

**KANSAS STATE BOARD  
OF  
HEALING ARTS**



**KANSAS  
STATUTES  
ANNOTATED**

**AND**

**KANSAS  
ADMINISTRATIVE  
REGULATIONS**

**Relating to the practice of**

**Physician Assistants**

**November 2024**

**NOTE: The laws and regulations listed in this website booklet are not to be considered the official authority on the current law. While every effort has been made to ensure the accuracy and completeness of this information, for legal purposes the law should be obtained from the Kansas statute books and the regulations from the Kansas Secretary of State's Administrative Regulations.**

## Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS

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**65-28a01**

**Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS**

**65-28a01. Physician assistant licensure act; citation.**

K.S.A. 65-28a01 to 65-28a12, inclusive, and amendments thereto, of this act shall be known and may be cited as the physician assistant licensure act.

**History:** L. 2000, ch. 162, § 1.

**65-28a02**

**Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS**

**65-28a02. Definitions.**

(a) The following words and phrases when used in the physician assistant licensure act shall have the meanings respectively ascribed to them in this section:

(1) “Board” means the state board of healing arts.

(2) “Direction and supervision” means the guidance, direction and coordination of activities of a physician assistant by such physician assistant's supervising physician, whether written or verbal, whether immediate or by prior arrangement, in accordance with standards established by the board by rules and regulations, which standards shall be designed to ensure adequate direction and supervision by the supervising physician of the physician assistant. The term “direction and supervision” shall not be construed to mean that the immediate or physical presence of the supervising physician is required during the performance of the physician assistant.

(3) “Physician” means any person licensed by the state board of healing arts to practice medicine and surgery.

(4) “Physician assistant” means a person who is licensed in accordance with the provisions of K.S.A. 65-28a04, and amendments thereto, and who provides patient services under the direction and supervision of a supervising physician.

(5) “Supervising physician” means prior to January 11, 2016, a responsible physician and on and after January 11, 2016, a physician who has accepted responsibility for the medical services rendered and actions of the physician assistant while performing under the direction and supervision of the supervising physician.

(6) “Responsible physician” means a physician who has accepted continuous and ultimate responsibility for the medical services rendered and actions of the physician assistant while performing under the direction and supervision of the responsible physician.

(7) “Licensee,” for purposes of the physician assistant licensure act, means all persons issued a license or temporary license pursuant to the physician assistant licensure act.

(8) “License,” for purposes of the physician assistant licensure act, means any license or temporary license granted by the physician assistant licensure act.

(9) “Agreement” means, prior to January 11, 2016, protocol and on and after January 11, 2016, agreement.

(b) Prior to January 11, 2016, wherever the term “supervising physician” in connection with the term “physician assistant,” or words of like effect, appears in any statute, contract or other document, it shall mean responsible physician as defined in subsection (a)(6). On and after January 11, 2016, such term shall mean supervising physician as defined in subsection (a)(5).

**History:** L, 2000, ch. 162, § 2; L, 2014, ch. 131, § 42, July 1, 2015; L, 2015, ch. 46, § 9, July 1, 2015.

### 65-28a03

## Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS

### **65-28a03. List of names; renewal of license; canceled licenses; inactive licenses; reinstatement of license; federally active licenses; exempt licenses; fees; rules and regulations.**

(a) There is hereby created a designation of active license. The board is authorized to issue an active license to a physician assistant who makes written application for such license on a form provided by the board and remits the fee for an active license established pursuant to subsection (h). As a condition of engaging in active practice as a physician assistant, each licensed physician assistant shall file a request to engage in active practice signed by the physician assistant and the physician who will be responsible for the physician assistant. The request shall contain such information as required by rules and regulations adopted by the board. The board shall maintain a list of the names of physician assistants who may engage in active practice in this state.

(b) All licenses, except temporary licenses, shall be canceled on the date of cancellation established by rules and regulations of the board and may be renewed as required by the board. The request for renewal shall be on a form provided by the board and shall be accompanied by the renewal fee established pursuant to this section, which shall be paid not later than the renewal date of the license. The board, prior to renewal of an active license, shall require the licensee to submit to the board evidence satisfactory to the board that the licensee is maintaining a policy of professional liability insurance as required by K.S.A. 40-3402, and amendments thereto, and has paid the premium surcharges as required by K.S.A. 40-3404, and amendments thereto.

(c) At least 30 days before the renewal date of the license of a physician assistant, except a temporary license, the board shall notify the licensee of the renewal date by mail addressed to the licensee's last mailing address as noted upon the office records of the board. If the licensee fails to submit the renewal application and pay the renewal fee by the renewal date of the license, the licensee shall be given notice that the licensee has failed to pay the renewal fee by the renewal date of the license and the license may be renewed only if the renewal fee and the late renewal fee are received by the board within the 30-day period following the renewal date and that, if both fees are not received within the 30-day period, the license shall be deemed canceled by operation of law without further proceedings for failure to renew and shall be reissued only after the license has been reinstated under subsection (d).

(d) Any license canceled for failure to renew as herein provided may be reinstated upon recommendation of the board and upon payment of the reinstatement fee and upon submitting evidence of satisfactory completion of any applicable continuing education requirements established

by the board. The board shall adopt rules and regulations establishing appropriate continuing education requirements for reinstatement of licenses canceled for failure to renew.

(e) There is hereby created the designation of inactive license. The board is authorized to issue an inactive license to any licensee who makes written application for such license on a form provided by the board and remits the fee for an inactive license established pursuant to subsection (h) of this section. The board may issue an inactive license only to a person who meets all the requirements for a license to practice as a physician assistant and who does not engage in active practice as a physician assistant in the state of Kansas. An inactive license shall not entitle the holder to engage in active practice. The provisions of subsections (c) and (d) of this section relating to cancellation, renewal and reinstatement of a license shall be applicable to an inactive license issued under this subsection. Each inactive licensee may apply to engage in active practice by presenting a request required by subsection (a) and submit to the board evidence satisfactory to the board that such licensee is maintaining a policy of professional liability insurance as required by K.S.A. 40-3402, and amendments thereto, and has paid the premium surcharges as required by K.S.A. 40-3404, and amendments thereto. The request shall contain such information as required by rules and regulations adopted by the board. The request shall be accompanied by the fee established pursuant to subsection (h).

(f)(1) There is hereby created a designation of federally active license. The board is authorized to issue a federally active license to any licensed physician assistant who makes written application for such license on a form provided by the board and remits the same fee required for a federally active license established under subsection (h). The board may issue a federally active license only to a person who meets all of the requirements for a license to practice as a physician assistant in Kansas and who practices as a physician assistant solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies. A person issued a federally active license may engage in limited practice outside of the course of federal employment consistent with the scope of practice of exempt licensees under subsection (g), except that the scope of practice of a federally active licensee shall be limited to the following: (A) Performing administrative functions, including peer review, disability determinations, utilization review and expert opinions; (B) providing direct patient care services gratuitously or providing supervision, direction or consultation for no compensation except that nothing in this subsection (f)(1)(B) shall prohibit a physician assistant issued a federally active license from receiving payment for subsistence allowances or actual and necessary expenses incurred in providing such services; and (C) rendering professional services as a charitable health care provider as defined in K.S.A. 75-6102, and amendments thereto.

(2) The provisions of subsections (c) and (d) of this section relating to continuing education, cancellation, renewal and reinstatement of a license shall be applicable to a federally active license issued under this subsection.

(3) A person who practices under a federally active license shall not be deemed to be rendering professional service as a health care provider in this state for purposes of K.S.A. 40-3402, and amendments thereto.

