

In the Hospital Setting

The Practice of Physician Assistants Supervised by Medical Doctors

Regulations Implementing Act 79 of 2021

June 2025





At A GLANCE—Physician Assistant Practice in the Hospital Setting

HEALTH CARE PRACTITIONER	PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
Practice Act	√
Continuing Education Requirement	√
Collaborative Agreement Requirement	
Written Agreement Requirement	√
Permitted to Write Orders	√
Permitted to Issue Oral/Verbal Orders	√
Prescriptive Authority	√
Pronouncement of Death	√
Completion of Death Certificate	√

Legend: √ indicates that the health care practitioner has the identified requirement or is permitted to perform the health care service by Pennsylvania law or regulation

HAP extends its sincere appreciation to the PA Society of Physician Associates for their support in developing this guidebook.



DETAILED MATRIX—Physician Assistant Practice in the Hospital Setting

Table 1: Relevant Laws and Regulations

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
Licensing of Physician Assistants by the SBM Act 160 of 2002 (HB 967) http://www.legis.state.pa.us/cfdocs/billinfo/billinfo.cfm?year=2001&sind=0&body=H&type=B&BN=0967
Supervision of physician assistants Act 46 of 2007 (HB 1251) http://www.legis.state.pa.us/cfdocs/billinfo/billinfo.cfm?year=2007&sind=0&body=H&type=B&bn=1251
SBM scope of practice expansion Act 45 of 2008 Revised Medical Practice Act (HB 1804) http://www.legis.state.pa.us/cfdocs/billinfo/billinfo.cfm?year=2007&sind=0&body=H&type=B&BN=1804
Final regulations published in <i>PA Bulletin</i> on November 18, 2006 (http://www.pabulletin.com/secure/data/vol36/36-46/2263.html)
Requires the PA applicant to provide proof of professional liability insurance in the minimum amount of \$1,000,000 per occurrence or claims made.
Allows PAs to certify cause of death and sign death certificates of patients who were under their care. Act 17 of 2017 2017 Act 17 - PA General Assembly (state.pa.us)
Mandated to report child abuse Act 31 of 2014 2014 Act 31 - PA General Assembly (state.pa.us)
Required Opioid CME (2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids) Act 124 of 2016 2016 Act 124 - PA General Assembly (state.pa.us)
Allows for delegate of supervising physician and physician assistant to prepare written agreement Act 68 of 2019 2019 Act 68 - PA General Assembly (state.pa.us)
Able to obtain informed consent Act 61 of 2021 2021 Act 61 - PA General Assembly (state.pa.us)
Modernization of Practice Act 79 of 2021 2021 Act 79 - PA General Assembly (state.pa.us)



Table 2: Licensure and Certification Requirements

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
<p>The Pennsylvania State Board of Medicine will issue a <i>license</i> to a physician assistant who has:</p> <ul style="list-style-type: none">• Graduated from an accredited physician assistant program as provided for under §18.131• Submitted a completed application with the required fee• Passed the physician assistant examination• Completed 3 hours of child abuse CME• Completed 4 hours of opioid CME <p>49 PA Code §18.141</p> <p>The Board of Medicine recognizes physician assistant education programs accredited by the American Medical Association’s Committee on Allied Health and Accreditation (CAHEA), The Commission for Accreditation of Allied Health Educational Programs (CAAHEP), The Accreditation Review Program (ARC-PA) or a successor organization.</p> <p>49 PA Code §18.131</p> <p>As part of biennial license renewal, a physician assistant shall:</p> <ul style="list-style-type: none">• Complete continuing education as required by the National Commission on Certification of Physician Assistants (NCCPA)• Maintain national certification by completing current recertification mechanisms from NCCPA• Complete 2 hours of approved child abuse recognition and reporting in accordance with §16.108 (b)• Complete 2 hours of opioid CME per Act 124 of 2016 <p>49 PA Code §18.145</p>



Table 3: Continuing Education Requirements

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
Every two years, the PA must complete 100 hours of National Commission on Certification of Physician Assistants (NCCPA) approved CME. PA must pass the Physician Assistant National Recertification Exam (PANRE) or Physician Assistant National Recertifying Exam Longitudinal Assessment (PANRE-LA) every 10 years. 49 PA Code 18.145(c)

