

Georgia Composite Medical Board

Executive Director
Jason S. Jones, MPSA



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Deputy Executive Director
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Vice Chairperson
Kathryn Cheek, MD

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

NOTICE OF INTENT TO AMEND RULES

TO ALL INTERESTED PARTIES:

Notice is hereby given that pursuant to the authority set forth below, the Georgia Composite Medical Board (hereinafter "Board") proposes amendments to the Georgia Composite Medical Board Rules by amending **Rule 360-5-.03 "Application for Physician Utilization of a Physician Assistant," Rule 360-5-.05 "Limitations on Physician Assistant Practice," Rule 360-5-.07 "Continuing Education Requirements," Rule 360-5-.11 "Standard for Physician Assistant Practice," and Rule 360-5-.12 "Guidelines concerning Prescriptive Authority."** Exact copies of the proposed rules are attached to this notice.

This notice, together with an exact copy of the proposed rules and a synopsis of the proposed amendments may be reviewed between 8:00 a.m. and 4:00 p.m., Monday through Friday, except official state holidays, at 2 MLK Jr. Drive SE, East Tower, 11th Floor, Atlanta, GA 30334. These documents can also be reviewed online at <https://medicalboard.georgia.gov/board/notice-intent-amendadopt-rules>.

A public hearing is scheduled to begin at **8:30 a.m. on May 8, 2025**, at 2 MLK Jr. Drive SE, East Tower, 11th Floor, Atlanta, GA 30334 in Board Room 1162J to provide the public an opportunity to comment upon and provide input into the proposed rules. At the public hearing, any interested person may present data, make a statement or comment, or offer a viewpoint or argument orally or in writing. Lengthy statements and statements of a considerable technical or economic nature, as well as previously recorded messages, must be submitted for the official record. Oral statements should be concise and will be limited to five minutes per person. Additional comments should be presented in writing. To ensure their consideration, submit all written comments by **May 1, 2025**, to Kimberly.Lemieux@dch.ga.gov or via mail to the Georgia Composite Medical Board Rules Committee at 2 MLK Jr. Drive SE, East Tower, 11th Floor, Atlanta, GA 30334.

The Board voted to adopt this Notice of Intent on **August 1, 2024**. Upon conclusion of the public hearing on **May 8, 2025**, the Board will consider whether the formulation and adoption of these proposed rule amendments imposes excessive regulatory costs on any license or entity, and whether any cost to comply with the proposed rule amendments could be reduced by a less expensive alternative that accomplishes the objectives of the statutes which are the basis of the proposed rule. Additionally, the Board will consider whether it is legal or feasible in meeting the objectives of the applicable laws to adopt or implement differing actions for businesses as listed in O.C.G.A. § 50-13-4(3)(A), (B), (C), and (D).

This Notice is adopted and posted in compliance with O.C.G.A. § 50-13-4 of the Georgia Administrative Procedures Act. A synopsis of the proposed rules and an economic impact statement are attached to this Notice. The authority for promulgation of these rules is O.C.G.A. Secs. 43-34-5, 43-34-8, and 43-34-15.

Issued this day April 8, 2025.

Jason S. Jones
Executive Director

ECONOMIC IMPACT AND SYNOPSIS FOR

RULE CHAPTER 360-5 Physician's Assistants

ECONOMIC IMPACT:

The attached rule is promulgated under the authority of Title 43, Chapter 34. The Georgia Composite Medical Board licenses and regulates nine professions. The formulation and adoption of these rules do not impose excessive regulatory cost on any licensee, and any cost to comply with the proposed rule cannot be reduced by a less expensive alternative that fully accomplishes the objectives of Chapter 34 of Title 43 of the Official Code of Georgia Annotated. Additionally, it is not legal or feasible to meet the objectives of Chapter 34 of Title 43 of the Official Code of Georgia Annotated to adopt or implement differing actions for businesses listed in O.C.G.A. §50-13-4(a)(3)(A), (B), (C) and (D).

RULE SYNOPSES:

Rule 360-5-.03 Application for Physician Utilization of a Physician Assistant

Purpose/Main Features: The purpose of the proposed amendments is to make some minor punctuation and grammatical changes as well as bring the rule into alignment with current legislation. The main feature of this amendment is to address the automatic approval language from HB 557 which became effective July 1, 2024.

Authority: O.C.G.A. §§ 43-1-25, 43-34-5, 43-34-8, 43-34-24, 43-34-102, 43-34-103, 43-34-104, 43-34-108.

