

CHAPTER 5600
BOARD OF MEDICAL EXAMINERS
LICENSURE

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5600.2500 ANNUAL FEES.

The fees charged by the board are fixed at the following rates:

- A. examination fee, \$300;
- B. application fee, \$100;
- C. physician annual registration, \$40;
- D. osteopath annual registration, \$40;
- E. certification to other states, \$10, and
- F. temporary licenses, \$40.

Statutory Authority: *MS s 147 02, 214.06*

History: *10 SR 1476*

REGISTRATION OF PHYSICIAN ASSISTANTS

5600.2600 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 5600.2600 to 5600.2665, the following terms have the meanings given them.

Subp. 2. **Active status.** "Active status" means the status of a person who has met all the qualifications of a physician assistant and has a physician-physician assistant agreement in force and approved by the board.

Subp. 3. **Agreement.** "Agreement" means a document signed by the physician and the physician assistant which includes contents specified in part 5600.2635, subpart 3.

Subp. 4. **Alternate supervising physician.** "Alternate supervising physician" means a Minnesota licensed physician listed in the physician-physician assistant agreement who shall be responsible for supervising the physician assistant when the supervising physician is unavailable. The alternate supervising physician shall accept full medical responsibility for the performance, practice, and activities of the physician assistant while under the supervision of the alternate supervising physician.

Subp. 5. **Board.** "Board" means the Minnesota Board of Medical Examiners.

Subp. 6. **Commissioner.** "Commissioner" means the commissioner of the Department of Health.

Subp. 7. **Contact hour.** "Contact hour" means an instructional session of 60 consecutive minutes, excluding coffee breaks, registration, meals with a speaker or without a speaker, and other social activities.

Subp. 8. **Diagnostic order.** "Diagnostic order" means a directive to perform

a procedure or test, the purpose of which is to determine the cause and nature of a pathological condition or disease.

Subp. 9. **Inactive status.** "Inactive status" means the status of a person who has met all the qualifications of a physician assistant but does not have a physician-physician assistant agreement in force and approved by the board.

Subp. 10. **Physician.** "Physician" means a person currently licensed in good standing as a physician or osteopath under Minnesota Statutes, chapter 147.

Subp. 11. **Physician assistant; registered physician assistant.** "Physician assistant" or "registered physician assistant" means a person registered pursuant to parts 5600.2600 to 5600.2665 who is qualified by academic or practical training or both to provide patient services as listed in part 5600.2615 under the supervision of a supervising physician.

Subp. 12. **Registration.** "Registration" is the process by which the board determines that an applicant has been found to meet the standards and qualifications specified in parts 5600.2600 to 5600.2665.

Subp. 13. **Supervising physician.** "Supervising physician" means a Minnesota licensed physician who accepts full medical responsibility for the performance, practice, and activities of a physician assistant under an agreement approved by the board and pursuant to part 5600.2615. "Supervising physician" shall include "alternate supervising physician" for the purposes of parts 5600.2600 to 5600.2665.

Statutory Authority: *MS s 214 13*

History: *10 SR 476*

5600.2605 PURPOSE.

The purpose of parts 5600.2600 to 5600.2665 is to establish the administrative structure, the procedures, and the requirements for the registration of people qualified to be physician assistants.

Statutory Authority: *MS s 214.13*

History: *10 SR 476*

5600.2610 RESTRICTIONS ON USE OF THE TITLE OF REGISTERED PHYSICIAN ASSISTANT.

Subpart 1. **Physician assistant identification.** A registered physician assistant in active status may use the title "physician assistant" or "registered physician assistant" without restriction. A registered physician assistant in active status shall identify himself or herself at the practice site by using a name tag or name plate or some other identifying device bearing the title "registered physician assistant."

Subp. 2. **Inactive status.** A registered physician assistant in inactive status may not use the title "registered physician assistant" in connection with the delivery of health care services. A registered physician assistant in inactive status may not use the title on a name tag or name plate at any medical or health care facility or office in providing patient services.

Statutory Authority: *MS s 214.13*

History: *10 SR 476*

5600.2615 SCOPE OF PHYSICIAN ASSISTANT PRACTICE.

Subpart 1. **General limitation on scope of practice.** Patient services must be limited to:

- A. services within the training or experience of the physician assistant;
- B. services customary to the practice of the supervising physician; and
- C. services delegated by the supervising physician.

