

# Georgia Composite Medical Board

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LaSharn Hughes, MBA



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2 Peachtree Street, NW • 6<sup>th</sup> Floor • Atlanta, Georgia 30303 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

## NOTICE OF INTENT TO AMEND AND ADOPT 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 the following Rules:

**Rule 360-5-.02 "Qualifications for Physician Assistant License"**

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

**Rule 360-5-.04 "General Job Description"**

**Rule 360-5-.05 "Limitations on Physician Practice"**

**Rule 360-5-.06 "Renewal of Physician Assistant License"**

**Rule 360-5-.11 "Standards for Physician Assistant Practice"**

**Rule 360-5-.12 "Guidelines concerning Prescriptive Authority"**

An exact copy of the proposed rule is 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 Peachtree Street, NW., 6<sup>th</sup> Floor, Atlanta, GA 30303. These documents can also be reviewed online at <http://medicalboard.georgia.gov/notice-intent-amendadopt-rules>.

A public hearing is scheduled to begin at **8:30 a.m. on May 6, 2021 via TEAMS** 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 5 minutes per person. Additional comments should be presented in writing. To ensure their consideration, submit all written comments by **April 29, 2021 to [lhughes@dch.ga.gov](mailto:lhughes@dch.ga.gov)** via mail to the Georgia Composite Medical Board Rules Committee at 2 Peachtree Street, N.W., 6<sup>th</sup> Floor, Atlanta, Georgia 30303.

The Board voted to adopt this Notice of Intent on **April 1, 2021**. Upon conclusion of the public hearing on **May 6, 2021**, 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. 16-13-57, 43-34-5(c), 43-34-8(b)(1)(E), 43-34-102(4)(7), 43-34-103(a)(1)(B)

Issued this day April 5, 2021.

A handwritten signature in blue ink, reading "LaSharn Hughes". The signature is fluid and cursive, with the first name "LaSharn" and the last name "Hughes" clearly distinguishable.

LaSharn Hughes, MBA  
Executive Director  
Georgia Composite Medical Board

## ECONOMIC IMPACT AND SYNOPSIS FOR

### RULE CHAPTER 360-2

#### 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 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 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 in O.C.G.A. §50-13-4(a)(3)(A), (B), (C) and (D).

#### RULE SYNOPSIS:

##### **Rule 360-5-.02 “Qualifications for Physician Assistant License”**

**Purpose/Main Features:** The purpose of the proposed amendment is to provide the requirement that must be met for a physician assistant license.

##### **Rule 360-5-.03 “Application for Physician Utilization of Physician Assistant”**

**Purpose/Main Features:** The purpose of the proposed amendment is regarding the signature for the primary supervising physician, the physician assistant, and the alternate supervising physician.

##### **Rule 360-5-.04 “General Job Description”**

**Purpose/Main Features:** The purpose of the proposed amendment is renumber the subparagraphs for clarity.

##### **Rule 360-5-.05 “Limitations on Physician Assistant Practice”**

**Purpose/Main Features:** The purpose of the proposed amendment is to provide the requirement that must be met for a physician assistant license.

##### **Rule 360-5-.06 “Renewal of Physician Assistant License”**

**Purpose/Main Features:** The purpose of the proposed amendment is add a new subparagraph to provide for return to practice after being out of practice for three years.

##### **Rule 360-5-.11 “Standards for Physician Assistant Practice”**

**Purpose/Main Features:** The purpose of the proposed amendment is to delete subparagraph ten which authorizes regarding where a Physician Assistant can practice.

##### **Rule 360-5-.12 “Guidelines concerning Prescriptive Authority”**

**Purpose/Main Features:** The purpose of the proposed amendment is identify that all prescribers with DEA numbers to register with the Prescription Drug Monitoring Program.

O.C.G.A. Secs. 16-13-57, 43-34-5(c), 43-34-8(b)(1)(E), 43-34-102(4)(7), 43-34-103(a)(1)(B)

## **Rule 360-5-.02. Qualifications for Physician Assistant Licensure**

- (1) An applicant for licensure as a physician assistant must show to the satisfaction of the Board the following:
  - (a) An affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.
  - (b) Good moral character as demonstrated by two (2) acceptable references from licensed physicians, who are personally acquainted with the applicant in their capacity as a Physician Assistant or Physician Assistant student. These may not be completed by the Primary Supervising Physician(s) applying for utilization of the physician assistant.
  - (c) Evidence of satisfactory completion of a training program approved by the Board. The Board has approved or will approve those physician assistant programs of training offered by accredited colleges or universities, whose graduates are eligible for the examination administered by either the NCCPA or NCCAA or their successors, and whose curriculum consists of two or more academic years, including clinical experience in health care appropriate to the task of a physician assistant.
  - (d) Evidence that the applicant has achieved a passing score on either:
    1. The certification examination administered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA) or its successor, or
    2. The certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA) or its successor.
- (2) Applications for initial licensure or licensure thereafter as a physician assistant shall be made upon forms supplied by the Board and/or through the Board online application portal.
- (3) The forms must be completed and submitted by the physician assistant along with a recent notarized photograph of the applicant and an application fee. No fee is required if the applicant is an employee of the state or county government.