Rule 360-5-.05 Limitations on Physician Assistant Practice

Purpose/Main Features: The purpose of the proposed amendments is to bring the rule into alignment with current legislation. The main features of this amendment are to address the limited ability to prescribe some schedule II-controlled substances under specific conditions with a job description from HB 557 which became effective July 1, 2024, and the physician to PA ratio change and death certificate language from HB 1046 which became effective on May 1, 2024.

Authority: O.C.G.A. §§ 43-1-25, 43-34-5, 43-34-8, 43-34-23, 43-34-102, 43-34-103, 43-34-104, 43-34-108, 43-34-109, 43-34-110.

Rule 360-5-.07 Continuing Education Requirements

Purpose/Main Features: The purpose of the proposed amendments is to make the rule clearer and to bring it into alignment with current legislation. The main feature of this amendment is to address the additional continuing education required by HB 557 which became effective July 1, 2024, and HB 1046 which became effective on May 1, 2024.

Authority: O.C.G.A. §§ 43-34-5, 43-34-8, 43-34-11, 43-34-26.1, 43-34-102, 43-34-103, 43-34-107, 43-34-108.

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Rule 360-5-.11 Standard for Physician Assistant Practice

Purpose/Main Features: The purpose of the proposed amendments is to bring the rule into alignment with current legislation. The main feature of this amendment is to address the death certificate language from HB 1046 which became effective May 1, 2024.

Authority: O.C.G.A. §§ 43-34-3, 43-34-5, 43-34-8, 43-34-23, 43-34-102, 43-34-103, 43-34-105, 43-34-106, 43-34-108.

Rule 360-5-.12 Guidelines concerning Prescriptive Authority

Purpose/Main Features: The purpose of the proposed amendments is to bring the rule into alignment with current legislation. The main feature of this amendment is to address the schedule II-controlled substances language from HB 557 which became effective July 1, 2024.

Authority: O.C.G.A. §§ 16-13-41, 16-13-74, 26-4-80, 43-34-5, 43-34-8, 43-34-23, 43-34-102, 43-34-103, 43-34-107, 43-34-108.

**RULES
OF
GEORGIA COMPOSITE MEDICAL BOARD**

**CHAPTER 360-5
PHYSICIAN'S ASSISTANTS**

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Chapter Title Physician's Assistants

Rule 360-5-.03 Application for Physician Utilization of a Physician Assistant

- (1) In order to obtain approval to supervise a physician assistant, the physician who will be responsible for the performance of the Physician Assistant shall submit an application to the Board. The application shall be made upon forms supplied by the Board and must be approved by the Board before the supervising physician(s) may delegate health care tasks to the physician assistant.
 - (a) The board shall have the authority to approve or deny any primary or alternate supervising physicians.
- (2) The supervising physician(s) must certify that he/she has ~~received,~~ read, and is familiar with the Medical Practice Act, Physician Assistant Act, and Board rules and regulations by signing the statement on the application.
- (3) The application must include:
 - (a) The name of the primary supervising physician.
 - (b) Alternate supervising physicians, as designated by the primary supervising physician, if applicable.
 1. Unlimited alternate supervising physicians may be added to the approved list by submission of the appropriate form signed by the primary supervising physician, and each alternate to the Board.
 2. An alternate supervising physician must have the following relationships with the primary supervising physician:

- (i) a similar scope of practice; and;
 - (ii) an affiliation with the primary supervisory physician's medical practice; or
 - (iii) An established formal call agreement.
- (c) The name and location of the medical school from which the primary supervising physician ~~was~~ graduated and the date the degree was received.
 - (d) The type of practice in which the physician assistant is to provide services.;
 - (e) A Georgia business address for the practice.;
 - (f) A current Georgia medical license number.
 - (g) Evidence that the physician assistant is licensed in Georgia.;
 - (h) A fee as required by the Board. No fee will be required if the physician assistant will be providing medical services as an employee of the state or of a county government.;
 - (i) A job description meeting the requirements of law and rules.
- (4) Applications submitted to the Board must be completed in every detail. In order for the Board to complete disposition of the application, the Board, at its discretion, may request additional information which shall be submitted in writing by the applicant.
- (5) If a primary supervising physician has a board approved job description on file for a Physician Assistant and submits an application for utilization of a new Physician Assistant in the same practice, the job description shall, upon submission, be automatically deemed approved by the board. Provided, however, this does not preclude the board from terminating such approval upon review of application.
- ~~(56)~~ At the ~~option~~ discretion of the Board, the physician assistant and the applying supervising physician(s) may be required to appear before the Board for a personal interview.
- ~~(67)~~ The primary supervising physician shall at all times maintain on file, readily available for inspection, documentation from the Board evidencing current approval for supervision of the physician assistant, current license status of both parties, and a copy of the applicable approved job description.
- ~~(78)~~ After receipt of required documents, the board shall provide notification of approval or disapproval of the physician's application for utilization of a Physician Assistant.
- ~~(89)~~ All applications for Board approval should be completed and on file with the Board at least ten (10) days prior to the committee meeting, in order to be considered by the Physician Assistant Advisory Committee and the Board at the next meeting.

