



## Physician assistant scope of practice

The AMA opposes enactment of legislation to authorize the independent practice of medicine by any individual who has not completed the state's requirements for licensure to engage in the practice of medicine and surgery.<sup>1</sup> The AMA believes that physicians must maintain the ultimate responsibility ultimately responsible for coordinating and managing the care of patients and, with the appropriate input of the physician assistant, ensuring the quality of health care provided to patients.<sup>2</sup>

With regard to physician assistants specifically, AMA policy states that physician assistants should be authorized to provide patient care services only so long as the physician assistant is functioning under the direction and supervision of a physician or group of physicians.<sup>3</sup> Accordingly, the AMA opposes legislation or proposed regulations authorizing physician assistants to make independent medical judgment regarding such decisions as the drug of choice for an individual patient.<sup>4</sup>

AMA policy also addresses regulation of physician assistants. In particular, the AMA advocates in support of maintaining the authority of medical licensing and regulatory boards to regulate the practice of medicine through oversight of physicians, physician assistants and related medical personnel.<sup>5</sup> The AMA also opposes legislative efforts to establish autonomous regulatory boards meant to license, regulate, and discipline physician assistants outside of the existing state medical licensing and regulatory bodies' authority and purview.

This state law chart outlines several aspects of state laws regulating physician assistant practice.

- **Co signature** – 20 states<sup>6</sup> require a certain percentage or number of PA charts to be co-signed by a physician
- **Ratio requirements** – 39 states<sup>7</sup> have established limits on the number of PAs a physician can supervise or collaborate with

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<sup>1</sup> AMA Policy H-35.989, Physician Assistants; AMA Policy H-35.988, Independent Practice of Medicine by Nurse Practitioners.

<sup>2</sup> AMA Policy H-35.988, Independent Practice of Medicine by Nurse Practitioners.

<sup>3</sup> AMA Policy H-35.989, Physician Assistants.

<sup>4</sup> *Id.*

<sup>5</sup> AMA Policy H-35.965, Regulation of Physician Assistants.

<sup>6</sup> AL, CA, CO, IN, KS, KY, LA, MS, MO, MT, NE, NV, NJ, OH, PA, SC, TN, UT, VT, VA

- **Prescriptive authority**
  - PAs are authorized to prescribe Schedule II-V medication in most states (44)
  - PAs lack the authority to prescribe Schedule II medication in 6 states (AL, AR, GA, HI, IA, WV)
  - PAs lack the authority to prescribe legend drugs in 1 state (KY)
- **Requirements for collaborative or supervisory arrangement**
  - In 47 states, PAs are supervised by physicians
  - In 2 states, PAs are subject to collaborative agreements with physicians (AK, IL)
  - 2 states allow for alternate arrangements: New Mexico calls for supervision for PAs with less than 3 years of clinical experience, and for specialty care PAs, and in Michigan, PAs work under a participating physician
- **Regulation** – In most states (43), PAs are regulated by the medical board. However, in 8 states (AZ, CA, IA, MA, MI, RI, TN, UT), PAs have a separate and independent regulatory board
- **Scope of practice determination** – In most states (47), PA scope of practice is determined with the supervising/collaborating physician at the practice site

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<sup>7</sup> No ratios in AK, AR, ME, MA, MI, MN, MS, NM, NC, ND, RI, TN