Table 4: Written Agreement

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
<p>This is the agreement between the physician assistant and supervising physician, which is now completed on the PALS website.</p> <p>The written agreement must:</p> <ul style="list-style-type: none">• Identify and be signed by the physician assistant and the primary physician the physician assistant will be assisting who will be acting as the supervising physician. As per Act 79 of 2021, only one alternate supervising physician required on form—all other alternates to be kept on file at the practice level.• Describe the physician assistant scope of practice per Act 79 of 2021.• Describe the nature and degree of supervision the primary supervising physician will provide the physician assistant per Act 79 of 2021.• Designate one of the named physicians as the primary supervising physician. This must be a medical doctor.• In health care facilities licensed under the Health Care Facilities Act, the attending physician of record for a particular patient shall act as the primary supervising physician for the physician assistant while that patient is under the care of the attending physician.• Require that the supervising physician countersign the patient record completed by the physician assistant in a reasonable time period, not to exceed ten days, for the first 12 months after graduation or the first 12 months of a new specialty or unless a written agreement change form has been filed. Facility bylaws should state countersignature is according to state law.• Identify the primary practice setting where the physician assistant will practice. <p>Written agreements are now active upon submission to the State Board of Medicine.</p> <p>Requires the physician assistant and supervising physician to provide access to the written agreement upon request.</p> <p>49 PA Code §18.142, §18.154, Act 45 & 46, HB 1804</p> <p>Act 79 of 2021</p>



Table 5: Scope of Practice

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
<p>The physician assistant practices medicine with physician supervision. A physician assistant may:</p> <ul style="list-style-type: none">• Perform those duties and responsibilities, including the ordering, prescribing, dispensing, and administration of drugs and medical devices, as well as the ordering, prescribing, and executing of diagnostic and therapeutic medical regimens as provided in the written agreement.• Provide any medical service when the service is within the physician assistant’s scope of practice, is identified in the written agreement, and is consistent with the accepted standards of medical practice.• Order durable medical equipment• Issue oral orders to the extent permitted by a Health Care Facility’s bylaws, rules, and regulations or administrative policies and guidelines• Order physical therapy and dietitian referrals• Order respiratory and occupational therapy referrals• Perform disability assessments for the program providing temporary assistance to needy families (TANF)• Issue homebound schooling certifications• Perform and sign the initial assessment of methadone treatment evaluations in accordance with federal and state law and regulations, provided that any order for methadone treatment shall be made only by a physician <p>The physician assistant shall be considered the agent of the supervising physician in the performance of all practice-related activities, including the ordering of diagnostic, therapeutic, and other medical services.</p> <p>49 PA Code §18.151</p> <p>In a health care facility, the physician assistant may order or administer, or both, controlled substances and whole blood and blood components if the authority to order and administer these medications and fluids is expressly set forth in the written agreement.</p> <p>49 PA Code §18.157</p> <p>The regulations list certain things that a physician assistant may not perform including performing medical services or prescribing/dispensing drugs except as described in the written agreement.</p> <p>The physician assistant cannot:</p> <ul style="list-style-type: none">• Independently practice• Independently delegate a task specifically assigned to the physician assistant by the supervising physician to another health care provider• Intentionally advertise as an independent practitioner or hold oneself out as an independent practitioner <p>49 PA Code §18.152</p> <p>Submit online in PALS</p> <p>Effective upon submission</p> <p>Delegate can download written agreement after filed</p>



Table 6: Written Orders

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
<p>Final regulations define medical regimen. A medical regimen is a therapeutic, corrective, or diagnostic measure performed or ordered by a physician or performed or ordered by a physician assistant acting with the physician assistant’s scope of practice, and in accordance with the written agreement between the supervising physician and physician assistant.</p> <p>Final regulations also define order as an oral or written directive for a therapeutic, corrective, or diagnostic measure, including a drug to be dispensed for onsite administration</p> <p>The regulations allow physician assistants to execute a written order for a medical regimen or to relay a written order for a medical regimen to be executed by a health care practitioner.</p> <p>The regulations require the physician assistant to record, date, and authenticate the medical regimen on the patient’s chart at the time it is executed or relayed.</p> <p>In a hospital, the physician assistant may order or administer, or both, controlled substances and whole blood and blood components if the authority to order and administer these medications and fluids is expressly set forth in the written agreement.</p> <p>For physician assistants practicing in institutional settings, including hospitals, the orders written by physician assistants must be consistent with hospital privileges.</p> <p>There may be restrictions on practices contained in statute, regulation or written agreement based on hospital privileges or other existing state or federal regulations.</p> <p>The regulations require that the primary supervising physician shall determine countersignature requirements of patient records completed by the physician assistant in the written agreement. The supervising physician is required to countersign 100% of patient records within a reasonable time, not to exceed 10 days, during the following times:</p> <ul style="list-style-type: none">• The first 12 months of the PAs practice post-graduation and granting of license• The first 12 months of the PAs practice in a new specialty in which the PA is practicing. <p>49 PA Code §18.142</p> <p>28 PA Code §107.61</p>



