

# KANSAS STATE BOARD

OF

## HEALING ARTS



## KANSAS STATUTES ANNOTATED

AND

## KANSAS ADMINISTRATIVE REGULATIONS

Relating to the practice of

## PHYSICIAN ASSISTANTS

April 2012

## FOREWORD

In 1972, the Legislature provided for the registry of physicians' assistants. The bill provided that the Board of Healing Arts maintain a registry of PA's. Substantial changes were made in both 1975 and 1978 which expanded the Board's responsibility in the registration of this profession.

Passage of Senate Bill No. 599 by the 2000 Legislature statutorily changed the credentialing of physician assistants from registered to licensed effective February 1, 2001. The bill revoked the existing statutes relating to physician assistants and enacted all new sections that are now included in the statutes as K.S.A. 65-28a01 through 65-28a12. The act is known as the Physician Assistant Licensure Act. As a result of these statutory changes the Board renumbered and made substantial changes to the existing rules and regulations.

The following is a compilation of the current statutes and rules and regulations pertaining to physician assistants.

Copies of the Drug Prescription Protocol form, Responsible Physician Request form, and the Notice of Termination of Supervision of a Physician Assistant form are located on our web site or you may contact the Board office to obtain copies. Other statutes referenced in the Physician Assistant Licensure Act can be accessed from the Legislature's website at [www.kslegislature.org](http://www.kslegislature.org).

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**65-28a01. Physician assistant licensure act; citation.** shall be known and may be cited as the physician assistant licensure act.  
**History:** L. 2000, ch. 162, § 1; Feb. 1, 2001.

#### **65-28a02. Definitions.**

- (a) The following words and phrases when used in the physician assistant licensure act shall have the meanings respectively ascribed to them in this section:
- (1) "Board" means the state board of healing arts.
  - (2) "Direction and supervision" means the guidance, direction and coordination of activities of a physician assistant by such physician assistant's responsible or designated physician, whether written or verbal, whether immediate or by prior arrangement, in accordance with standards established by the board by rules and regulations, which standards shall be designed to ensure adequate direction and supervision by the responsible or designated physician of the physician assistant. The term "direction and supervision" shall not be construed to mean that the immediate or physical presence of the responsible or designated physician is required during the performance of the physician assistant.
  - (3) "Physician" means any person licensed by the state board of healing arts to practice medicine and surgery.
  - (4) "Physician assistant" means a person who is licensed in accordance with the provisions of K.S.A. 65-28a04 and amendments thereto and who provides patient services under the direction and supervision of a responsible physician.
  - (5) "Responsible physician" means a physician who has accepted continuous and ultimate responsibility for the medical services rendered and actions of the physician assistant while performing under the direction and supervision of the responsible physician.
  - (6) "Designated physician" means a physician designated by the responsible physician to ensure direction and supervision of the physician assistant.
  - (7) "Licensee" for purposes of the physician assistant licensure act, means all persons issued a license or temporary license pursuant to the physician assistant licensure act.

(8) "License" for purposes of the physician assistant licensure act, means any license or temporary license granted by the physician assistant licensure act.

**History:** L. 2000, ch. 162, § 2; Feb. 1, 2001.

**65-28a03. List of names; renewal of license; canceled licenses; inactive licenses; reinstatement of license; federally active licenses; fees; rules and regulations.**

(a) As a condition of engaging in active practice as a physician assistant, each licensed physician assistant shall file a request to engage in active practice signed by the physician assistant and the physician who will be responsible for the physician assistant. The request shall contain such information as required by rules and regulations adopted by the board. The board shall maintain a list of the names of physician assistants who may engage in active practice in this state.

(b) All licenses, except temporary licenses, shall expire on the date of expiration established by rules and regulations of the state board of healing arts and may be renewed as required by the board. The request for renewal shall be on a form provided by the state board of healing arts and shall be accompanied by the renewal fee established pursuant to this section, which shall be paid not later than the expiration date of the license.

(c) At least 30 days before the expiration of the license of a physician assistant, except a temporary license, the state board of healing arts shall notify the licensee of the expiration by mail addressed to the licensee's last mailing address as noted upon the office records of the board. If the licensee fails to pay the renewal fee by the date of expiration of the license, the licensee shall be given a second notice that the licensee's license has expired and the license may be renewed only if the renewal fee and the late renewal fee are received by the state board of healing arts within the 30-day period following the date of expiration and that, if both fees are not received within the 30-day period, the license shall be deemed canceled by operation of law without further proceedings for failure to renew and shall be reissued only after the license has been reinstated under subsection (d).

(d) Any license canceled for failure to renew as herein provided may be reinstated upon recommendation of the state board of healing arts and upon payment of the reinstatement fee and upon submitting evidence of satisfactory completion of any applicable continuing education requirements established by the board. The board shall adopt rules and regulations establishing appropriate continuing education requirements for reinstatement of licenses canceled for failure to renew.

(e) There is hereby created the designation of inactive license. The board is authorized to issue an inactive license to any licensee who makes written application for such license on a form provided by the board and remits the fee for an inactive license established pursuant to subsection (g) of this section. The board may issue an inactive license only to a person who meets all the requirements for a license to practice as a physician assistant and who does not engage in active practice as a physician assistant in the state of Kansas. An inactive license shall not entitle the holder to engage in active practice. The provisions of subsections (c) and (d) of this section relating to expiration, renewal and reinstatement of a license shall be applicable to an inactive license issued under this subsection. Each inactive licensee may apply to engage in active practice by presenting a request required by subsection (a). The request shall be accompanied by the fee established pursuant to subsection (g).