(g)(1) There is hereby created a designation of exempt license. The board is authorized to issue an exempt license to any licensed physician assistant who makes written application for such license on a form provided by the board and remits the fee for an exempt license established under subsection (h). The board may issue an exempt license to a person who is not regularly engaged in physician assistant practice in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An exempt license shall entitle the holder to all privileges of a physician

assistant for which such license is issued. Each exempt license may be renewed subject to the provisions of this section. Each exempt licensee shall be subject to all provisions of the physician assistant licensure act, except as otherwise provided in this subsection (g). The holder of an exempt license may be required to submit evidence of satisfactory completion of a program of continuing education required by this section. The requirements for continuing education for exempt licensees under this section shall be established by rules and regulations adopted by the board. Each exempt licensee may apply for an active license to regularly engage in the practice of a physician assistant upon filing a written application with the board. The request shall be on a form provided by the board and shall be accompanied by the active license fee established pursuant to subsection (h).

(2) For the licensee whose license has been exempt for less than two years, the board shall adopt rules and regulations establishing appropriate continuing education requirements for exempt licensees to become licensed to regularly practice as a physician assistant within Kansas. Any licensee whose license has been exempt for more than two years and who has not been in the active practice as a physician assistant or engaged in a formal educational program since the license has been exempt may be required to complete such additional testing, training or education as the board may deem necessary to establish the licensee's present ability to practice with reasonable skill and safety.

(3) Nothing in this subsection (g) shall be construed to prohibit a person holding an exempt license from serving as a paid employee of: (A) A local health department as defined by K.S.A. 65-241, and amendments thereto; or (B) an indigent health care clinic as defined by K.S.A. 75-6102, and amendments thereto.

(h) The following fees shall be fixed by rules and regulations adopted by the state board of healing arts and shall be collected by the board:

(1) For an active license as a physician assistant, the sum of not more than \$200;

(2) for any license by endorsement as a physician assistant, the sum of not more than \$200;

(3) for temporary licensure as a physician assistant, the sum of not more than \$30;

(4) for the renewal of an active license to practice as a physician assistant, the sum of not more than \$150;

(5) for renewal of an inactive license, the sum of not more than \$150;

(6) for the late renewal of any license as a physician assistant, the sum of not more than \$250;

(7) for reinstatement of a license canceled for failure to renew, the sum of not more than \$250;

(8) for a certified statement from the board that a physician assistant is licensed in this state, the sum of not more than \$30;

(9) for a federally active license, the sum of not more than \$200;

(10) for the exempt license, the sum of not more than \$150;

(11) for a copy of the licensure certificate of a physician assistant, the sum of not more than \$25; and

(12) for conversion of an inactive license to an active license to actively practice as a physician assistant, the sum of not more than \$150.

(i) The board shall remit all moneys received by or for the board under the provisions of this act to the state treasurer and such money shall be deposited in the state treasury, credited to the state

general fund and the healing arts fee fund and expended all in accordance with K.S.A. 65-2855, and amendments thereto.

(j) The board may promulgate all necessary rules and regulations for carrying out the provisions of this act.

**History:** L. 2000, ch. 162, § 3; L. 2004, ch. 117, § 17; L. 2014, ch. 131, § 43, July 1, 2015; L. 2015, ch. 46, § 10, July 1, 2015.

#### **65-28a04**

### **Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS**

#### **65-28a04. Licensure as a physician assistant, requirements; refusal to license; continuing education; registration to licensure transition.**

(a) No person shall be licensed as a physician assistant by the state board of healing arts unless such person has:

(1) Presented to the state board of healing arts proof that the applicant has successfully completed a course of education and training approved by the state board of healing arts for the education and training of a physician assistant or presented to the state board of healing arts proof that the applicant has acquired experience while serving in the armed forces of the United States which experience is equivalent to the minimum experience requirements established by the state board of healing arts;

(2) passed an examination approved by the state board of healing arts covering subjects incident to the education and training of a physician assistant; and

(3) submitted to the state board of healing arts any other information the state board of healing arts deems necessary to evaluate the applicant's qualifications.

(b) The board may refuse to license a person as a physician assistant upon any of the grounds for which the board may revoke such license.

(c) The state board of healing arts shall require every physician assistant to submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the state board of healing arts. The state board of healing arts by duly adopted rules and regulations shall establish the requirements for such program of continuing education as soon as possible after the effective date of this act. In establishing such requirements the state board of healing arts shall consider any existing programs of continuing education currently being offered to physician assistants.

(d) A person registered to practice as a physician assistant immediately prior to the effective date of this act shall be deemed to be licensed to practice as a physician assistant under this act, and such person shall not be required to file an original application for licensure under this act. Any application for registration filed which has not been granted prior to February 1, 2001, shall be processed as an application for licensure under this act.

**History:** L. 2000, ch. 162, § 4.

**65-28a05**

**Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS**

**65-28a05. Revocation, suspension, limitation, censure or denial of license, grounds.**

A licensee's license may be revoked, suspended or limited, or the licensee may be publicly or privately censured, or an application for a license or for reinstatement of a license may be denied upon a finding of the existence of any of the following grounds:

- (a) The licensee has committed an act of unprofessional conduct as defined by rules and regulations adopted by the board;
- (b) the licensee has obtained a license by means of fraud, misrepresentations or concealment of material facts;
- (c) the licensee has committed an act of professional incompetency as defined by rules and regulations adopted by the board;
- (d) the licensee has been convicted of a felony;
- (e) the licensee has violated any provision of this act, and amendments thereto;
- (f) the licensee has violated any lawful order or rule and regulation of the board;
- (g) the licensee has been found to be mentally ill, disabled, not guilty by reason of insanity, not guilty because the licensee suffers from a mental disease or defect or is incompetent to stand trial by a court of competent jurisdiction;
- (h) the licensee has violated a federal law or regulation relating to controlled substances;
- (i) the licensee has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a peer review body, a health care facility, a professional association or society, a governmental agency, by a law enforcement agency or a court for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;
- (j) the licensee has surrendered a license or authorization to practice as a physician assistant in another state or jurisdiction, has surrendered the authority to utilize controlled substances issued by any state or federal agency, has agreed to a limitation to or restriction of privileges at any medical care facility or has surrendered the licensee's membership on any professional staff or in any professional association or society while under investigation for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;
- (k) the licensee has failed to report to the board the surrender of the licensee's license or authorization to practice as a physician assistant in another state or jurisdiction or the surrender of the licensee's membership on any professional staff or in any professional association or society while under investigation for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;
- (l) the licensee has an adverse judgment, award or settlement against the licensee resulting from a medical liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;
- (m) the licensee has failed to report to the board any adverse judgment, settlement or award against the licensee resulting from a medical malpractice liability claim related to acts or

conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;

(n) the licensee's ability to practice with reasonable skill and safety to patients is impaired by reason of physical or mental illness, or condition or use of alcohol, drugs or controlled substances. All information, reports, findings and other records relating to impairment shall be confidential and not subject to discovery by or release to any person or entity outside of a board proceeding;

(o) the licensee has exceeded or has acted outside the scope of authority given the physician assistant by the supervising physician or by this act; or

(p) the licensee has assisted suicide in violation of K.S.A. 21-3406, prior to its repeal, or K.S.A. 21-5407, and amendments thereto, as established by any of the following:

(1) A copy of the record of criminal conviction or plea of guilty for a felony in violation of K.S.A. 21-3406, prior to its repeal, or K.S.A. 21-5407, and amendments thereto.

(2) A copy of the record of a judgment of contempt of court for violating an injunction issued under K.S.A. 60-4404, and amendments thereto.

