique medical or surgical specialty must be listed.

PHYSICIAN ASSISTANT PRESCRIBING INFORMATION

- Both boards now utilize a negative drug formulary
- A list of drug categories the PA will NOT be prescribing is to be listed
- List should be based on practice specialty
- Both boards ask for authorization for the PA to write controlled substances
- Particular scheduled drug categories (II-V) must be indicated
- The DEA will verify this information before the PA will be able to be issued a DEA number

SPECIFICS OF SUPERVISION

IMPORTANT COMPONENTS

- A statement indicating that “*the physician shall retain full responsibility for all medical services provided by the PA*” should be included in the application.
- A second statement stating “*the physician will provide supervision and monitoring appropriate to the difficulty of the case, the skill of the PA and the risk to a particular patient*” should also be included.

SPECIFICS OF SUPERVISION

Establishes the PA / supervising physician relationship

Requested details include the following:

- How often cases will be discussed
- How often they will be in the same practice setting
- What type of patients the PA may refer to the supervising physician
 - Based on practice specialty
 - Experience of the PA
 - Acuity of illness of the patient population

PATIENT RECORD REVIEW PLAN

Effective October 2021

The State Boards have liberalized the requirement for 100% countersignature within 10 days

Countersignature is still required in 2 scenarios:

- The first 12 months post graduation and after obtaining licensure
- The first 12 months of practice in a new specialty

PRIMARY SUPERVISOR'S RESPONSIBILITIES AT PRACTICE LEVEL

- Provide a copy of the final, board approved written agreement to all alternate supervisors. Recommend written acknowledgement of receipt as proof.
- Maintain a current list of all locations where the PA will perform duties.
- Maintain a current list of all alternate supervisors under which the PA will work.
- Notify the board of changes to the primary location utilizing a written agreement change form.
- Ensure that the PA will not practice without supervision.
- Assume full professional and legal responsibility for the PA.

ALTERNATE SUPERVISING PHYSICIANS

- The alternate supervising physician assumes full medical and legal responsibility for the Physician Assistant when the primary supervising physician is not available.
- Under the State Board of Medicine and the State Board of Osteopathic Medicine, only a single alternate supervising physician's name and license number needs to be listed.
- A list of additional alternates needs to be kept at the practice level.

APPLICATION FEES

- *State Board of **Medicine*** fee for a **PA** to be licensed: \$30
- *State Board of **Osteopathic** Medicine* fee for a **PA** to be licensed: \$125
- *State Board of **Medicine*** fee for a **supervising physician** to be licensed to supervise: \$35
- *State Board of **Osteopathic** Medicine* fee for a **supervising physician** to be licensed to supervise: \$160

ALERTS

Common written agreement application issue

- The malpractice certificate of insurance needs to be active on the date of the written agreement submission, list the PA's name and have a \$1,000,000.00 in claims made or occurrence coverage.

FILING PROCESS

WRITTEN AGREEMENT SUBMISSION

Effective October 7, 2021

All written agreements are effective upon submission.

- The applications no longer have to be approved.
- Act 78 and 79 does permit the boards to review 10% of submitted agreements. Every 10th agreement is reviewed for completeness and content. The PA may continue to practice during the review process.
- Discrepancies can delay the review process. The submitter has two weeks to respond to any identified discrepancies.

ALERT: APPLICATION DISCREPANCIES

The following is a guide to common application discrepancies.

Please review this guide prior to submitting your application.

We encourage you to follow the application instructions, which outline the necessary documentation and information needed to successfully complete your application.

The instructions can be found by visiting <https://pspa.net/advocacy/governmental-affairs/online-written-agreement/>

ALERT: APPLICATION DISCREPANCIES

Cont'd

WRITTEN AGREEMENT DUTIES

Your written agreement must be filed with the Board and must include specific information related to duties, treatments and procedures which the physician and physician assistant proposed to be performed by the physician assistant as well as the manner of supervision to be provided by the primary and/or substitute physician(s).

Common mistakes include:

- Vague or open-ended statements (using “including but not limited to”, “such as”, etc.)
- Job duties that are outside the scope of practice for a physician assistant

ALERT: APPLICATION DISCREPANCIES

Cont'd

PROFESSIONAL LIABILITY INSURANCE

Applicants must submit proof of current liability insurance in the required amount through self-insurance, personally purchased insurance, or insurance provided by the employer. This proof of insurance/certificate of insurance must include the physician assistant's name and indicate that they are covered under this policy while performing physician assistant services in the Commonwealth of Pennsylvania. Insurance coverage must include current policy dates and be issued for the correct coverage amounts.

ALTERNATE SUPERVISOR INFORMATION

- Each applicant is required to submit information for at least one alternate supervisor on the application.

ALERT: APPLICATION DISCREPANCIES

Cont'd

A common error occurs when applicants supply contradictory information, which then requires a longer review time.