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
<b>Alabama</b>	Required (AAC 540-X-7-.23)	Physician may not supervise more than a cumulative 160 hours per week for all PAs. (AAC 540-X-7-.26)	Schedule III-V	Supervisory	The supervising physician shall be readily available for direct communication or by radio, telephone, or telecommunication. There shall be no independent, unsupervised practice by PAs  Prescribing is subject to any limitations stated in protocols and medical regimens adopted by the Board and subject to any limitations by the supervising physician in the approved formulary (AAC 540-X-7-.23)	Alabama Board of Medical Examiners	Yes
<b>Alaska</b>	None	None	Schedule II-V	Collaborative	Collaborative plans must include at least monthly telephone, radio, electronic, or direct personal contact between the PA and the primary or alternate collaborating physician reviewing the PAs performance in the practice, knowledge, skills, patient care, and health care records. (12 AAC 40.430)	Alaska State Medical Board	Yes
<b>Arizona</b>	None	Physician may not supervise more than 4 PAs who work at the same time. (ARS. 32-2533)	Schedule II-V  II-III limited to 30-days, no refills without written consent from physician;  IV-V not more than 5 times in 6-months.	Supervisory	PA must meet in-person or by telecommunication with the supervising physician at least once each week to ensure ongoing direction and oversight of PA work. Patient records must also be made available to the supervising physician.  A supervising physician shall develop a system for recordation and review of all instances in which the PA prescribes schedule II or schedule III controlled substances. (ARS 32-2531)	Arizona Regulatory Board of Physician Assistants	Yes
<b>Arkansas</b>	None	None	Schedule III-V	Supervisory	Continuous supervision is required, but does not necessitate physical presence at the time and place services are rendered.	Arkansas State Medical Board	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
					A supervising physician should be available for immediate telephone contact with the PA any time the PA is rendering services to the public. A supervising physician must be able to reach the location of where the PA is rendering services to the patients within one hour. (ACA 17-105-109)		
<b>California</b>	Sample of at least 10 charts per month, for at least 10 months during the year. (Minimum of 5% of the PAs medical records). (CCR 3502)	Physician may not supervise more than 4 PAs at any one time. (CCR 3516(b))	Schedule II-V	Supervisory	<p>A supervising physician shall be available in person or by electronic communication at all times when the PA is caring for patients.</p> <p>A supervising physician shall delegate to a PA only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice.</p> <p>A supervising physician shall observe or review evidence of the PAs performance until assured of competency. (CCR 1399.545)</p>	California Physician Assistant Board	Yes
<b>Colorado</b>	Required, but varies with PA experience. (Rule 400; 3 CCR 713-7)	Physician may not be the primary supervising physician for more than 4 individual PAs. (Rule 400; 3 CCR 713-7)	Schedule II-V	Supervisory	PAs are subject to tiered supervision requirements concerning performance assessments, chart reviews, in person meetings, and on-site supervision. If not physically on site, the physician supervisor must be readily available by telephone, radio, pager, or other telecommunication device. (CCR Rule 400)	Colorado Medical Board	Yes
<b>Connecticut</b>	None	Physician may	Schedule II-V	Supervisory	Physician should be continuously available by direct	Connecticut	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
		not be the supervising physician for more than 6 PAs practicing full time, or the part-time equivalent thereof. (CGS 20-12c)			communication either in person or by radio, telephone, or telecommunications.  There should be active and continuing overview of the PA’s activities, personal review by the supervising physician of the PA’s practice on a regular basis, review of the charts and records of the PA on a regular basis, and designation of an alternate licensed physician in the absence of the supervising physician. (CGS 20-12a)	Medical Examining Board	
<b>Delaware</b>	None	Physician may not supervise more than 4 PAs at a given time. (Del. C. 1771)	Schedule II-V	Supervisory	If the supervising physician delegates the authority to a PA to treat patients in a setting where the supervising physician is not routinely present, the physician must assure that the means and methods of supervision are adequate to assure appropriate patient care. This may include telecommunication, chart review, or other methods of communication and oversight that are appropriate to the care setting and the education and experience of the PA. (Del. C. 1771)	Board of Medical Licensure and Discipline	Yes
