

FAQS ON ACT 79 OF 2021 AND REGULATORY AMENDMENTS

Purpose and Background

Q: Why did the Board update the physician assistant regulations?

A: The rulemaking implements Act 79 of 2021, which was designed to modernize PA practice and improve efficiency. The changes remove outdated restrictions, reduce paperwork, and enable PA/physician teams to tailor supervision to the needs of the patients and practices. The goal is to make Pennsylvania a more attractive place for PAs to practice, thereby expanding access to care.

Q: What are the biggest changes under Act 79 and these regulations?

A: Key updates include:

- Creates a permanent seat for a PA on the State Board of Medicine.
- Written agreements are now filed, not pre-approved, and are effective upon filing.
- Only 10% of agreements are subject to Board audit.
- Satellite location registration requirements are eliminated.
- Countersignature requirements are limited to the first 12 months post-graduation or in a new specialty.
- The number of PAs one physician can supervise increased from four to six.
- PAs may now determine and certify the cause of death, consistent with Act 17 of 2017.

Written Agreements and Supervision

Q: Does the Board still have to approve physician assistant written agreements?

A: No. Under Act 79 and the new regulations, written agreements are effective upon filing with the Board. Approximately 10% of agreements are selected for audit, but they remain effective while under review. There is no longer a pre-approval process.

Q: What happens if my written agreement is selected for audit and a discrepancy is found?

A: If your agreement is among the 10% selected for audit, the Board will issue a discrepancy

notice outlining what must be corrected. You will have two weeks to respond and make the corrections. If you do not respond within that time, the agreement becomes void, and you must submit a new written agreement. The new agreement is effective upon filing and may also be subject to audit.

Q: Who must sign a written agreement?

A: The written agreement must be signed by the physician assistant and the primary supervising physician. Substitute supervising physicians must also be named in the agreement or maintained at the practice location.

Q: How should countersignature requirements be handled?

A: The written agreement must outline countersignature requirements. The supervising physician must review 100% of PA patient records for:

- The first 12 months after a PA graduates and becomes licensed.
- The first 12 months after a PA begins practicing in a new specialty.

After these periods, the supervising physician determines the countersignature requirements in the written agreement.

Q: If a supervising physician decides to reduce or eliminate countersignature requirements after the first 12 months, does the written agreement need to be updated?

A: It depends. If the original written agreement already specifies what will happen after the initial 12 months (for example, that countersignatures will no longer be required or will continue at a reduced level), then no update is necessary. If it does not, the primary supervising physician and PA may decide to update the written agreement. Written agreements should always accurately reflect the level of supervision in practice.

Q: Can a new graduate or PA entering a new specialty avoid having to update their agreement after the first year?

A: Yes. It is acceptable for the initial written agreement to state that 100% of patient records will be countersigned for 12 months, and that after that period, co-signatures will no longer be required (or will be required at a level determined by the supervising physician and PA). This avoids having to resubmit the agreement after one year.

Q: Who is responsible for the PA's practice?

A: The primary supervising physician is responsible for the oversight and supervision of the PA. This includes monitoring compliance with the written agreement, arranging substitute supervision when necessary, maintaining responsibility for medical services rendered by the PA, and notifying the Board of changes in supervision or practice address.

Substitute Supervision

Q: What happens if my primary supervising physician becomes unable to supervise me?

A: A PA cannot continue practicing if the primary supervising physician is permanently unable to supervise unless at least one substitute supervising physician is named in the written agreement. If a substitute is listed, that physician assumes responsibility until a new agreement is filed. If no substitute is listed, the PA must stop practicing until a new agreement is filed.

Q: Can a substitute supervising physician cover for short-term absences?

A: Yes. If the primary or a substitute supervising physician is temporarily unable to supervise (for example, because of absence or being at another location), a substitute supervising physician named in the written agreement or a substitute supervising physician that is kept on file at the practice site can assume responsibility. During this time, the substitute has full supervisory responsibility.

Q: What if I change jobs or my supervision ends?

A: Both the PA and the primary supervising physician must notify the Board within 15 days of any change or termination of employment or supervision. Failing to do so can result in disciplinary action.

Q: How do I list substitute supervising physicians in a written agreement?

A: At least one substitute supervising physician must be named directly in the written agreement on file with the Board if the PA is to continue practicing in the event the primary supervising physician becomes permanently unable to supervise. In addition, a current list of any other substitute supervising physicians with whom the PA may work must be

maintained at the PA's practice location. This ensures continuity of supervision and compliance with Board regulations

Scope of Practice and Practice Settings

Q: What medical services may a PA perform?

A: A PA may perform any medical service within their skills, training, and experience as long as it is included in the written agreement and consistent with accepted standards of medical practice.

Q: Are PAs now allowed to determine the cause of death?

A: Yes. The updated regulation, consistent with Act 17 of 2017, authorizes physician assistants to pronounce and determine the cause of death and to authenticate related forms with their signature.

Q: Can PAs work independently?

A: No. PAs may not practice independently or advertise themselves as independent practitioners. They remain supervised by physicians under written agreements.

Q: How many PAs can one physician supervise?

A: A supervising physician may have primary responsibility for up to six PAs at one time, unless the Board approves more.

Q: What happened to the “satellite location” rule?

A: The regulation on satellite locations has been deleted. Under the new regulations, a written agreement must still identify the primary practice setting where the PA will serve, but there is no longer a requirement to separately register “satellite locations.” PAs may provide services in other locations if those locations and supervision arrangements are consistent with the written agreement and the substitute supervising physician provisions. This change reflects Act 79's removal of the prior direct oversight requirement tied to satellite locations.

Prescribing and Controlled Substances

Q: Can PAs prescribe Schedule II controlled substances?

A: Yes, with limits:

- For initial therapy, a PA may prescribe up to a 72-hour dose and must notify the supervising physician within 24 hours.
- For ongoing therapy, a PA may prescribe up to a 30-day supply, if approved by the supervising physician.

All prescribing must be within the written agreement, and the PA must have a DEA registration if prescribing controlled substances.

Hospitals and Health Systems

Q: Can a PA be employed directly by a hospital or health care facility?

A: Yes. A health care facility may employ PAs, but they must comply with Board regulations and facility policies. The attending physician of record acts as the PA's primary supervising physician while the patient is under their care.