(910) Upon termination of a physician/physician assistant relationship, the physician assistant and supervising physician are required to give notice and date of termination to the board by certified mail or appropriate verifiable method, and in order to continue practicing, the physician assistant must submit an application to the Board for a new supervising physician.

- a. An alternate supervising physician may not assume the primary supervising physician's role but must submit the appropriate form to the Board and receive its approval before delegating medical tasks to the physician assistant. Failure to notify the Board immediately may result in disciplinary action against the physician assistant and/or the physician(s). Failure to renew the license because of expiration will not be considered an exception to the requirements of this paragraph.

Authority: O.C.G.A. §§ 43-1-25, 43-34-5, 43-34-8, 43-34-24, 43-34-102, 43-34-103, 43-34-104, 43-34-108.

Rule 360-5-.05 Limitations on Physician Assistant Practice

- (1) No person shall practice as a physician assistant without a license or temporary permit from the Board, Board approval of a supervising physician, and Board approval of his/her job description.
- (2) A physician solely employed by the Department of Community Health, an institution thereof or by a local health department, whose duties are administrative and do not normally include providing health care to patients, shall not be authorized to supervise a physician assistant ~~who is employed by these entities.~~
- (3) A physician may not be an employee of the physician assistant who he/she is required to supervise unless the arrangement was approved by the Board prior to July 1, 2009.
- (4) A physician may serve as primary supervising physician to ~~only four~~ no more than the combined equivalent of eight advanced practice registered nurses or physician assistants at a time. A physician may be an alternate supervising physician for any number of physician assistants.
- (5) A physician may serve as a primary supervising physician for no more than eight physician assistants who have completed a board approved anesthesiologist assistant program licensed to him or her at a time. A physician may be an alternate supervising physician for any number of anesthesiologist assistants.
- (6) When acting as a Primary or Alternate supervising physician, a physician may supervise as many as (4) four physician assistants who have completed a board approved anesthesiologist assistant program at one time, who are working within the scope of practice of the Supervising Physician.

When acting as a Primary or Alternate supervising physician, a physician may supervise no more than the combined equivalent of eight advanced practice registered nurses or as many as (4) four physician assistants at one time, who are working within the scope of practice of the Supervising Physician.

This limitation shall not apply to a Physician Assistant who is practicing:

- (A) In a hospital licensed under Title 31;
- (B) In any college or university as defined in Code Section 20-8-1;
- (C) In the Department of Public Health;
- (D) In any county board of health;
- (E) In any community service board;
- (F) In any free health clinic;
- (G) In a birthing center;

- (H) In any entity:
 - (i) Which is exempt from federal taxes pursuant to Section 501(c)(3) of the Internal Revenue Code, as defined in Code Section 48-1-2, and primarily serves uninsured or indigent Medicaid and Medicare patients; or
 - (ii) Which has been established under the authority of or is receiving funds pursuant to 42 U.S.C. Section 254b or 254c of the United States Public Health Service Act; or
- (I) In a health maintenance organization that has an exclusive contract with a medical group practice and arranges for the provision of substantially all physician services to enrollees in health benefits of the health maintenance organization.
- (7) A physician assistant may not perform an abortion or administer, prescribe or issue a drug order that is intended to cause an abortion to occur pharmacologically.
- (8) A physician assistant may not be utilized to perform the duties of a pharmacist licensed under Title 26, Chapter 4 of the Official Code of Georgia Annotated, relating to pharmacists, as now or hereafter amended.
- (9) A physician assistant may not issue a written prescription for a Schedule II controlled substance except as authorized pursuant to O.C.G.A. § 43-34-103(e.1)(1)(B). Provided, however, this does not preclude:
 - (a) a physician assistant from preparing such a prescription for administration of a Schedule II controlled substance for signature by the primary or alternate supervising physician on the date that the prescription is issued to the patient. Such prescriptions may not be pre-signed.
 - (b) A physician assistant from issuing a written or verbal order for a Schedule II controlled substance within a health care setting. The supervising or an alternate supervising physician must co-sign such orders in compliance with any provisions required by the location where the physician assistant is practicing.
- (10) A physician assistant does not have the authority to ~~sign death certificates or~~ assign a percentage of a disability rating.