<b>District of Columbia</b>	None	Physician may not supervise more than 4 PAs at a given time. (DCMR 4914.10)	Schedule II-IV	Supervisory	In an inpatient setting, supervision of a PA shall include, but not be limited to, continuing or intermittent physical presence of the supervising physician with constant availability through electronic communications. (DCMR 4914.2)  In an outpatient setting, supervision of a PA shall include, but not be limited to, constant availability through electronic communications. (DCMR 4914.3)	DC Board of Medicine	Yes
<b>Florida</b>	None	Physician may	Schedule II-V	Supervisory	Except in cases of emergency, supervision requires the easy	Florida Board	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
		not supervise more than 4 currently licensed PAs at any one time. (Fla. Stat. 458.347(3))	7-day limit on Schedule II.		availability or physical presence of the licensed physician for consultation and direction of the actions of the PA. “Easy availability” includes the ability to communicate by way of telecommunication. The boards shall establish rules as to what constitutes responsible supervision of the PA. (Fla. Stat. 458.347)	of Medicine	
<b>Georgia</b>	None	Physician may not serve as primary supervising physician to more than 4 PAs. (GCR 360-5-.05)	Schedule III-V	Supervisory	The supervising physician shall provide for immediate consultation between the PA and primary or alternate supervising physician. "Immediate consultation" means that the supervising physician shall be available for direct communication or by telephone or other means of telecommunication. (GCR. 360-5-.04(3))	Georgia Composite Medical Board	Yes
<b>Hawaii</b>	None, but supervising physician must personally review the records of each patient seen by the PA within seven working days.	Physician may not supervise more than 2 PAs at one time. (HAR 16-85-49)	Schedule III-V  Schedule II may be allowed if PA is employed or extended privileges by a hospital or extended care facility.	Supervisory	Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place the services are rendered. The direct communication may occur through the use of technology which may include but is not limited to, two-way radio, telephone, fax machine, modem, or other telecommunication device. (HAR 16-85-49)	Hawaii Medical Board	Yes
<b>Idaho</b>	None, but a	Physician may	Schedule II-V	Supervisory	Supervision includes: an on-site visit at least monthly; regularly	Idaho Board	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
	periodic review of a representative sample of records is required.	not supervise more than 3 total PAs at the same time. The Board may authorize 6 total PAs if necessary and upon prior petition. (IAC 22.01.03.010)			scheduled conferences between the supervising physician and the licensee, and a periodic review of the patient services being provided by the licensee, the availability of the supervising and alternate supervising physician to the licensee in person or by telephone and procedures for providing backup and supervision in emergency situations (IAC 22.01.03.030)	of Medicine	
<b>Illinois</b>	None	Physician may not enter into collaborative agreements with more than 5 FTE PAs. (SB1585, Public Act 100-0453)	Schedule II-V	Collaborative	Collaboration with the PA shall not be construed to necessarily require the personal presence of the collaborating physician at all times at the place where services are rendered, as long as there is communication available for consultation by radio, telephone, telecommunications, or electronic communications. (SB1585, Public Act 100-0453)	Illinois State Medical Licensing Board	Yes
<b>Indiana</b>	Required, but varies with PA experience and authority. (Ind. C. 25-27.5-6-1(c))	Physician may enter into a supervising agreement with more than 4 PAs, but may not supervise more than four 4	Schedule II – V,	Supervisory	Supervision by the supervising physician or the physician designee must be continuous but does not require the physical presence of the supervising physician at the time and the place that the services are rendered. (Ind. C. 25-27.5-6-1)	Indiana Medical Licensing Board	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
		PAs at the same time. (IC 25-27.5-6-2)					
<b>Iowa</b>	Required only if PA is at a remote medical site: Supervising physician must review patient care weekly and sign all charts unless an exception is provided. (IAC 645-327.4(148C))	Physician may not supervise more than 5 PAs at one time. (IAC 645-326.8(148C))	Schedule III – V  The PA may order Schedule II controlled substances which are listed as depressants in Iowa Code chapter 124 only with the prior approval and direction of a physician.	Supervisory	"Supervision" means that a supervising physician retains ultimate responsibility for patient care, although a physician need not be physically present at each activity of the PA or be specifically consulted before each delegated task is performed. Supervision shall not be construed as requiring the personal presence of a supervising physician at the place where such services are rendered except insofar as the personal presence is expressly required by these rules or by Iowa Code chapter 148C. (IAC 645-326.1(148C))  A supervising physician must visit a remote site to provide additional medical direction, medical services and consultation at least every two weeks.. When visits are less frequent than every two weeks in unusual or emergency circumstances, the board shall be notified in writing of these circumstances. (IAC 645-327.4(148C))	Iowa Board of Physician Assistants	Yes