Subp. 2. **Descriptive list of allowed services.** Patient services must be limited to:

- A. taking complete, detailed, and accurate patient histories and reviewing patient records to develop comprehensive medical status reports;
- B. performing physical examinations and recording all pertinent patient data;
- C. interpreting and evaluating patient data as authorized by the supervising physician for the purpose of determining management and treatment of patients,
- D. initiating requests for, or performing, diagnostic procedures as indicated by pertinent data, and as authorized by the supervising physician;
- E. performing therapeutic procedures as authorized by the supervising physician,
- F. providing instructions and guidance regarding medical care matters to patients; and
- G. assisting the supervising physician in the delivery of services to patients requiring medical care in the home and in health care institutions, including recording patient progress notes, issuing diagnostic orders which must be countersigned by the supervising physician within 24 hours, and transcribing or executing specific orders at the direction of the supervising physician.

Statutory Authority: *MS s 214 13*

History: *10 SR 476*

5600.2620 REQUIREMENTS FOR ADEQUATE SUPERVISION.

To ensure the supervising physician assumes full medical responsibility for patient services provided by the physician assistant, the supervising physician shall instruct and direct the physician assistant in the assistant's duties, oversee and check the assistant's work, and provide general direction to the assistant. The physician assistant and supervising physician shall comply with at least the following criteria:

- A. A supervising physician must be able to be contacted within 15 minutes either in person or by telecommunication for consultation with the assistant.
- B. A supervising physician shall review and evaluate patient services provided by the physician assistant on a daily basis from information in patient charts or records. Review may either be in person or by telecommunication.
- C. A supervising physician shall be on site at facilities staffed by a physician assistant if they are separate from the usual practice site of the supervising physician at least twice a week for at least eight hours a week during patient contact time.
- D. A supervising physician may not supervise more than two physician assistants.
- E. The prescribing, administering, and dispensing of legend drugs shall only be done in accordance with Minnesota Statutes, chapters 151 and 152.
- F. The physician assistant and supervising physician shall ensure that an alternate physician is available to supervise if the supervising physician is absent.

Statutory Authority: *MS s 214.13*

History: *10 SR 476*

5600.2625 REQUIREMENTS FOR REGISTRATION.

Subpart 1. **Requirements for registration in active status.** An applicant for registration as a physician assistant in active status shall:

- A. Successfully complete a physician assistant training program recognized by the board as approved by a national accrediting body for physician

assistant training. To be recognized by the board the accrediting body must meet the following criteria:

(1) It must be capable of evaluating physician assistant training programs throughout the United States.

(2) It must be capable of conducting site visits to evaluate the facilities used by the physician assistant training program, including evaluation of libraries and laboratories.

(3) It must be capable of evaluating the quality of the academic programs offered as well as evaluating the faculty.

(4) It must use standards that ensure that graduates of the training program have the knowledge and training to practice as a physician assistant within the scope of practice defined by these rules.

(5) It may not be affiliated with any individual physician assistant training program.

B. Successfully complete an examination which has been approved by the board as assessing physician assistant skills. The examination must meet the following criteria:

(1) The examination must be validated by a content validity study which consists of data showing that the examination covers a representative sample of the job tasks, work behavior, or performance skills essential to the job for which the applicant is to be evaluated; or the examination must be validated by a criterion-related validity study which consists of empirical data demonstrating that the selection is predictive of, or significantly correlated with job performance and which has a validity coefficient significant at the 0.05 level of significance.

(2) Validity studies must be based upon a review of information about the job for which the examination is to be used. The review must include at least an analysis of job tasks, work behavior, or performance skills that are relevant to the job.

(3) Job tasks, work behaviors, or performance skills used as a basis for test developments or validity studies must include at least the procedures and techniques which may be delegated to physician assistants as outlined in part 5600.2615.

(4) The examination must be determined to be reliable utilizing the parallel forms or internal consistency methods of estimating reliability and the reliability coefficient must be not less than 0.70.

(5) The examination must be revised or a new form must be issued when technical advances indicate the examination should be updated to acknowledge related changes in the scope of authorized practice of a physician assistant as outlined in part 5600.2615.

(6) The examination must be revised or a new form must be issued when it is necessary to meet additional standards or knowledge requirements adopted by the commissioner.