Authority: O.C.G.A. §§ ~~43-1-19~~, 43-1-25, 43-34-5, 43-34-8, 43-34-23, 43-34-102, 43-34-103, 43-34-104, 43-34-108, 43-34-109, 43-34-110, ~~43-39-5~~.

Rule 360-5-.07 Continuing Education Requirements

- (1) Physician assistants licensed to practice pursuant to O.C.G.A. 43-34-103 shall complete Board approved continuing medical education of not less than forty (40) hours biennially. ~~Effective with the 2009-2010 biennium, at least ten (10) hours shall be directly related to the specialty of the Board approved primary supervising physician. Physician assistants who are authorized to issue prescription drug orders shall be required as a part of the number of hours of continuing education required herein, to complete a minimum of three (3) hours in practice specific pharmaceuticals in which the physician assistant has prescription order privileges.~~
- ~~(a)~~ At least ten (10) hours shall be directly related to the specialty of the Board approved primary supervising physician.
 - ~~(b)~~ Physician assistants who are authorized to issue prescription drug orders shall be required as a part of the biennial number of hours of continuing education required herein, to complete a minimum of three (3) hours in practice specific pharmaceuticals in which the physician assistant has prescription order privileges.
 - ~~(c)~~ Physician assistants who are authorized to issue prescription drug orders for hydrocodone, oxycodone, or compounds thereof shall be required to complete one (1) additional hour of continuing medical education every renewal period in the appropriate ordering and use of hydrocodone, oxycodone, or compounds thereof.
 - ~~(d)~~ Physician assistants who are authorized to sign death certificates shall be required to complete one (1) additional hour of continuing medical education every renewal period in the recognition and documentation of the causes of death and appropriate execution of death certificates.
 - ~~(ae)~~ Physician assistants who are initially licensed by the Board and who have not renewed their license for the first time shall not be required to complete the 40 hours of continuing education during their first renewal, but physician assistants who have to issue prescriptive drug orders shall be required to complete the 3 hours of continuing education in practice specific pharmaceuticals in which the physician assistant has prescription order privileges.
 - ~~(bf)~~ Physician assistants whose licenses are not active, such as those who are inactive or revoked are not required to complete the continuing education until such time as they are seeking reactivation or reinstatement.
 - ~~(eg)~~ Except for the ~~three hours of~~ continuing education hours listed in paragraphs (b), (c), and (d), of this subsection relating to pharmaceuticals, the Board is authorized to waive the continuing education required for renewal in cases of hardship, disability, illness, service in the United States Congress or Georgia General Assembly, military service or other circumstances as the Board deems appropriate if supported by adequate documentation acceptable to the Board.

1. Physician assistants seeking such an exemption must submit a written request and documentation to support their eligibility for such an exemption.
 2. Said request for an exemption shall be submitted to the Board not less than 60 days prior to the expiration of the license to receive a determination from the Board as to whether an exemption would be granted.
- (2) The Board accepts the A.M.A. (American Medical Association) Category 1, the A.O.A. (American Osteopathic Association) Category 1, A.A.A.A. (American Academy of Anesthesiologist's Assistants) Category 1, AAFP (American Academy of Family Physicians) Category I, and the A.A.P.A. (American Academy of Physician Assistants) Category 1 credit as meeting its requirement for Board approval. It is the responsibility of the physician assistant to verify approval with the source of the program, not with the Board, and the physician assistant shall verify approval before taking the course.
 - (3) Each licensed physician assistant must maintain records of attendance and supporting documents for continuing education for a period of 5 years from the date of attendance. At a minimum, the following must be kept:
 - (a) Name of Provider;
 - (b) Date of completion;
 - (c) Evidence of A.M.A. Category 1 credit; A.O.A. Category 1 credit; A.A.P.A., AAFP, Category 1 credit; or A.A.A.A. Category 1 credit.
 - (4) The Board will audit a fixed percentage of randomly selected renewal applications to monitor compliance with the continuing education requirements. Any licensee so audited shall be required to furnish documentation of compliance as provided in paragraph (4) of this rule. Any licensee so audited who has been found to be out of compliance with the Board's continuing requirements may be subject to disciplinary action.
 - (5) If the licensee has not complied with the continuing education requirement by the expiration of the license, his/her license shall not be renewed and the licensee shall not practice as a physician assistant. A licensee may late renew during the three (3) months following the expiration date of his or her license by presenting satisfactory evidence to the Board of completion of the requisite number of hours of Board approved continuing education and the late renewal fee. Licenses that are not renewed within three (3) months following the expiration date of the license shall be revoked for failure to renew. In order to obtain a valid license after revocation for failure to renew, an applicant must apply for reinstatement.
 - (6) Continuing education hours that are used to satisfy a deficiency for the previous biennial renewal may not be used for purposes of renewal for the next biennium.