Table 7: Oral/Verbal Orders

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
<p>See above for medical regimen and order definitions.</p> <p>The regulations allow physician assistants to relay an oral order to be executed by a health care practitioner.</p> <p>In a hospital, the physician assistant may order or administer, or both, controlled substances and whole blood and blood components if the authority to order and administer these medications and fluids is expressly set forth in the written agreement.</p> <p>Oral orders issued by physician assistants must be consistent with hospital privileges.</p> <p>The hospital may restrict physician assistant practice allowed for through state professional practice statute/regulation (or written agreement) based on hospital policy or other existing state or federal regulations.</p> <p>The regulations require the physician assistant to record, date, and authenticate the medical regimen on the patient’s chart at the time it is executed or relayed.</p> <p>When working in a hospital or other medical care facility, a physician assistant may comply with the medical record requirements by directing the person accepting the order to record, date, and authenticate that the person received the order. All orders, including verbal orders, must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to write orders by hospital policy in accordance with State law. In Pennsylvania, verbal orders must be authenticated within 24 hours. In the case where the physician assistant authenticates his/her order within 24 hours, the physician assistant’s order needs to be countersigned by the supervising physician in a reasonable time period, not to exceed ten days for the first 12 months after graduation or the first 12 months in a new specialty or unless a written agreement change form has been filed. Facility bylaws should state countersignature is according to state law.</p> <p>Any practitioner responsible for the care of the patient who is authorized by hospital policy and permitted by State law to write a specific order would be permitted to authenticate a verbal order, even if the order did not originate with him or her. This could include permitting other physician group members or non-physician practitioners responsible for the care of the patient to authenticate the order in accordance with established hospital policy and permitted by State law to write a countersign on behalf of the prescribing physician based on hospital policy. When a practitioner authenticates a verbal order that he or she did not give, the practitioner accepts responsibility for the order and is validating that the order is complete, accurate, and final based on the patient’s condition. A practitioner responsible for the care of the patient needs to have knowledge of the patient’s hospital course, medical plan of care, condition, and current status. A practitioner who does not possess this knowledge about a patient should not be authenticating verbal orders for the patient.</p> <p>Hospitals have the flexibility to limit who may authenticate verbal orders.</p> <p>A physician assistant or nurse practitioner may only authenticate verbal orders written by a physician or other licensed independent practitioner that they have authority to write themselves as determined by hospital policy in accordance with state law. For example, some hospitals limit who may give orders for certain types of drugs or therapies. If a physician assistant or nurse practitioner is not permitted by hospital policy to order a specific drug or therapy, he or she would not be permitted to authenticate a verbal order for such a drug or therapy. All practitioners responsible for the care of the patient would be expected to have knowledge of the patient’s hospital course, medical plan of care, condition and current status to safely evaluate the completeness and accuracy of a verbal order.</p> <p>49 PA Code §18.153; §18.159; §18.161 28 PA Code §107.62 Hospital Medicare Conditions of Participation; 42 CFR Part 482 related to medical records as published in the <i>Federal Register</i> on November 27, 2006</p>