(3) A copy of the record of a judgment assessing damages under K.S.A. 60-4405, and amendments thereto.

**History:** L. 2000, ch. 162, § 5; L. 2011, ch. 30, § 244, July 1, 2011; L. 2014, ch. 131, § 44, July 1, 2015.

## **65-28a06**

### **Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS**

#### **65-28a06. Prohibited acts; act not to include certain persons; penalty for violations.**

(a) It shall be unlawful for any person who is not licensed under this act or whose license has been revoked or suspended to engage in the practice as a physician assistant as defined by this act.

(b) No person shall use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a licensed physician assistant, nor shall any person represent oneself to be a licensed physician assistant unless such person has been duly licensed as a physician assistant in accordance with the provisions of this act.

(c) The provisions of this act shall not be construed to include the following persons:

(1) Persons rendering gratuitous services in the case of an emergency.

(2) Persons gratuitously administering ordinary household remedies.

(3) Individuals practicing religious beliefs which provide for reliance on spiritual means alone for healing.

(4) Students while performing professional services in an approved physician assistant education and training program under the supervision of an approved instructor.

(5) Persons whose professional services are performed under the direct and personal supervision or by order of a practitioner who is licensed under the healing arts act.

- (6) Other health care providers licensed, registered, certified or otherwise credentialed by agencies of the state of Kansas.
  - (7) Persons who practice as physician assistants solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies.
- (d) Any person violating the provisions of this section shall be guilty of a class B misdemeanor.

**History:** L. 2000, ch. 162, § 6; L. 2014, ch. 131, § 45, July 1, 2015.

#### **65-28a07**

### **Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS**

#### **65-28a07. Temporary licensure; period of validity.**

- (a) The board shall provide for the temporary licensure of any physician assistant who has made proper application for licensure, has the required qualifications for licensure, except for examination, and has paid the prescribed license fee. Such temporary license shall authorize the person so licensed to provide patient services within the limits of the temporary license.
- (b) A temporary license is valid: (1) For six months from the date of issuance; or (2) until the board makes a final determination on the applicant's request for licensure. The board may extend a temporary license, upon a majority vote of the members of the board, for a period not to exceed one year.

**History:** L. 2000, ch. 162, § 7; L. 2014, ch. 131, § 46, July 1, 2015.

#### **65-28a08**

### **Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS**

#### **65-28a08. Practice of physician assistant; direction and supervision of physician; prescription of drugs; identification to patient of physician assistant; rules and regulations; “drug” defined.**

- (a) The practice of a physician assistant shall include medical services within the education, training and experience of the physician assistant that are delegated by the supervising physician. Physician assistants practice in a dependent role with a supervising physician, and may perform those duties and responsibilities through delegated authority or written agreement. Medical services rendered by physician assistants may be performed in any setting authorized by the supervising physician, including, but not limited to, clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes and other medical institutions.
- (b)(1) A person licensed as a physician assistant may perform, only under the direction and supervision of a physician, acts which constitute the practice of medicine and surgery to the extent and in the manner authorized by the physician responsible for the physician assistant and only to the extent such acts are consistent with rules and regulations adopted by the board which relate to acts performed by a physician assistant under the supervising physician's direction and supervision. A physician assistant may prescribe drugs pursuant to a written agreement as authorized by the supervising physician.

(2) On and after January 11, 2016, a physician assistant, when authorized by a supervising physician, may dispense prescription-only drugs:

(A) In accordance with rules and regulations adopted by the board governing prescription-only drugs;

(B) when dispensing such prescription-only drugs is in the best interests of the patient and pharmacy services are not readily available; and

(C) if such prescription-only drugs do not exceed the quantity necessary for a 72-hour supply.

(c) Before a physician assistant shall perform under the direction and supervision of a supervising physician, such physician assistant shall be identified to the patient and others involved in providing the patient services as a physician assistant to the supervising physician. Physician assistants licensed under the provisions of this act shall keep such person's license available for inspection at their primary place of business. A physician assistant may not perform any act or procedure performed in the practice of optometry except as provided in K.S.A. 65-1508 and 65-2887, and amendments thereto.

(d)(1) The board shall adopt rules and regulations to be effective January 11, 2016, governing the practice of physician assistants, including the delegation, direction and supervision responsibilities of a supervising physician. Such rules and regulations shall establish conditions and limitations as the board determines to be necessary to protect the public health and safety, and may include a limit upon the number of physician assistants that a supervising physician is able to safely and properly supervise. In developing rules and regulations relating to the practice of physician assistants, the board shall take into consideration the amount of training and capabilities of physician assistants, the different practice settings in which physician assistants and supervising physicians practice, the needs of the geographic area of the state in which the physician assistant and the supervising physician practice and the differing degrees of direction and supervision by a supervising physician appropriate for such settings and areas.

(2) The board shall adopt rules and regulations governing the prescribing of drugs by physician assistants and the responsibilities of the supervising physician with respect thereto. Such rules and regulations shall establish such conditions and limitations as the board determines to be necessary to protect the public health and safety. In developing rules and regulations relating to the prescribing of drugs by physician assistants, the board shall take into consideration the amount of training and capabilities of physician assistants, the different practice settings in which physician assistants and supervising physicians practice, the degree of direction and supervision to be provided by a supervising physician and the needs of the geographic area of the state in which the supervising physician's physician assistant and the supervising physician practice. In all cases in which a physician assistant is authorized to prescribe drugs by a supervising physician, a written agreement between the supervising physician and the physician assistant containing the essential terms of such authorization shall be in effect. Any written prescription order shall include the name, address and telephone number of the supervising physician. In no case shall the scope of the authority of the physician assistant to prescribe drugs exceed the normal and customary practice of the supervising physician in the prescribing of drugs.

(e) The physician assistant may request, receive and sign for professional samples and may distribute professional samples to patients pursuant to a written agreement as authorized by the

supervising physician. In order to prescribe or dispense controlled substances, the physician assistant shall register with the federal drug enforcement administration.

(f) As used in this section, “drug” means those articles and substances defined as drugs in K.S.A. 65-1626 and 65-4101, and amendments thereto.

(g) Prior to January 11, 2016, the board shall limit the number of physician assistants a responsible physician may supervise at any one time to the equivalent of two full-time physician assistants as approved in each case by the board. Any limitation on the number of physician assistants in this subsection shall not apply to services performed in a medical care facility, as defined in K.S.A. 65-425, and amendments thereto. The provisions of this subsection shall expire on January 11, 2016.

**History:** L. 2000, ch. 162, § 8; L. 2014, ch. 131, § 47, July 1, 2015; L. 2015, ch. 46, § 11, July 1, 2015.

### **65-28a09**

#### **Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS**

##### **65-28a09. Supervising physician; notice to board when supervision and direction terminated; forms.**

(a) If a supervising physician temporarily leaves such physician's customary location of practice, the supervising physician shall, by prior arrangement, name another supervising physician who shall provide direction and supervision to the physician assistant.

(b) A physician assistant shall not perform professional services unless the name, address and signature of each supervising physician and the form required under subsection (a)(2) of K.S.A. 65-28a03, and amendments thereto, have been provided to the board. A supervising physician and physician assistant shall notify the board when supervision and direction of the physician assistant has terminated. The board shall provide forms for identifying each supervising physician and for giving notice that direction and supervision has terminated. These forms may direct that additional information be provided, including a copy of any written agreements, as required by rules and regulations adopted by the board.