<b>Kansas</b>	Required, but varies with time and physician-PA relationship.	Physician may not supervise more than 3 total PAs who	Schedule II-V	Supervisory	The types of supervision shall include direct supervision, indirect supervision, and off-site supervision as applicable per the written practice agreement. (KAR 100-28a-1a)	Kansas State Board of Healing Arts	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
	(KAR 100-28a-10)	provide services at a different practice location. (KAR 100-28A-17)			Additional requirements if the PA is practicing in a location different than the location that the supervising physician primarily practices. (KAR 100-28a-14)		
<b>Kentucky</b>	Required for a sufficient number of medical notes, sufficiency determined at practice. (KRS 311.856)	A physician may not enter into agreements with more than 4 PAs, and may not supervise more than 4 PAs at any one time. (KRS 311.854)	No legend drugs (Ky. Rev. Stat. 311.858 and 311.856)	Supervisory	Physician is required to provide adequate, active, and continuous supervision of a PA’s activities to assure that the PA is performing as directed and complying with the statutes and all related administrative regulations. (Ky. Rev. Stat. 311.856)  Under specific conditions, a PA may perform services in a location separate from the supervising physician if the supervising physician is continuously available via telecommunication. (KRS 311.860)	Kentucky Board of Medical Licensure	Yes
<b>Louisiana</b>	Required, but varies based on practice site arrangement, and physician-PA relationship. (LAC 46, XLV 4512)	Physician may not serve as a primary for more than 4 PAs. (LAC 46, XLV 4507)	Schedule II-V	Supervisory	Supervision means responsible direction and control, with the supervising physician assuming responsibility for the services rendered by a PA in the course and scope of the PA's employment.  Supervision shall not be construed in every case to require the physical presence of the supervising physician. However, the supervising physician and PA must have the capability to be in contact with each other by either telephone or other telecommunication device. Supervision shall exist when the supervising physician gives informed concurrence of the PA actions, and when a medical treatment plan or action is made in accordance with written clinical practice guidelines or protocols. (LAC 46, XLV 1503)	Louisiana State Board of Medical Examiners	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
<b>Maine</b>	None, but regular (at least quarterly) review of selected charts. (02-373 Ch. 2 § 4(5)(C))	None	Schedule II-V	Supervisory	<p>A supervising physician is responsible for providing continuous supervision of the PA. Constant physical presence of the supervising physician at the time and place that the services are rendered by the PA is not required so long as the supervising physician and the PA are, or can be, easily in contact with one another by electronic communication, including but not limited to telecommunication; and unless physical presence is necessary to provide the same quality of patient care as provided by the physician.</p> <p>Appropriate supervision shall include: active and continuing overview of the PA’s activities, immediate availability of the supervising physician, personal and regular review, and periodic, in person, education and review sessions. (02-373 Ch. 2 § 4(5))</p>	Board of Licensure in Medicine; joint rules with Board of Osteopathic Medicine	Yes
<b>Maryland</b>	None	Physician may not delegate medical acts to more than 4 PAs at any one time. (ACM Health Occupations 15-302(h))	Schedule II-V	Supervisory	<p>Physician supervision requires continuous physician supervision mechanisms that are reasonable and appropriate to the practice setting.</p> <p>Physician is expected to respond in a timely manner when contacted by the PA. (ACM Health Occupations § 15-302)</p>	Maryland Board of Physicians	Yes
<b>Massachusetts</b>	None	None	Schedule II-VI,  Schedule II must be reviewed by	Supervisory	Physician must provide direct (physician in room), personal (physician in building), or general (physician available by telephone) supervision as appropriate. Supervision is adequate if it permits a PA who encounters a new problem not covered by a	Board of Registration of Physician Assistants	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
