

Stricken language would be deleted from and underlined language would be added to the Code of Arkansas Rules.

Proposed Rulemaking

Title

Promulgated by:
Arkansas State Medical Board

Title 17. Professions, Occupations, and Businesses
Chapter XXIV. Arkansas State Medical Board, Department of Health
Subchapter A. Generally
Part 140. Arkansas State Medical Board Rules
Subpart 18. Rules Governing Physician Assistants

17 CAR § 140-1801. Licensure generally.

A physician assistant must possess a license issued by the Arkansas State Medical Board prior to engaging in such occupation.

17 CAR § 140-1802. Obtaining license.

To obtain a license from the Arkansas State Medical Board, the physician assistant must do the following:

- (1) Answer all questions to include the providing of all documentation requested on an application form as provided by the Arkansas State Medical Board;
- (2) Pay the required fee for licensure as delineated elsewhere in this part;
- (3) Provide proof of successful completion of Physician Assistant National Certifying Examination, as administered by the National Commission on Certification of Physician Assistants;
- (4) Certify and provide such documentation as the Arkansas State Medical Board should require that the applicant is mentally and physically able to engage safely in the role as a physician assistant;

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(5) Certify that the applicant is not under any current discipline, revocation, suspension, probation, or investigation from any other licensing board;

~~(6) Provide letters of recommendation as to quality of practice history;~~

~~(7)(6)~~ Be at least twenty-one (21) years of age;

~~(8)(7)~~ Show proof of graduation with a bachelor's degree from an accredited college or university or prior service as a military corpsman;

~~(9)(8)~~ Provide proof of graduation from a physician assistant education program recognized by the Accreditation Review Commission on Education for the Physician Assistant or by its successor agency, and has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants; and

~~(10)(9)~~ Submit to the Arkansas State Medical Board a delegation agreement delineating:

(A) The scope of practice that the physician assistant will engage in;

(B) The program of evaluation; and

(C) Supervision by the supervising physician.

17 CAR § 140-1803. Letter of intent.

(a) If an applicant for a license submits all of the required information, complies with all the requirements in 17 CAR § 140-1802, except 17 CAR § 140-1802~~(10)(9)~~, and the same is reviewed and approved by the Arkansas State Medical Board, then the applicant may request a letter of intent from the board and the board may issue the same.

(b) Said letter of intent from the board will state that the applicant has complied with all licensure requirements of the board except the submission of a delegation agreement and supervising physician, and that upon those being submitted to the board, it is the intent of the board to license the applicant as a physician assistant.

(c) Said letter of intent will expire six (6) months from date of issue.

17 CAR § 140-1804. Delegation agreement.

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(a)(1) This delegation agreement is to be completed and signed by the physician assistant and his or her designated supervising physician.

(2) Said delegation agreement will be written in the form issued by the Arkansas State Medical Board.

(3) Said delegation agreement must be accepted by the board prior to licensure of the physician assistant.

(b) The delegation agreement as completed by the physician assistant and the supervising physician will include the following:

(1) Area or type of practice;

(2) Location of practice;

(3) Geographic range of supervising physician;

(4) The type and frequency of supervision by the supervising physician;

(5) The process of evaluation by the supervising physician;

(6) The name of the supervising physician;

(7) The qualifications of the supervising physician in the area or type of practice that the physician assistant will be functioning in;

(8) The type of drug prescribing authorization delegated to the physician assistant by the supervising physician; and

(9) The name of the back-up supervising physician or physicians and a description of when the back-up supervising physician or physicians will be utilized.

(c) A copy of the approved delegation agreement must be kept at the practice location of the physician assistant.

17 CAR § 140-1805. Prescribing authority — Patient care orders.

(a)(1)(A) A physician assistant must be authorized by his or her supervising physician to prescribe legend drugs and scheduled medication for patients.

(B) Said authorization must be stated in the delegation agreement and the request approved by the Arkansas State Medical Board.

(C) A supervising physician may only authorize a physician assistant to prescribe schedule medication that the physician is authorized to prescribe.

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(2) A physician assistant may only be authorized to receive, prescribe, order, and administer Schedule II – Schedule V medications, except that a physician assistant may prescribe hydrocodone combination products reclassified from Schedule III to Schedule II as of October 6, 2014, if authorized by the physician assistant’s supervising physician, and in accord with other requirements of this section.