**History:** L. 2000, ch. 162, § 9; L. 2014, ch. 131, § 48, July 1, 2015.

### **65-28a10**

#### **Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS**

##### **65-28a10. Repealed.**

**History:** Repealed by L. 2014, ch. 131, § 65, July 1, 2015

## 65-28a11

### Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS

#### 65-28a11. Physician assistant council established; appointment of members; payment for attending meetings of council.

- (a) There is established a physician assistant council to advise the board in carrying out the provisions of K.S.A. 65-28a01 through 65-28a09, and amendments thereto. The council shall consist of five members, all citizens and residents of the state of Kansas appointed as follows: One member shall be a physician appointed by the board who is a supervising physician for a physician assistant; one member shall be the president of the board or a person designated by the president; and three members shall be licensed physician assistants appointed by the governor. The governor, insofar as possible, shall appoint persons from different geographical areas and persons who represent various types of practice settings. If a vacancy occurs on the council, the appointing authority of the position which has become vacant shall appoint a person of like qualifications to fill the vacant position for the unexpired term, if any. The Kansas academy of physician assistants shall recommend the names of licensed physician assistants to the governor in a number equal to at least twice the positions or vacancies to be filled, and the governor may appoint members to fill the positions or vacancies from the submitted list. Members of the council appointed by the governor on and after the effective date of this act shall be appointed for terms of three years and until their successors are appointed and qualified except that of the members first appointed by the governor on or after the effective date of this act one shall be appointed for a term of one year, one shall be appointed for a term of two years and one shall be appointed for a term of three years, as designated by the governor. The member appointed by the board shall serve at the pleasure of the board. A member designated by the president of the board shall serve at the pleasure of the president.
- (b) Members of the council attending meetings of the council, or attending a subcommittee meeting thereof authorized by the council, shall be paid amounts provided in subsection (e) of K.S.A. 75-3223, and amendments thereto, from the healing arts fee fund.

**History:** L. 2000, ch. 162, § 11; L. 2014, ch. 131, § 49, July 1, 2015.

## 65-28a12

### Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS

#### 65-28a12. Administrative proceedings; actions to enjoin violations.

- (a) All administrative proceedings to revoke, suspend, limit or deny a license, or to censure a licensee, shall be conducted in accordance with the provisions of the Kansas administrative procedure act.
- (b) When it appears to the board that any person is violating any of the provisions of this act, the board may bring an action in the name of the state of Kansas in a court of competent jurisdiction for an injunction against such violation without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted.

**History:** L. 2000, ch. 162, § 12.

### 65-28a13

## Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS

### 65-28a13. Physician assistant ownership limitations in professional corporations.

- (a) The state board of healing arts shall adopt rules and regulations to limit the percentage of ownership when a licensed physician assistant forms a professional corporation pursuant to K.S.A. 17-2706 *et seq.*, and amendments thereto, in combination with other professional services.
- (b) This section shall be part of and supplemental to the physician assistant licensure act.

**History:** L. 2004, ch. 143, § 105.

### 65-28a14

## Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS

### 65-28a14. Criminal and civil penalties for violations of act.

- (a) Any violation of the provisions of the physician assistant licensure act shall constitute a class B misdemeanor.
- (b) When it appears to the board that any person is violating any of the provisions of the physician assistant licensure act, the board may bring an action in the name of the state in a court of competent jurisdiction for an injunction against such violation, without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted.
- (c) The board, in addition to any other penalty prescribed under the physician assistant licensure act, may assess a civil fine, after proper notice and an opportunity to be heard, against a licensee for a violation of the physician assistant licensure act in an amount not to exceed \$5,000 for the first violation, \$10,000 for the second violation and \$15,000 for the third violation and for each subsequent violation. All fines assessed and collected under this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.
- (d) Costs assessed by the board pursuant to subsection (c) shall be considered costs in an administrative matter pursuant to 11 U.S.C. § 523. If the board is the unsuccessful party, the costs shall be paid from the healing arts fee fund.
- (e) This section shall be part of and supplemental to the physician assistant licensure act.
- (f) This section shall take effect on and after July 1, 2015.

**History:** L. 2014, ch. 131, § 56, May 22, 2014.

## 65-28a15

### Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS

#### 65-28a15. Changes in licensee's address; penalties; costs.

- (a) It shall be the duty of each licensee to notify the board in writing within 30 days of any changes in the licensee's home mailing address or primary practice mailing address.
- (b) In addition to any other penalty prescribed under the physician assistant licensure act, the board may assess a civil fine for a violation of subsection (a) in an amount not to exceed \$100 for a first violation and \$150 for each subsequent violation.
- (c) Costs assessed by the board pursuant to subsection (b), shall be considered costs in an administrative matter pursuant to 11 U.S.C. § 523. If the board is an unsuccessful party, the costs shall be paid from the healing arts fee fund.
- (d) This section shall be part of and supplemental to the physician assistant licensure act.
- (e) This section shall take effect on and after July 1, 2015.

**History:** L. 2014, ch. 131, § 57, May 22, 2014.

## 65-28a16

### Chapter 65 – PUBLIC HEALTH Article 28a – PHYSICIAN ASSISTANTS

#### 65-28a16. License by endorsement.

- (a) There is hereby created a license by endorsement. The board is authorized to issue a license by endorsement without examination to a person who has been in active practice as a physician assistant in some other state, territory, District of Columbia or other country upon certificate of the proper licensing authority of that state, territory, District of Columbia or other country certifying that the applicant is duly licensed, that the applicant's license has never been limited, suspended or revoked, that the licensee has never been censured or had other disciplinary action taken and that, so far as the records of such authority are concerned, the applicant is entitled to its endorsement. The applicant shall also present proof satisfactory to the board:
  - (1) That the state, territory, District of Columbia or country in which the applicant last practiced has and maintains standards at least equal to those maintained by Kansas;

(2) that the applicant's original license was based upon an examination at least equal in quality to the examination required in this state and that the passing grade required to obtain such original license was comparable to that required in this state;

(3) the date of the applicant's original and all endorsed licenses, and the date and place from which any license was attained;

(4) that the applicant has been actively engaged in practice under such license or licenses since issuance. The board may adopt rules and regulations establishing appropriate qualitative and quantitative practice activities to qualify as active practice; and

(5) that the applicant has a reasonable ability to communicate in English.

(b) An applicant for a license by endorsement shall not be licensed unless, as determined by the board, the applicant's qualifications are substantially equivalent to Kansas requirements. In lieu of any other requirement prescribed by law for satisfactory passage of any examination for physician assistants, the board may accept evidence demonstrating that the applicant or licensee has satisfactorily passed an equivalent examination given by a national board of examiners for physician assistants.

(c) This section shall be part of and supplemental to the physician assistant licensure act.

(d) This section shall take effect on and after July 1, 2015.

**History:** L. 2014, ch. 131, § 58, May 22, 2014.

## Article 28a. – PHYSICIAN ASSISTANTS

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### 100-28a-1. Fees.

The following fees shall be collected by the board:

- (a) Application for license .....\$200.00
- (b) Annual renewal of license:
  - (1) Paper renewal.....\$150.00
  - (2) On-line renewal.....\$150.00
- (c) Late renewal of license:
  - (1) Paper late renewal .....\$215.00
  - (2) On-line late renewal .....\$208.00
- (d) License reinstatement.....\$250.00
- (e) Copy of license certificate.....\$15.00
- (f) Certified statement of licensure .....\$15.00
- (g) Temporary license.....\$30.00

(Authorized by and implementing K.S.A. 2007 Supp. 65-28a03; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended Nov. 15, 2002; amended Nov. 19, 2004; amended Nov. 26, 2007; amended, T-100-10-16-08, Oct. 16, 2008; amended Feb. 13, 2009.)

