

# Georgia Composite Medical Board

**Executive Director**  
Jason S. Jones, MPSA

**Deputy Executive Director**  
Kimberly A. Emm, Esq.



**Chairperson**  
Kathryn Cheek, MD

**Vice Chairperson**  
Austin Flint, MD

2 MLK Jr. Drive SE • East Tower, 11th Floor • Atlanta, Georgia 30334 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

## Georgia Composite Medical Board

### IV Hydration/Therapy Position Statement

**Date:** May 7, 2026

Re: Delegating Physician / APRN Relationship, Supervising Physician / Physician Assistant Relationship, & IV Hydration / IV Therapy Requirements

**This position statement is regarding:** (1) the role of a delegating physician to an advanced practice registered nurse (“APRN”) in Georgia; (2) whether an APRN or APRN-owned entity may employ the delegating physician; (3) whether the use of a third-party company to obtain or furnish a delegating physician changes that analysis; (4) what supervision is required for IV hydration / IV therapy services, including who may provide those services & in what setting; & (5) the relationship of a physician assistant (“PA”) to the supervising physician, including whether a PA may issue prescription drug orders or otherwise order IV hydration / IV therapy treatment, medications, or related diagnostic studies or whether a PA or PA-owned entity may employ the supervising physician. In interpreting these issues, the Board generally evaluates physician–APRN arrangements based upon the substance & practical effect of the relationship rather than solely upon the formal structure, title, or contractual characterization of the arrangement.

#### **APRN – Delegating Physician**

Under Georgia’s nurse protocol framework, a physician may delegate to an APRN only if the APRN is fully licensed by the Georgia Board of Nursing, the APRN’s specialty area or field is comparable to the physician’s specialty area or field (the services should be services the physician regularly engages in within their own practice.), & the parties maintain a compliant nurse protocol agreement. The delegating physician must remain available for immediate consultation; if unavailable, the delegating physician may designate another physician who concurs with the terms of the nurse protocol agreement, or the APRN is not permitted to perform delegated duties. **Ga. Comp. R. & Regs. [360-32-.04\(2\)-\(3\)](#), [360-32-.05\(1\)](#)**

In addition, the delegating physician must document direct onsite observation of the APRN’s practice at least annually, conduct quarterly medical-record review’s, ensure that delegated medical acts are commensurate with the APRN’s education, training, experience, competence, certification, & comparable specialty area, ensure those acts are well documented in patient-specific medical records, & retain ultimate responsibility for ensuring that all delegated medical acts performed by the APRN are clinically appropriate, properly supervised, adequately documented, & compliant with applicable law, Board rules, & standards of care. **Ga. Comp. R. & Regs. [360-32-.05\(2\)-\(4\)](#)**

# Georgia Composite Medical Board

**Executive Director**  
Jason S. Jones, MPSA

**Deputy Executive Director**  
Kimberly A. Emm, Esq.



**Chairperson**  
Kathryn Cheek, MD

**Vice Chairperson**  
Austin Flint, MD

2 MLK Jr. Drive SE • East Tower, 11th Floor • Atlanta, Georgia 30334 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

Georgia law also restricts the economic relationship between the APRN & the delegating physician. Except for practice settings identified in paragraph (7) of subsection (g), it is unlawful for a physician to be an employee of an APRN, alone or in combination with others, if the physician is required to supervise the employing APRN. Those statutory exceptions include certain institutional or facility-based practice settings specifically authorized under Georgia law. The Board's rule mirrors that prohibition. **O.C.G.A. § [43-34-25\(n\)](#); Ga. Comp. R. & Regs. [360-32-.04\(5\)](#)**

The Board has interpreted this prohibition broadly in practice & has not generally limited the term employee' solely to W-2 versus 1099 classifications. Rather, the Board has generally interpreted the prohibition to include a physician receiving compensation of any kind, monetary or non-monetary, from an APRN or an APRN-owned company in exchange for serving as the supervising or delegating physician. This statutory concern extends beyond formal employment relationships & may include direct or indirect compensation arrangements in which the physician is compensated in exchange for serving in the required supervisory or delegating role. On that interpretation, such an arrangement is not permitted outside the limited statutory exception. **O.C.G.A. § [43-34-25\(n\)](#); Ga. Comp. R. & Regs. [360-32-.04\(5\)](#)**

The use of a third-party company does not change that result where the APRN is paying the third-party company to obtain or furnish the delegating physician. Stated differently, the Board would generally view the arrangement based on its substance rather than its form: if the APRN is paying a third-party company, such as "Collaborating MD's/DO's," "APRNMatch," or "NP Collaborator," for access to or assignment of the delegating physician, & that physician is being compensated through that arrangement to supervise or delegate to the APRN, the Board would view the arrangement as prohibited where, in substance, the APRN is directly or indirectly compensating the delegating physician through the third-party arrangement.. **O.C.G.A. § [43-34-25\(n\)](#); Ga. Comp. R. & Regs. [360-32-.04\(5\)](#)**

