GEORGIA COMPOSITE MEDICAL BOARD

EXECUTIVE DIRECTOR
LaSharn Hughes, MBA

BOARD CHAIRPERSON
Charles L. White, DO

2 Peachtree Street, N.W., 36th Floor • Atlanta, Georgia 30303 • Tel: 404.656.3923 • http://www.medicalboard.georgia.gov
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GEORGIA COMPOSITE MEDICAL BOARD
NOTICE OF INTENT TO AMEND AND ADOPT RULES

TO ALL INTERESTED PARTIES:

Notice is hereby given by the Georgia Composite Medical Board that it intends to amend **Rule 360-5-.12 "Guidelines concerning Prescriptive Authority."** Exact copies of the proposed amendments are attached to this Notice.

This notice, together with an exact copy of the proposed rules and a synopsis of the proposed rules are being emailed to all persons who have requested, in writing, that they be placed on the mailing list. A copy of this notice, an exact copy of the proposed rules and a synopsis of the proposed rules may be reviewed during normal business hours of 8:00a.m. to 5:00 p.m., Monday through Friday, except official State holidays, at the office of the Georgia Composite Medical Board, 2 Peachtree Street, N.W., 36th Floor, Atlanta, Georgia 30303.

Any interested person who will be affected by these rules may present his or her comments to the Board no later than **December 28, 2011** or make comments at the public hearing. Comments may be directed to Carol Dorsey, Georgia Composite Medical Board, 2 Peachtree Street, N.W., 36th Floor, Atlanta, Georgia 30303-3465 or may be received by the Board by e-mail at cdorsey@dch.ga.gov.

A public hearing is scheduled to begin at **8:15 a.m.** on **January 6, 2012** at the 36th Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia 30303, to provide the public an opportunity to comment upon and provide input into the proposed rules.

The Board voted to adopt this Notice of Intent on **December 2, 2011** meeting. The Board will consider at its meeting on **January 6, 2012** at **8:30 a.m.** the comments from the public hearing 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 at its meeting on **January 6, 2012**, 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)(D).

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The authority for promulgation of these rules is O.C.G.A. 16-13-41, 16-13-74, 26-4-80, 43-34-5, 43-34-8, 43-34-102, 43-34-03, and 43-34-34-108 and the specific statutes cited in the proposed rules.

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.

Date: 12/6/11

Signed: _____

LaSharn Hughes, MBA
Executive Director
Georgia Composite Medical Board

ECONOMIC IMPACT AND SYNOPSIS FOR AMENDMENTS TO RULE CHAPTER 360-5

Physician Assistant

ECONOMIC IMPACT:

The attached rules are promulgated under the authority of the Medical Practice Act, Title 43, Chapter 34. The Georgia Composite Medical Board licenses and regulates nine professions. The formulation and adoption of this rule does 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 Article 2 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 the Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated to adopt or implement differing actions for businesses listed at O.C.G.A. § 50-13-4(a)(3)(A), (B), (C) and (D).

RULE SYNOPSIS:

Rule 360-5-.12 "Guidelines concerning Prescriptive Authority"
Purpose/Main Feature: The purpose of this rule is to make changes related to the passage of HB 303. The rule also defines physician assistant providing samples and when Schedule III, IV or V control substances may not be refilled.

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

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.

(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 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.

(4) 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.

(5) 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.

(6) The physician assistant or office staff shall notify the patient that he has the right to see the physician prior to receiving a prescription drug or device order. Prominent signage in the office may serve this purpose.

(7) The primary or alternate supervising physician shall evaluate or examine patients receiving controlled substances at least every three months.

(8) Except in facilities operated by the Division of Public Health of the Department of Community Health, the primary or alternate supervising physician shall review the physician assistant's prescription drug or device orders and corresponding medical record entries within 30 days. This review may be achieved with a sampling of no less than 50 percent of the prescription drug or device orders and/or corresponding medical record entries.

(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.

(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~~, and the number and dosage of each professional sample received and dispensed must be maintained~~ provided to a patient by a physician assistant must be noted in the patient's medical record.

Authority O.C.G.A. Secs. 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.

DRAFT