

**100-28a-1a. Definitions.** As used in this article, each of the following terms shall have the meaning specified in this regulation:

(a) “Active practice request form” means the board-provided form that each physician assistant is required to submit to the board pursuant to K.S.A. 65-28a03, and amendments thereto, as a condition of engaging in active practice and that is signed by the physician assistant, supervising physician, and each substitute supervising physician. Each active practice request form contains a section called the written agreement.

(b) “Different practice location” means a practice location at which a supervising physician is physically present less than 20 percent of the time that the practice location provides medical services to patients. This term shall not include a medical care facility, as defined in K.S.A. 65-425 and amendments thereto.

(c) “Direct supervision” means a type of supervision in which the supervising physician or substitute supervising physician is physically present at the site of patient care and capable of immediately providing direction or taking over care of the patient.

(d) “Emergency medical condition” means the sudden and, at the time, unexpected onset of a person’s health condition that requires immediate medical attention, for which the failure to provide medical attention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person’s health in serious jeopardy.

(e) “Indirect supervision” means a type of supervision in which the supervising physician or substitute supervising physician can be physically present at the site of patient care within 15 minutes to provide direct supervision.

(f) “Off-site supervision” means a type of supervision in which the supervising physician or substitute supervising physician is not physically present at the site of patient care but is immediately available by means of telephonic or electronic communication.

(g) “Practice location” means any location at which a physician assistant is authorized to practice, including a medical care facility as defined in K.S.A. 65-425 and amendments thereto.

(h) “Substitute supervising physician” means each physician designated by prior arrangement pursuant to K.S.A. 65-28a09, and amendments thereto, to provide supervision to the physician assistant if the supervising physician is temporarily unavailable.

(i) “Supervision” means oversight by a supervising physician or a substitute supervising physician of delegated medical services that may be performed by a physician assistant. The types of supervision shall include direct supervision, indirect supervision, and off-site supervision.

(j) “Written agreement” means the section of the active practice request form that specifies the agreed scope of authorized medical services and procedures and prescription-only drug authority for each physician assistant. (Authorized by K.S.A. 2015 Supp. 65-28a02 and 65-28a08; implementing K.S.A. 2015 Supp. 65-28a03, 65-28a08, and 65-28a09; effective, T-100-12-10-15, Jan. 11, 2016; effective May 6, 2016.)

**100-28a-6. Scope of practice.** Any physician assistant may perform acts that constitute the practice of medicine and surgery as follows:

(a) When directly ordered, authorized, and coordinated by the supervising physician or substitute supervising physician through that individual's physical presence;

(b) when directly ordered, authorized, and coordinated by the supervising physician or substitute supervising physician through verbal or electronic communication;

(c) when authorized by the active practice request form submitted to, the board by the physician assistant and the supervising physician as required by K.A.R. 100-28a-9; or

(d) if required to treat a patient with an emergency medical condition. (Authorized by K.S.A. 2015 Supp. 65-28a03; implementing K.S.A. 2015 Supp. 65-28a08; amended, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

**100-28a-9. Active practice request form; content.** The active practice request form submitted by each physician assistant shall contain the following:

- (a) The name and license number of the physician assistant;
- (b) the name and license number of the supervising physician;
- (c) the name and license number of each substitute supervising physician;
- (d) information about each practice location, including hospitals and other facilities,

which shall include the following:

- (1) The street address and telephone number;
- (2) a description of the type of medical services provided to patients;
- (3) specification of whether the location is a different practice location and, if so, whether the physician assistant has spent at least 80 hours since being licensed under the direct supervision of a physician licensed in this state; and

(4) the name of each substitute supervising physician who shall provide supervision to the physician assistant at the practice location if the supervising physician is temporarily unavailable;

(e) the written agreement, which shall contain the following information:

(1) A description of the medical services and procedures that the physician assistant may perform at each practice location;

(2) a list of any medical services and procedures that the physician assistant is prohibited from performing;

(3) any types of supervision required for specified medical services and procedures;

(4) the prescription-only drugs, including controlled substances and professional samples, that the physician assistant is authorized to prescribe, administer, dispense, or distribute;