(3) A physician assistant’s prescriptive authority extends to drugs in Schedule II, except regarding hydrocodone as stated above, only if the prescription is for:

(A) An opioid, if the prescription is only for a five-day period or less; or

(B) A stimulant, if the:

(i) Prescription was originally initiated by a physician;

(ii) Physician has evaluated the patient within six (6) months before the physician assistant issues a prescription; and

(iii) Prescription by the physician assistant is to treat the same condition as the original prescription.

(b) The physician assistant will make an entry in the patient chart noting the name of the medication, the strength, the dosage, the quantity prescribed, the directions, the number of refills, together with the signature of the physician assistant and the printed name of the supervising physician for every prescription written for a patient by the physician assistant.

(c)(1) Patient care orders generated by a physician assistant shall be construed as having the same medical, health, and legal force and effect as if the orders were generated by the physician assistant’s supervising physician.

(2) The orders shall be complied with and carried out as if the orders had been issued by the physician assistant’s supervising physician.

(d) Physician assistants who prescribe controlled substances shall register with the Drug Enforcement Administration as part of the Drug Enforcement Administration’s Mid-Level Practitioner Registry, 21 C.F.R. pt. 1300, 58 FR 31171 – 31175, and the Controlled Substances Act.

17 CAR § 140-1806. Availability of supervising physician.

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A supervising physician and/or back-up supervising physician or physicians should be available for immediate telephone contact with the physician assistant any time the physician assistant is rendering services to the public.

17 CAR § 140-1807. Additional responsibilities.

(a)(1) Physician assistants provide medical services to patients consistent with the physician assistant's license, area of practice, or authorization under the delegation agreement.

(2)(A) Physician assistants will have to provide medical services to the patients consistent with the standards that a licensed physician would provide to a patient.

(B) As such, the physician assistant must comply with the standards of medical care of a licensed physician as stated in the:

(i) Arkansas Medical Practices Act, Arkansas Code § 17-95-201 et seq., Arkansas Code § 17-95-301 et seq., and Arkansas Code § 17-95-401 et seq.;

(ii) Rules of the Arkansas State Medical Board; and

(iii) Orders of the board.

(C) A violation of said standards can result in the revocation or suspension of the license when ordered by the board after disciplinary charges are brought.

(b) A physician assistant must clearly identify himself or herself to the patient by displaying an appropriate designation, that is a badge or name plate with the words "physician assistant" appearing thereon.

(c)(1) If authorized by the supervising physician, a physician assistant shall be:

(A) Identified as the treating provider in billing and claims processes when the physician assistant delivered the medical services to the patient; and

(B) Allowed to file claims as the billing provider for medical services delivered by the physician assistant to a patient that:

(i) Is a Medicaid beneficiary; or

(ii) Has a health benefit plan provided by a healthcare insurer.

(2) Under this section, a health benefit plan provided by a healthcare insurer or the Arkansas Medicaid Program shall not require the physical presence of the

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supervising physician as provided in Arkansas Code § 17-105-101(5).

(d) A physician assistant may pronounce death and may authenticate with his or her signature a form that may be authenticated by a supervising physician's signature as authorized under Arkansas Code § 17-80-120.

(e)(1) A physician assistant may render care within his or her scope of practice when responding to a need for medical care created by an emergency or a state or local disaster if the physician assistant is:

- (A) Licensed in this state;
- (B) Licensed or authorized to practice in another state or territory; or
- (C) Credentialed as a physician assistant by a federal employer.

(2) A physician assistant who voluntarily and gratuitously, other than in the ordinary course of his or her employment or practice, renders emergency medical assistance is not liable for civil damages for personal injuries that result from acts or omissions of the physician assistant that may constitute ordinary negligence.

[\(f\) A physician assistant may delegate certain tasks as authorized under §17-95-208 and the rules of the Arkansas State Medical Board.](#)

17 CAR § 140-1808. Liability of physician.

(a)(1) The supervising physician is liable for the acts of a physician assistant whom he or she is supervising if said acts of the physician assistant arise out of the powers granted the physician assistant by the supervising physician.

(2) The supervising physician may have charges brought against him or her by the Arkansas State Medical Board and receive sanctions if the physician assistant should violate the standards of medical practice as set forth in the:

- (A) Arkansas Medical Practices Act, Arkansas Code § 17-95-201 et seq., Arkansas Code § 17-95-301 et seq., and Arkansas Code § 17-95-401 et seq.;
- (B) Rules of the board; and
- (C) Standards of the medical community.