			supervising physician within 96 hours.		written protocol, or which exceeds established parameters, to initiate a new patient care plan and consult with the supervising physician. (263 CMR 5.04)		
<b>Michigan</b>	None	None, Reasonable standard-of-practice threshold.	Schedule II-V	Participating	<p>PAs in Michigan are no longer required to work under supervision or delegation of a physician (2017). PAs are required to work with a participating physician according to the terms in a written practice agreement.</p> <p>Notwithstanding any law or rule to the contrary, a PA may make calls or go on rounds without restrictions on the time or frequency of visits by a physician or the PA. (MCL 333.17076 (1))</p>	Michigan Task Force on Physician Assistants	Yes
<b>Minnesota</b>	None	None	Schedule II-V	Supervisory	<p>PAs may perform those duties and responsibilities as delegated in the physician-PA delegation agreement and delegation forms maintained at the address of record by the supervising physician and PA.</p> <p>Patient service must be limited to: services within the training and experience of the PA, services customary to the practice of the supervising physician, services delegated by the supervising physician under the delegation agreement, and services within the parameters of the laws, rules, and standards of the facilities in which the PA practices. (Minn. Stat. 147A.09)</p>	Board of Medical Practice	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
<b>Mississippi</b>	Required for 10% of charts per month. (MCA 73-26-5; R. 1.7)	None	Schedule II-V	Supervisory	<p>New graduate PAs and all PAs whose Mississippi license is their initial license require the on-site presence of a supervising physician for 120 days or its equivalent of 960 hours.</p> <p>The PA's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other health care facility within 30 miles of where the primary office is located, where the supervising physician holds medical staff privileges. (MCA 73-26-5; R. 1.7)</p>	Mississippi State Board of Medical Licensure	Yes
<b>Missouri</b>	Required for 10% of charts every 14 days. (MAS 334.735)	Physician may not serve as supervising physician for more than 3 FTE licensed PAs. (MAS 334.735)	<p>Schedule II-V</p> <p>Schedule II (hydrocodone only) and III limited to 5-day supply with no refill.</p>	Supervisory	<p>A licensed PA shall practice with a supervising physician continuously present for at least 1 month before practicing where a supervising physician is not continuously present.</p> <p>Unless designated in the code or otherwise in the PA supervision agreement, the supervising physician must be on-site 66% of the time (per calendar quarter) that the PA is practicing.</p> <p>A PA shall be limited to practicing at locations where the supervising physician is no further than 30 miles by road, or otherwise so distanced as to create an impediment to effective intervention, supervision of patient care, or adequate review of services. (20 CSR 2150-7.135)</p>	Missouri Board of Medical Licensure	Limited
<b>Montana</b>	Required but varies with PA experience and tenure. (MAR 24.156.1623)	Physician may not supervise more than one PA unless certain criteria are met. (MAR	<p>Schedule II-V,</p> <p>Schedule II must not exceed 34 days</p>	Supervisory	<p>The supervising physician shall meet face-to-face with each PA a minimum of once a month for the purposes of discussion, education, and training, to include but not be limited to practice issues and patient care. (MAR 24.156.1622)</p> <p>On-site or direct supervision of a PA by a supervising physician</p>	Montana Board of Medical Examiners	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
		24.156.1622)			is not required if the supervising physician has provided a means of communication between the supervising physician and the PA or an alternate means of supervision in the event of the supervising physician's absence. (MCA 37-20-403)		
<b>Nebraska</b>	Required for at least 20% per month; 100% when less than 20 patients. (NAR Tit. 172, 90-006.08)	Physician may not supervise more than 4 PAs unless good cause is shown. (NAR Tit. 172, 90-006.01E)	Schedule II-V	Supervisory	For PAs with less than two years’ experience: A PA with a temporary NE license shall practice only when the supervising physician is actually present at the practice site, A PA licensed for less than 3 months must have the supervising physician physically present at least 20% of the time, and a PA licensed for more than 3 months must have the supervising physician present 10% of the time. (NAR Tit. 172, 90-006.07)	Nebraska State Board of Health; PA Committee	Yes
<b>Nevada</b>	Required for at least 10% of charts at least 4 times each year. (NAC 633.289(3))	Physician may not supervise more than 3 total PAs at one time. (NAC 633.288(6))	Schedule II-V	Collaborative Agreement with Supervising Physician	The supervising physician shall provide supervision in person at least once each month to the PA. They must be available for consultation at all times during which the PA is performing medical services, and shall develop and carry out a program to ensure the quality of care provided by the PA. (NAC 633.289(3))	Nevada Board of Medical Examiners	Yes