### 100-28a-1a. Definitions.

As used in this article, each of the following terms shall have the meaning specified in this regulation:

- (a) “Active practice request form” means the board-provided form that each physician assistant is required to submit to the board pursuant to K.S.A. 65-28a03, and amendments thereto, as a condition of engaging in active practice and that is signed by the physician assistant, supervising physician, and each substitute supervising physician. Each active practice request form contains a section called the written agreement.
- (b) “Different practice location” means a practice location at which a supervising physician is physically present less than 20 percent of the time that the practice location provides medical services to patients. This term shall not include a medical care facility, as defined in K.S.A. 65-425 and amendments thereto.
- (c) “Direct supervision” means a type of supervision in which the supervising physician or substitute supervising physician is physically present at the site of patient care and capable of immediately providing direction or taking over care of the patient.
- (d) “Emergency medical condition” means the sudden and, at the time, unexpected onset of a person's health condition that requires immediate medical attention, for which the failure to provide medical attention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's health in serious jeopardy.

- (e) “Indirect supervision” means a type of supervision in which the supervising physician or substitute supervising physician can be physically present at the site of patient care within 15 minutes to provide direct supervision.
- (f) “Off-site supervision” means a type of supervision in which the supervising physician or substitute supervising physician is not physically present at the site of patient care but is immediately available by means of telephonic or electronic communication.
- (g) “Practice location” means any location at which a physician assistant is authorized to practice, including a medical care facility as defined in K.S.A. 65-425 and amendments thereto.
- (h) “Substitute supervising physician” means each physician designated by prior arrangement pursuant to K.S.A. 65-28a09, and amendments thereto, to provide supervision to the physician assistant if the supervising physician is temporarily unavailable.
- (i) “Supervision” means oversight by a supervising physician or a substitute supervising physician of delegated medical services that may be performed by a physician assistant. The types of supervision shall include direct supervision, indirect supervision, and off-site supervision.
- (j) “Written agreement” means the section of the active practice request form that specifies the agreed scope of authorized medical services and procedures and prescription-only drug authority for each physician assistant.

(Authorized by K.S.A. 2015 Supp. 65-28a02 and 65-28a08; implementing K.S.A. 2015 Supp. 65-28a03, 65-28a08, and 65-28a09; effective, T-100-12-10-15, Jan. 11, 2016; effective May 6, 2016)

### **100-28a-2. Application.**

- (a) Each application for licensure as a physician assistant shall be submitted on a form provided by the board. The form shall contain the following information:
- (1) The applicant's full name;
  - (2) the applicant's home address and, if different, the applicant's mailing address;
  - (3) the applicant's date and place of birth;
  - (4) the applicant's social security number, individual tax identification number, or nondriver identification number, if the applicant is advised that providing a social security number is voluntary pursuant to K.S.A. 74-139 and 74-148, and amendments thereto, and that if the social security number is provided, the agency may provide this number to the Kansas department of social and rehabilitation services for child support enforcement purposes and to the Kansas department of revenue's director of taxation;
  - (5) the issue date; state, territory, the District of Columbia, or other country of issuance; and the identifying number on any license, registration, or certification issued to the applicant to practice any health care profession;
  - (6) documentation of any prior acts constituting unprofessional conduct as defined in K.A.R. 100-28a-8;
  - (7) the applicant's daytime telephone number;

- (8) the names of all educational programs recognized under K.A.R. 100-28a-3 that the applicant attended, including the program from which the applicant graduated, the degree awarded to the applicant, and the date of graduation;
  - (9) notarized certification that the applicant has completed a physician assistant program from a postsecondary school recognized under K.A.R. 100-28a-3;
  - (10) a list of all attempts to gain board certification recognized under K.A.R. 100-28a-4 and an official copy of the applicant's board certification; and
  - (11) a notarized release authorizing the board to receive any relevant information, files, or records requested by the board in connection with the application.
- (b) Each applicant shall submit the following with the application:
- (1) The fee required by K.A.R. 100-28a-1;
  - (2) an official transcript from an educational program approved by the board as specified provided in K.A.R. 100-28a-3 that specifies the degree awarded to the applicant;
  - (3) a verification from each state, country, territory, or the District of Columbia where the applicant has been issued any license, registration, or certification to practice any health care profession;
  - (4) a photograph of the applicant measuring two inches by three inches and showing the head and shoulder areas only. The photograph shall be taken within 90 days before the date of application; and
  - (5) evidence provided directly to the board from the national commission on certification of physician assistants that the applicant has passed the physician assistant national certifying examination.
- (c) The applicant shall sign the application, under oath and shall have the application notarized.

(Authorized by and implementing K.S.A. 2008 Supp. 65-28a03; implementing K.S.A 65-28a04; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended Jan. 4, 2010.)

### **100-28a-3. Education and training.**

- (a) Each educational program for physician assistants accredited by the accreditation review committee on education for the physician assistant, inc., or by a predecessor agency, and all other educational programs that are determined by the board to have a standard of education substantially equivalent to the accreditation criteria of the committee shall be approved by the board.
- (b) Each applicant who has acquired experience as a physician assistant while serving in the armed forces of the United States shall provide proof that the applicant is competent to perform all of the following:
  - (1) Screen patients to determine need for medical attention;
  - (2) review patient records to determine health status;
  - (3) take a patient history;

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- (4) perform a physical examination;
- (5) perform a developmental screening examination on children;
- (6) record pertinent patient data;
- (7) make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem or the follow-up evaluation of a previously diagnosed and stabilized condition;
- (8) prepare patient summaries;
- (9) initiate requests for commonly performed initial laboratory studies;
- (10) collect specimens for and carry out commonly performed blood, urine, and stool analyses and cultures;
- (11) identify normal and abnormal findings on history, physical examination and commonly performed laboratory studies;
- (12) initiate appropriate evaluation and emergency management for emergency situations, including cardiac arrest, respiratory distress, injuries, burns and hemorrhage;
- (13) counsel and instruct patients; and
- (14) administer commonly performed clinical procedures that shall include all of the following:
  - (A) Venipuncture;
  - (B) intradermal tests;
  - (C) electrocardiogram;
  - (D) care and suturing of minor lacerations;
  - (E) casting and splinting;
  - (F) control of external hemorrhage;
  - (G) application of dressings and bandages;
  - (H) administration of medications and intravenous fluids, and transfusion of blood or blood components;
  - (I) removal of superficial foreign bodies;
  - (J) cardiopulmonary resuscitation;
  - (K) audiometry screening;
  - (L) visual screening; and
  - (M) aseptic and isolation techniques.

(Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a04; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

#### **100-28a-4. Examination.**

- (a) The examination approved by the board for licensure as a physician assistant shall be the physician assistant national certifying examination prepared and administered by the national commission on certification of physician assistants.
- (b) To pass the approved examination, each applicant shall achieve at least the minimum passing score of 350.
- (c) Each applicant who has passed the approved examination for a license and has not been in active practice as a physician assistant for more than one year, but less than five years from the date the application was submitted, shall provide one of the following:
  - (1) Evidence of completion of a minimum of 50 continuing education credit hours; or
  - (2) proof that the applicant has passed an examination approved by the board within 12 months before the date the application was submitted, or has successfully completed a continuing education program, or other individually tailored program approved by the board.
- (d) Each applicant who has passed the examination for a license and has not been in active practice as a physician assistant for five years or more from the date the application was submitted shall provide proof that the applicant has passed an examination approved by the board within 12 months before the date the application was submitted, or has successfully completed a continuing education program or other individually tailored program approved by the board.

(Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. Supp. 65-28a03 and 65- 28a04; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

#### **100-28a-5. Continuing education.**

- (a) Each physician assistant shall submit with the renewal application one of the following:
    - (1) Evidence of satisfactory completion of at least 50 continuing education credit hours during the preceding year. At least 20 continuing education credit hours shall be acquired from category I and at least one continuing education credit hour shall be acquired from category III, if 50 continuing education credit hours are submitted with the renewal application;
    - (2) evidence of satisfactory completion of at least 100 continuing education credit hours during the preceding two-year period. At least 40 continuing education credit hours shall be acquired from category I and at least two continuing education credit hours shall be acquired from category III, if 100 continuing education credit hours are submitted with the renewal application;
    - or
    - (3) evidence verifying satisfactory completion of continuing education credit hours equivalent, in number and category, to those hours required by paragraph (a) (1) or (2), issued by a national, state, or local organization with continuing education standards that are at least as stringent as the board's standards.
  - (b) A continuing education credit hour shall be 50 minutes of instruction or its equivalent. Meals and exhibit breaks shall not be included in the calculation of continuing education credit hours.
  - (c) Any applicant that does not meet the requirements for license renewal in subsection (a) may request an extension from the board. The request shall include a plan for completion of the
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continuing education requirements within the requested extension period. An extension of up to six months may be granted by the board if documented circumstances make it impossible or extremely difficult for the individual to reasonably obtain the required continuing education hours.

(d) Each physician assistant initially licensed within one year of a renewal registration date shall be exempt from the continuing education required by subsection (a) for that first renewal period.

(e) The categories of continuing education credit shall be the following:

- (1) Category I: attendance at an educational presentation that is approved by the board;
- (2) category II: participating in or attending an educational activity that is approved by the board. Category II continuing education may include self-study or group activities; and
- (3) category III: participating in or attending an internet or live educational activity that meets the requirements of either a category I or a category II continuing education activity and meets at least one of the following content requirements:
  - (A) Acute or chronic pain management;
  - (B) the appropriate prescribing of opioids; or
  - (C) the use of prescription drug monitoring programs.

(f) Evidence of satisfactory completion of continuing education shall be submitted to the board as follows:

- (1) Documented evidence of attendance at or participation in category I, II, and III activities; or
- (2) verification, on a form provided by the board, of self-study from reading professional literature or other self-study activities.

(Authorized by K.S.A. 65-28a03; implementing K.S.A. 65-28a04; effective, T-100- 2-13-01, Feb. 13, 2001; effective June 1, 2001; amended March 30, 2012; amended July 9, 2021.)

#### **100-28a-6. Scope of practice.**

Any physician assistant may perform acts that constitute the practice of medicine and surgery as follows:

- (a) When directly ordered, authorized, and coordinated by the supervising physician or substitute supervising physician through that individual's physical presence;
- (b) when directly ordered, authorized, and coordinated by the supervising physician or substitute supervising physician through verbal or electronic communication;
- (c) when authorized by the active practice request form submitted to the board by the physician assistant and the supervising physician as required by K.A.R. 100-28a-9; or
- (d) if required to treat a patient with an emergency medical condition.

(Authorized by K.S.A. 2015 Supp. 65-28a03; implementing K.S.A. 2015 Supp. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

### **100-28a-7. Professional incompetency: defined.**

“Professional incompetency” means any of the following: (a) One or more instances involving failure to adhere to the applicable standard of care to a degree that constitutes gross negligence, as determined by the board;

(b) repeated instances involving failure to adhere to the applicable standard of care to a degree that constitutes ordinary negligence, as determined by the board; or

(c) a pattern of practice or other behavior that demonstrates a manifest incapacity or incompetence to perform professional services as a physician assistant.

(Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a05; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001.)

### **100-28a-8. Unprofessional conduct: defined.**

“Unprofessional conduct” means any of the following: (a) Being convicted of a class A misdemeanor, whether or not related to the practice as a physician assistant;

(b) committing fraud or misrepresentation in applying for or securing an original, renewal, or reinstated license;

(c) cheating on or attempting to subvert the validity of the examination for a license;

(d) soliciting professional services through the use of fraudulent or false advertisements;

(e) willfully or repeatedly violating the physician assistant licensure act, the pharmacy act of the state of Kansas, or the uniform controlled substances act, or any regulations adopted pursuant to these acts;

(f) engaging in the practice as a physician assistant under a false or assumed name, or impersonating another practitioner;

(g) practicing as a physician assistant without reasonable skill and safety to patients because of any of the following:

(1) Illness;

(2) alcoholism;

(3) excessive use of alcohol, drugs, controlled substances, chemicals, or any other type of material; or

(4) any mental or physical condition;

(h) having a license, certification, or registration revoked, suspended, limited, censured, or having any other disciplinary action taken, or an application for a license denied by the proper licensing authority of another state, territory, the District of Columbia, or other country;

(i) prescribing, selling, administering, distributing, or giving a controlled substance to any person for other than a medically accepted or lawful purpose;

(j) prescribing, dispensing, administering, or distributing a prescription drug or substance, including a controlled substance, in an excessive, improper, or inappropriate manner or quantity, or not in the course of the licensee's professional practice;

- (k) prescribing, dispensing, administering, or distributing an anabolic steroid or human growth hormone for other than a valid medical purpose;
- (l) prescribing, ordering, dispensing, administering, selling, supplying, or giving any amphetamines or sympathomimetic amines, except as authorized by K.S.A. 2000 Supp. 65-2837a, and amendments thereto;
- (m) failing to furnish the board, or its investigators or representatives, with any information legally requested by the board;
- (n) knowingly submitting any misleading, deceptive, untrue, or fraudulent representation on a claim form, bill, or statement;
- (o) representing to a patient that a manifestly incurable disease, condition, or injury can be permanently cured;
- (p) assisting in the care or treatment of a patient without the consent of the patient, the attending physician, or the patient's legal representative;
- (q) willfully betraying confidential information;
- (r) committing conduct likely to deceive, defraud, or harm the public;
- (s) allowing another person or organization to use the physician assistant's license to perform professional services;
- (t) committing any act of sexual abuse, misconduct, or exploitation related to the licensee's professional practice;
- (u) failing to keep written medical records that accurately describe the services rendered to the patient;
- (v) using any false, fraudulent, or deceptive statement in any document connected with the practice of the healing arts, including the intentional falsifying or fraudulent altering of a patient or medical care facility record;
- (w) performing unnecessary tests, examinations, or services that have no legitimate medical purpose; or
- (x) delegating professional responsibilities to a person if the physician assistant knows or has reason to know that the person is not qualified by education, training, or experience to perform them.

(Authorized by K.S.A. 2000 Supp. 65-28a03; implementing K.S.A. 2000 Supp. 65-28a05; effective, T-100-2-13-01, Feb. 13 2001; effective June 1, 2001.)

