

Readopt with amendment Med 601.06, effective 8/6/21 (Document #13249), to read as follows:

Med 601.06 "Participating Physician" means “participating physician” as defined in RSA 328-D:1, II-c., namely, “a physician practicing as a sole practitioner, a physician designated by a group of physicians to represent their physician group, or a physician designated by a health care facility to represent that facility, who enters into a collaboration agreement with a physician assistant in accordance with this chapter”.

Readopt with amendment Med 601.07, effective 8/6/21 (Document #13249), to read as follows:

Med 601.07 "Collaboration" means “collaboration” as defined in RSA 328-D:1, II-a., namely “a physician assistant's consultation with or referral to an appropriate physician or other health care professional as indicated based on the patient's condition, the physician assistant's education, training, and experience, and the applicable standards of care.”

Readopt with amendment Med 602.01 and Med 602.03, effective 8/6/21 (Document #13249), to read as follows:

Med 602.01 Responsibility of the Physician Assistant.

(a) A physician assistant is responsible for their own medical decision making. A participating physician included in a collaboration agreement with a physician assistant shall not, by the existence of the collaboration agreement alone, be legally liable for the actions or inactions of the physician assistant. This shall not otherwise limit the liability of the participating physician.

(b) The physician assistant shall have current valid professional liability coverage.

Med 602.03 Collaboration Agreement.

(a) Except as provided in RSA 328-D:15, III and RSA 328-D:16, II, a physician assistant shall engage in practice as a physician assistant in this state only if the physician assistant has entered into a written collaboration agreement with a sole practice physician or a physician representing a group or health system so long as the sole practitioner or at least one physician in the group or health system practices in a similar area of medicine as the physician assistant, and is a licensed New Hampshire physician.

(b) A collaboration agreement shall include all of the following:

(1) Processes for collaboration and consultation with the appropriate physician and other health care professional as indicated based on the patient's condition and the physician assistant's education, training, and experience, and the applicable standards of care;

(2) An acknowledgment that the physician assistant's scope of practice shall be limited to medical care that is within the physician assistant's education, training, and experience as outlined in RSA 328-D:3-b, VII-XIII;

(3) A statement that although collaboration occurs between the physician assistant and physicians and other health care professionals, a physician shall be accessible for consultation in person, by telephone, or electronic means at all times when a physician assistant is practicing; and

- (4) The signatures of the physician assistant and the participating physician. No other signatures shall be required.
- (c) The collaboration agreement shall be updated as necessary.
- (d) In the event of the unanticipated unavailability of a participating physician practicing as a sole practitioner due to serious illness or death, a physician assistant may continue to practice for not more than a 30-day period without entering into a new collaboration agreement with another participating physician.
- (e) The collaboration agreement shall be kept on file at the practice and made available to the board upon request.

Repeal Med 602.02 and Med 602.04, effective 8/6/21 (Document #13249), as follows:

Med 602.02 Number of Physician Assistants Supervised.

- ~~—— (a) A physician shall, upon board request, identify the physician assistants for whom the physician serves as participating physician. A physician assistant shall, upon board request, identify a list of all current practicing physicians.~~
- ~~—— (b) Physician assistants employed in 2 or more separate medical jobs shall have a participating physician in each setting.~~

Med 602.04 Change of Collaboration Relationship.

- ~~—— (a) If, for any reason, a physician assistant discontinues a collaborative relationship with the practicing physician the PA shall immediately report this fact to the board in writing.~~
- ~~—— (b) The physician assistant may practice for up to 30 days if there is an unanticipated unavailability of a practicing physician.~~
- ~~—— (c) The physician assistant shall enter into a new collaboration agreement with another practicing physician before the 30-day deadline in order to continue practicing.~~
- ~~—— (d) The new practicing physician, shall comply with the requirements of the written collaboration agreement that is on file at the practice as set forth under Med 602.01.]~~

Readopt with amendment Med 603.01, effective 8/6/21 (Document #13249), to read as follows:

Med 603.01 Scope of Practice.