(5) any specific exceptions to the physician assistant's authority to prescribe, administer, dispense, or distribute prescription-only drugs, including controlled substances and professional samples;

(6) a description of the procedure for communication between the supervising physician and the physician assistant if the physician assistant is at a different practice location; and

(7) a description of the procedure for notifying a substitute supervising physician if the supervising physician is unavailable;

(f) an acknowledgment that the supervising physician or a substitute supervising physician shall be available for communication with the physician assistant at all times during which the physician assistant could reasonably be expected to provide professional services;

(g) an acknowledgment that a current copy of the active practice request form shall be maintained at each practice location and that any amendments to the active practice request form shall be provided to the board within 10 days of being made;

(h) confirmation that the supervising physician has established and implemented a method for the initial, periodic, and annual evaluation of the professional competency of the physician assistant required by K.A.R. 100-28a-10;

(i) confirmation that the medical services and procedures that the physician assistant is authorized to perform are within the clinical competence and customary practice of the supervising physician and all substitute supervising physicians; and

(j) the dated signatures of the physician assistant, supervising physician, and all substitute supervising physicians. (Authorized by and implementing K.S.A. 2015 Supp. 65-28a03 and 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

**100-28a-9a. Active practice request form; requirements.** (a) Each physician assistant who requests to engage in active practice on or after January 11, 2016 shall submit to the board an active practice request form that contains the information required by K.A.R. 100-28a-9.

(b) Each physician assistant actively practicing before January 11, 2016 shall submit to the board on or before July 1, 2016 an active practice request form that contains the information required by K.A.R. 100-28a-9.

(c) Each physician assistant shall submit to the board, on a board-provided form, any subsequent amendments to the information on that individual's active practice request form within 10 days of the amendment being made.

(d) Each physician assistant shall maintain a current copy of the active practice request form at each practice location. (Authorized by and implementing K.S.A. 2015 Supp. 65-28a03 and 65-28a08; effective, T-100-12-10-15, Jan. 11, 2016; effective May 6, 2016.)

**100-28a-10. Supervising physician.** (a) Each supervising physician shall meet all of the following requirements:

- (1) Engage in the practice of medicine and surgery in Kansas;
- (2) verify that the physician assistant has a current license issued by the board;
- (3) at least annually, review, evaluate, and determine whether the physician assistant has performed patient services constituting the practice of medicine and surgery with professional competence and with reasonable skill and safety;
- (4) at least annually, review the active practice request form required by K.A.R. 100-28a-9 and determine if any amendments are necessary. Each amendment shall be conveyed to the physician assistant, specified in all copies of the active practice request form, and provided to the board within 10 days of being made;
- (5) report to the board any knowledge of disciplinary hearings, formal hearings, public or private censure, or other disciplinary action taken against the physician assistant by any state's licensure or registration authority or any professional association. The supervising physician shall report this information to the board within 10 days of receiving notice of the information;
- (6) report to the board the termination of responsibility by the supervising physician or any litigation alleging conduct by the physician assistant that would constitute grounds for disciplinary action under the physician assistant licensure act. The supervising physician shall report this information to the board within 10 days of receiving notice of the information;
- (7) arrange for a substitute supervising physician to provide supervision on each occasion when the supervising physician is temporarily absent, is unable to be immediately contacted by

telecommunication, or is otherwise unavailable at any time the physician assistant could reasonably be expected to provide professional services; and

(8) delegate to the physician assistant only those acts that constitute the practice of medicine and surgery and meet the following conditions:

(A) The supervising physician believes or has reason to believe that the acts can be competently performed by the physician assistant, based upon the physician assistant's background, training, capabilities, skill, and experience; and

(B) the acts are within the supervising physician's clinical competence and customary practice.

(b) The supervising physician shall develop and implement a written method for evaluating whether the physician assistant has performed patient services constituting the practice of medicine and surgery with professional competence and with reasonable skill and safety.