(f) There is hereby created a designation of federally active license. The board is authorized to issue a federally active license to any licensee who makes a written application for such license on a form provided by the board and remits the same fee required for a license established under subsection (g). The board may issue a federally active license only to a person who meets all the requirements for a license to practice as a physician assistant and who practices as a physician assistant solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies. The provisions of subsections (c) and (d) relating to expiration, renewal and reinstatement of a license shall be applicable to a federally active license issued under this subsection. Each federally active licensee may apply to engage in active practice by presenting a request required by subsection (a) of this section.

(g) The following fees shall be fixed by rules and regulations adopted by the state board of healing arts and shall be collected by the board:

- (1) For any license as a physician assistant, the sum of not more than \$200;
  - (2) for temporary licensure as a physician assistant, the sum of not more than \$30;
  - (3) for the renewal of a license to practice as a physician assistant or a federally active license, the sum of not more than \$150;
  - (4) for renewal of an inactive license, the sum of not more than \$150;
  - (5) for the late renewal of any license as a physician assistant, the sum of not more than \$250;
  - (6) for reinstatement of a license canceled for failure to renew, the sum of not more than \$250;
  - (7) for a certified statement from the board that a physician assistant is licensed in this state, the sum of not more than \$30;
  - (8) for a copy of the licensure certificate of a physician assistant, the sum of not more than \$25; and
  - (9) for conversion of an inactive license to a license to actively practice as a physician assistant or a federally active license, the sum of not more than \$150.
- (h) The state board of healing arts shall remit all moneys received by or for the board under the provisions of this act to the state treasurer and such money shall be deposited in the state treasury, credited to the state general fund and the healing arts fee fund and expended all in accordance with K.S.A. 65-2855 and amendments thereto.
- (i) The board may promulgate all necessary rules and regulations for carrying out the provisions of this act.

**History:** L. 2000, ch. 162, § 3; L. 2004, ch. 117, § 17; July 1.

**65-28a04. Licensure as a physician assistant, requirements; refusal to license; continuing education; registration to licensure transition.**

(a) No person shall be licensed as a physician assistant by the state board of healing arts unless such person has:

- (1) Presented to the state board of healing arts proof that the

applicant has successfully completed a course of education and training approved by the state board of healing arts for the education and training of a physician assistant or presented to the state board of healing arts proof that the applicant has acquired experience while serving in the armed forces of the United States which experience is equivalent to the minimum experience requirements established by the state board of healing arts;

(2) passed an examination approved by the state board of healing arts covering subjects incident to the education and training of a physician assistant; and

(3) submitted to the state board of healing arts any other information the state board of healing arts deems necessary to evaluate the applicant's qualifications.

(b) The board may refuse to license a person as a physician assistant upon any of the grounds for which the board may revoke such license.

(c) The state board of healing arts shall require every physician assistant to submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the state board of healing arts. The state board of healing arts by duly adopted rules and regulations shall establish the requirements for such program of continuing education as soon as possible after the effective date of this act. In establishing such requirements the state board of healing arts shall consider any existing programs of continuing education currently being offered to physician assistants.

(d) A person registered to practice as a physician assistant immediately prior to the effective date of this act shall be deemed to be licensed to practice as a physician assistant under this act, and such person shall not be required to file an original application for licensure under this act. Any application for registration filed which has not been granted prior to February 1, 2001, shall be processed as an application for licensure under this act.

**History:** L. 2000, ch. 162, § 4; Feb. 1, 2001.

**65-28a05. Revocation, suspension, limitation, censure or denial of license, grounds.** A licensee's license may be revoked, suspended or limited, or the licensee may be publicly or privately censured, or

an application for a license or for reinstatement of a license may be denied upon a finding of the existence of any of the following grounds:

- (a) The licensee has committed an act of unprofessional conduct as defined by rules and regulations adopted by the board;
- (b) the licensee has obtained a license by means of fraud, misrepresentations or concealment of material facts;
- (c) the licensee has committed an act of professional incompetency as defined by rules and regulations adopted by the board;
- (d) the licensee has been convicted of a felony;
- (e) the licensee has violated any provision of this act and amendments thereto;
- (f) the licensee has violated any lawful order or rule and regulation of the board;
- (g) the licensee has exceeded or has acted outside the scope of authority given the physician assistant by the responsible physician or by this act;
- (h) the licensee has assisted suicide in violation of K.S.A. 21-3406, prior to its repeal, or K.S.A. 2011 Supp. 21-5407, and amendments thereto, as established by any of the following:
  - (1) A copy of the record of criminal conviction or plea of guilty for a felony in violation of K.S.A. 21-3406, prior to its repeal, or K.S.A. 2011 Supp. 21-5407, and amendments thereto.
  - (2) A copy of the record of a judgment of contempt of court for violating an injunction issued under K.S.A. 60-4404 and amendments thereto.
  - (3) A copy of the record of a judgment assessing damages under K.S.A. 60-4405, and amendments thereto.

