

Title 63 Professions Of The Healing Arts
Chapter 19 Physician Assistants
Part 1 Physician Assistants Act

Tenn. Code Ann. § 63-19-101 (2017)

63-19-101. Short title.

This part shall be known and may be cited as the "Physician Assistants Act."

63-19-102. Part definitions.

As used in this part, unless the context otherwise requires:

- (1) "Board" means the board of medical examiners, created by § 63-6-101;
- (2) "Committee" means the board of medical examiners' committee on physician assistants, established by § 63-19-103;
- (3) "Orthopedic physician assistant" (OPA-C) means an individual who renders service under the supervision of a licensed orthopedic physician or surgeon and who has been licensed by the committee on physician assistants and the board of medical examiners pursuant to this chapter as an orthopedic physician assistant;
- (4) "Physician" means a person lawfully licensed to practice medicine and surgery pursuant to chapter 6 of this title, osteopathic medicine pursuant to chapter 9 of this title, or podiatry pursuant to chapter 3 of this title; and
- (5) "Physician assistant" means an individual who renders services, whether diagnostic or therapeutic, that are acts constituting the practice of medicine or osteopathic medicine and, but for §§ 63-6-204 and 63-9-113, could only be performed by a licensed physician.

63-19-103. Committee on physician assistants.

(a) To assist the board of medical examiners in the performance of its duties, there is hereby established the committee on physician assistants. The committee shall consist of five (5) members appointed by the governor, each of whom shall be a resident of this state and each of whom shall be a physician assistant who meets the criteria for licensure as established by this part.

(b) Initial appointments to the committee shall be made as follows: two (2) members shall be appointed to terms of four (4) years, one (1) member shall be appointed to a term of three (3) years, one (1) member shall be appointed to a term of two (2) years, and one (1) member shall be appointed to a term of one (1) year. Each regular appointment thereafter shall be for a term of four (4) years. Any vacant term shall be filled by the governor for the balance of the unexpired term. No member shall serve more than two (2) consecutive four-year terms and each member shall serve on the committee until a successor is appointed. In making appointments to the committee, the governor shall strive to ensure that at least one (1) person serving on the committee is sixty (60) years of age or older and that at least one (1) person serving on the committee is a member of a racial minority.

(c) While engaged in the business of the committee, members thereof shall receive a per diem of one hundred dollars (\$100) and shall also receive compensation for actual expenses to be paid in accordance with comprehensive travel regulations promulgated by the commissioner of finance and administration and approved by the attorney general and reporter.

(d) The committee shall elect a chair and secretary from among its members at the first meeting held in each fiscal year. A committee meeting may be called upon reasonable notice in the discretion of the chair and shall be called at any time upon reasonable notice by a petition of three (3) committee members to the chair.

63-19-104. Powers and duties of committee.

(a) The committee has the duty to:

(1) Promulgate, in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, all rules that are reasonably necessary for the performance of the duties of the physician assistants, including, but not limited to, rules that specify the acts and offenses that subject the license holder to disciplinary action by the committee pursuant to subdivision (a)(7);

(2) Set fees, subject to the maximum limitations prescribed by this part, relative to the examination, licensure and licensure renewal of physician assistants in an amount sufficient to pay all of the expenses of the committee as well as all of the expenses of the board that are directly attributable to the performance of its duties pursuant to this part and establish and collect a late renewal fee from those physician assistants who fail to renew their licenses in a timely manner;

(3) Review and approve or reject the qualifications of each applicant for initial licensure as a physician assistant;

(4) Biennially review and approve or reject the qualifications of each applicant for biennial licensure renewal. The committee shall condition approval for renewal on the receipt of evidence satisfactory to the committee of the applicant's successful completion, within a two-year period prior to the application for license renewal, of one hundred (100) hours of continuing medical education approved by the American Academy of Physician Assistants or the American Medical Association. The two-year period within which an applicant must have obtained the required continuing medical education hours shall be the most recent two-year period utilized by the National Commission on Certification of Physician Assistants to determine whether that person has obtained sufficient continuing medical education hours to maintain that person's professional certification. The committee may, in its discretion, waive or modify the continuing medical education requirement in cases of retirement, illness, disability or other undue hardship;

(5) Issue, in the board's name, all approved physician assistant licenses and renewals;

(6) Collect or receive all fees, fines and moneys owed pursuant to this part and to pay the same into the general fund of the state. For the purpose of implementing subdivision (a)(2), all fees, fines and moneys collected pursuant to the regulation of physician assistants shall be so designated; and