Authority: O.C.G.A. Secs. 43-34-5, 43-34-8, 43-34-11, 43-34-26.1, 43-34-102, 43-34-103, 43-34-107, 43-34-108.

Rule 360-5-.11 Standard for Physician Assistant Practice

- (1) The physician assistant is not required to be in the presence of the physician to provide medical services, including the evaluation and treatment of new or established patients.
- (2) A physician assistant may make house calls, nursing home visits, perform hospital duties, serve as an ambulance attendant or perform other functions he is qualified to perform.
- (3) The physician assistant may issue a prescription drug order, and/or order and initiate medical treatment or diagnostic studies in any health care setting, as authorized by his or her supervising physician.
- (4) Any physician, clinic or hospital utilizing physician assistants must post a notice to that effect in a prominent place.
- (5) While engaged in medical practice, a physician assistant must clearly identify himself as such. He/she must also wear a clearly legible identification name tag with the words "Physician Assistant" or "Anesthesiologist Assistant" on it. A Physician Assistant is to be addressed as Mr., Mrs., Ms., or Miss.
- (6) A physician who has been approved for supervision of a physician assistant is responsible for medical acts performed by that physician assistant.
- (7) A physician assistant may pronounce death and certify such pronouncement in the same manner as a physician if he is delegated this by his supervising physician, including signing death certificates.

Authority: O.C.G.A. §§ 43-34-3, 43-34-5, 43-34-8, 43-34-23, 43-34-102, 43-34-103, 43-34-105, 43-34-106, 43-34-108.

Rule 360-5-.12 Guidelines concerning Prescriptive Authority

- (1) If authorized by his/her job description, a physician assistant may issue a prescription drug order for any medical device as defined by Code Section 26-4-5, any dangerous drug as defined in Code Section 16-13-71, ~~or~~ any Schedule III, IV, or V controlled substance as defined in Code Section 16-13-21, or hydrocodone, oxycodone, or compounds thereof in emergency situations pursuant to the requirements set forth in O.C.G.A. § 43-34-103(e.1)(1)(B).
- (2) Any physician assistant who has been authorized to issue a prescription drug order for controlled substances must register with the federal Drug Enforcement Administration ("DEA").
- (3) A Physician assistant who has been issued a DEA number, regardless of prescribing habits, must register with the Georgia PDMP (prescription drug monitoring program) within 30 days of obtaining a DEA registration number.
- (4) A prescription drug or device order form issued by an authorized physician assistant shall, at a minimum, contain the name, address and telephone number of the primary or alternate supervising physician, the patient's name and address, the drug or device ordered, the directions to the patient for taking the medication, the dosage, the number of refills allowed, the name and DEA number (if applicable) of the physician assistant, and the signature of the physician assistant.
- (5) The prescription drug order may be transmitted orally, by telephone, on paper, electronically or via facsimile. Any electronic prescription drug order must comply with the provision of O.C.G.A. Title 16, Chapter 13 and Title 26, Chapter 4. A record of the prescription must be maintained in the patient's medical record.
- (6) A physician assistant may authorize refills of any drug or device for up to 12 months from the date of the original prescription unless otherwise provided by law. Scheduled III, IV or V controlled substances may not be refilled more than six months from date of original prescription.
- (7) The primary or alternate supervising physician shall evaluate or examine patients receiving controlled substances at least every three months.
- (8) The supervising physician shall periodically review patient records. This review may be achieved with a sampling of such records as determined by the supervising physician.
- (9) If authorized by the job description, a physician assistant may request, receive, sign for and distribute professional samples. Professional samples means complimentary doses of a drug, medication vouchers or medical devices provided by the manufacturer for use in patient care. If the professional samples are controlled substances, the physician assistant must also be registered with the federal Drug Enforcement Administration and the Georgia PDMP (prescription drug monitoring program).

- (a) The office where the physician assistant practices must maintain a general list of all professional samples that the supervising physician has approved the physician assistant to request, receive, sign for and distribute. Such samples must be consistent with the specialty of the supervising physician.
- (b) A complete list of the specific drugs or devices provided to a patient by a physician assistant must be noted in the patient's medical record.

Authority: O.C.G.A. §§ 16-13-41, 16-13-74, 26-4-80, 43-34-5, 43-34-8, 43-34-23, 43-34-102, 43-34-103, 43-34-107, 43-34-108.