

**THE PA DIFFERENCE  
WHY SHOULD IHS FEDERAL/TRIBAL/URBAN CLINICS HIRE PHYSICIAN ASSISTANTS**



**Physician Assistants are valuable members of Indian Health System’s Health Care Team. Attached is a brief history of the Physician Assistant role in IHS. Provided are brief answers to questions related to PA training, reimbursement, supervision and state specific licensure requirements (within each IHS Area).**

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### How Are Physician Assistants Trained?

Physician Assistant education is modeled on physician education. They receive a broad-based generalist education with an emphasis in primary care. Along with classroom curriculum, PA's receive 2,000 hours of supervised clinical practice prior to graduation. This includes clinical rotations in family medicine, internal medicine, OB/GYN, pediatrics, general surgery, emergency medicine and psychiatry. This training allows PA's to work as members of physician-directed teams in the care of patients from the neonatal intensive care unit to long-term care facilities. PA's are licensed medical providers and are part of many IHS medical staff, extending specialty service in Orthopedics, ENT, OB/GYN, Surgery, Emergency Medicine, as Hospitalist, and Community Health providers. PAs serve as Service Unit Directors and Clinical Directors.

### Can PA Prescribe Medications? What about reimbursement?

All states, the District of Columbia, and Guam have enacted laws that authorize PA prescribing. Medicare, Medicaid and private insurance pays 85 - 100% of the physician's fee schedule for PA services.

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In accordance with IHS PA practice policy, "PAs may practice at remote sites or after hours without a supervising or consultative physician on-site as long as voice telephone or two-way radio contact with an advising physician is available. The advising physician must be the PA's clinical supervisor or a designated alternate active or temporary medical staff member."

At the heart of the Physician Assistant practice is the PA-Physician Team. A PA's scope of practice is determined by state law or federal standard, the supervising physician's delegation of responsibilities, the PA's education and experience, and the specialty and setting in which the PA works. Direction of the medical practice of the physician assistant is assured by the supervising physician, **but this does not necessarily require the physical presence of a supervising physician at the place where services are rendered.** Nor does this suggest that the PA does not exercise autonomous medical decision-making. Accountability for physician supervision of PA's may be determined prospectively, by scheduling, or retrospectively, by review of the charts – as determined by the physician-PA team

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### State Specific Rules (abridged): ABERDEEN AREA

**South Dakota:** PA may prescribe and provide drug samples including Schedules II-V. Limited to 30 day supply for Schedule II. PAs who prescribe controlled medications must register with the state and the DEA.

**Supervision:** Defined as the act of overseeing the activities of and accepting responsibility for, the medical services rendered by a PA.

**North Dakota:** PAs may prescribe medications and Schedules II-V controlled substances. PA prescribers of controlled drugs must register with the DEA.

**Supervision:** Physician must be continuously available for contact personally or by telephone or radio.

**Iowa:** PA may prescribe non-controlled and controlled substances (except schedule II listed as depressants). PAs who prescribe controlled medications must register with the DEA.

**Supervision:** Physician need not be physically present, but must be readily available by telecommunication.

**Nebraska:** PA may prescribe medications as delegated to do so by supervising physician. Delegated authority may include legend drugs and Schedules II-V controlled medications. PAs delegated prescriptive authority for controlled medications must register with the DEA.

**Supervision:** Physician must be readily available for consultation and telecommunication shall be sufficient. Physician supervision shall be continuous but not requiring the personal presence of the supervising physician at the time and place services are rendered.

### Do IHS Physician Assistants Need a State License?

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PAs employed by Tribal and Urban clinics should be licensed within the state in which they are employed.

### What is the Difference Between Nurse Practitioners (NP) and Physician Assistants?

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### State Specific Rules (abridged): ALASKA AREA

**Alaska:** Prescriptive authority for non-controlled drugs and Schedules III to V drugs (controlled substances). Prescription written and signed by PA must include collaborating physician's name and Drug Enforcement Administration (DEA) number and PA's name and DEA number. PA may order, administer and dispense Schedule II drugs with the approval of the collaborating physician.

**Supervision:** Periodic assessment by physician and at least monthly telephone or radio review of patient care and records. No physician co-signing charts is required

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### State Specific Rules (abridged): ALBUQUERQUE AREA

**Colorado:** PA may prescribe controlled (Schedules II-V) and non-controlled substances. PA prescribing controlled substances must be registered with DEA.

**Supervision:** PA must practice with personal and responsible direction and supervision of licensed physician..

**New Mexico:** PA may prescribe, administer, and distribute non-controlled medications and Schedules II-V under direction of supervising physician and within parameters of board-approved formulary and guidelines. PA prescribers of controlled medications must register with the DEA.