(7) Deny, suspend or revoke the license of, or to otherwise discipline by a fine, not to exceed five hundred dollars (\$500), or by reprimand, a license holder who is guilty of violating any of the provisions of this part or who is guilty of violating the rules of the board promulgated pursuant to subdivision (a)(1). When sanctions are imposed on a license holder pursuant to this subdivision (a)(7), the license holder may, in addition, be required to pay the actual and reasonable costs of the investigation and prosecution of the case, including the costs incurred and assessed for the time of the prosecuting attorney or attorneys, the investigator or investigators and any other persons involved in the investigation, prosecution and hearing of the case. The committee may limit, restrict or impose one (1) or more conditions on a license at the time it is issued, renewed or reinstated or as a sanction imposed at the conclusion of a disciplinary hearing.

(b) Any actions taken under this section shall only be effective after adoption by majority vote of the members of the committee and after adoption by a majority vote of the members of the board at the next board meeting at which administrative matters are considered following the adoption by the committee.

63-19-105. Qualifications and licensure.

(a) No person shall represent to be or function as a physician assistant under this part unless such person holds a valid physician assistant license or temporary license issued by the board. The board shall license no person as a physician assistant unless:

(1) The person is a graduate of a physician assistant training program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or its successor accrediting agency; and

(2) The person has successfully completed the examination of the National Commission on the Certification of Physician Assistants. A graduate of a physician assistant training program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or its successor accrediting agency may receive a temporary license from the board allowing such individual to function as a physician assistant under this part:

(A) For a period of fifteen (15) months immediately following graduation to allow the person an opportunity to attempt the examination; and

(B) For a period of one (1) additional year thereafter in which to attempt and successfully complete the examination if the person is not successful on the first attempt; or

(3) Alternatively to subdivisions (a)(1) and (2), the person qualified as a physician assistant prior to April 26, 1983, and thereafter continued to represent to be or functioned as a physician assistant; and

(4) Notwithstanding subdivision (a)(3), the board shall not license any person as a physician assistant after July 1, 1991, unless such person meets the requirements of subdivisions (a)(1) and (2); provided, that the board may continue to issue license renewals to any person who was licensed as a physician assistant pursuant to subdivision (a)(3) prior to July 1, 1991.

(b) (1) An individual licensed, registered or certified as a physician assistant in another jurisdiction may be licensed as a physician assistant by the board if such individual meets the requirements and standards of this part. Notwithstanding the requirements of subdivisions (a)(1)-(4), the board shall license an individual licensed, registered or certified as a physician assistant in another jurisdiction if such individual is a graduate of a physician assistant training program that was accredited by the accrediting committee of the American Medical Association at the time such individual graduated from the program, and such individual has practiced in that jurisdiction for a period of ten (10) consecutive years immediately prior to seeking certification in this state. Any reasonable expense incurred by the committee or the board in verifying the licensure, registration or certification by another jurisdiction of an applicant for licensure hereunder shall be charged to and paid by the applicant.

(2) While an individual's application is pending, the board may issue a temporary license to that individual if the individual is licensed, registered or certified as a physician assistant in another jurisdiction; provided, that the board finds that the application is complete. The temporary license will allow the individual to function as a physician assistant under this chapter. A temporary license issued under this subdivision (b)(2) shall be valid for a period of six (6) months and is not renewable.

(c) The board or the committee may require that an applicant for licensure as a physician assistant appear before the board or the committee to answer any questions regarding the applicant's fitness for licensure.

(d) (1) The committee on physician assistants may authorize any of its members or its consultant to conduct a review of the qualifications of an applicant for a license to practice as a physician assistant in this state and to make an initial determination as to whether the applicant has met all the requirements for licensure. If the committee member or committee consultant determines that the applicant has met all the requirements for licensure, the applicant is then authorized to practice as a physician assistant in this state until the committee and the board of medical examiners make a final decision on the application for licensure. The committee may authorize the use of this procedure with respect to applicants for license renewal or reinstatement as well. In no event shall the temporary authorization issued pursuant to a determination made by the committee member or committee consultant be effective for longer than a six-month period measured from the date of issuance. This process shall not be utilized by the applicant more than once.

(2) If temporary authorization pursuant to subdivision (d)(1) is issued to an applicant for a license to practice as a physician assistant in this state and if the subsequent decision of the committee on physician assistants and the board of medical examiners is to deny the application based upon a good faith determination that the applicant has not, in fact, complied with all the requirements for licensure, then the doctrine of estoppel shall not apply against the state based upon its issuance of temporary authorization and its subsequent denial of licensure.