(1) During the first 30 days of the supervising physician-physician assistant supervisory relationship, the supervising physician shall review and authenticate all medical records of each patient evaluated or treated by the physician assistant within seven days of the date the physician assistant evaluated or treated the patient. The supervising physician shall authenticate each record by original signature or initials and shall record the date of the review. Electronically generated signatures shall be acceptable if reasonable measures have been taken to prevent unauthorized use of the electronically generated signature.

(2) After the first 30 days of the supervising physician-physician assistant supervisory relationship, the supervising physician shall document the periodic review and evaluation of the

physician assistant's performance required by paragraph (a)(3), which may include the review of patient records. The supervising physician and the physician assistant shall sign the written review and evaluation and maintain a copy at each practice location, which shall be made available to the board upon request.

(c) Except as otherwise required by K.A.R. 100-28a-13, a supervising physician shall not be required to cosign orders or prescriptions written in a patient's medical record by a physician assistant to whom the supervising physician has delegated the performance of services constituting the practice of medicine and surgery. (Authorized by K.S.A. 2015 Supp. 65-28a03 and 65-28a08; implementing K.S.A. 2015 Supp. 65-28a02, 65-28a08, and 65-28a09; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended May 15, 2009; amended March 30, 2012; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

**100-28a-11. Duty to communicate; emergency medical conditions.** (a) Except as specified in subsection (b), each physician assistant shall communicate with the supervising physician or substitute supervising physician concerning a patient's condition if the physician assistant believes that the patient's condition may require either of the following:

- (1) Any treatment that the physician assistant has not been authorized to perform; or
- (2) any treatment that exceeds the physician assistant's competence.

(b) If a patient has an emergency medical condition requiring immediate treatment that the physician assistant has not been authorized to perform, the physician assistant shall communicate with the supervising physician or substitute supervising physician concerning the patient's emergency medical condition as soon as is clinically feasible. The physician assistant shall document that individual's communication with the supervising physician or substitute supervising physician in the patient's medical record. (Authorized by K.S.A. 2015 Supp. 65-28a03; implementing K.S.A. 2015 Supp. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

**100-28a-12. Substitute supervising physician.** If a substitute supervising physician supervises a physician assistant, the substitute supervising physician shall meet the same requirements as those of the supervising physician. (Authorized by K.S.A. 2015 Supp. 65-28a02 and 65-28a03; implementing K.S.A. 2015 Supp. 65-28a02 and 65-28a09; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

**100-28a-13. Prescription-only drugs.** (a) Any physician assistant may administer, prescribe, distribute, or dispense a prescription-only drug pursuant to K.S.A. 65-28a08, and amendments thereto, as authorized by the written agreement required by K.A.R. 100-28a-9 and as authorized by this regulation.

(b) As used in this regulation, "emergency situation" shall have the meaning specified in K.A.R. 68-20-19.

(c) Any physician assistant may directly administer a prescription-only drug as follows:

(1) If directly ordered or authorized by the supervising physician or substitute supervising physician;

(2) if authorized by a written agreement between the supervising physician and the physician assistant; or

(3) if an emergency situation exists.

(d)(1) Any physician assistant may prescribe a schedule II controlled substance in the same manner as that in which the physician assistant may perform acts that constitute the practice of medicine and surgery as specified in K.A.R. 100-28a-6. Except as specified in paragraph (d)(2), each prescription for a schedule II controlled substance shall be in writing.

(2) Any physician assistant may, by oral or telephonic communication, authorize a schedule II controlled substance in an emergency situation. Within seven days after authorizing an emergency prescription order, the physician assistant shall cause a written prescription, completed in accordance with appropriate federal and state laws, to be delivered to the dispenser of the drug.

(e) Any physician assistant may orally, telephonically, electronically, or in writing prescribe a controlled substance listed in schedule III, IV, or V, or a prescription-only drug not listed in any schedule as a controlled substance in the same manner as that in which the physician assistant may perform acts that constitute the practice of medicine and surgery as specified in K.A.R. 100-28a-6.