**Supervision:** Must be immediate communication between physician and PA; can be through telecommunication. Physician chart co-signature is not required.

**Texas:** PA may carry out or sign a prescription drug order if delegated this task under standing orders. Authority includes Schedules III-V and non-controlled medications.

**Supervision:** Supervision shall be continuous but constant physical presence of physician not required. 10% of charts must be co-signed.

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### State Specific Rules (abridged): BEMIDJI AREA

**Minnesota:** PAs may prescribe controlled (Schedules II-V) and non-controlled drugs. Physician must review prescribing by the PA on a regular basis. PAs authorized to prescribe controlled medications must register with DEA.

**Supervision:** Constant presence of supervising physician is not required so long as the PA and supervising physician can be in touch via telecommunication.

**Michigan:** PA may prescribe non-controlled and Schedules III-V medications as delegated by supervising physician. PA prescribers of controlled medications must register with the DEA.

**Supervision:** Physician must be continuously available for direct communication in person or by radio, telephone, or telecommunication and must regularly review practice of PA.

**Wisconsin:** PA may prescribe Schedules II-V and non-controlled drugs in situations specified in written guidelines developed by supervising physician. PA prescribers of controlled medications must register with the DEA.

**Supervision:** Physician must be available at all times for consultation either in person or within 15 minutes of contact by telephone, two-way radio, telecommunication or television.

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### State Specific Rules: (abridged) **BILLINGS AREA**

#### Montana:

**Prescribing/dispensing:** PA may prescribe and dispense drugs, including Schedules II-V controlled substances, as delegated by physician.

**Supervision:** On-site supervision of PA not required if supervising physician has provided a means of communication or an alternate means of supervision in the event of the supervising physician's absence.

#### Wyoming:

**Prescribing/dispensing:** Physicians may delegate prescribing of non-controlled and Schedules II-V medications to PAs

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### State Specific Rules: (abridged) CALIFORNIA AREA

**Prescribing/dispensing:** Prescription authority limited by delegation from supervising physician and may include controlled (Scheduled II-VI) and non-controlled medications. Drug orders for controlled medications require PA's DEA registration number.

**Supervision:** Physician must be available in person or by electronic communication at all times PA is caring for patients.

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The IHS does not require PAs to be licensed in the State(s) in which they will be performing their official duties. Based upon Federal sovereignty and supremacy principles, a State may not require that an IHS employee who provides health care within the State as part of his or her Federal duties be licensed in that State. However, DEA regulations require the PA be authorized to prescribe controlled substances by the jurisdiction (e.g., State) in which he/she is licensed, registered, or otherwise specifically recognized to practice his/her profession.

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# THE PA DIFFERENCE

## WHY SHOULD IHS FEDERAL/TRIBAL/URBAN CLINICS HIRE PHYSICIAN ASSISTANTS

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All states, the District of Columbia, and Guam have enacted laws that authorize PA prescribing. Medicare, Medicaid and private insurance pays 85 - 100% of the physician's fee schedule for PA services.

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### State Specific Rules: (abridged) NASHVILLE AREA 1

#### Louisiana:

**Prescribing/dispensing:** PAs may prescribe Schedule III-V and non-controlled medications. PA must register with state controlled drug agency and DEA.

**Supervision:** Continuous but does not require the physical presence of supervising physician at time and place services are rendered. PA and physician must have capability to be in contact via telecommunication.

#### Maine:

**Prescribing/dispensing:** PA may prescribe and dispense drugs and medical devices, including non-controlled and Schedules III-V controlled substances.

**Supervision:** Physician must be available by radio, telephone or telecommunication device.

#### Massachusetts:

**Prescribing/dispensing:** PA may prescribe non-controlled drugs and controlled substances (Schedules II to V). PAs who prescribe controlled substances must register with the DEA.

**Supervision:** Must be continuous but shall not require personal presence of supervising physician.

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### State Specific Rules: (abridged) NASHVILLE AREA 2

#### Alabama:

**Prescribing/dispensing:** PAs may prescribe non-controlled and scheduled (III-V) drugs from board-approved formulary.

**Supervision:** Does not required direct on-site physician supervision.

#### Connecticut:

**Prescribing/dispensing:** PA may be delegated the authority to prescribe and administer drugs, including schedule II-V controlled substances.

**Supervision:** Includes but is not limited to the continuous availability of direct communication between PA and physician either in person or by radio, telephone, or telecommunication.