(e) Any person who possesses a certificate or temporary certificate issued by the board shall be deemed to possess a license or temporary license, respectively. At the time of renewal, a certificate holder who is approved for renewal shall receive a license from the board rather than a renewal of the certificate.

63-19-106. Authorized services -- Supervision.

(a) (1) A physician assistant is authorized to perform selected medical services only under the supervision of a licensed physician.

(2) Supervision requires active and continuous overview of the physician assistant's activities to ensure that the physician's directions and advice are in fact implemented, but does not require the continuous and constant physical presence of the supervising physician. The board and the committee shall adopt, by September 19, 1999, regulations governing the supervising physician's personal review of historical, physical and therapeutic data contained in the charts of patients examined by the physician assistant.

(3) The range of services that may be provided by a physician assistant shall be set forth in a written protocol, jointly developed by the supervising physician and the physician assistant. The protocol shall also contain a discussion of the problems and conditions likely to be encountered by the physician assistant and the appropriate treatment for these problems and conditions. The physician assistant shall maintain the protocol at the physician assistant's practice location and shall make the protocol available upon request by the board of medical examiners, the committee on physician assistants or the authorized agents of the board or the committee.

(4) A physician assistant may perform only those tasks that are within the physician assistant's range of skills and competence, that are within the usual scope of practice of the supervising physician and that are consistent with the protection of the health and well-being of the patients.

(5) The physician assistant may render emergency medical service in accordance with guidelines previously established by the supervising physician pending the arrival of a responsible physician in cases where immediate diagnosis and treatment are necessary to avoid disability or death.

(b) A physician assistant shall function only under the control and responsibility of a licensed physician. There shall, at all times, be a physician who is answerable for the actions of the physician assistant and who has the duty of assuring that there is proper supervision and control of the physician assistant and that the assistant's activities are otherwise appropriate.

(c) Any rules that purport to regulate the supervision of physician assistants by physicians shall be jointly adopted by the board of medical examiners and the committee on physician assistants.

(d) A physician assistant supervised by a licensed podiatrist:

(1) Shall not provide services that are outside of the scope of practice of a podiatrist as set forth in § 63-3-101;

(2) Shall comply with the requirements of and any rules adopted pursuant to this section and § 63-19-107 governing the supervision of a physician assistant; and

(3) May prescribe only drugs that are rational to the practice of podiatry.

63-19-107. Practices for supervision of physician assistants.

A licensed physician supervising physician assistants shall comply with the following practices:

(1) More than one (1) physician may supervise the same physician assistant; provided, each physician assistant shall have a primary supervising physician and may have additional alternate supervising physicians who shall supervise the physician assistant in the absence or unavailability of the primary supervising physician. Each physician assistant shall notify the committee of the name, address and license number of the physician assistants' primary supervising physician and shall notify the committee of any change in such primary supervising physician within fifteen (15) days of the change. The number of physician assistants for whom a physician may serve as the supervising physician shall be determined by the physician at the practice level, consistent with good medical practice. The supervising physician shall designate one (1) or more alternate physicians who have agreed to accept the responsibility of supervising the physician assistant on a prearranged basis in the supervising physician's absence;

(2) (A) In accordance with rules adopted by the board and the committee, a supervising physician may delegate to a physician assistant working under the physician's supervision the authority to prescribe and/or issue legend drugs and controlled substances listed in Schedules II, III, IV, and V of title 39, chapter 17, part 4. The rules adopted prior to March 19, 1999, by the board and the committee governing the prescribing of legend drugs by physician assistants shall remain effective after March 19, 1999, and may be revised from time to time as deemed appropriate by the board and the committee. The board and the committee may adopt additional rules governing the prescribing of controlled substances by physician

assistants. A physician assistant to whom is delegated the authority to prescribe and/or issue controlled substances must register and comply with all applicable requirements of the drug enforcement administration;

(B) (i) A physician assistant to whom the authority to prescribe legend drugs and controlled substances has been delegated by the supervising physician shall file a notice with the committee containing the name of the physician assistant, the name of the licensed physician having supervision, control and responsibility for prescriptive services rendered by the physician assistant and a copy of the formulary describing the categories of legend drugs and controlled substances to be prescribed and/or issued, by the physician assistant. The physician assistant shall be responsible for updating this information;

(ii) Notwithstanding any other rule or law, a physician assistant shall not prescribe Schedules II, III and IV controlled substances unless such prescription is specifically authorized by the formulary or expressly approved after consultation with the supervising physician before the initial issuance of the prescription or dispensing of the medication;