C. Have an agreement between the physician and physician assistant which complies with part 5600.2635, subpart 3.

Subp. 2. **Requirements for registration in inactive status.** An applicant for registration as a physician assistant in inactive status must meet the requirements of subpart 1, items A and B.

A physician assistant in inactive status may apply for registration in active status when the requirements of subpart 1, item C are met.

Statutory Authority: *MS s 214.13*

History: *10 SR 476*

5600.2630 APPLICATION PROCESS FOR INITIAL REGISTRATION.

Subpart 1. **Form required.** All applicants for initial registration as physician

assistants shall submit an application on forms provided by the board together with fees described under part 5600.2655. The application must include information sufficient to permit a complete evaluation of each applicant to determine whether the applicant meets the requirements for registration and must include information sufficient to permit an evaluation by the board of the proposed supervision of the physician assistant. For the purpose of confirming the applicant's qualifications or to clarify the proposed supervisory relationship, the board shall request that an applicant submit additional information if it is necessary to clarify incomplete or ambiguous information presented in the application.

Subp. 2. Contents of application form. The application form must include questions which require the applicant to do the following:

- A. provide demographic information as deemed necessary by the board,
- B. list or describe areas of specialization or special training or experience of the physician assistant including previous work history;
- C. provide certification from the director of the program or dean of the school of successful completion of an approved program as described in part 5600.2625, subpart 1, item A;
- D. provide certification demonstrating successful completion of an approved examination as described in part 5600.2625, subpart 1, item B; and
- E. provide the names and addresses of two individuals who can be contacted for a reference about the applicant, one of whom is a physician or osteopath licensed in the United States, other than the supervising physician, who personally know the applicant.

Statutory Authority: *MS s 214 13*

History: *10.SR 476*

5600.2635 APPLICATION PROCESS FOR APPROVAL OF AGREEMENT BETWEEN PHYSICIAN AND PHYSICIAN ASSISTANT.

Subpart 1. Form required. An applicant seeking active status must submit an application on forms provided by the board and an agreement signed by the physician assistant and the supervising physician and any alternate supervising physician.

Subp. 2. Contents of form. The completed application form must contain the following information:

- A. identify the licensed supervising physician and any areas of specialization of the physician and alternate supervising physicians;
- B. describe the practice in which the physician assistant will be used and the current plans for use of the physician assistant,
- C. identify and describe the practice sites of the supervising physician and physician assistant;
- D. identify other physicians or physician assistants who may be involved;
- E. list or describe areas of specialization, special training, or experience of the physician assistant; and
- F. provide any other information which is judged to be necessary by the board to answer questions regarding supervision of the physician assistant.

Subp. 3. Contents of agreement. The agreement must include at least the following:

- A. specific plans for supervision of the physician assistant by the supervising physician as well as alternate supervising physicians if more than one physician will be working with the physician assistant,
- B. plans for supervision when the supervising physician is not available,
- C. restrictions or instructions regarding the functions or practices of the physician assistant and any letters of agreement or other protocols or restrictions

established by or with any health care facility concerning the practice of the physician assistant when functioning in the facility, including letters of agreement made for or with pharmacists regarding the practice of the physician assistant in carrying out the directions of the physician;

D. a statement that the supervising physician and alternate supervising physician assume full medical responsibility for all patient services provided by the physician assistant; and

E. any other information which will assist the board in determining whether the physician assistant will be adequately supervised by the supervising physician.

Subp. 4. Modification or termination of agreement. The physician assistant and the supervising physician shall notify the board upon the modification or termination of the agreement. Upon termination of the agreement, the board shall classify the physician assistant in inactive status until a new agreement is approved. If the modification results in an expansion of the physician assistant's duties, the modification must be approved by the board before the physician assistant begins the new duties.

Statutory Authority: *MS s 214 13*

History: *10 SR 476*

5600.2640 TEMPORARY REQUIREMENTS DURING TRANSITION.

Subpart 1. Initial registration requirements. An applicant for initial registration as a physician assistant is not required to meet the requirements of part 5600.2625, subparts 1, items A and B; and 2, until two years after the effective date of parts 5600.2600 to 5600.2665 if the applicant provides documented evidence that the following requirements have been met:

A. An applicant has completed a course of study in medical care which was at least 18 months full time and which had course content judged by the board to be equivalent to the program content of an accredited physician assistant program. An applicant may petition the board to accept informal training which the board judges to be equivalent in program content to an accredited program.