**History:** L. 2000, ch. 162, § 5; L. 2011, ch. 30, § 244; July 1.

**65-28a06. Prohibited acts; act not to include certain persons; penalty for violations.**

- (a) It shall be unlawful for any person who is not licensed under this act or whose license has been revoked or suspended to engage in the practice as a physician assistant as defined by this act.
- (b) No person shall use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a licensed physician assistant, nor shall any person represent oneself to be a licensed

physician assistant unless such person has been duly licensed as a physician assistant in accordance with the provisions of this act.

(c) The provisions of this act shall not be construed to include the following persons:

- (1) Persons rendering gratuitous services in the case of an emergency.
  - (2) Persons gratuitously administering ordinary household remedies.
  - (3) Individuals practicing religious beliefs which provide for reliance on spiritual means alone for healing.
  - (4) Students while performing professional services in an approved physician assistant education and training program who after completing one year's study treat diseases under the supervision of an approved instructor.
  - (5) Students upon the completion of an approved physician assistant education and training program and who, as a part of their academic requirements for a degree, serve a preceptorship not to exceed 90 days under the supervision of a licensed physician.
  - (6) Persons whose professional services are performed under the direct and personal supervision or by order of a practitioner who is licensed under the healing arts act.
  - (7) Other health care providers licensed, registered, certified or otherwise credentialed by agencies of the state of Kansas.
  - (8) Physician assistants in the United States army, navy, air force, public health service, coast guard, other military service and under other federal employment when acting in the line of duty in this state.
- (d) Any person violating the provisions of this section shall be guilty of a class B misdemeanor.

**History:** L. 2000, ch. 162, § 6; Feb. 1, 2001.

**65-28a07. Temporary licensure; period of validity.**

- (a) The state board of healing arts shall provide for the temporary licensure of any physician assistant who has made proper application for licensure, has the required qualifications for licensure, except for examination, and has paid the prescribed license fee. Such temporary license shall authorize the person so licensed to provide patient services within the limits of the temporary license.

(b) A temporary license is valid (1) for one year from the date of issuance or (2) until the state board of healing arts makes a final determination on the applicant's request for licensure. The state board of healing arts may extend a temporary license, upon a majority vote of the members of the board, for a period not to exceed one year.

**History:** L. 2000, ch. 162, § 7; Feb. 1, 2001.

**65-28a08. Practice of physician assistant; direction and supervision of physician; prescription of drugs; identification to patient of physician assistant; rules and regulations; "drug" defined.**

(a) The practice of a physician assistant shall include medical services within the education, training and experience of the physician assistant that are delegated by the responsible physician. Physician assistants practice in a dependent role with a responsible physician, and may perform those duties and responsibilities through delegated authority or written protocol. Medical services rendered by physician assistants may be performed in any setting authorized by the responsible physician, including but not limited to, clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes and other medical institutions.

(b) A person licensed as a physician assistant may perform, only under the direction and supervision of a physician, acts which constitute the practice of medicine and surgery to the extent and in the manner authorized by the physician responsible for the physician assistant and only to the extent such acts are consistent with rules and regulations adopted by the board which relate to acts performed by a physician assistant under the responsible physician's direction and supervision. A physician assistant may prescribe drugs pursuant to a written protocol as authorized by the responsible physician.

(c) Before a physician assistant shall perform under the direction and supervision of a physician, such physician assistant shall be identified to the patient and others involved in providing the patient services as a physician assistant to the responsible physician. Physician assistants licensed under the provisions of this act shall keep their license available for inspection at their primary place of business. A physician assistant may not perform any act or procedure

performed in the practice of optometry except as provided in K.S.A. 65-1508 and 65-2887 and amendments thereto.

(d) The board shall adopt rules and regulations governing the prescribing of drugs by physician assistants and the responsibilities of the responsible physician with respect thereto. Such rules and regulations shall establish such conditions and limitations as the board determines to be necessary to protect the public health and safety. In developing rules and regulations relating to the prescribing of drugs by physician assistants, the board shall take into consideration the amount of training and capabilities of physician assistants, the different practice settings in which physician assistants and responsible physicians practice, the degree of direction and supervision to be provided by a responsible physician and the needs of the geographic area of the state in which the physician's physician assistant and the responsible physician practice. In all cases in which a physician assistant is authorized to prescribe drugs by a responsible physician, a written protocol between the responsible physician and the physician assistant containing the essential terms of such authorization shall be in effect. Any written prescription order shall include the name, address and telephone number of the responsible physician. In no case shall the scope of the authority of the physician assistant to prescribe drugs exceed the normal and customary practice of the responsible physician in the prescribing of drugs.

(e) The physician assistant may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples to patients pursuant to a written protocol as authorized by the responsible physician. In order to prescribe controlled substances, the physician assistant shall register with the federal drug enforcement administration.

(f) As used in this section, "drug" means those articles and substances defined as drugs in K.S.A. 65-1626 and 65-4101 and amendments thereto.

**History:** L. 2000, ch. 162, § 8; Feb. 1, 2001.

**65-28a09. Responsible and designated physician; notice to board when supervision and direction terminated; forms.**

(a) If a responsible physician temporarily leaves such physician's customary location of practice, the responsible physician shall, by

prior arrangement, name a designated physician who shall provide direction and supervision to the physician assistant of such responsible physician.