<b>New Hampshire</b>	Regular, ongoing evaluation of a representative sample of charts. (N.H.	Physician may not be the responsible supervising physician for more than 4	Schedule II-V	Supervisory	The supervising physician shall not be required to be physically present while the PA is providing care, so long as the supervising physician and the PA are, or can easily be, in contact with each other by an electronic communication device. (N.H. Rules, Med 602.01)	New Hampshire Board of Medicine	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
	Rules, Med 602.01)	PAs. (N.H. Rules, Med 602.02)					
<b>New Jersey</b>	Required, physician must personally review all charts and patient records and countersign all medical orders. (NJAC 13:35-2B.10)	Physician may not supervise more than 4 PAs at any one time. (NJAC 13:35-2B.10)	Schedule II-V	Supervisory	The PA shall not render care unless the following conditions are met: (1) In an inpatient setting, the supervising physician is continuously or intermittently present on-site with constant availability through electronic communications for consultation or recall; (2) In an outpatient setting, the supervising physician is constantly available through electronic communications for consultation or recall; (3) The supervising physician regularly reviews the practice of the PA; (4) The supervising physician personally reviews all charts and patient records and countersigns all medical orders. (NJAC 13:35-2B.10)	New Jersey State Board of Medical Examiners	No
<b>New Mexico</b>	None	None	Schedule II-V	Dependent on Practice Area	Collaboration shall not be construed to require the physical presence of the licensed physician at the time and place services are rendered. (SB 215)	New Mexico Medical Board	No
<b>New York</b>	None	Physician may not employ or supervise more than 4 licensed PAs in private practice; or more than 6 licensed PAs in a hospital	Schedule II-V	Supervisory	Supervision shall be continuous but shall not necessarily require the physical presence of the supervising physician at the time and place where the services are performed. (10 NYCRR 94.2)	New York State Office of the Professions	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
		setting. (10 NYCRR 94.2)					
<b>North Carolina</b>	None	None	Schedule II-V,  Schedule II & III shall not exceed a legitimate 30 day supply	Supervisory	A primary supervising physician and a PA in a new practice arrangement shall meet monthly for the first six months to discuss practice relevant clinical issues and quality improvement measures. Thereafter, the primary supervising physician and the PA shall meet at least once every six months. (21 NCAC 32S .0213)	North Carolina Medical Board	Yes
<b>North Dakota</b>	None	None	Schedule II-V	Supervisory	Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place that the services are rendered.  The supervising physician must be available continuously for contact personally or by telephone or other electronic means. (NDAC 50-03-01-04)	North Dakota Board of Medicine	Yes
<b>Ohio</b>	Required review of selected patient record entries made by,	Physician may enter into supervision agreements with	Schedule II-V  II limited under R.C. 4730.411	Supervisory	The supervising physician shall be continuously available for direct communication with the PA by either of the following means: (1) Being physically present at the location where the PA is practicing; or (2) Being readily	State Medical Board of Ohio	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
	and medical orders issued by the PA. (R.C. 4730.21)	any number of PAs, but may not supervise more than 3 PAs at any one time.  A PA may enter into supervision agreements with any number of supervising physicians. (R.C. 4730.21)			available to the PA through some means of telecommunication and being in a location that is a distance from the location where the PA is practicing that reasonably allows the physician to assure proper care of patients. (R.C. 4730.21)		
<b>Oklahoma</b>	Required only in a locum tenens arrangement.	Physician may not generally serve as the supervising physician for more than 4 PAs at any one time (OAC 435:15-3-13)	Schedule II-V  Schedule III-V limited to 30-day supply with no refills  Schedule II for administration on site.	Supervisory	The supervising physician must oversee the activities of, and accept responsibility for, the medical services rendered by a PA. The constant physical presence of the supervising physician is not required as long as the supervising physician and PA are or can be easily in contact with each other by telecommunication. (Okla. PA Act 519.2)	Oklahoma Medical Board	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