(b)(1) A supervising physician will notify the board within ten (10) days after notification of a claim or filing of a lawsuit for medical malpractice against a physician

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assistant whom he or she supervises.

(2) Notice to the board shall be sent to the office of the board and upon such forms as may be approved by the board.

(3) If the malpractice claim is in the form of a complaint in a filed lawsuit, a copy of the complaint shall be furnished to the board along with the notification required by this section.

17 CAR § 140-1809. Continuing medical education.

(a) A physician assistant who holds an active license to practice in the State of Arkansas shall complete twenty (20) credit hours per year of continuing medical education.

(b) If a person holding an active license as a physician assistant in this state fails to meet the foregoing requirement because of illness, military service, medical or religious missionary activity, residence in a foreign country, or other extenuating circumstances, the Arkansas State Medical Board upon appropriate written application may grant an extension of time to complete the same on an individual basis.

(c)(1) Each year, with the application for renewal of an active license as a physician assistant in this state, the board will include a form which requires the person holding the license to certify by signature, under penalty of perjury and discipline by the board, that he or she has met the stipulating continuing medical education requirements.

(2) In addition, the board may randomly require physician assistants submitting such a certification to demonstrate, prior to renewal of license, satisfaction of continuing medical education requirements stated in his or her certification.

(d)(1) Continuing medical education records must be kept by the licensee in an orderly manner.

(2) All records relative to continuing medical education must be maintained by the licensee for at least three (3) years from the end of the reporting period.

(3) The records or copies of the forms must be provided or made available to the board.

(e) Failure to complete continuing education hours as required or failure to be able

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to produce records reflecting that one has completed the required minimum medical education hours:

(1) Shall be a violation; and

(2) May result in the licensee having his or her license suspended and/or revoked.

(f) A physician assistant who is authorized to prescribe Schedule II hydrocodone combination products reclassified from Schedule III to Schedule II as of October 6, 2014, must complete at least five (5) continuing education hours in the area of pain management.

(g)(1) Each year, each physician assistant shall obtain at least one (1) hour of CME credit specifically regarding the prescribing of opioids and benzodiazepines.

(2) The one (1) hour may be included in the twenty (20) credit hours per year of continuing medical education required and shall not constitute an additional hour of CME per year.

17 CAR § 140-1810. Physician assistants — HIV, HBV, and HCV.

Physician assistants shall adhere to 17 CAR § 140-1001 et seq., concerning HIV, HBV, and HCV.

17 CAR § 140-1811. Physician Assistant Licensure Compact

Pursuant to Act 300 of 2025:

- (a) (1) To obtain a compact privilege from the Physician Assistant Licensure Compact, the physician assistant must apply with and meet the requirements of the Compact.
- (2) A Compact Privilege expires when the Licensee’s Qualifying License in the Participating State from which the Licensee applied for the Compact Privilege expires.
- (3) Nothing in this Compact authorizes a Participating State to deny an application for a Compact Privilege in that Participating State for the individual’s otherwise lawful practice in another State.

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(4) Subpoenas may not be issued by a Participating State to gather evidence of conduct in another State that is lawful in that other State for the purpose of taking Adverse Action against an application for Compact Privilege in that Participating State.

(b) (1) Nothing in this Compact authorizes a Participating State to impose discipline against a PA's Compact Privilege in that Participating State for the individual's otherwise lawful practice in another State.

(2) If an Adverse Action is taken against a PA's Qualifying License, the PA's Compact Privilege in all Remote States shall be deactivated until two (2) years have elapsed after all restrictions have been removed from the State License. All disciplinary orders by the Participating State which issued the Qualifying License that impose Adverse Action against a PA's License shall include a Statement that the PA's Compact Privilege is deactivated in all Participating States during the pendency of the order.

(3) Subpoenas may not be issued by a Participating State to gather evidence of conduct in another State that is lawful in that other State for the purpose of taking Adverse Action against a Licensee's Compact Privilege in that Participating State.

(4) Participating States shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

(c) The Rules of the Commission shall have the force of law in each Participating State, provided however that where the Rules of the Commission conflict with the laws of the Participating State that establish the medical services a PA may perform in the Participating State, as held by a court of competent jurisdiction, the Rules of the Commission shall be ineffective in that State to the extent of the conflict.

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