(b) A physician assistant shall not perform professional services unless the name, address and signature of each responsible physician and the form required under subsection (a)(2) of K.S.A. 65-28a03 and amendments thereto have been provided to the board. A responsible physician shall notify the board when supervision and direction of the physician assistant has terminated. The board shall provide forms for identifying each designated physician and for giving notice that direction and supervision has terminated. These forms may direct that additional information be provided, including a copy of any protocols, as required by rules and regulations adopted by the board.

**History:** L. 2000, ch. 162, § 9; Feb. 1, 2001.

**65-28a10. Limitation on number of physician assistants a responsible physician may direct and supervise.** The board shall limit the number of physician assistants a responsible physician may supervise at any one time to the equivalent of two full-time physician assistants as approved in each case by the board. Any limitation on the number of physician assistants in this section shall not apply to services performed in a medical care facility, as defined in K.S.A. 65-425 and amendments thereto.

**History:** L. 2000, ch. 162, § 10; L. 2004, ch. 117, § 7; July 1.

**65-28a11. Physician assistant council established; appointment of members; payment for attending meetings of council.**

(a) There is established a physician assistant council to advise the board in carrying out the provisions of K.S.A. 65-28a01 through 65-28a10, inclusive, and amendments thereto. The council shall consist of five members, all citizens and residents of the state of Kansas appointed as follows: One member shall be a physician appointed by the state board of healing arts who is a responsible physician for a physician assistant; one member shall be the president of the state board of healing arts or a person designated by the president; and three members shall be licensed physician assistants appointed by the governor. The governor, insofar as possible, shall appoint persons

from different geographical areas and persons who represent various types of practice settings. If a vacancy occurs on the council, the appointing authority of the position which has become vacant shall appoint a person of like qualifications to fill the vacant position for the unexpired term, if any. The Kansas academy of physician assistants shall recommend the names of licensed physician assistants to the governor in a number equal to at least twice the positions or vacancies to be filled, and the governor may appoint members to fill the positions or vacancies from the submitted list. Members of the council appointed by the governor on and after the effective date of this act shall be appointed for terms of three years and until their successors are appointed and qualified except that of the members first appointed by the governor on or after the effective date of this act one shall be appointed for a term of one year, one shall be appointed for a term of two years and one shall be appointed for a term of three years, as designated by the governor. The member appointed by the state board of healing arts shall serve at the pleasure of the state board of healing arts. A member designated by the president of the state board of healing arts shall serve at the pleasure of the president.

(b) Members of the council attending meetings of the council, or attending a subcommittee meeting thereof authorized by the council, shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and amendments thereto from the healing arts fee fund.

**History:** L. 2000, ch. 162, § 11; Feb. 1, 2001.

**65-28a12. Administrative proceedings; actions to enjoin violations.**

(a) All administrative proceedings to revoke, suspend, limit or deny a license, or to censure a licensee, shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

(b) When it appears to the board that any person is violating any of the provisions of this act, the board may bring an action in the name of the state of Kansas in a court of competent jurisdiction for an injunction against such violation without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted.

**History:** L. 2000, ch. 162, § 12; Feb. 1, 2001.

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### **65-28a13. Physician assistant ownership limitations in professional corporations.**

(a) The state board of healing arts shall adopt rules and regulations to limit the percentage of ownership when a licensed physician assistant forms a professional corporation pursuant to K.S.A. 17-2706 et seq., and amendments thereto, in combination with other professional services.

(b) This section shall be part of and supplemental to the physician assistant licensure act.

**History:** L. 2004, ch. 143, § 105; Jan. 1, 2005.

## KANSAS ADMINISTRATIVE REGULATIONS Article 28a. – PHYSICIAN ASSISTANTS

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**100-28a-1. Fees.** The following fees shall be collected by the board:

- (a) Application for license ..... \$200.00
  - (b) Annual renewal of license:
    - (1) Paper renewal ..... \$150.00
    - (2) On-line renewal ..... \$150.00
  - (c) Late renewal of license:
    - (1) Paper late renewal ..... \$215.00
    - (2) On-line late renewal ..... \$208.00
  - (d) License reinstatement ..... \$250.00
  - (e) Copy of license certificate ..... \$15.00
  - (f) Certified statement of licensure .. \$15.00
  - (g) Temporary license ..... \$30.00
- (Authorized by and implementing K.S.A. 2007 Supp. 65-28a03; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended Nov. 15, 2002; amended Nov. 19, 2004; amended Nov. 26, 2007; amended, T-100-10-16-08, Oct. 16, 2008; amended Feb. 13, 2009.)

**100-28a-2. Application.**

- (a) Each application for licensure as a physician assistant shall be submitted on a form provided by the board. The form shall contain the following information:
- (1) The applicant’s full name;
  - (2) the applicant’s home address and, if different, the applicant’s mailing address;
  - (3) the applicant’s date and place of birth;
  - (4) the applicant’s social security number, individual tax identification number, or nondriver identification number, if the applicant is advised that providing a social security number is voluntary pursuant to K.S.A. 74-139 and 74-148, and amendments thereto, and that if the social security number is provided, the agency may provide this number to the Kansas department of social and rehabilitation services for child support enforcement purposes and to the Kansas department of revenue’s director of taxation;
  - (5) the issue date; state, territory, the District of Columbia, or other country of issuance; and the identifying number on any license, registration, or certification issued to the applicant to practice any health care profession;

- (6) documentation of any prior acts constituting unprofessional conduct as defined in K.A.R. 100-28a-8;
- (7) the applicant’s daytime telephone number;
- (8) the names of all educational programs recognized under K.A.R. 100-28a-3 that the applicant attended, including the program from which the applicant graduated, the degree awarded to the applicant, and the date of graduation;
- (9) notarized certification that the applicant has completed a physician assistant program from a postsecondary school recognized under K.A.R. 100-28a-3;
- (10) a list of all attempts to gain board certification recognized under K.A.R. 100-28a-4 and an official copy of the applicant’s board certification; and
- (11) a notarized release authorizing the board to receive any relevant information, files, or records requested by the board in connection with the application.

