

Physician Assistant Prescriptive Practice Rules Change

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Practice Area: Health Law

On September 1, 2009, important changes to Wisconsin's rules governing physician assistant prescriptive practices will take effect. Most important among the changes is the repeal of the rule requiring physician co-signatures of physician assistant prescription orders. The new rules still require established written guidelines under which the physician assistant may issue prescription orders, but the guidelines must now include the drug categories the physician assistant may prescribe. (For example, antibiotics, cardiovascular medications, etc.) Finally, the new rules will require supervising physicians to periodically review the physician assistant's prescription orders, although the rules do allow some flexible options concerning the method and frequency of review.

The actual text of the new rules, found at [Wisconsin Administrative Code Med § 8.08 \(Prescribing Limitations\)](#), is below.

SECTION 1. Med 8.08 (1) and (2) (a) are amended to read:

Med 8.08 Prescribing limitations. (1) A physician assistant may not prescribe or dispense any drug independently. A physician assistant may only prescribe or dispense a drug pursuant to written guidelines for a supervised prescriptive practice. The guidelines shall be kept on file at the practice site and made available to the board upon request.

(2) (a) The physician assistant issues the prescription order only in patient situations specified and described in established written guidelines, including the categories of drugs for which prescribing authority has been authorized. The guidelines shall be reviewed at least annually by the physician assistant and his or her supervising physician.

SECTION 2. Med 8.08 (2) (e), 1., 2. and 3. are repealed.

SECTION 3. Med 8.08 (3) is created to read:

Med 8.08 (3) (a) A physician who supervises the prescribing practice of a physician assistant shall conduct a periodic review of the prescription orders prepared by the physician assistant to ensure quality of care. The periodic review of the prescriptive practice of a physician assistant shall require the supervising physician to either:

1. Review a selection of the prescription orders prepared by the physician assistant, or
2. Review a selection of the patient records prepared by the physician assistant practicing in the office of the supervising physician or at a facility or a hospital in which the supervising physician has staff privileges, or
3. Review by telecommunications or other electronic means the patient record or prescription orders prepared by the physician assistant who practices in an office facility other than the supervising physician's main office of a facility or hospital in which the supervising physician has staff privileges.

(b) The supervising physician shall determine the method and frequency of the periodic review based upon the nature of the prescriptive practice, the experience of the physician assistant, and the welfare of the patients. The process and schedule for review shall indicate the minimum frequency of review and identify the representative sample of prescriptive orders or patient records to be reviewed.

SECTION 4. Med 8.10 (3) is amended to read:

Med. 8.10 (3) The supervising physician or substitute supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telecommunications or electronic means.

Conclusion

We recommend that all providers develop new written guidelines in compliance with the new rules. The guidelines need to set forth the method and frequency of review that the physician will follow in connection with the physician assistant's prescription orders.

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