(iii) Any physician assistant to whom the authority to prescribe controlled drugs has been delegated by the supervising physician may only prescribe or issue a Schedule II or III opioid listed on the formulary for a maximum of a nonrefillable, thirty-day course of treatment, unless specifically approved after consultation with the supervising physician before the initial issuance of the prescription or dispensing of the medication. This subdivision (2)(B)(iii) shall not apply to prescriptions issued in a hospital, a nursing home licensed under title 68, or inpatient facilities licensed under title 33;

(C) The prescriptive practices of physician assistants and the supervision by physicians under whom such physician assistants are rendering service shall be monitored by the board and committee. As used in this section, "monitor" does not include the regulation of the practice of medicine or the regulation of the practice of a physician assistant, but may include site visits by members of the board and committee;

(D) Any complaints against physician assistants and/or supervising physicians shall be reported to the director of the division of health related boards, the committee on physician assistants and the board of medical examiners, as appropriate;

(E) (i) Every prescription order issued by a physician assistant pursuant to this section shall be entered in the medical records of the patient and shall be written on a preprinted prescription pad bearing the name, address and telephone number of the supervising physician and of the physician assistant, and the physician assistant shall sign each prescription order so written. Where the preprinted prescription pad contains the names of more than one (1) physician, the physician assistant shall indicate on the prescription which of those physicians is the physician assistant's primary supervising physician by placing a checkmark beside or a circle around the name of that physician;

(ii) Any handwritten prescription order for a drug prepared by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription. The handwritten prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, handwritten in letters or in numerals, instructions for the proper use of the drug and the month and day that the prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant must sign the handwritten prescription order on the day it is issued, unless it is a standing order issued in a hospital, a nursing home or an assisted care living facility as defined in § 68-11-201;

(iii) Any typed or computer-generated prescription order for a drug issued by a physician assistant who is authorized by law to prescribe a drug must be legible so that it is comprehensible by the pharmacist who fills the prescription order. The typed or computer-generated prescription order must contain the name of the prescribing physician assistant, the name and strength of the drug prescribed, the quantity of the drug prescribed, recorded in letters or in numerals, instructions for the proper use of the drug and the month and day that the typed or computer-generated prescription order was issued, recorded in letters or in numerals or a combination thereof. The prescribing physician assistant must sign the typed or computer-generated prescription order on the day it is issued, unless it is a standing order issued in a hospital, nursing home or an assisted care living facility as defined in § 68-11-201;

(iv) Nothing in this section shall be construed to prevent a physician assistant from issuing a verbal prescription order;

(v) (a) All handwritten, typed or computer-generated prescription orders must be issued on either tamper-resistant prescription paper or printed utilizing a technology that results in a tamper-resistant prescription that meets the current centers for medicare and medicaid service guidance to state medicaid directors regarding § 7002(b) of the United States Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007, P.L. 110-28, and meets or exceeds specific TennCare requirements for tamper-resistant prescriptions;

(b) Subdivision (2)(E)(v)(a) shall not apply to prescriptions written for inpatients of a hospital, outpatients of a hospital where the doctor or other person authorized to write prescriptions writes the order into the hospital medical record and then the order is given directly to the hospital pharmacy and the patient never has the opportunity to handle the written order, a nursing home or an assisted care living facility as defined in § 68-11-201 or inpatients or residents of a mental health hospital or residential facility licensed under title 33 or individuals incarcerated in a local, state or federal correctional facility;

(F) No drugs shall be dispensed by a physician assistant except under the supervision, control and responsibility of the supervising physician;

(G) Any written, printed or computer-generated prescription order for a Schedule II controlled substance prepared by a physician assistant who is authorized by law to prescribe a drug must be legibly printed or typed as a separate prescription. The written, printed or computer-generated prescription order must contain all information otherwise required by law. The prescribing physician assistant must sign the written, printed or computer-generated prescription order on the day it is issued;

(H) A physician assistant authorized to prescribe drugs under this subdivision (2), who provides services in a free or reduced fee clinic under the Volunteer Healthcare Services Act, compiled in chapter 6, part 7 of this title, may arrange for required personal review of the physician assistant's charts by a supervising physician in the office or practice site of the physician or remotely via HIPAA-compliant electronic means rather than at the site of the clinic. For purposes of this subdivision (2)(H), "HIPAA-compliant" means that the entity has implemented technical policies and procedures for electronic information systems that meet the requirements of 45 CFR 164.312;

(3) The patient of any physician receiving services from that physician assistant shall be fully informed that the individual is a physician assistant and/or a sign shall be conspicuously placed within the office of the physician indicating that certain services may be rendered by a physician assistant;