#### Florida:

**Prescribing/dispensing:** PAs may prescribe drugs not listed on the formulary established by Council on PAs and adopted by medical and osteopathic boards. PAs may not prescribe controlled substances.

**Supervision:** Physical presence or easy availability (by tele-communications) of physician is required.

#### Tennessee:

**Prescribing/dispensing:** PAs may prescribe non-controlled and Schedules II-V medications.

**Supervision:** Active and continuous overview, but physician not required to be physically present at all times.

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### State Specific Rules: (abridged) NASHVILLE AREA 3

#### Mississippi:

**Prescribing/dispensing:** PA may prescribe those non-controlled medications outlined in board-approved protocol. PA must apply to board for authority to prescribe controlled substances (Schedules II-V).

**Supervision:** On-site presence of physician required for the first 120 days. Thereafter supervision must be continuous but does not require physical presence of supervising physician.

#### New York:

**Prescribing/dispensing:** PA may prescribe Scheduled II-V and non-controlled medications.

**Supervision:** Physician not required to be physically present at time and place where PA performs services.

#### North Carolina:

**Prescribing/dispensing:** PA may prescribe non-controlled and controlled drugs in Schedules II-V.

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### State Specific Rules: (abridged) NASHVILLE AREA 4

#### New Jersey:

**Prescribing/dispensing:** PAs may prescribe non-controlled and schedules II-V drugs as delegated by supervising physician. PAs authorized to prescribe controlled medications must register with the DEA.

**Supervision:** Constant availability through electronic communication and intermittent physical presence.

#### Rhode Island:

**Prescribing/dispensing:** PAs may prescribe legend and Schedules II-V drugs.

**Supervision:** Supervision shall be continuous but does not require constant physical presence of the physician.

#### South Carolina:

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### State Specific Rules (abridged) NAVAJO AREA

#### Utah:

**Prescribing/dispensing:** PA may prescribe Schedules II-V and non-scheduled drugs. PAs who prescribe controlled medications must register with the DEA and hold a state controlled substance license.

**Supervision:** Physician must be available for consultation by electronic means if not on-site.

#### Arizona:

**Prescribing/dispensing:** PA may prescribe non-controlled and controlled drugs. DEA registration required.

**Supervision:** Physician need not be present on-site if the supervising physician or the supervising physician's agent is or can be in contact with the PA by radio, telephone or telecommunication.

#### New Mexico:

**Prescribing:** PA may prescribe, administer, and distribute non-controlled medications and Schedules II-V under direction of supervising. PA prescribers of controlled medications must register with the DEA.

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### State Specific Rules: (abridged) OKLAHOMA AREA

#### Oklahoma:

**Prescribing/dispensing:** PAs may prescribe non-controlled and Schedules III-V drugs on board-approved formulary.

**Supervision:** Physician not required to be physically present when, nor specifically consulted before, PA performs delegated task.

#### Kansas:

**Prescribing/dispensing:** PAs may prescribe Schedules II-V and non-controlled medications as authorized in a written protocol.

**Supervision:** Physician need not be physically present, but must be immediately available for consultation by telecommunication.

#### Texas:

**Prescribing/dispensing:** PA may carry out or sign a prescription drug order if delegated this task under standing orders. Authority includes Schedules III-V and non-controlled medications.

**Supervision:** Supervision shall be continuous but constant physical presence of physician not required.

### Do IHS Physician Assistants Need a State License?

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PAs employed by Tribal and Urban clinics must be licensed within the state in which they are employed.

### What is the Difference Between Nurse Practitioners (NP) and Physician Assistants?

Physician Assistants and NP's are extremely important medical providers nationally and especially to IHS medical system. The main difference is that PA's are trained in the medical model and NP's trained in the nursing model. Providers in both disciplines evaluate and treat patients, write prescriptions, order and interpret labs and tests, make diagnoses and make referrals. Both professions work closely with physicians, who are ultimately responsible for the care of all patients treated.

# THE PA DIFFERENCE

## WHY SHOULD IHS FEDERAL/TRIBAL/URBAN CLINICS HIRE PHYSICIAN ASSISTANTS

### The Physician Assistant

Physician assistants (PA) are among the 10 fastest growing professions in the nation. The 10-year growth projection for physician assistants from 2004-2014 is a 50 percent increase, according to The Bureau of Labor and Statistics. The PA profession has been in existence since 1965 and PAs have worked in Indian Health Service (IHS) for over 30 years. There are well over 58,000 PA's in clinical practice in the U. S. and approximately 160 of them work in IHS Federal, Urban and Tribal health care facilities. In the world of Indian medicine, the PA profession plays a significant role in relieving physician shortages in primary care and rural health care clinics. **PA's are part of the solution to emergency and primary care shortage** and because of their rigorous medical education, versatility and commitment to personalized care they help traditional practices function more fully and enhance continuity of care in any health care setting.

