

AMENDMENTS to the PHYSICIAN ASSISTANT PRACTICE ACT
EFFECTIVE DECEMBER 31, 2023

The following amendments have been made to the Physician Assistant Practice Act and may impact your practice as a physician assistant.

Amendments Related to Supervision Agreements

The bill expands the requirements for the necessary contractual arrangements between a physician assistant and their supervising physician.

The bill adds (for the first time) a definition for a supervision agreement. New A.R.S. § 32-2501(19) states:

"Supervision agreement" means a written or electronic signed agreement that both:

(a) Describes the scope of practice for a physician assistant who has less than eight thousand hours of clinical practice.

(b) Is between the physician assistant and a physician or the physician assistant's employer that employs or has on medical staff at least one physician who may provide oversight, as applicable, and who holds a current unrestricted license. For the purposes of this subdivision, "employer" means a physician, physician group practice, physician private practice or licensed health care institution.

Additionally, supervision agreements must include a description of the physician assistants prescribing, dispensing or administering authority for both controlled and non-controlled substances. See A.R.S. §§ 32-2532(A)(1-3). A copy of the supervision agreement must be maintained on file at the main location of the physician assistant's practice and be made available to the Board or the Board's representative on request. A.R.S. § 32-2531(C).

Physician assistants are not required to apply for collaborative physician assistant practice or to continue practicing pursuant to a supervision agreement. A.R.S. § 32-2531(B).

Amendments Related to All Physician Assistants

The bill makes changes to all physician assistants' scope of practice. New § 32-2531(A) states,

“Except as prohibited in subsection E of this section, a physician assistant may provide any legal medical service for which the physician assistant has been prepared by education, training and experience and that the physician assistant is competent to perform” including the tasks previously identified in the statute. Health care tasks are no longer required to be specifically delegated by a supervising physician. There are several other conforming amendments throughout the practice act, including the relevant unprofessional conduct definition. A.R.S. § 32-2501(17)(c) (renumbered as § 32-2501(20)(c)) now states that unprofessional conduct includes “Performing health care tasks that do not meet the supervision or collaboration requirements, as applicable, pursuant to section 32-2531.”

The statute previously stated that unprofessional conduct included performing health care tasks that had not been delegated by the supervising physician.

The bill lastly allows for the Board to engage in exempt rulemaking for one year after the effective date of the legislation.

This bill has a delayed effective date of December 31, 2023.