B. An applicant has been employed as a full-time physician assistant for at least four of the last five years under the supervision of a licensed physician. This experience must be recorded on forms provided by the board.

Subp. 2. Examination requirements. A physician assistant who qualified for initial registration by meeting the requirements of subpart 1 must successfully complete an examination which meets the requirements of part 5600.2625, subpart 1, item B within two years of the date initial registration was approved by the board. If the physician assistant successfully completes the examination within the two years, a physician assistant is exempt from meeting the requirements for registration of part 5600.2625, subpart 1, item A. If the physician assistant does not successfully complete the examination within the two years, the board will revoke the physician assistant's registration and the physician assistant shall then meet all the requirements of part 5600.2625 for registration.

Subp. 3. Active status requirements. A physician assistant who qualified for initial registration by meeting the requirements of subpart 1 must also meet the requirements of part 5600.2625, subpart 1, item C if the physician assistant wishes to be registered in active status.

Statutory Authority: *MS s 214.13*

History: *10 SR 476*

5600.2645 APPLICATION PROCESS FOR REREGISTRATION.

A physician assistant's registration expires each year on July 1. Each physician assistant must reregister on or before July 1 of each year by submitting a

completed application for reregistration on a form provided by the board together with the annual reregistration fee. The information supplied on the application for reregistration must be sufficient for the board to determine whether the physician assistant continues to meet the requirements for registration in part 5600.2625 or 5600.2640. In addition, the applicant must meet the continuing education requirements of part 5600.2650. The board may request a physician assistant to submit additional information to clarify information presented in the application for reregistration. An application submitted after the reregistration deadline date must be accompanied by a late fee.

Statutory Authority: *MS s 214 13*

History: *10 SR 476*

5600.2650 CONTINUING EDUCATION REQUIREMENTS.

Subpart 1. Amount of education required. Applicants for reregistration must either attest to and document successful completion of at least 50 contact hours of board-approved continuing education as described in subpart 3 within the two years immediately preceding reregistration, or attest to and document taking the national certifying examination within the past two years.

Subp. 2. Type of education required. Approved continuing education activities are learning experiences designed to promote continuing competency in the procedures and techniques outlined in part 5600.2615. The activities must receive board approval for continuing education.

The board shall base its approval of a continuing education activity on the following criteria:

A. It must have specific, written objectives which describe expected outcomes for the participant.

B. It must be presented by knowledgeable persons who have reviewed the development in the subject being covered in the program within the last two years. The presenting person must have specialized training in the subject matter, experience in teaching the subject matter, or experience in working in the subject areas.

C. It must last at least one contact hour.

D. It must utilize a mechanism to validate participation, such as earned credits or verification of attendance. Program sponsors shall maintain attendance sheets for three years.

Subp. 3. Restrictions on earning credits through contact hour equivalents. Contact hour equivalents can include medical teaching, publication of books or papers, lectures, exhibits, and self-teaching. No more than ten hours of credit may be obtained in any renewal period through medical teaching. No more than ten hours of credit may be obtained in any renewal period through a combination of publications, lectures, and exhibits. No more than ten hours of credit may be obtained through self-teaching. Credits may be obtained in the following ways:

A. five hours of credit for a scientific paper or book chapter published in a peer-reviewed medical journal or book;

B. an hour of credit for each hour spent lecturing at a course which qualifies for board approval under subpart 2;

C. an hour of credit for each hour spent self-teaching; and

D. five hours of credit for a paper or exhibit presented before a professional or allied health audience. Credit may be claimed only once for such a presentation.

Subp. 4. Verification of continuing education reports. Periodically, the board shall select a sample of the registered physician assistants and request evidence of continuing education to which they attested. Documentation may come directly from the registrant or from a national accrediting or certifying organization which maintains those types of records.

Statutory Authority: *MS s 214 13*

History: *10 SR 476*

5600.2655 APPLICATION FEES.

Subpart 1. **Initial registration fee.** The initial registration fee shall be \$100.

Subp. 2. **Annual reregistration fee.** The annual fee for reregistration shall be \$20.

Subp. 3. **Penalty fee for late renewals.** The penalty fee for late submission of an application for reregistration shall be \$5.