(b) Each applicant shall submit the following with the application:

- (1) The fee required by K.A.R. 100-28a-1;
- (2) an official transcript from an educational program approved by the board as provided in K.A.R. 100-28a-3 that specifies the degree awarded to the applicant;
- (3) a verification from each state, country, territory, or the District of Columbia where the applicant has been issued any license, registration, or certification to practice any health care profession;
- (4) a photograph of the applicant measuring two inches by three inches and showing the head and shoulder areas only. The photograph shall be taken within 90 days before the date of application; and
- (5) evidence provided directly to the board from the national commission on certification of physician assistants that the applicant has passed the physician assistant national certifying examination.

(c) The applicant shall sign the application under oath and shall have the application notarized.

(Authorized by and implementing K.S.A. 2008 Supp. 65-28a03; implementing K.S.A. 65-28a04; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended Jan. 4, 2010.)

**100-28a-3. Education and training.**

(a) Each educational program for physician assistants accredited by the accreditation review committee on education for the physician assistant, inc., or by a predecessor agency, and all other educational programs that are determined by the board to have a standard of education substantially equivalent to the accreditation criteria of the committee shall be approved by the board.

(b) Each applicant who has acquired experience as a physician assistant while serving in the armed forces of the United States shall provide proof that the applicant is competent to perform all of the following:

- (1) Screen patients to determine need for medical attention;
- (2) review patient records to determine health status;
- (3) take a patient history;
- (4) perform a physical examination;
- (5) perform a developmental screening examination on children;
- (6) record pertinent patient data;
- (7) make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem or the follow-up evaluation of a previously diagnosed and stabilized condition;
- (8) prepare patient summaries;
- (9) initiate requests for commonly performed initial laboratory studies;
- (10) collect specimens for and carry out commonly performed blood, urine, and stool analyses and cultures;
- (11) identify normal and abnormal findings on history, physical examination and commonly performed laboratory studies;
- (12) initiate appropriate evaluation and emergency management for emergency situations, including cardiac arrest, respiratory distress, injuries, burns and hemorrhage;
- (13) counsel and instruct patients; and
- (14) administer commonly performed clinical procedures that shall include all of the following:
  - (A) Venipuncture;
  - (B) intradermal tests;
  - (C) electrocardiogram;
  - (D) care and suturing of minor lacerations;
  - (E) casting and splinting;

- (F) control of external hemorrhage;
  - (G) application of dressings and bandages;
  - (H) administration of medications and intravenous fluids, and transfusion of blood or blood components;
  - (I) removal of superficial foreign bodies;
  - (J) cardiopulmonary resuscitation;
  - (K) audiometry screening;
  - (L) visual screening; and
  - (M) aseptic and isolation techniques.
- (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a04; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

#### **100-28a-4. Examination.**

(a) The examination approved by the board for licensure as a physician assistant shall be the physician assistant national certifying examination prepared and administered by the national commission on certification of physician assistants.

(b) To pass the approved examination, each applicant shall achieve at least the minimum passing score of 350.

(c) Each applicant who has passed the approved examination for a license and has not been in active practice as a physician assistant for more than one year, but less than five years from the date the application was submitted, shall provide one of the following:

(1) Evidence of completion of a minimum of 50 continuing education credit hours; or

(2) proof that the applicant has passed an examination approved by the board within 12 months before the date the application was submitted, or has successfully completed a continuing education program, or other individually tailored program approved by the board.

(d) Each applicant who has passed the examination for a license and has not been in active practice as a physician assistant for five years or more from the date the application was submitted shall provide proof that the applicant has passed an examination approved by the board within 12 months before the date the application was submitted, or has successfully completed a continuing education program or other individually tailored program approved by the

board.

(Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. Supp. 65-28a03 and 65-28a04; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

#### **100-28a-5. Continuing education.**

(a) Each physician assistant shall submit with the renewal application one of the following:

(1) Evidence of satisfactory completion of at least 50 continuing education credit hours during the preceding year. At least 20 continuing education credit hours shall be acquired from category I if 50 hours are submitted with the renewal application;

(2) evidence of satisfactory completion of at least 100 continuing education credit hours during the preceding two-year period. At least 40 continuing education credit hours shall be acquired from category I if 100 continuing education credit hours are submitted with the renewal application; or

(3) evidence verifying satisfactory completion of continuing education credit hours equivalent, in number and category, to those hours required by paragraph (a)(1) or (2), issued by a national, state, or local organization with continuing education standards that are at least as stringent as the board's standards.

(b) A continuing education credit hour shall be 50 minutes of instruction or its equivalent. Meals and exhibit breaks shall not be included in the calculation of continuing education credit hours.

