

Chapter PA 3

PRACTICE

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PA 3.01 Practice standards. (1) Except as provided in sub. (2) and ss. PA 3.02, 3.03, and 3.04, a physician assistant shall maintain and practice in accordance with a written collaborative agreement with a physician as specified in s. 448.975 (2) (a), Stats.

(2) (a) A physician assistant may practice without a written collaborative agreement specified in s. 448.975 (2) (a), Stats., if the physician assistant's practice is pursuant to an employment arrangement specified in s. 448.975 (2) (a) 1. a., Stats.

(b) The requirement specified in s. 448.975 (2) (a) 1. a., Stats., is met if the physician assistant or his or her employer maintains and can provide to the board upon request a position description, policy document, organizational chart, or other document from the employer indicating that an administrator for the employing organization who is a physician has managerial responsibility for overseeing the overall direction, management, and clinical care delivered in the organization or clinical department in which the physician assistant is a clinical employee. Such document is not the exclusive means for a physician assistant to comply with s. 448.975 (2) (a) 1. a., Stats.

(3) As provided by s. 448.975 (2) (a) 2. Stats., subs. (1) and (2) do not require the physical presence of a physician at the time and place a physician assistant renders a service.

History: EmR2206: cr., eff. 4–1–22; CR 22–064: cr. Register July 2023 No. 811, eff. 8–1–23; correction in (1), (2) (b), (3) made under s. 35.17, Stats., Register July 2023 No. 811.

PA 3.02 Practice of podiatry. A physician assistant may practice with the supervision and direction of a podiatrist pursuant to ss. 448.695 (4) (b) and 448.975 (1) (b) 2., Stats.

History: EmR2206: cr., eff. 4–1–22; CR 22–064: cr. Register July 2023 No. 811, eff. 8–1–23.

PA 3.03 Emergency, disaster, and volunteer practice. (1) A physician assistant licensed under ch. PA 2 may perform any of the following:

(a) Render such emergency medical care that they are able to provide at the scene of an accident or emergency situation, not to be defined as an emergency situation that occurs in the place of one's employment, in the absence of an employment or collaborative agreement entered into under s. PA 3.01.

(b) Render such medical care that they are able to provide during a declared state of emergency or other disaster, notwithstanding an employment or collaborative agreement entered into under s. PA 3.01.

(c) Provide volunteer medical care at camps or sporting events, notwithstanding an employment or collaborative agreement entered into under s. PA 3.01.

(2) Pursuant to ss. 257.03 (3) and 448.975 (5) (a) b 1., Stats., a physician assistant who voluntarily and gratuitously renders emergency, disaster, or volunteer care pursuant to sub. (1) is not liable for civil damages for any personal injuries that result from acts or omissions which may constitute ordinary negligence. The

immunity granted by this section shall not apply to acts or omissions constituting reckless, wanton, or intentional misconduct.

History: EmR2206: cr., eff. 4–1–22; CR 22–064: cr. Register July 2023 No. 811, eff. 8–1–23; correction in (2) made under s. 35.17, Stats., Register July 2023 No. 811.

PA 3.04 Practice during interruption in collaboration. If a physician assistant's collaborating physician under s. PA 3.01 (2) is unable to collaborate as specified in that section due to an interruption in licensed practice, a leave of absence of 30 days or longer such that the physician is unreachable, change in employment, change in license or privileges, or death, then the following requirements apply:

(1) When the interruption is temporary, and an alternate has not been identified in the current agreement, or is otherwise not available, a new alternate physician may provide temporary collaboration to the physician assistant. An interim collaborative agreement shall be documented within and maintained at the site of practice in accordance with s. PA 3.01 (2).

(2) If the collaborating physician will be unavailable for more than 90 business days due to an interruption in licensure or privileges, employment, extended leave of absence or death, the physician assistant shall secure a new collaborating physician and document the agreement in accordance with s. PA 3.01 (2).

(3) If no physician is available to collaborate with the physician assistant, then either of the following apply:

(a) A physician assistant possessing at least 2,080 hours of practice experience in the same specialty or concentration shall notify the board within 3 business days of the collaborating physician's absence and attest to active search for replacement. The physician assistant may continue to practice under the current terms of the physician assistant's collaboration agreement without physician collaboration for up to 120 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, and potential availability of collaborating physicians when reviewing requests to extend practice under this paragraph; or

(b) A physician assistant possessing less than 2,080 hours of practice experience in the same specialty or concentration shall enter into a written interim collaborative agreement with a physician assistant possessing at least 10,000 hours of practice experience in the same specialty or concentration; and shall notify the board within 3 business days of the collaborating physician's absence, provide a copy of the interim written collaborative agreement and, attest to active search for replacement of the collaborating physician. The physician assistant may continue to practice under the current terms of the physician assistant's interim collaboration agreement with physician assistant collaboration for up to 120 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, the collaborating physician assistant

and potential availability of collaborating physicians when reviewing requests to extend practice under this paragraph. This interim collaborative agreement may not exceed 270 consecutive days.

(4) The board may audit and review the practice of a physician assistant temporarily practicing without a collaborating physician under sub. (3) at any time during or after the collaborating physician's absence.