Subp. 4. **Fee for approval of agreements.** The fee for approval of an agreement between a physician and physician assistant by the board shall be \$30.

Subp. 5. **Notice of fee changes.** The board shall notify physician assistants about fee changes under subparts 1 to 4 in the same manner as it notifies physicians about those types of fee changes.

Subp. 6. **Surcharge.** For a period of five years following the effective date of parts 5600.2500 to 5600.2665, a surcharge shall be added to each initial registration and annual registration fee. The surcharge shall be calculated by dividing the cost of adopting the rules by five to reach the amount which must be recouped each year, and then, on a yearly basis, calculate the surcharge by dividing the amount that must be recouped each year by the number of registrants and reregistrants that year.

Statutory Authority: *MS s 214 13*

History: *10 SR 476*

5600.2660 PROCESS AND GROUNDS FOR DISCIPLINARY ACTION.

Subpart 1. **Investigation of complaints.** Upon receiving a complaint or other oral or written communication, which alleges or implies the existence of grounds for revocation of registration or disciplinary actions as specified in subpart 2, the physician assistant council established in part 5600.2665 may initiate an investigation. The council may request the physician assistant to appear before it to determine the merits of the situation in question. In each case, the council shall make a recommendation to the board as to whether proceedings under the contested case provisions of the Administrative Procedure Act, Minnesota Statutes, sections 14.57 to 14.70, would be appropriate and should be initiated. Before any disciplinary action, a written complaint must be obtained from a complaining party.

Subp. 2. **Disciplinary options of board.** The board shall refuse to grant or renew a registration, or shall suspend or revoke a registration, or use any reasonable lesser remedy against a physician assistant if the assistant:

A. submits false or misleading information or credentials in order to obtain or renew registration;

B. fails to meet the requirements for initial or reregistration;

C. incompetently, negligently, or inappropriately performs patient services;

D. performs patient service beyond the scope of practice authorized by part 5600.2615;

E. violates parts 5600.2600 to 5600.2665; or

F. is unable to perform patient services with reasonable skill and safety to patients due to physical or mental illness or use of alcohol, drugs, or other substance.

Subp. 3. **Disciplinary actions.** If the board finds that a physician assistant should be disciplined pursuant to subpart 2, the board may take any one or more of the following actions:

A. refuse to grant or renew a registration;

- B. revoke a registration;
- C. suspend any registration for a definite period;
- D. administer a reprimand;
- E. condition, limit, or restrict a registration; or
- F. place the physician assistant on probation, which probation may be vacated upon compliance with such reasonable terms as the board may impose.

Subp. 4. **Consequences of disciplinary action.** Upon the revocation or suspension, the registrant shall return to the board his or her certificate and current renewal document.

Subp. 5. **Reinstatement requirements after disciplinary action.** A physician assistant who has had registration revoked cannot apply for reinstatement until at least one year after the effective date of the revocation or for a longer period of time specified by the board. A suspended registration shall be reinstated upon fulfillment of the terms of suspension. All requirements of part 5600.2645 for renewing registration, if applicable, must also be met before reinstatement.

Statutory Authority: *MS s 214 13*

History: *10 SR 476*

5600.2665 PHYSICIAN ASSISTANT ADVISORY COUNCIL.

Subpart 1. **Membership.** Subject to approval by the board, the commissioner shall appoint seven persons to a physician assistant advisory council. The seven persons must include:

- A. two public members, as defined in Minnesota Statutes, section 214.02;
 - B. three physician assistants registered under parts 5600.2600 to 5600.2665;
- and
- C. two licensed physicians one of whom must be a representative of the board.

Subp. 2. **Organization.** The council shall be organized and administered under Minnesota Statutes, section 15.059.

Subp. 3. **Duties.** The council shall:

- A. advise the board regarding physician assistant registration standards;
- B. advise the board on enforcement of parts 5600.2600 to 5600.2665;
- C. provide for distribution of information regarding physician assistant registration standards;
- D. review applications and recommend applicants for registration or reregistration;
- E. receive and process complaints about applicants and registrants in accordance with Minnesota Statutes, sections 214.10 and 214.13, subdivisions 6 and 7;
- F. perform disciplinary investigations; and
- G. perform other duties authorized for the council by Minnesota Statutes, chapter 214 as directed by the board.

Statutory Authority: *MS s 214 13*

History: *10 SR 476*