(4) A physician who does not normally provide patient care is not authorized to supervise or utilize the services of a physician assistant; and

(5) (A) A physician assistant shall only perform invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves of the spine or block of major peripheral nerves of the spine in any setting not licensed under title 68, chapter 11 under the direct supervision of a Tennessee physician licensed pursuant to chapter 6 or 9 of this title who is actively practicing spinal injections and has current privileges to do so at a facility licensed pursuant to title 68, chapter 11. The direct supervision provided by a physician in this subdivision (5)(A) shall only be offered by a physician who meets the qualifications established in § 63-6-244(a)(1) or (a)(3) or § 63-9-121(a)(1) or (a)(3);

(B) For purposes of this subdivision (5), "direct supervision" is defined as being physically present in the same building as the physician assistant at the time the invasive procedure is performed;

(C) This subdivision (5) shall not apply to a physician assistant performing major joint injections except sacroiliac injections, or to performing soft tissue injections or epidurals for surgical anesthesia or labor analgesia in unlicensed settings.

63-19-108. Unlicensed medical practice by assistants.

Any physician assistant rendering professional services inconsistent with this part shall be considered to be practicing medicine without a license and shall be subject to appropriate legal action by the board of medical examiners.

63-19-109. Unprofessional conduct by physician supervising physician assistant.

When any licensed physician utilizes the services of a physician assistant or orthopedic physician assistant inconsistent with this chapter, it constitutes grounds for a finding of unprofessional conduct; and the physician is subject to disciplinary action by the board of medical examiners in accordance with § 63-6-214, the board of osteopathic examination in accordance with § 63-9-111, or the board of podiatric medical examiners in accordance with § 63-3-119. Such disciplinary action includes, but is not limited to, the suspension of privileges to utilize a physician assistant or an orthopedic physician assistant or the suspension or revocation of a physician's license to practice medicine, osteopathic medicine, or podiatry in Tennessee.

63-19-110. Exemptions.

(a) Nothing in this part shall be construed to:

(1) Modify or supersede any existing laws relating to other paramedical professions or services;

(2) Permit a physician assistant to:

(A) Measure the powers or range of human vision, or determine the refractive state of the human eye or the scope of its functions in general or prescribe or direct the use of ophthalmic lenses or prisms to remedy or relieve defects of vision or muscular anomalies;

(B) Prescribe or fit or adapt contact lenses to or for the human eye;

(C) Practice chiropractic or to analyze or palpate the articulations of the spinal column for the purposes of giving a spinal adjustment; or

(3) Prohibit a physician assistant from testing visual acuity or performing routine vision screening.

(b) Nothing in this part applies to registered nurses or licensed practical nurses utilized by a physician under § 63-6-204 or § 63-9-113, or to technicians, other assistants or employees of a physician not rendering services as a physician assistant and who perform delegated tasks in the office of a physician or to students enrolled in physician assistant training programs accredited by the committee on Allied Health Education and Accreditation of the American Medical Association.

63-19-111. Administrative proceedings.

All administrative proceedings for disciplinary action against a license holder under this part shall be conducted by the board in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

63-19-112. [Reserved.]

63-19-113. Licensure renewal by retired physician assistants.

Any person licensed by the board as a physician assistant who has retired or may retire from such practice in this state is not required to biennially renew the person's license as required by this part, if such person files with the board an affidavit on a form to be furnished by the board, which affidavit states the date on which the person retired from practice and any other facts, as the board considers necessary, that tend to verify such retirement. If such person thereafter reengages in practice in this state, such person shall apply for licensure by the board as provided by this part and shall not be liable for payment of licensure renewal fees that accrued during the period of retirement.

63-19-114. Use of title "physician assistant" or abbreviations "PA" or "PA-C."

Any person who holds a valid license or temporary license from the board shall have the right to use the title "physician assistant" or the abbreviations "PA" or "PA-C." No other person may assume that title or use such abbreviations, or any words, signs, letters, or devices to indicate that the person using them is a physician assistant; provided, that this section shall not apply to public accountants or certified public accountants, and nothing in this section shall prevent a public accountant from using the abbreviation "P.A."

63-19-115. Special volunteer license for practice in free health clinic -- Exemption from fees -- Renewal.

A physician assistant licensed pursuant to this chapter under a special volunteer license who is a medical practitioner, as defined by § 63-1-201, engaged in practice at a free health clinic shall not be subject to license fees under this chapter. The board of medical examiners and its committee on physician assistants may issue a special volunteer license, as defined in § 63-1-201, to qualified applicants without fee or charge. Such license shall be for a period of two (2) years and may be renewed on a biennial basis.