(f) Each written prescription order by a physician assistant shall meet the following requirements:

- (1) Contain the name, address, and telephone number of the supervising physician;
- (2) contain the name, address, and telephone number of the physician assistant;
- (3) be signed by the physician assistant with the letters "P.A." following the signature;

and

(4) contain any DEA registration number issued to the physician assistant if a controlled substance is prescribed.

(g) Any physician assistant may distribute a prescription-only drug to a patient only if all of the following conditions are met:

(1) The drug is distributed under the same conditions as those in which a physician assistant may directly administer a prescription-only drug, as described in subsection (b).

(2) The drug has been provided to the physician assistant or the physician assistant's supervising physician or employer at no cost.

(3) The drug is commercially labeled and is distributed to the patient in the original prepackaged unit-dose container.

(4) The drug is distributed to the patient at no cost.

(h) Any physician assistant may dispense a prescription-only drug to a patient under the limited circumstances specified in K.S.A. 65-28a08, and amendments thereto, in the same manner as that in which the physician assistant may perform acts that constitute the practice of medicine and surgery specified in K.A.R. 100-28a-6.

(i) A physician assistant shall not administer, prescribe, distribute, or dispense a prescription-only drug for any quantity or strength in excess of the normal and customary practice of the supervising physician. (Authorized by K.S.A. 2015 Supp. 65-28a03 and 65-28a08; implementing K.S.A. 2015 Supp. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

**100-28a-14. Different practice location.** Any physician assistant may perform acts that constitute the practice of medicine and surgery at a different practice location if all of the following requirements are met:

(a) Before providing any services at the different practice location, the physician assistant shall have spent at least 80 hours since being licensed under the direct supervision of a physician licensed in this state.

(b) A physician licensed in this state shall provide medical care to patients in person at the different practice location at least once every 30 days.

(c) The different practice location shall be listed on the active practice request form required by K.A.R. 100-28a-9.

(d) Written notice that the different practice location is staffed primarily by a physician assistant shall be posted in a location where the notice is likely to be seen by patients.

(Authorized by K.S.A. 2015 Supp. 65-28a03 and 65-28a08; implementing K.S.A. 2015 Supp. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended July 22, 2005; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

**100-28a-15. Licensure; cancellation.** (a) Except as specified in subsection (b), each physician assistant license issued by the board shall be cancelled on December 31 of each year.

(b) Each license issued or reinstated from October 1 through December 31 shall be cancelled on December 31 of the following year. (Authorized by and implementing K.S.A. 2015 Supp. 65-28a03; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

**100-28a-17. Number of physician assistants supervised; limitation for different practice**

**location.** (a) Except as otherwise specified in subsection (b), each supervising physician shall determine the number of physician assistants under the supervising physician's supervision. The supervising physician shall use professional judgment regarding that individual's ability to adequately supervise each physician assistant based upon the following factors:

(1) The supervising physician's ability to meet the requirements for supervision specified in K.A.R. 100-28a-10 for each physician assistant;

(2) the supervising physician's ability to provide the types of supervision that may be specified in the written agreement with each physician assistant;

(3) the specialty and setting of each practice location at which each physician assistant will provide services;

(4) the complexity of the patient population that each physician assistant will be treating;  
and

(5) the clinical experience and competency of each physician assistant.

(b)(1) A supervising physician shall not supervise more than a total of three physician assistants who provide services at a different practice location under K.A.R. 100-28a-14, regardless of the number of different practice locations, without the prior approval of the board. A supervising physician shall not under any circumstances supervise more than five physician assistants who provide services at a different practice location.

(2) The approval to supervise more than a total of three physician assistants who will provide services at a different practice location may be granted by the board if the supervising

physician submits a signed request on a board-provided form that meets the following requirements:

(A) Verifies that the combined number of work hours of all the physician assistants who will provide services at a different practice location will not exceed 200 hours per week; and

(B) demonstrates that the supervising physician is able to adequately supervise each physician assistant under the supervising physician's supervision based on the factors specified in subsection (a). (Authorized by K.S.A. 2015\_Supp. 65-28a03; implementing K.S.A. 2015 Supp. 65-28a08; effective July 22, 2005; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)