(c) Any applicant that does not meet the requirements for license renewal in subsection (a) may request an extension from the board. The request shall include a plan for completion of the continuing education requirements within the requested extension period. An extension of up to six months may be granted by the board if documented circumstances make it impossible or extremely difficult for the individual to reasonably obtain the required continuing education hours.

(d) Each physician assistant initially licensed within one year of a renewal registration date shall be exempt from the continuing education required by subsection (a) for that first renewal period.

(e) The categories of continuing education credit shall be the following:

(1) Category I: attendance at an educational presentation approved by the board. Courses accepted by the American academy of physician assistants shall be approved by the board; and

(2) category II: participating in or attending an educational activity that does not meet the criterion specified in paragraph (e)(1) but that is approved by the board. Category II continuing education may include self-study or group activities.

(f) Evidence of satisfactory completion of continuing education shall be submitted to the board as follows:

(1) Documented evidence of attendance at or participation in category I and II activities; and

(2) verification, on a form provided by the board, of self-study from reading professional literature or other self-study activities.

(Authorized by K.S.A. 2010 Supp. 65-28a03; implementing K.S.A. 65-28a04; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended March 30, 2012.)

**100-28a-6. Scope of practice.** A physician assistant may perform acts that constitute the practice of medicine and surgery in the following instances:

(a) If directly ordered, authorized, and coordinated by the responsible or designated physician through the physician's immediate or physical presence;

(b) if directly ordered, authorized, and coordinated by the responsible or designated physician through radio, telephone, or other form of telecommunication;

(c) if authorized on the form provided by, and presented to, the board by the responsible physician pursuant to K.S.A. 2000 Supp. 65-28a03 and amendments thereto; or (d) if an emergency exists.

(Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-7. Professional incompetency: defined.** "Professional incompetency" means any of the following:

(a) One or more instances involving failure to adhere to the applicable standard of care to a degree that constitutes gross negligence, as determined by the board;

(b) repeated instances involving failure to adhere to the applicable standard of care to a degree that constitutes ordinary negligence, as determined by the board; or

(c) a pattern of practice or other behavior that demonstrates a manifest incapacity or incompetence to perform professional services as a physician assistant.

(Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a05; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-8. Unprofessional conduct: defined.** “Unprofessional conduct” means any of the following:

(a) Being convicted of a class A misdemeanor, whether or not related to the practice as a physician assistant;

(b) committing fraud or misrepresentation in applying for or securing an original, renewal, or reinstated license;

(c) cheating on or attempting to subvert the validity of the examination for a license;

(d) soliciting professional services through the use of fraudulent or false advertisements;

(e) willfully or repeatedly violating the physician assistant licensure act, the pharmacy act of the state of Kansas, or the uniform controlled substances act, or any regulations adopted pursuant to these acts;

(f) engaging in the practice as a physician assistant under a false or assumed name, or impersonating another practitioner;

(g) practicing as a physician assistant without reasonable skill and safety to patients because of any of the following:

(1) Illness;

(2) alcoholism;

(3) excessive use of alcohol, drugs, controlled substances, chemicals, or any other type of material; or

(4) any mental or physical condition;

(h) having a license, certification, or registration revoked, suspended, limited, censured, or having any other disciplinary action taken, or an application for a license denied by the proper licensing authority of another state, territory, the District of Columbia, or other country;

(i) prescribing, selling, administering, distributing, or giving a controlled substance to any person for other than a medically

accepted or lawful purpose;

(j) prescribing, dispensing, administering, or distributing a prescription drug or substance, including a controlled substance, in an excessive, improper, or inappropriate manner or quantity, or not in the course of the licensee’s professional practice;

(k) prescribing, dispensing, administering, or distributing an anabolic steroid or human growth hormone for other than a valid medical purpose;

(l) prescribing, ordering, dispensing, administering, selling, supplying, or giving any amphetamines or sympathomimetic amines, except as authorized by K.S.A. 2000 Supp. 65-2837a, and amendments thereto;

(m) failing to furnish the board, or its investigators or representatives, with any information legally requested by the board;

(n) knowingly submitting any misleading, deceptive, untrue, or fraudulent representation on a claim form, bill, or statement;

(o) representing to a patient that a manifestly incurable disease, condition, or injury can be permanently cured;

(p) assisting in the care or treatment of a patient without the consent of the patient, the attending physician, or the patient’s legal representative;

(q) willfully betraying confidential information;

(r) committing conduct likely to deceive, defraud, or harm the public;

(s) allowing another person or organization to use the physician assistant’s license to perform professional services;

(t) committing any act of sexual abuse, misconduct, or exploitation related to the licensee’s professional practice;

(u) failing to keep written medical records that accurately describe the services rendered to the patient;

(v) using any false, fraudulent, or deceptive statement in any document connected with the practice of the healing arts, including the intentional falsifying or fraudulent altering of a patient or medical care facility record;

(w) performing unnecessary tests, examinations, or services that have no legitimate medical purpose; or

(x) delegating professional responsibilities to a person if the physician assistant knows or has reason to know that the person is not qualified by education, training, or experience to perform them.

(Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a05; effective, T-100-2-13-01, Feb. 13 2001; effective June 1, 2001.)