Accordingly, the involvement of a matching, staffing, management, or contracting company does not cure the prohibition if the practical result is that the APRN pays for the delegating physician. Under the Board's stated interpretation, the use of such a service would not be allowed where it results in the APRN compensating, directly or indirectly, for the required delegating / supervising physician relationship. These restrictions reflect broader regulatory principles intended to preserve independent medical judgment, prevent circumvention of physician-supervision requirements, & protect patient safety. **O.C.G.A. § [43-34-25\(n\)](#); Ga. Comp. R. & Regs. [360-32-.04\(5\)](#)**

With respect to IV hydration / IV therapy, the Georgia Board of Nursing's IV Hydration Position Statement explains that RNs, LPNs, & APRNs are accountable for safe nursing care in all practice settings, including non-traditional settings such as walk-in clinics, mobile hydration clinics, & drip

# Georgia Composite Medical Board

**Executive Director**  
Jason S. Jones, MPSA



**Chairperson**  
Kathryn Cheek, MD

**Deputy Executive Director**  
Kimberly A. Emm, Esq.

**Vice Chairperson**  
Austin Flint, MD

2 MLK Jr. Drive SE • East Tower, 11th Floor • Atlanta, Georgia 30334 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

bars. However, in those non-traditional settings, an RN or LPN may not be the only licensed health care professional interacting with, evaluating, & treating the patient, because it is not within the RN's or LPN's scope of practice to make a medical diagnosis, identify medical problems, or develop medical treatment plans. **Georgia Board of Nursing, IV Hydration Position Statement at 1-2**

The Georgia Board of Nursing further states that IV hydration, nutrient therapies, & medications may be administered by an RN or LPN (under appropriate supervision) only when there is a valid individualized order prescribed by a physician, nurse practitioner ("NP"), or physician assistant ("PA") with prescriptive authority acting within his or her legal scope of practice. There must also be a completed history & physical performed by the physician, NP, or PA. Standing orders are not an appropriate substitute for the individualized order / prescription & history & physical. [Georgia Board of Nursing, IV Hydration Position Statement at 1-2](#)

An LPN may participate in IV hydration / IV therapy services only under appropriate supervision by an RN, physician, NP, or PA. In addition, the agency or business must maintain on-site policies & procedures for administration of IV hydration, nutrient therapies, medications, & emergency interventions. [Georgia Board of Nursing, IV Hydration Position Statement at 1-2](#)

Accordingly, based on the materials provided, the persons who may lawfully order or prescribe IV hydration / IV therapy in these settings are physicians, APRNs with an active prescriptive protocol, or PAs with an appropriate job description, acting within their legal scope of practice; the persons who may administer such therapy are RNs, or LPNs under appropriate supervision, once an individualized order has been issued & an appropriate history & physical has been completed. In a walk-in, mobile, or drip-bar setting, the service must still occur within that clinical framework & may not lawfully rest on an RN or LPN independently evaluating, diagnosing, & treating the patient as the only licensed health care professional. Such arrangements may also raise concerns regarding the unauthorized practice of medicine where nursing personnel function beyond the lawful scope of nursing practice. [Georgia Board of Nursing, IV Hydration Position Statement at 1-2](#)

Where an APRN functions as the ordering clinician pursuant to Georgia law, the APRN's practice must remain within the APRN's lawful scope of practice, certification, education, training, competence, comparable specialty relationship, applicable prescriptive authority, & all nurse protocol requirements with the delegating physician. **O.C.G.A. § [43-34-25](#); Ga. Comp. R. & Regs. [360-32-.04\(3\)](#), [360-32-.05\(3\)](#)**

A Georgia NP/APRN may provide services in an IV therapy or IV hydration clinic by evaluating patients, completing the required history and physical/procedure-appropriateness assessment, determining whether the requested IV therapy is clinically appropriate, issuing individualized

# Georgia Composite Medical Board

**Executive Director**  
Jason S. Jones, MPSA

**Deputy Executive Director**  
Kimberly A. Emm, Esq.



**Chairperson**  
Kathryn Cheek, MD

**Vice Chairperson**  
Austin Flint, MD

2 MLK Jr. Drive SE • East Tower, 11th Floor • Atlanta, Georgia 30334 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

orders, and administering or directing the administration of IV fluids, nutrient therapies, or medications, provided the APRN is acting within Georgia APRN scope, role, population focus, certification, education, training, experience, and any required physician-delegated nurse protocol agreement. The clinic should not rely on RN/LPN-only evaluation, generic standing orders, menu-based treatment without individualized assessment, noncompliant physician protocol arrangements, or sterile compounding/drug-handling practices that fail to satisfy Georgia pharmacy law and USP 797 where applicable.

## **Physician Assistant- Supervising Physician**

Georgia law governing physician assistants establishes a separate supervisory framework. A physician assistant is a licensed medical professional who is supervised by a supervising physician & who is qualified by academic & practical training to provide patient services not necessarily within the physician's physical presence but under the personal direction or supervision of the supervising physician.

For a physician assistant the supervising physician does **not** have to be in the same building so long as the approved job description allows the task & immediate consultation is available. But for tasks outside the approved job description, the physician must be directly supervising & physically present.