<b>Oregon</b>	None	Physician not acting as part of a supervising physician organization may supervise 4 PAs, unless the board approves otherwise. (ORS 677.510)	Schedule II-V	Supervisory	The supervising physician need not be physically present at all times when the PA is providing services, but maybe required to ensure that: (1) The PA have access to personal or telephone communication with a supervising physician when the PA is providing services; and (2) The proximity of a supervising physician and the methods and means of supervision are appropriate to the practice setting and the patient conditions treated in the practice setting. (ORS 677.510)	Oregon Medical Board	Yes
<b>Pennsylvania</b>	Required for 100% - decreasing with PA experience. (63 PS 422.13)	Physician may not supervise more than 4 PAs at any time. (63 PS 422.13)	Schedule II-V,  Schedule II limited to 72 hours with notification to supervising physician within 24 hours of issuance.	Supervisory	The constant physical presence of the supervising physician is not required so long as the supervising physician and the PA are, or can be, easily in contact with each other by radio, telephone or other telecommunications device.  An appropriate degree of supervision includes: active and continuing overview of the PA’s activities to determine that the physician’s directions are being implemented, immediate availability of the supervising physician to the PA for necessary consultations, and personal and regular review within 10 days by the supervising physician of the patient records upon which entries are made by the PA. (Pa. Code 18.122)	Pennsylvania State Board of Medicine	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
<b>Rhode Island</b>	None	None	Schedule II-V	Supervisory	<p>Supervision means overseeing the activities of, and accepting the responsibility for, the medical services rendered by the PAs. Supervision shall be continuous and under the direct control of a licensed physician expert in the field of medicine in which the PA practices.</p> <p>The constant physical presence of the supervising physician is not required in every circumstance. It is the responsibility of the supervising physician and PA to assure an appropriate level of supervision depending upon the services being rendered. (216 RICR 40-05-24.6.2)</p>	Board of Licensure for Physician Assistants	Yes
<b>South Carolina</b>	Required for 10% per month when PA works off- site (PA Pract. Act 40-47-955)	Physician may not simultaneously supervise more than 3 FTE PAs providing clinical service at one time. (PA Pract. Act 40-47-910. 955)	Schedule II-V  For schedule II must only be an initial dose and must not exceed a72-hour supply	Supervisory	<p>Supervision must be continuous but must not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where the services are rendered, except as otherwise required for limited licensees.</p> <p>A PA must have 6 months of clinical experience with the current supervising physician before being permitted to practice at a location off-site from the supervising physician. The off-site location may not be more than 60 miles of travel from the supervising physician or alternate supervising physician without written approval of the board. (PA Pract. Act 40-47-910. 955)</p>	South Carolina Board of Medical Examiners	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
<b>South Dakota</b>	None	Physician may supervise up to 4 FTE PAs with board approval. (SDCL 36-4A-29.1)	Schedule II-V  Schedule II not exceeding 30 days	Supervisory	Supervision may be by direct personal contact, or by a combination of direct personal contact and contact via telecommunication, as may be required by the board. If the office of a PA is separate from the main office of the supervising physician, the supervision shall include on-site personal supervision by a supervising physician as required by the board. (SDLRC 36-4A-29)	South Dakota Board of Medical and Osteopathic Examiners	Yes
<b>Tennessee</b>	Required for at least 20% of charts, and 100% of charts of specific categories of patients every 30 days. (TCR 0880-02-.18)	None	Schedule II-V  II and III typically limited to 30-day supply	Supervisory	Supervision does not require the continuous and constant presence of the supervising physician. However, the supervising physician must be available for consultation at all times or shall make arrangements for a substitute physician to be available. (TCR. 0880-02-.18)	Tennessee Committee on Physician Assistants	Yes
<b>Texas</b>	Required chart review for prescriptive authority determined by practice agreement. (22 TAC 185.31)	None. Physician may delegate prescriptive authority to a maximum of 7 PAs or their FTE. (TAC 157.0512)	Schedule II-V,  II only under Chapter 481 Provisions  III-V limited to 90-day supply	Supervisory	Supervision shall be continuous, but shall not be construed as necessarily requiring the constant physical presence of the supervising physician at a place where PA services are performed while the services are performed. Telecommunication shall always be available. (22 TAC 185.14)	Texas Medical Board	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