For example:

- Applicants indicate that they will not be prescribing or dispensing controlled substances, but later list which substances they will be prescribing
- Applicants indicate 100% chart review but submit a deviation from the chart review plan

DELEGATE ROLE

Notification on the SBM and SBOM website allowing delegate function.

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Documents/Board%20Documents/MedM%20-%20Delegate%20Written%20Agreement%20Submission%20Access.pdf>

Downloading Filed Written Agreements by delegate:

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Documents/Board%20Documents/Downloading%20filed%20written%20agreements.p>

WRITTEN AGREEMENT CHANGE FORM

NEW VS. CHANGE APPLICATION

For supervising physicians reporting a change to an existing, approved written agreement, use the form titled “Written Agreement Change Form.”

The change form must be used when:

- Changing job duties
- Changing prescribing/dispensing privileges
- Adding/deleting hospital surgical center practice locations
- Name and address change for PA, primary practice or hospital (mail not forwarded)

A separate form must be completed for each written agreement (MX/OX number).

All signatures and dates must be included.

Location of WRITTEN AGREEMENT CHANGE FORMS

- The Written Agreement Change Form is located under the *State Board of Medicine* and under the *State Board of Osteopathic Medicine*:

The initiator goes to the Written Agreement license type found under the "Professional License Details" Section on the PALS account dashboard

Then click on the **pencil icon** to submit a written agreement change form.

Written agreement change forms are considered effective upon submission.

CHANGE FORM NOT REQUIRED

NEW

A Written Agreement Change Form is **no longer required**:

- To change countersignature after the '12-month 100% rule'
- To terminate a written agreement

REVIEW / COUNTERSIGNATURE PLAN

After the 100% countersignature \leq 10 days requirement is met:

Ongoing physician review/countersignature is then determined at the practice level if desired.

Potential considerations:

- Define chart review schedule
- Indicate the number of charts the supervising physician will review
- Outline how patient records will be selected for review
- Outline type, category and percentage of total charts in a given time frame
- Explain how new or complex cases will be reviewed

TERMINATING WRITTEN AGREEMENTS

NEW 2021

Written agreements can be terminated online
Must be done within 15 days by either the PA or the physician

Instruction links as follow:

State Board of Medicine:

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Documents/Board%20Documents/MedM%20-%20Terminating%20a%20Written%20Agreement%20Online.pdf>

State Board of Osteopathic Medicine:

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Documents/Board%20Documents/MedM%20-%20Terminating%20a%20Written%20Agreement%20Online.pdf>

SATELLITE LOCATION

Note: Possible eliminate of this location designation in the coming months as the regulations are implementing Act 78 and 79

SATELLITE LOCATION LINKS

Find the link for a Satellite Location under the State Board of Medicine and the State Board of Osteopathic Medicine using the following steps:

- The primary supervisor needs to log into their PALS account and click on, “Apply for new license.”
- Then select the Board and then Satellite Office.

SATELLITE LOCATION APPROVAL

- Location other than the primary place at which the supervising physician and PA provide medical care
- Area considered in an **area of medical need**
- Must outline provision for direct communication between the PA and physician
- Distance between location physician is providing care and the satellite location not too great to provide support services
- Physician must be available to provide patient care if requested by the patient
- Physician must visit satellite location at least once every 10 days to review and countersign patient records (SBM)
- DO Primary must come weekly to see regular patients every 5th visit, every child from birth to age 2 to be seen every 3rd visit, every child from 2-18 every other visit (SBOM only)
- A PA must work in the primary DO's office for one year before applying to work in a satellite location

TIPS ON STATE LICENSURE WHILE
PRACTICING
IN ANOTHER STATE

STATE LICENSE *PRACTICING IN ANOTHER STATE*

- Join the state PA association
- Identify the state regulatory board for PAs
 - Determine if temporary permit an option
 - Review supervising physician application process
- Obtain an application for licensure
- Read the state regulations
 - Note specifics regarding: ratios, countersignature, prescribing, controlled substances, scope of practice, satellite locations, sample medications and practice exclusions
- Determine minimum degree requirement for licensure
- Determine any additional CME requirement for licensure

ADDITIONAL TIPS *PRACTICING IN ANOTHER STATE*

- Become familiar with common third-party insurance carriers at the practice
- Identify Malpractice companies that issue malpractice coverage for PAs in that state
- Review AAPA salary survey to determine new graduate mean salary in that state
- AAPA salary and demographics available to AAPA members
- <https://www.aapa.org/advocacy-central/constituent-organizations/state-and-federal-service-chapters/>

RESOURCES

- Pennsylvania Society of Physician Assistants website
www.pspa.net
 - Under the governmental affairs tab, the following documents are available:
 - State Board of Medicine regulations ** undergoing revisions
 - State Board of Osteopathic regulations ** undergoing revisions
- Susan DeSantis, PA-C (Executive Director PSPA)
 - 724-836-6411 phone
 - pspa@pspa.net email
 - www.pspa.net website
- American Academy of Physician Assistants website
www.aapa.org