### **100-28a-9. Active practice request form; content.**

The active practice request form submitted by each physician assistant shall contain the following:

- (a) The name and license number of the physician assistant;
- (b) the name and license number of the supervising physician;
- (c) the name and license number of each substitute supervising physician;
- (d) information about each practice location, including hospitals and other facilities, which shall include the following:

- (1) The street address and telephone number;
  - (2) a description of the type of medical services provided to patients;
  - (3) specification of whether the location is a different practice location and, if so, whether the physician assistant has spent at least 80 hours since being licensed under the direct supervision of a physician licensed in this state; and
  - (4) the name of each substitute supervising physician who shall provide supervision to the physician assistant at the practice location if the supervising physician is temporarily unavailable;
- (e) the written agreement, which shall contain the following information:
- (1) A description of the medical services and procedures that the physician assistant may perform at each practice location;
  - (2) a list of any medical services and procedures that the physician assistant is prohibited from performing;
  - (3) any types of supervision required for specified medical services and procedures;
  - (4) the prescription-only drugs, including controlled substances and professional samples, that the physician assistant is authorized to prescribe, administer, dispense, or distribute;
  - (5) any specific exceptions to the physician assistant's authority to prescribe, administer, dispense, or distribute prescription-only drugs, including controlled substances and professional samples;
  - (6) a description of the procedure for communication between the supervising physician and the physician assistant if the physician assistant is at a different practice location; and
  - (7) a description of the procedure for notifying a substitute supervising physician if the supervising physician is unavailable;
- (f) an acknowledgment that the supervising physician or a substitute supervising physician shall be available for communication with the physician assistant at all times during which the physician assistant could reasonably be expected to provide professional services;
- (g) an acknowledgment that a current copy of the active practice request form shall be maintained at each practice location and that any amendments to the active practice request form shall be provided to the board within 10 days of being made;
- (h) confirmation that the supervising physician has established and implemented a method for the initial, periodic, and annual evaluation of the professional competency of the physician assistant required by K.A.R. 100-28a-10;
- (i) confirmation that the medical services and procedures that the physician assistant is authorized to perform are within the clinical competence and customary practice of the supervising physician and all substitute supervising physicians; and
- (j) the dated signatures of the physician assistant, supervising physician, and all substitute supervising physicians.

(Authorized by and implementing K.S.A. 2015 Supp. 65-28a03 and 65-28a08; effective, T-100- 2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

### **100-28a-9a. Active practice request form; requirements.**

- (a) Each physician assistant who requests to engage in active practice on or after January 11, 2016 shall submit to the board an active practice request form that contains the information required by K.A.R. 100-28a-9.
- (b) Each physician assistant actively practicing before January 11, 2016 shall submit to the board on or before July 1, 2016 an active practice request form that contains the information required by K.A.R. 100-28a-9.
- (c) Each physician assistant shall submit to the board, on a board-provided form, any subsequent amendments to the information on that individual's active practice request form within 10 days of the amendment being made.
- (d) Each physician assistant shall maintain a current copy of the active practice request form at each practice location.

(Authorized by and implementing K.S.A. 2015 Supp. 65-28a03 and 65-28a08; effective, T-100- 12-10-15, Jan. 11, 2016; amended May 6, 2016.)

### **100-28a-10. Supervising physician.**

- (a) Each supervising physician shall meet all of the following requirements:
  - (1) Engage in the practice of medicine and surgery in Kansas;
  - (2) verify that the physician assistant has a current license issued by the board;
  - (3) at least annually, review, evaluate, and determine whether the physician assistant has performed patient services constituting the practice of medicine and surgery with professional competence and with reasonable skill and safety;
  - (4) at least annually, review the active practice request form required by K.A.R. 100-28a-9 and determine if any amendments are necessary. Each amendment shall be conveyed to the physician assistant, specified in all copies of the active practice request form, and provided to the board within 10 days of being made;
  - (5) report to the board any knowledge of disciplinary hearings, formal hearings, public or private censure, or other disciplinary action taken against the physician assistant by any state's licensure or registration authority or any professional association. The supervising physician shall report this information to the board within 10 days of receiving notice of the information;
  - (6) report to the board the termination of responsibility by the supervising physician or any litigation alleging conduct by the physician assistant that would constitute grounds for disciplinary action under the physician assistant licensure act. The supervising physician shall report this information to the board within 10 days of receiving notice of the information;
  - (7) arrange for a substitute supervising physician to provide supervision on each occasion when the supervising physician is temporarily absent, is unable to be immediately contacted by telecommunication, or is otherwise unavailable at any time the physician assistant could reasonably be expected to provide professional services; and

(8) delegate to the physician assistant only those acts that constitute the practice of medicine and surgery and meet the following conditions:

(A) The supervising physician believes or has reason to believe that the acts can be competently performed by the physician assistant, based upon the physician assistant's background, training, capabilities, skill, and experience; and

(B) the acts are within the supervising physician's clinical competence and customary practice.

(b) The supervising physician shall develop and implement a written method for evaluating whether the physician assistant has performed patient services constituting the practice of medicine and surgery with professional competence and with reasonable skill and safety.

(1) During the first 30 days of the supervising physician-physician assistant supervisory relationship, the supervising physician shall review and authenticate all medical records of each patient evaluated or treated by the physician assistant within seven days of the date the physician assistant evaluated or treated the patient. The supervising physician shall authenticate each record by original signature or initials and shall record the date of the review. Electronically generated signatures shall be acceptable if reasonable measures have been taken to prevent unauthorized use of the electronically generated signature.

(2) After the first 30 days of the supervising physician-physician assistant supervisory relationship, the supervising physician shall document the periodic review and evaluation of the physician assistant's performance required by paragraph (a)(3), which may include the review of patient records. The supervising physician and the physician assistant shall sign the written review and evaluation and maintain a copy at each practice location, which shall be made available to the board upon request.

(c) Except as otherwise required by K.A.R. 100-28a-13, a supervising physician shall not be required to cosign orders or prescriptions written in a patient's medical record by a physician assistant to whom the supervising physician has delegated the performance of services constituting the practice of medicine and surgery.

(Authorized by K.S.A. 2015 Supp. 65-28a03 and 65-28a08; implementing K.S.A. 2015 Supp. 65-28a02, 65-28a08, and 65-28a09; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended May 15, 2009; amended March 30, 2012; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

#### **100-28a-11. Duty to communicate; emergency medical conditions.**

(a) Except as specified in subsection (b), each physician assistant shall communicate with the supervising physician or substitute supervising physician concerning a patient's condition if the physician assistant believes that the patient's condition may require either of the following:

- (1) Any treatment that the physician assistant has not been authorized to perform; or
- (2) any treatment that exceeds the physician assistant's competence.

(b) If a patient has an emergency medical condition requiring immediate treatment that the physician assistant has not been authorized to perform, the physician assistant shall communicate with the supervising physician or substitute supervising physician concerning the patient's emergency

medical condition as soon as is clinically feasible. The physician assistant shall document that individual's communication with the supervising physician or substitute supervising physician in the patient's medical record.

(Authorized by K.S.A. 2015 Supp. 65-28a03; implementing K.S.A. 2015 Supp. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

#### **100-28a-12. Substitute supervising physician.**

If a substitute supervising physician supervises a physician assistant, the substitute supervising physician shall meet the same requirements as those of the supervising physician.

(Authorized by K.S.A. 2015 Supp. 65-28a02 and 65-28a03; implementing K.S.A. 2015 Supp. 65-28a02 and 65-28a09; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

#### **100-28a-13. Prescription-only drugs.**

(a) Any physician assistant may administer, prescribe, distribute, or dispense a prescription-only drug pursuant to K.S.A. 65-28a08, and amendments thereto, as authorized by the written agreement required by K.A.R. 100-28a-9 and as authorized by this regulation.

(b) As used in this regulation, “emergency situation” shall have the meaning specified in K.A.R. 68-20-19.

(c) Any physician assistant may directly administer a prescription-only drug as follows:

(1) If directly ordered or authorized by the supervising physician or substitute supervising physician;

(2) if authorized by a written agreement between the supervising physician and the physician assistant; or

(3) if an emergency situation exists.