- (4) Applications submitted to the Board must be completed in every detail, unless the response called for is not applicable to the applicant, and, if so, the response shall be made in that manner with accompanying explanation.
- (5) All applications and accompanying required documents for licensure as a physician assistant must be completed, received, and on file with the Board at least 10 (ten) days prior to its meeting, in order to be considered by the Physician Assistant Advisory Committee and the Board at the next meeting.
- (6) A completed application for licensure may be denied for any of the reasons set forth in O.C.G.A. Section 43-34-8.
- (7) The physician assistant must certify that he or 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.
- (8) Upon receipt of all required documents, the board shall provide notification of approval or disapproval of the physician assistant application for licensure.
- (9) An applicant must complete all requirements for licensure within one year from the date the Board receives the application. Otherwise, the applicant must submit a new application with the required fee. This one year requirement does not include references, which are valid for only six months.

(10) If the Applicant has been out of practice for more than (3) three years, the board, at its discretion, may require, prior to licensure approval, refresher training, shadowing hours, continuing education, PANCE or NCCAA recertification, periodic reports from primary supervising physician, demonstration of more intense physician supervision, and/or any other means deemed necessary by the Board to protect the health and safety of the citizens of Georgia.

~~(10)~~(11) Temporary Practice Permits. The Board may issue a temporary permit to any applicant who has otherwise met the requirements for Board licensure and who has either applied to take the next available examination or has already taken the examination and is awaiting the results thereof, with the following conditions:

- a. The applicant must request this permit in writing.
- b. Unless otherwise approved by the Board for extenuating circumstances, the permit shall be valid for a maximum period of ninety (90) days, but shall expire immediately upon notification of the applicant's failure to achieve a satisfactory score on the approved certification examination required in 360-5-.02(1)(c).

**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. The Primary Supervising Physician and Physician Assistant signatures must be original however, the Alternate Supervising Physician signatures can be electronic.
    - 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; and
  - (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) At the option of the Board, the physician assistant and the applying supervising physician(s) may be required to appear before the Board for a personal interview. ~~If the physician assistant has been out of practice for more than two years, the Board, at its discretion, may require refresher training, continuing education, periodic reports from primary supervising physicians, demonstration of more intense physician supervision, or any other means deemed necessary by the Board to protect the health and safety of the citizens of Georgia.~~
  - (6) 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.
  - (7) 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.
  - (8) All applications for Board approval should be completed and on file with the Board at least ten (10) days prior to the meeting, in order to be considered by the Physician Assistant Advisory Committee and the Board at the next meeting.
  - (9) 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.

#### **Rule 360-5-.04. General Job Description**

- (1) The job description is a document signed and dated by both the primary supervising physician and the physician assistant whom the physician is seeking to utilize or already has approval to utilize.
  - (~~b~~ a) A job description shall not be required to contain every activity the physician deems the physician assistant qualified to perform, but shall confine the activities of the physician assistant to those in the scope of practice of the primary supervising physician.
  - (~~a~~ b) The job description shall include a description of the medical acts to be performed by the physician assistant. For physician assistants who do not practice as an anesthesiologist assistant, attachment of the Job Description provided by the Board shall be deemed adequate compliance with this requirement. However, if the physician assistant is performing an act not covered in the Job Description, then a submission of these additional acts is necessary and express approval by the Board is required. The Job Description does not include the delivery of general, spinal or epidural anesthesia and a physician assistant performing these acts would require additional training and express Board approval.
- (2) Physician assistants who have completed a board approved Anesthesiologist Assistant program and will be practicing under the supervision of an anesthesiologist shall complete the job description for the Physician Anesthesiologist Assistant. All other physician assistants shall complete the General Job Description.
- (3) The job description shall contain a provision for immediate consultation between the physician assistant and primary or alternate supervising physician. "Immediate consultation" means that the supervising physician shall be available for direct communication or by telephone or other means of telecommunication.
- (4) In the case of an anesthesiologist assistant delivering general and/or regional anesthesia, the primary or alternate supervising physician must be immediately available in person.
- (5) A physician assistant may only perform those tasks which are included in his/her job description currently on file with and approved by the Board; provided, however, that tasks outside the job description may be performed by the physician assistant under the direct supervision and in the presence of the physician(s) utilizing him.
- (6) A primary supervising physician may at any time submit a new or amended physician assistant job description to the Board.



### **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 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 physician assistants. 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.
- ~~(5) A physician may not supervise more than two physician assistants at any one time except:~~
  - ~~(a) When practicing as a member of a group practice in which other physicians of such group are primary supervising physicians. In these circumstances, a physician may supervise up to four physician assistants at any one time, or~~
  - ~~(b) When acting as an alternate supervising physician, a physician may supervise as many as four physician assistants, who are working within the scope of practice of the alternate supervisor.~~
    - ~~1. In an institutional setting, such as a hospital or clinic.~~
    - ~~2. While on call for a primary supervising physician or a group practice~~
    - ~~3. When otherwise approved by the board to act as an alternate supervising physician.~~
- (56) 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 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.