- (a) Physician assistants may provide any legal medical service for which they have been prepared by their education, training, and experience and are competent to perform.
- (b) Medical and surgical services provided by physician assistants include, but are not limited to:
 - (1) Obtaining and performing comprehensive health histories and physical examinations;

- (2) Evaluating, diagnosing, managing, and providing medical treatment;
- (3) Ordering, performing, and interpreting diagnostic studies and therapeutic procedures;
- (4) Educating patients on health promotion and disease prevention;
- (5) Providing consultation upon request; and
- (6) Writing medical orders.

Readopt with amendment Med 604.01, effective 8/6/21 (Document #13249), to read as follows:

Med 604.01 Application Form and Supporting Documents.

- (a) Applicants for licensure as a physician assistant shall complete and submit:
 - (1) The information described in Plc 304.03 on the “Universal Application for Initial Licensure”; and
 - (2) The following information specific to the board of medicine:
 - a. Place of birth;
 - b. A statement that the applicant has arranged for the direct submission of one letter of reference from a physician and one letter of reference from either a physician or physician assistant, who have served in an advisory capacity to the applicant;
 - c. A list of all names the applicant has ever been know by; and
 - c. A 2 x 2 passport photograph of the applicant taken within 6 months of submission of the application.
- (b) The applicant shall sign and date the application as described in Plc 304.05[;].
- (c) Applicants shall include the application fee required by Plc 1002.28.
- (d) The applicant shall provide the following with the application:
 - (1) Documentation of completion of an educational program in the form of a letter directly from the educational institution;
 - (2) Unless the information sought is available only on a website, an official letter of verification sent directly to the board from every state which has issued the applicant a license or other authorization to practice medicine stating:
 - a. Whether the license or other authorization is or was, during its period of validity, in good standing; and
 - b. Whether any disciplinary action was taken against the license or other authorization to practice;

(3) Documentation that the applicant has passed an initial examination administered by the NCCPA;

(4) A copy of the applicant's curriculum vitae or resume shall accompany the application; and

(5) Two letters of reference one provided by a physician, and one provided by either a physician or physician assistant, who have served in an advisory capacity, containing the statement that the physician(s) or physician assistant(s) find the applicant to be a person of high moral character worthy of being granted a license to practice in New Hampshire. The letter shall contain the following information:

- a. The physician's or physician assistant's name, address, and telephone number;
- b. The name of the applicant;
- c. The relationship between the applicant and the person providing the reference; and
- d. The number of years the applicant has known the person providing the reference.

(e) The application shall be processed, and an approval or a denial issued in accordance with Plc 304.06 through Plc 304.13.

Readopt with amendment, effective 9/13/22 (Document #13444), to read as follows:

Med 608.01 Renewal Application and Supporting Documents.

(a) Applications for licensure shall be renewed in accordance with Plc 308.01 and notification of renewal shall be sent to each licensee at least 2 months prior to the expiration in accordance with Plc 308.03.

(b) Applicants seeking renewal of a physician assistant license shall complete and submit:

(1) The information described in Plc 308.06 on the "Universal Application for License Renewal"; and

(2) The following information specified by the board of medicine:

- a. The applicant's US Drug Enforcement Agency (DEA) license number, the state of issuance, and the expiration date; and
- b. Whether or not the applicant has registered with the Controlled Drug Health and Safety Program also known as the N.H. Prescription Drug Monitoring Program.

(c) The applicant shall sign and date the application as described in Plc 308.08.

(d) Applicants shall include the application fee required by Plc 1002.28.

(e) The application shall be processed, and an approval or denial issued in accordance with Plc 308.09 through Plc 308.13.

Readopt with amendment Med 609.01, effective 8/6/21 (Document #13249), to read as follows:

Med 609.01 Disciplinary Action.