### How Are Physician Assistants Trained?

Physician Assistant education is modeled on physician education. They receive a broad-based generalist education with an emphasis in primary care. Along with classroom curriculum, PA's receive 2,000 hours of supervised clinical practice prior to graduation. This includes clinical rotations in family medicine, internal medicine, OB/GYN, pediatrics, general surgery, emergency medicine and psychiatry. This training allows PA's to work as members of physician-directed teams in the care of patients from the neonatal intensive care unit to long-term care facilities. PA's are licensed medical providers and are part of many IHS medical staff, extending specialty service in Orthopedics, ENT, OB/GYN, Surgery, Emergency Medicine, as Hospitalist, and Community Health providers. PAs serve as Service Unit Directors and Clinical Directors.

### Can PA Prescribe Medications? What about reimbursement?

All states, the District of Columbia, and Guam have enacted laws that authorize PA prescribing. Medicare, Medicaid and private insurance pays 85 - 100% of the physician's fee schedule for PA services.

### But don't they always have to work with a physician?

In accordance with IHS PA practice policy, "PAs may practice at remote sites or after hours without a supervising or consultative physician on-site as long as voice telephone or two-way radio contact with an advising physician is available. The advising physician must be the PA's clinical supervisor or a designated alternate active or temporary medical staff member."

At the heart of the Physician Assistant practice is the PA-Physician Team. A PA's scope of practice is determined by state law or federal standard, the supervising physician's delegation of responsibilities, the PA's education and experience, and the specialty and setting in which the PA works. Direction of the medical practice of the physician assistant is assured by the supervising physician, **but this does not necessarily require the physical presence of a supervising physician at the place where services are rendered.** Nor does this suggest that the PA does not exercise autonomous medical decision-making. Accountability for physician supervision of PA's may be determined prospectively, by scheduling, or retrospectively, by review of the charts – as determined by the physician-PA team.

All health care is subject to supervision – whether it is medical care provided by a physician or physician assistant or nursing care provided by a nurse practitioner. For the physician-PA team,

supervision is, by design, more defined. The fact that the supervisory role is part of the physician-PA team practice – whether it be a physician visit every two weeks for a PA practicing in an urban health clinic or by telephone communication on an as-needed basis for a PA working in rural health clinic – should not be construed to suggest that PAs possess a lesser degree of competency or exercise a lesser degree of autonomy in the provision of medical care.

The whole idea of the physician assistant is that of teamwork. A good PA will know his or her limits and defer to the physician for further consultation that would best serve the patients. This is an integral part of PA training.

### State Specific Rules (abridged): PHOENIX AREA

#### Utah:

**Prescribing/dispensing:** PA may prescribe Schedules II-V and non-scheduled drugs. PAs who prescribe controlled medications must register with DEA and hold a state controlled substance license.

**Supervision:** Physician must be available for consultation by electronic means if not on-site.

#### Arizona:

**Prescribing/dispensing:** PA may prescribe non-controlled and controlled drugs. DEA registration required.

**Supervision:** Physician need not be present on-site

#### Nevada:

**Prescribing/dispensing:** With board approval, PA may prescribe and dispense drugs and devices, including Schedules II-V controlled substances, as delegated by the supervising physician.

**Supervision:** Supervising physician must be available at all times for consultation, which may be indirect (by telecommunication).

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### State Specific Rules (abridged) PORTLAND AREA

#### Idaho:

**Prescribing/dispensing:** PA may apply for approval to prescribe Schedules II-V and non-controlled medications. PAs authorized to prescribe controlled medications must register with the DEA and Idaho Board of Pharmacy. **Supervision:** Must be available by phone or in person.

#### Oregon:

**Prescribing/dispensing:** PA may prescribe medications, including Schedules II-V controlled substances, as determined by physician and approved by board. DEA registration required. **Supervision:** Physician must always be available for verbal communication.

#### Washington:

**Prescribing/dispensing:** PAs may write and sign prescriptions, including controlled substances in Schedules II-V. PAs who prescribe controlled medications must register with the DEA. **Supervision:** Physician not required to be physically present where PA services are rendered.

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### State Specific Rules (abridged): TUCSON AREA

#### Arizona:

**Prescribing/dispensing:** PA may prescribe non-controlled and controlled drugs. DEA registration required.

**Supervision:** Physician need not be present on-site; weekly meeting required. Board approval needed for PA utilization in separate location

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