~~(6)~~ 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.

~~(7-8)~~ 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.

~~(8)~~ 9 A physician assistant may not issue a written prescription for a Schedule II controlled substance. 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.

- (~~9-10~~) A physician assistant does not have the authority to sign death certificates or assign a percentage of a disability rating.

#### **Rule 360-5-.06. Renewal of Physician Assistant License**

- (1) All physician assistant licenses must be renewed biennially on the last day of the month in which the licensee's birthday falls. In order to renew, the licensee must:
  - (a) Complete the renewal application;
  - (b) Complete the Board approved continuing education requirements;
  - (c) If intending to continue active practice have a Board approved primary supervising physician and approved job description, or if seeking an inactive license, meet the applicable requirements of 360-5-.08; and
  - (d) Pay a renewal fee.
- (2) Approximately 60 days prior to the expiration date, the Board may as a courtesy, email a notice for license renewal to the last email address on file in the Board's records to every person holding a current license. Failure to receive such notification shall not relieve the licensee of the obligation to renew and pay the required fee prior to the expiration date of the license. Deposit of the renewal fee by the Board does not indicate acceptance of the renewal application or that any licensing requirements have been fulfilled.
- (3) Failure to renew a license by the designated expiration date shall result in a penalty fee for late renewal as determined by the Board.
- (4) Failure to obtain the continuing education required for renewal may result in the denial of the application for renewal, or renewal of the license under a consent order with a fine, public or private reprimand and the requirement of additional continuing education.
- (5) Licenses expired for three months or less may be late renewed by meeting all the requirements for renewal and paying a late renewal fee.
- (6) Licenses that have been expired for longer than 3 months shall be deemed administratively revoked for failure to renew. Such licensees must apply for reinstatement of the license.
- (7) Notwithstanding the provisions of paragraph (6) of this rule, any service member as defined in O.C.G.A. § 15-12-1 whose license to practice medicine expired while on active duty outside the state shall be permitted to practice in accordance with the expired license and shall not be charged with a violation relating to such practice on an expired license for a period of six (6) months from the date of his or her discharge from active duty or reassignment to a location within the state. Such service member shall be entitled to renew such expired license without penalty within six (6) months after the date of his or her discharge from active duty or reassignment to a location within this state. The service member must present to the Board a copy of the official military orders or a written verification signed by the service member's commanding officer to waive any charges.



(8) Reinstatement of License

- (a) In order to reinstate a license to practice as a physician assistant, the Board must receive:
  - 1. A completed application;
  - 2. A reinstatement fee as required by the Board.
- (b) Reinstatement of a license to practice as a physician assistant is within the discretion of the Board. The physician assistant must be able to demonstrate to the Board's satisfaction that:
  - 1. He or she has maintained current knowledge, skill and proficiency in the health care area related to the job description as required by O.C.G.A. § 43-34-103; and
  - 2. He or she is mentally and physically able to practice with reasonable skill and safety.

~~(9) A physician assistant whose license has expired may neither practice nor represent himself as a physician assistant until such time that the Board has approved his application for renewal or reinstatement. If the Applicant has been out of practice for more than (3) three years, the board, at its discretion, may require, prior to licensure approval, refresher training, shadowing hours, continuing education, PANCE or NCCAA recertification, periodic reports from primary supervising physician, demonstration of more intense physician supervision, and/or any other means deemed necessary by the Board to protect the health and safety of the citizens of Georgia.~~

~~(9 10) A physician assistant whose license has expired may neither practice nor represent himself as a physician assistant until such time that the Board has approved his application for renewal or reinstatement.~~

~~(10 11)~~ All applicants must provide an affidavit and a secure and verifiable document in accordance with O.C.G.A. 50-36-1(f). If the applicant has previously provided a secure and verifiable document and affidavit of United States citizenship, no additional documentation of citizenship is required for renewal. If the applicant for renewal is not a United States citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for purpose of verifying citizenship and immigration status information of non-U.S. citizens. If the applicant for renewal is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal agency.

### **Rule 360-5-.11. Standards for Physician Assistant Practice**

- ~~(1)~~ A licensed physician assistant is authorized to practice in those public or private places or facilities where the primary or alternate supervising physician regularly sees patients.
- (1 2) 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 3) 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 4) 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 5) Any physician, clinic or hospital utilizing physician assistants must post a notice to that effect in a prominent place.
- (5 6) 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 7) A physician who has been approved for supervision of a physician assistant is responsible for medical acts performed by that physician assistant.
- (7 8) 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.

## **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.
- (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.
- (3 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.
- (4 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.
- (5 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.
- (6 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.~~
- (7 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.