- (a) Professional misconduct by physician assistants shall include the following:
- (1) Holding oneself out as or permitting another to represent one as a licensed physician;
 - (2) Performing activities which are not authorized by the licensee's scope of practice pursuant to RSA 328-D:3-b;
 - (3) Habitual use of controlled drugs or intoxicants;
 - (4) Conviction of a felony under the laws of the United States or any state;
 - (5) Engaging in dishonest, unprofessional, or immoral conduct related to the performance of physician assistant activities;
 - (6) Failing to meet reasonable standards of medical care;
 - (7) Failing to provide the collaboration agreement upon board request;
 - (8) Violating the “Guidelines for Ethical Conduct for the Physician Assistant Profession” of the American Academy of Physician Assistants adopted in 2000 and reaffirmed in 2013, as specified in Appendix II;
 - (9) Practicing as a physician assistant while being mentally or physically impaired in a manner which precludes safe and dependable performance;
 - (10) Engaging in conduct inconsistent with the basic knowledge and competency expected of any physician assistant; or
 - (11) Intentionally injuring or exploiting any patient or person entrusted to licensee's care as a physician assistant.

Readopt with amendment Med 610.02, effective 8/6/21 (Document #13249), to read as follows:

Med 610.02 Proximity. A participating physician shall be accessible for consultation in person, by telephone, or by electronic means at all times when a physician assistant is practicing, except as allowed by Med 602.03(d).

Readopt with amendment Med 612.01, effective 8/6/21 (Document #13249), to read as follows:

Med 612.01 Scope of Prescriptive Practice.

(a) A physician assistant, in accordance with RSA 328-D:3-b, XIII, is authorized to prescribe, dispense, order, administer, and procure drugs and medical devices. Physician assistants may plan and initiate a therapeutic regimen that includes ordering and prescribing non pharmacological interventions,

including but not limited to durable medical equipment, nutrition, blood and blood products, and diagnostic support services including but not limited to home healthcare, hospice, and physical and occupational therapy.

(b) The prescribing and dispensing of drugs by a physician assistant shall:

- (1) Comply with the requirements of RSA 318:8-a, RSA 318:42, RSA 318:47-c, RSA 318:47-m, and federal and state regulations;
- (2) Occur when pharmacy services are not reasonably available, or when it is in the best interests of the patient, or when it is an emergency; and
- (3) Include any medications that may be dispensed by a physician.

(c) Physician assistants, in accordance with RSA 328-D:3-b, XV, are authorized to request, receive, and sign for professional samples, and distribute professional samples to patients.

APPENDIX I

RULE	STATUTE
Med 601.06	RSA 328-D:1
Med 601.07	RSA 328-D:1
Med 602.01	RSA 328-D:12
Med 603.01 (repeal)	RSA 328-D:10, I(k)
Med 604.01	RSA 328-D:3, RSA 328-D:10, I(b)
Med 608.01	RSA 328-D:5; RSA 328-D:10, I(c); RSA 318-B:33, II
Med 609.01	RSA 328-D:6; RSA 328-D:7; RSA 328-D:10, I(d) and (g)
Med 610.02	RSA 328-D:10, I(j)
Med 612.01	RSA 328-D, XIII

APPENDIX II

Med 501.02(h), Med 501.02(i)(4), Med 501.02(i)(5)

Med 501.02(h)

Code of Medical Ethics of the American Medical Association, Current Opinions with Annotations, 2012-2013 Edition. This document is available at the office of the Board of Medicine, 121 South Fruit Street, Concord, N.H. 03301 for a fee of \$.25 per page.

Med 501.02(i)(4)

Federation of State Medical Boards Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain, July 2013. This document is available at the office of the Board of Medicine, 121 South Fruit Street, Concord, N.H. 03301 for a fee of \$.25 per page.

Med 501.02(i)(5)

Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, A Treatment Improvement Protocol by the U.S. Department of Health, and Human Services (2004),

www.pcssmentor.org. This document is available at the office of the Board of Medicine, 121 South Fruit Street, Concord, N.H. 03301 for a fee of \$.25 per page.

Appendix III Incorporated References

Rule	Reference	Obtain at:
Med 609.01 (a) (8)	“Guidelines for Ethical Conduct for the Physician Assistant Profession” of the American Academy of Physician Assistants, adopted in 2000 and reaffirmed in 2013	No cost to download from: https://www.aapa.org/wp-content/uploads/2017/02/16-EthicalConduct.pdf