History: EmR2206: cr., eff. 4–1–22; CR 22–064: cr. Register July 2023 No. 811, eff. 8–1–23; correction in (2), (3) (a), (b), (4) made under s. 35.17, Stats., Register July 2023 No. 811.

PA 3.05 Minimum standards for patient health care records. (1) When patient healthcare records are not maintained by a separate entity, a physician assistant shall ensure patient health care records are maintained on every patient for a period of not less than 5 years after the date of the last entry, or for a longer period as may be otherwise required by law.

(2) A patient health care record shall contain all of the following clinical health care information which applies to the patient's medical condition:

(a) Pertinent patient history.

(b) Pertinent objective findings related to examination and test results.

(c) Assessment or diagnosis.

(d) Plan of treatment for the patient.

(3) Each patient health care record entry shall be dated, shall identify the physician assistant, and shall be sufficiently legible to allow interpretation by other health care practitioners.

History: EmR2206: cr., eff. 4–1–22; CR 22–064: cr. Register July 2023 No. 811, eff. 8–1–23.

PA 3.06 Standards for dispensing and prescribing drugs. (1) **PRESCRIPTIVE AUTHORITY.** (a) A physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, medical devices, services, and supplies.

(b) A physician assistant practicing under the supervision and direction of a podiatrist may issue a prescription order for a drug or device in accordance with guidelines established by the supervising podiatrist and the physician assistant.

(2) **PACKAGING.** A prescription drug dispensed by a physician assistant shall be dispensed in a child-resistant container if it is a substance requiring special packaging under 16 CFR 1700.14 (1982) of the federal regulations for the federal poison packaging act of 1970.

(3) **LABELING.** A prescription drug dispensed by a physician assistant shall contain a legible label affixed to the immediate container disclosing all of the following:

(a) The name and address of the facility from which the prescribed drug is dispensed.

(b) The date on which the prescription is dispensed.

(c) The name of the physician assistant who prescribed the drug.

(d) The full name of the patient.

(e) The generic name and strength of the prescription drug dispensed unless the prescribing physician assistant requests omission of the name and strength of the drug dispensed.

(f) Directions for the use of the prescribed drug and cautionary statements, if any, contained in the prescription or required by law.

(4) **RECORDKEEPING.** (a) Unless otherwise maintained by an organization, a physician assistant shall maintain complete and accurate records of each prescription drug received, dispensed, or disposed of in any other manner.

(b) Records for controlled substances shall be maintained as required by the federal controlled substances act and ch. 961, Stats.

History: EmR2206: cr., eff. 4–1–22; CR 22–064: cr. Register July 2023 No. 811, eff. 8–1–23.

PA 3.07 Informed consent. (1) Pursuant to s. 448.9785, Stats., a physician assistant shall communicate alternate modes of treatment to a patient.

(2) Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternative modes of treatment and about the benefits and risks of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant in the same or a similar medical specialty would know and disclose under the circumstances.

(3) The physician assistant's duty to inform the patient under this section does not require disclosure of any of the following:

(a) Detailed technical information that in all probability a patient would not understand.

(b) Risks apparent or known to the patient.

(c) Extremely remote possibilities that might falsely or detrimentally alarm the patient.

(d) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.

(e) Information in cases where the patient is incapable of consenting.

(f) Information about alternate modes of treatment for any condition the physician assistant has not included in the physician assistant's diagnosis at the time the physician assistant informs the patient.

(4) A physician assistant's record shall include documentation that alternate modes of treatment have been communicated to the patient and informed consent has been obtained from the patient.

History: EmR2206: cr., eff. 4–1–22; CR 22–064: cr. Register July 2023 No. 811, eff. 8–1–23.

PA 3.08 Telemedicine and telehealth practice. (1) In this section:

(a) "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment of bodily functions, or serious dysfunction of a body organ or part.

(b) "Telehealth" has the meaning given in s. 440.01 (1) (hm), Stats.

(c) "Telemedicine" is analogous to and has the same meaning as "telehealth" in par. (b).

(2) The rules in this section do not prohibit any of the following:

(a) Consultations between physician assistants, or between physician assistants and other medical professionals, or the transmission and review of digital images, pathology specimens, test results, or other medical data related to the care of patients in this state.

(b) Patient care in consultations with another healthcare provider who has an established provider-patient relationship with the patient.

(c) Patient care in on-call or cross-coverage situations in which the physician assistant has access to patient records.

(d) Treating a patient with an emergency medical condition.

(3) A physician assistant-patient relationship may be established via telehealth.

(4) A physician assistant who uses telemedicine in the diagnosis and treatment of a patient located in this state shall be licensed to practice as a physician assistant by the board.

(5) A physician assistant shall be held to the same standards of practice and conduct including patient confidentiality and recordkeeping, regardless of whether health care services are provided in person or by telemedicine.

(6) A physician assistant who provides health care services by telehealth is responsible for the quality and safe use of equipment and technology that is integral to patient diagnosis and treatment.

(7) The equipment and technology used by a physician assistant to provide health care services by telehealth shall provide, at a minimum, information that will enable the physician assistant to meet or exceed the standard of minimally competent physician assistant practice.

History: EmR2206: cr., eff. 4-1-22; CR 22-064: cr. Register July 2023 No. 811, eff. 8-1-23; corrections in (4) to (6) made under s. 13.92 (4) (b) 12., Stats., Register July 2023 No. 811.