(d)(1) Any physician assistant may prescribe a schedule II controlled substance in the same manner as that in which the physician assistant may perform acts that constitute the practice of medicine and surgery as specified in K.A.R. 100-28a-6. Except as specified in paragraph (d)(2), each prescription for a schedule II controlled substance shall be in writing.

(2) Any physician assistant may, by oral or telephonic communication, authorize a schedule II controlled substance in an emergency situation. Within seven days after authorizing an emergency prescription order, the physician assistant shall cause a written prescription, completed in accordance with appropriate federal and state laws, to be delivered to the dispenser of the drug.

(e) Any physician assistant may orally, telephonically, electronically, or in writing prescribe a controlled substance listed in schedule III, IV, or V, or a prescription-only drug not listed in any schedule as a controlled substance in the same manner as that in which the physician assistant may perform acts that constitute the practice of medicine and surgery as specified in K.A.R. 100-28a-6.

(f) Each written prescription order by a physician assistant shall meet the following requirements:

- (1) Contain the name, address, and telephone number of the supervising physician;
- (2) contain the name, address, and telephone number of the physician assistant;
- (3) be signed by the physician assistant with the letters "P.A." following the signature; and
- (4) contain any DEA registration number issued to the physician assistant if a controlled substance is prescribed.

(g) Any physician assistant may distribute a prescription-only drug to a patient only if all of the following conditions are met:

- (1) The drug is distributed under the same conditions as those in which a physician assistant may directly administer a prescription-only drug, as described in subsection (b).
- (2) The drug has been provided to the physician assistant or the physician assistant's supervising physician or employer at no cost.
- (3) The drug is commercially labeled and is distributed to the patient in the original prepackaged unit-dose container.
- (4) The drug is distributed to the patient at no cost.

(h) Any physician assistant may dispense a prescription-only drug to a patient under the limited circumstances specified in K.S.A. 65-28a08, and amendments thereto, in the same manner as that in which the physician assistant may perform acts that constitute the practice of medicine and surgery specified in K.A.R. 100-28a-6.

(i) A physician assistant shall not administer, prescribe, distribute, or dispense a prescription-only drug for any quantity or strength in excess of the normal and customary practice of the supervising physician.

(Authorized by K.S.A. 2015 Supp. 65-28a03 and 65-28a08; implementing K.S.A. 2015 Supp. 65-28a08; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

#### **100-28a-14. Different practice location.**

Any physician assistant may perform acts that constitute the practice of medicine and surgery at a different practice location if all of the following requirements are met:

- (a) Before providing any services at the different practice location, the physician assistant shall have spent at least 80 hours since being licensed under the direct supervision of a physician licensed in this state.
- (b) The supervising physician or substitute supervising physician shall remain available to provide guidance, direction, and coordination of the activities of the physician assistant. This availability may be provided by electronic means.
- (c) The different practice location shall be listed on the active practice request form required by K.A.R. 100-28a-9.
- (d) Written notice that the different practice location is staffed primarily by a physician assistant shall be posted in a location where the notice is likely to be seen by patients.

(Authorized by K.S.A. 65-28a03 and 65-28a08; implementing K.S.A. 65-28a08; effective, T- 100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended July 22, 2005; amended, T-100-12- 10-15, Jan. 11, 2016; amended May 6, 2016; amended March 8, 2019.)

#### **100-28a-15. Licensure; cancellation.**

(a) Except as specified in subsection (b), each physician assistant license issued by the board shall be cancelled on December 31 of each year.

(b) Each license issued or reinstated from October 1 through December 31 shall be cancelled on December 31 of the following year.

(Authorized by and implementing K.S.A. 2015 Supp. 65-28a03; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

#### **100-28a-16. Reinstatement; lapsed and revoked licenses.**

(a) Each applicant who has not been in active practice as a physician assistant in another state or jurisdiction and who wants to reinstate a license that has been lapsed for failure to renew shall submit proof of continuing medical education as follows:

(1) If the time since the license lapsed has been one year or less, no continuing medical education shall be required in addition to that which would have been necessary had the license been renewed before expiration.

(2) If the time since the license lapsed has been more than one year but less than five years, the applicant shall provide one of the following:

(A) Evidence of completion of at least 50 hours of continuing education credit, including at least one hour from category III, within 12 months before the date the application for reinstatement was submitted; or

(B) proof that the applicant has passed an examination approved by the board within 12 months before the date the application for reinstatement was submitted, or has successfully completed a continuing education program or other individual program approved by the board.

(3) If the time since the license lapsed has been five years or more, the applicant shall provide proof of passage of an examination approved by the board within 12 months before the date the application for reinstatement was submitted, or proof of successful completion of a continuing education program or other individual program approved by the board.

(b) Each applicant who has been in active practice as a physician assistant in another state or jurisdiction that requires a license, registration, or certification to practice and who wants to reinstate a license that has been lapsed for failure to renew shall submit proof of the current license, registration, or certification and proof of compliance with the continuing medical education requirements of that state or jurisdiction.

(c) Each applicant seeking reinstatement of a revoked license shall be required to successfully complete an individual program approved by the board.

(Authorized by and implementing K.S.A. 2000 Supp. 65-28a03; effective, T-100-2-13-01, Feb. 13, 2001; effective June 1, 2001; amended 40 Kan. Reg. 1096, eff. July 9, 2021)

**100-28a-17. Number of physician assistants supervised; limitation for different practice location.**

(a) Except as otherwise specified in subsection (b), each supervising physician shall determine the number of physician assistants under the supervising physician's supervision. The supervising physician shall use professional judgment regarding that individual's ability to adequately supervise each physician assistant based upon the following factors:

(1) The supervising physician's ability to meet the requirements for supervision specified in K.A.R. 100-28a-10 for each physician assistant;

(2) the supervising physician's ability to provide the types of supervision that may be specified in the written agreement with each physician assistant;

(3) the specialty and setting of each practice location at which each physician assistant will provide services;

(4) the complexity of the patient population that each physician assistant will be treating; and

(5) the clinical experience and competency of each physician assistant.

(b)(1) A supervising physician shall not supervise more than a total of three physician assistants who provide services at a different practice location under K.A.R. 100-28a-14, regardless of the number of different practice locations, without the prior approval of the board. A supervising physician shall not under any circumstances supervise more than five physician assistants who provide services at a different practice location.

(2) The approval to supervise more than a total of three physician assistants who will provide services at a different practice location may be granted by the board if the supervising physician submits a signed request on a board-provided form that meets the following requirements:

(A) Verifies that the combined number of work hours of all the physician assistants who will provide services at a different practice location will not exceed 200 hours per week; and

(B) demonstrates that the supervising physician is able to adequately supervise each physician assistant under the supervising physician's supervision based on the factors specified in subsection (a).

(Authorized by K.S.A. 2015 Supp. 65-28a03; implementing K.S.A. 2015 Supp. 65-28a08; effective July 22, 2005; amended, T-100-12-10-15, Jan. 11, 2016; amended May 6, 2016.)

**100-28a-18. Physician assistant; ownership of corporation or company.**

(a) Licensed physician assistants shall not hold more than 49 percent of the total number of shares issued by a professional corporation that is organized to render the professional services of a physician, surgeon or doctor of medicine, or osteopathic physician or surgeon.

(b) Licensed physician assistants shall not contribute more than 49 percent of the total amount of capital to a professional liability company that is organized to render the professional services of a physician, surgeon or doctor of medicine, or osteopathic physician or surgeon.

(Authorized by K.S.A. 17-2716 and K.S.A. 2004 Supp. 65-28a13; implementing K.S.A. 2004 Supp. 65-28a13; effective July 22, 2005.)