For an **anesthesiologist assistant delivering general/regional anesthesia**, the supervising anesthesiologist must be immediately available **in person**. Ga. Comp. R. & Regs. R. 360-5-.04(3)-(5)

No person may practice as a physician assistant without Board approval of a supervising physician & Board approval of the physician assistant's job description. The approved job description must be signed by the primary supervising physician & the physician assistant, must describe the medical acts to be performed, & must confine the physician assistant's activities to those within the scope of practice of the primary supervising physician. A physician who has been approved for supervision of a physician assistant is responsible for medical acts performed by that physician assistant.

Georgia law also provides that a physician may not be an employee of the physician assistant whom he or she is required to supervise unless the arrangement was approved by the Board prior to July 1, 2009. [O.C.G.A. § 43-34-102\(4\), \(7\), \(9\)](#); Ga. Comp. R. & Regs. [360-5-.03\(1\)](#), [360-5-.04\(1\)](#), [360-5-.05\(1\), \(3\)](#), [360-5-.11\(6\)](#)

Georgia law also restricts the economic relationship between the physician assistant & the supervising physician. **A physician may not be an employee of the physician assistant whom he or she is required to supervise unless the arrangement was approved by the Board prior to July 1, 2009.** Because Georgia law requires Board approval of the supervising physician, Board approval of the physician assistant's job description, & places responsibility on the supervising physician for

# Georgia Composite Medical Board

**Executive Director**  
Jason S. Jones, MPSA



**Chairperson**  
Kathryn Cheek, MD

**Deputy Executive Director**  
Kimberly A. Emm, Esq.

**Vice Chairperson**  
Austin Flint, MD

2 MLK Jr. Drive SE • East Tower, 11th Floor • Atlanta, Georgia 30334 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

medical acts performed by the physician assistant, the supervisory relationship must reflect an actual Board-approved supervisory arrangement rather than a nominal or purely contractual designation. **Ga. Comp. R. & Regs. [360-5-.04 \(1\)](#), [360-5-.05 \(1\), \(3\)](#), [360-5-.11 \(6\)](#); [O.C.G.A. § 43-34-102 \(7\), \(9\)](#).**

With respect to prescriptive authority, a physician assistant may issue a prescription drug order & may order & initiate medical treatment or diagnostic studies in any health care setting, as authorized by the supervising physician. If authorized by the physician assistant's approved job description, the physician assistant may issue a prescription drug order for medical devices, dangerous drugs, & Schedule III, IV, or V controlled substances. Any physician assistant authorized to issue prescription drug orders for controlled substances must register with the federal Drug Enforcement Administration ("DEA"), & a physician assistant who has been issued a DEA number must register with the Georgia PDMP within 30 days of obtaining that DEA registration number.

Prescription drug or device orders issued by an authorized physician assistant must identify the primary or alternate supervising physician, & the supervising physician must periodically review

patient records; in addition, the primary or alternate supervising physician shall evaluate or examine patients receiving controlled substances at least every three months. Accordingly, a PA may serve as an ordering clinician for IV hydration / IV therapy only when acting within the PA's approved job description, the supervising physician's authorization, the PA's lawful scope of practice, & all applicable state & federal prescribing requirements. **Ga. Comp. R. & Regs. [360-5-.11 \(3\)](#), [360-5-.12\(1\)-\(8\)](#); [O.C.G.A. § 43-34-103](#)**

A Georgia physician assistant may work in an IV therapy / IV hydration clinic as a medical provider, evaluator, and prescriber/orderer only if all of the following are true:

1. The PA has an active Georgia PA license.
2. The PA has a Board-approved primary supervising physician and approved job description.
3. IV hydration / nutrient therapy / medication ordering and related procedures are within the normal scope of practice of the supervising physician.
4. The PA is qualified by training and experience to perform or order the services.
5. The PA has delegated prescriptive/order authority in the job description when the IV service involves prescription drugs, devices, dangerous drugs, or medical treatment orders.
6. The clinic complies with nursing, pharmacy, recordkeeping, infection-control, emergency-response, and standard-of-care requirements.

Georgia does not treat an IV hydration clinic as a legal workaround where a PA, RN, LPN, or medical assistant can run "menu based" IV drips without individualized clinical evaluation and an individualized order.

# Georgia Composite Medical Board

**Executive Director**  
Jason S. Jones, MPSA

**Deputy Executive Director**  
Kimberly A. Emm, Esq.



**Chairperson**  
Kathryn Cheek, MD

**Vice Chairperson**  
Austin Flint, MD

2 MLK Jr. Drive SE • East Tower, 11th Floor • Atlanta, Georgia 30334 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

All licensees shall clearly provide to the public who the (APRN) delegating, designating and/or (PA) supervising physician is and how to contact that physician. This information should be posted in a way that the public has unrestricted access.

Accordingly, under current Georgia law & applicable Board interpretation, physician–APRN supervisory relationships & physician–PA supervisory relationships must reflect genuine clinical oversight & may not be structured in a manner that circumvents statutory supervision requirements or applicable Board rules. Similarly, IV hydration & IV therapy services must operate within an appropriate clinical framework requiring individualized patient evaluation, lawful prescriptive authority, appropriate supervision, & adherence to applicable nursing & medical practice standards.