<b>Utah</b>	Required for a sufficient number of charts and records to ensure that the patient's health, safety, and welfare will not be adversely compromised. (UAC R156-70a)	Physician may not supervise more than 4 FTE PAs without prior approval. (UAC R156-70a)	Schedule II-V	Supervisory	The supervising physician shall provide supervision to the PA to adequately serve the health care needs of the practice population and ensure that the patient's health, safety and welfare will not be adversely compromised. The degree of on-site supervision shall be outlined in the Delegation of Services Agreement maintained at the site of practice.  There shall be a method of immediate consultation by electronic means whenever the PA is not under the direct supervision of the supervising physician. (UAC R156-70a)	Utah Physician Assistant Licensing Board	Yes
<b>Vermont</b>	Regular, review of selected charts with documentation within 72-hours of provision of care. (VAC 12-5-200:7)	Physician may not supervise more PAs concurrently than have been approved by the Board after review of the system of care delivery. (VAC 12-5-200:7)	Schedule II-V	Supervisory	As determined by the Board, supervision entails the direction provided, and review performed, by the supervising physician of the medical services provided by the PA. The supervising physician need not be present on the premises where the PA renders medical services and may provide supervision by telephonic or electronic means of communication. (VAC 12-5-200:5)	Vermont Board of Medical Practice	Yes
<b>Virginia</b>	Required if established in practice	Physician may not supervise more than 6 PAs	Schedule II-V	Supervisory	The physician shall provide continuous supervision as required by this section. However, the requirement for physician supervision of PAs shall not be construed as requiring the	Virginia Board of Medicine	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
	agreement. (18 VAC 85-50-101)	at any one time. (450 Va. C. 54.12952)			physical presence of the supervising physician during all times and places of service delivery by PAs. Each team of supervising physician and PA shall identify the relevant PA's scope of practice, including the delegation of medical tasks as appropriate to the PA's level of competence, the PA's relationship with, and access to, the supervising physician, and an evaluation process for the PA's performance. (450 Va. C. 54.12952)		
<b>Washington</b>	None	Physician may not enter into delegation agreements with more than 5 PAs, but may petition the commission for a waiver of this limit. (WAC 246-918-055)	Schedule II-V	Supervisory	The supervising physician and the PA shall determine which procedures may be performed and the degree of supervision under which the procedure is performed. (WAC 246-918-055)	Washington State Medical Commission	Yes
<b>West Virginia</b>	None	Physician may not enter into practice agreements with more than 5 FT PAs at any one time. (W. Va. C. 30-3E-9)	Schedule III-V,  Schedule III shall be limited to a 30-day supply without refill.	Collaborative	Collaboration means overseeing the activities of, and accepting responsibility for, the medical services rendered by a PA. Constant physical presence of the collaborating physician is not required as long as the physician and PA are, or can be, easily in contact with one another by telecommunication.  Collaboration does not require the personal presence of the collaborating physician at the place or places where services are rendered. (W. Va. C. 30-3E-1)	West Virginia Board of Medicine	Yes

State	Co-Signature	PA Ratios	Rx Authority	Supervision/ Collaboration Language	Supervision/Collaboration Requirements/“Barriers”	Physician/PA Board?	Scope Determined at Practice Site?
<b>Wisconsin</b>	None	Physician may not supervise more than 4 on-duty PAs at any time unless a written plan to do so has been submitted to and approved by the board. (WAC Med 8.10)	Schedule II-V	Supervisory	A supervising physician shall be available to the PA at all times for consultation either in person or within 15 minutes of contact by telecommunication or other means. (WAC Med 8.10)	Wisconsin Medical Examining Board	No
<b>Wyoming</b>	None	Physician may not supervise more than 3 PAs. (Wy. Med. Pract. Act 33-26-504)	Schedule II-V	Supervisory	Supervision means the ready availability of the supervising physician for consultation and direction of the activities of the physician assistant. Contact with the supervising physician by telecommunications is sufficient to show ready availability if the board finds that such contact is sufficient to provide quality medical care. (Wy. Med. Pract. Act 33-26-501)	Wyoming Board of Medicine	Yes

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