Table 8: Orders for Restraint and Seclusion

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
<p>Effective March 15, 2020—New Joint Commission Elements of Performance remove the term “licensed dependent practitioner” from restraint and seclusion standards.</p> <p>The new Elements of Performance:</p> <p>PC.03.05.05 The hospital initiates restraint or seclusion based on an individual order.</p> <p>Elements of Performance for PC.03.05.05</p> <ol style="list-style-type: none">1. A physician, clinical psychologist, or other authorized licensed independent practitioner primarily responsible for the patient’s ongoing care orders the use of restraint or seclusion in accordance with hospital policy and law and regulation. <p>This is in response to a Centers for Medicare & Medicaid Services (CMS) final rule, Medicare and Medicaid Programs: Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction, published September 30, 2019, that removed the modifying work “Independent,” changing the term “Licensed Independent Practitioner” to “Licensed Practitioner” in federal regulations to clearly demonstrate that physician assistants are authorized to order restraint and seclusion.</p> <p>Hospital bylaws and policies, state laws and regulations, and physician assistant practice agreements and granted privileges may need to be updated to authorize physician assistant to order restraint and seclusion.</p>

Table 9: Orders Requiring Physician Authentication

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
<p>Physician assistants can accept oral/verbal orders from his/her supervising physician(s). The ordering physician must authenticate the order within 24 hours.</p> <p>28 PA Code §107.62</p> <p>Physician assistant written and oral/verbal orders must be countersigned by the supervising physician within 10 days or sooner if required by hospital policy. Only required for the first 12 months after graduation or the first 12 months in a new specialty. A written agreement change form can be filed to reduce or eliminate countersignature.</p>



Table 10: Prescriptive Authority

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
<p>Regulations provide for physician assistant prescriptive authority.</p> <p>Regulations define a prescription as a written, electronic, or oral order for a drug or device to be dispensed to or for an ultimate user. The term does not include an order for a drug which is dispensed for immediate administration to the ultimate user. For example, an order to dispense a drug to a patient for immediate administration in an office or hospital is not a prescription.</p> <p>A PA may only prescribe or dispense a drug for a patient who is under the care of the physician responsible for the supervision of the PA in only in accordance with the written agreement.</p> <p>As with other practices, the hospital can determine what prescriptive authority privileges and what medications the Physician assistant can prescribe to hospitalized patients.</p> <p>Regulations specify parameters around prescription or controlled substances, including registering with the DEA.</p> <ul style="list-style-type: none">• Physician assistants cannot prescribe Schedule I controlled substances.• Physician assistants can prescribe Schedule II controlled substances for initial therapy, up to 72 hours. Physician assistants must notify their supervising physician within 24 hours of ordering the prescription.• Physician assistants can prescribe Schedule II controlled substances for up to a 30-day supply if the supervising physician approves the medication for ongoing therapy. <p>49 PA Code §18.158, §18.159</p>

Table 11: Identification of Supervising Physician

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
<p>Regulations specify the requirements for a supervising physician along with the responsibilities of the supervising physician, including that the supervising physician:</p> <ul style="list-style-type: none">• Monitor compliance with the written agreement• Arrange for a substitute supervising physician• Provide clarification on the written agreement, orders, and prescriptions by the physician assistant• Maintain oversight and responsibility for the medical services rendered by the physician assistant <p>Act 79 of 2021 amends the Medical Practice Act to allow physicians to supervise up to 6 physician assistants at any time. A physician may apply for a waiver to employ or supervise more than 6 physician assistants at any time for good cause as determined by the Board.</p> <p>49 PA Code §18.143, §18.144, §18.161, Act 46 & 47</p>



Table 12: Sedation

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
Not specifically addressed in the regulations. Practice would be determined by hospital policy and privileges approved for the physician assistant.

Table 13: Pronouncement of Death

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
The physician assistant may pronounce death, determine the cause of death, and may authenticate any form related to pronouncing determining the cause of death with the physician assistant’s signature. 49 PA Code §18.151(c)

Table 14: Completion of Death Certificate

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
Act 17 of 2017 allows physician assistants to certify cause of death and sign death certificates.



Table 15: Emergency Medical Care Setting

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
<p>A physician assistant may only provide medical services in an emergency medical care setting (hospital emergency department) if the physician assistant has training in emergency medicine and is provided for in the physician assistant’s written agreement.</p> <p>Act 79 of 2021 eliminated the need for direct supervision of the physician assistant in the emergency department.</p> <p>49 PA Code §18.162</p>

Table 16: Informed Consent

PHYSICIAN ASSISTANTS WITH SUPERVISING M.D.
<p>Act 61 of 2021 clarifies that while physicians remain responsible for the overall care of their patients, the task of obtaining a patient’s informed consent may be delegated by a physician to a “qualified practitioner.”</p>