**100-28a-9. Physician request form; content.** The responsible physician request form to be presented to the board pursuant to K.S.A. 2000 Supp. 65-28a03, and amendments thereto, shall contain the following information:

- (a) The date and signatures of the responsible physician and the physician assistant;
- (b) the license numbers of the responsible physician and the physician assistant;
- (c) a description of the physician's practice and the way in which the physician assistant is to be utilized;
- (d) a statement that the responsible physician will always be available for communication with the physician assistant within 30 minutes of the performance of patient service by the physician assistant;
- (e) a completed drug prescription protocol on a form provided by the board specifying categories of drugs, medicines, and pharmaceuticals that the physician assistant will be allowed to prescribe, and the drugs within any category that the physician assistant will not be allowed to supply, prescribe, receive, or distribute;
- (f) the name and address of each practice location, including hospitals, where the physician assistant will routinely perform acts that constitute the practice of medicine and surgery;
- (g) signatures of all designated physicians who routinely provide direction and supervision to the physician assistant in the temporary absence of the responsible physician, and a description of the procedures to be followed to notify a designated physician in the responsible physician's absence;
- (h) an acknowledgment that failure to adequately direct and supervise the physician assistant in accordance with K.S.A. 2000 Supp. 65-28a01 through K.S.A. 65-28a09, and amendments thereto, or regulations adopted under these statutes by the board, shall constitute grounds for revocation, suspension, limitation, or censure of the responsible physician's license to practice medicine and surgery in the state of Kansas;
- (i) a statement that a current copy of the form will be maintained at

each practice location of the responsible physician and the physician assistant and that any changes to the form will be provided to the board within 10 days; and

(j) an acknowledgment that the responsible physician has established and implemented a method for initial and periodic evaluation of the professional competency of the physician assistant and that evaluations will be performed at least annually.

(Authorized by and implementing K.S.A. 2000 Supp. 65-28a03; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-10. Supervision and direction; adequacy.**

(a) Direction and supervision of the physician assistant shall be considered to be adequate if the responsible physician meets all of the following requirements:

- (1) Engages in the practice of medicine and surgery in Kansas;
- (2) verifies that the physician assistant has a current license issued by the board;
- (3) at least annually, reviews, evaluates, and determines 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, reviews any drug prescription protocol and determines if any modifications, restrictions, or terminations are required. Each modification, restriction, or termination shall be conveyed to the physician assistant and set forth in all copies of the drug prescription protocol required by K.A.R. 100-28a-9;
- (5) reports 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 responsible physician shall report this information to the board within 10 days of receiving notice of the information;
- (6) reports to the board the termination of responsibility by the responsible physician or any litigation alleging conduct by the physician assistant that would constitute grounds for disciplinary action under the physician assistant licensure act. The responsible physician shall report this information to the board within 10 days of receiving notice of the information;

(7) reviews and authenticates each patient record of treatment provided by a physician assistant in an emergency situation if the treatment exceeded the authority granted to the physician assistant by the responsible physician in the responsible physician request form.

The responsible physician shall perform the review and authentication of the patient record within 48 hours of the treatment;

(8) provides for a designated physician to provide supervision and direction on each occasion when the responsible physician is temporarily absent, is unable to be immediately contacted by telecommunication, or is otherwise unavailable at a time the physician assistant could reasonably be expected to provide professional services; and

(9) delegates to the physician assistant only those acts that constitute the practice of medicine and surgery that the responsible physician believes or has reason to believe can be competently performed by the physician assistant, based upon the physician assistant's background, training, capabilities, skill, and experience.

(b) The responsible 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, in accordance with the provisions of the responsible physician request form.

(1) During the first 90 days of the responsible physician-physician assistant supervisory relationship, the responsible physician shall review and authenticate all medical records and charts of each patient evaluated or treated by the physician assistant within 14 days of the date the physician assistant evaluated or treated the patient.

The responsible physician shall authenticate each record and chart 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 90 days of the responsible physician-physician assistant supervisory relationship, the responsible 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 and charts. The written review

and evaluation shall be signed by the responsible physician and the physician assistant. This documentation shall be kept on file at each practice location and shall be made available to the board upon request.

(c) Except as otherwise required by K.A.R. 100-28a-13, a responsible physician shall not be required to cosign orders or prescriptions written in a patient's medical record or chart by a physician assistant to whom the responsible physician has delegated the performance of services constituting the practice of medicine and surgery.

(Authorized by K.S.A. 2010 Supp. 65-28a03; implementing K.S.A. 65-28a02 and K.S.A. 65-28a09; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended May 15, 2009; amended March 30, 2012.)

**100-28a-11. Duty to communicate.** The physician assistant shall communicate with the responsible or designated physician concerning a patient's condition if the physician assistant believes that the patient's condition may require any treatment that the physician assistant has not been authorized to perform. (Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-12. Designated physician.** If a designated physician directs and supervises a physician assistant, the designated physician shall be deemed to have the same duties and responsibilities as those of the responsible physician.

(Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a09; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-13. Prescription-only drugs.**

(a) A physician assistant may prescribe a prescription-only drug or administer or supply a prescription-only drug as authorized by the drug prescription protocol 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 ascribed to it in K.A.R. 68-20-19(a)(5).

- (c) A physician assistant may directly administer a prescription-only drug as follows:
- (1) If directly ordered or authorized by the responsible or designated physician;
  - (2) if authorized by a written drug prescription protocol between the responsible physician and the physician assistant; or
  - (3) if an emergency situation exists.
- (d)(1) A 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) A physician assistant may, by oral or telephonic communication, prescribe 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) A physician assistant may orally, telephonically, 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's 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 responsible 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;
  - (4) contain any DEA registration number issued to the physician assistant if a controlled substance is prescribed; and
  - (5) indicate whether the prescription order is being transmitted by direct order of the responsible or designated physician, pursuant to a written protocol, or because of an emergency situation.

- (g) A physician assistant may supply a prescription-only drug to a patient only if all of the following conditions are met:
- (1) If the drug is supplied under the same conditions as those in which a physician assistant may directly administer a prescription-only drug, as described in subsection (b) above;
  - (2) if the drug has been provided to the physician assistant or the physician assistant's responsible physician or employer at no cost;
  - (3) if the drug is commercially labeled and is supplied to the patient in the original prepackaged unit-dose container; and
  - (4) if the drug is supplied to the patient at no cost.
- (h) A physician assistant shall not administer, supply, or prescribe a prescription-only drug for any quantity or strength in excess of the normal and customary practice of the responsible physician.  
(Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a08; effective , T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-14. Different practice location.**

- (a) "Different practice location" means an office or location that is maintained or utilized by a responsible physician to regularly meet patients or to receive calls and that is not the primary practice location of the responsible physician.
- (b) A physician assistant may perform acts that constitute the practice of medicine and surgery at a different practice location only if all of the following conditions are met:
- (1) Before providing any services at the different practice location, the physician assistant has spent a minimum of 80 hours since being licensed under the immediate or physical supervision and direction of a physician licensed in this state.
  - (2) A physician licensed in this state periodically sees and treats patients at the different practice location.
  - (3) Written notice is conspicuously posted that the different practice location is staffed primarily by a physician assistant.  
(Authorized by K.S.A. 2004 Supp. 65-28a03; implementing K.S.A. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended July 22, 2005.)

**100-28a-15. Licensure; expiration.**

(a) Except as specified in subsection (b), each physician assistant license issued by the board shall expire on December 31 of each year.

(b) A license issued or reinstated from October 1 through December 31 shall expire on December 31 of the following year.

(Authorized by and implementing K.S.A. 2000 Supp. 65-28a03; effective , T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-16. Reinstatement; lapsed and revoked licenses.**

(a) Each applicant who has not been in active practice as a physician assistant in another state or jurisdiction and who desires to reinstate a license that has been lapsed for failure to renew shall submit proof of continuing medical education as follows:

(1) If the time since the license lapsed has been one year or less, no continuing medical education shall be required in addition to that which would have been necessary had the license been renewed before expiration.

(2) If the time since the license lapsed has been more than one year but less than five years, the applicant shall provide one of the following:

(A) Evidence of completion of a minimum of 50 hours of continuing education credit within 12 months before the date the application for reinstatement was submitted; or

(B) proof that the applicant has passed an examination approved by the board within 12 months before the date the application for reinstatement was submitted, or has successfully completed a continuing education program or other individually tailored program approved by the board.

(3) If the time since the license lapsed has been five years or more, the applicant shall provide proof of passage of an examination approved by the board within 12 months before the date the application for reinstatement was submitted, or proof of successful completion of a continuing education program or other individually tailored program approved by the board.

(b) Each applicant who has been in active practice as a physician assistant in another state or jurisdiction that requires a license, registration, or certification to practice and who desires to reinstate a license that has been lapsed for failure to renew shall submit proof of the current license, registration, or certification and proof of

compliance with the continuing medical education requirements of that state or jurisdiction.

(c) Each applicant seeking reinstatement of a revoked license shall successfully complete an individually tailored program approved by the board.

(Authorized by and implementing K.S.A. 2000 Supp. 65-28a03; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

**100-28a-17. Limitation on number of physician assistants supervised.**

(a) A responsible physician shall not provide direction and supervision to more than two physician assistants without the board's prior approval.

(b) Each responsible physician wishing to provide direction and supervision to more than two physician assistants shall provide a written and signed request to the board with the following information:

(1) The name of each physician assistant to whom the responsible physician proposes to provide direction and supervision; and

(2) the reason for the request.

(c) The reasons for requesting approval to provide direction and supervision to more than two physician assistants shall include at least one of the following:

(1) The usual number of hours worked each week by one or more of the physician assistants is less than full time.

(2) The usual number of days worked each week by one or more of the physician assistants is less than full time.

(3) One or more of the physician assistants will temporarily leave the responsible physician's direction and supervision.

(Authorized by K.S.A. 65- 28a03, as amended by L. 2004, Ch. 117, Sec. 17; implementing K.S.A. 65-28a10, as amended by L. 2004, Ch. 117, Sec. 7; effective July 22, 2005.)

**100-28a-18. Physician assistant; ownership of corporation or company.**

(a) Licensed physician assistants shall not hold more than 49 percent of the total number of shares issued by a professional corporation that is organized to render the professional services of a physician,

surgeon or doctor of medicine, or osteopathic physician or surgeon.

(b) Licensed physician assistants shall not contribute more than 49 percent of the total amount of capital to a professional liability company that is organized to render the professional services of a physician, surgeon or doctor of medicine, or osteopathic physician or surgeon.

(Authorized by K.S.A. 17-2716 and K.S.A. 2004 Supp. 65-28a13; implementing K.S.A. 2004 Supp. 65-28a13; effective July 22, 2005.)